

Eligibility Criteria

Kickin' Cancer Support program (KCS) is for people who are currently receiving care for cancer. No exceptions can be made to this guideline. Active treatment includes chemotherapy, radiation, bone marrow transplant, surgery, lymphedema, cording, hospice, or palliative care. You must live in or near Redwood County.

If you have questions regarding completing the application, please reach out to Rhonda @ 507.828.5085 or Bailey @ 507.430.9148. The Application can also be entered online at <https://kickin-cancer.org/financial-assistance-program/>

Checklist for KCS Application

Before submitting your application, please be sure that you have included all of the following information. Failure to include the information will result in delays.

- o Signed application
- o Information completed by oncologist or oncology nurse (see other side)
- o Copies of bills: **KCS can pay or prepay Medical, Utilities, Phone, Mortgage, Lease, Insurance Premiums, Real Estate Taxes, etc. up to \$2,000.00**

KCS Funds **cannot** be used to make credit card payments or give cash to the patient.

Example You may request all funds to be paid to one company. You may also request the funds be split. For example: \$500 for mortgage, \$500 for utility, \$700 for heating & \$300 for phone. KCS will send payments directly to each location on your behalf. If there is credit, the company will apply the extra for next month's bill.

Company Name: _____ Amount: _____ Bill attached? ____

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I have read and understand the KCS guidelines. I declare that the information on this form is true and correct to the best of my knowledge. I understand that all applications will be reviewed individually, and that final determination will be made by the KCS committee.

Signature: _____ Date: _____

Print Name: _____

If you have any additional comments about your situation to share with us, please provide notes on a separate sheet of paper. This may help us when reviewing your application.

*Please read the eligibility criteria and entire application before completing this form.

Date: _____ Amount Requested: _____

Patient Information:

First Name: _____ Last Name: _____

Birth Date: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Please provide a secondary Contact Person:

Name: _____ Email: _____

Phone: _____

Name of Oncologist or Nurse: _____ Phone: _____

Main medical facility where you are receiving care:

Name: _____ City: _____ Phone: _____

Send or drop off Application:

Redwood Area Communities Foundation
KCS / Kickin' Cancer Support
200 South Mill Street, PO Box 481
Redwood Falls, MN 56283
- OR -

email: president@kickin-cancer.org or
programs@RADC.org



Diagnosis:

Date of Diagnosis:

Stage:

Current Treatment (check all that apply:)

☐ Bone Marrow Transplant Date of transplant:

☐ Chemotherapy Date of most recent treatment:

☐ Cording Date of most recent treatment:

☐ Hospice Date entered:

☐ Immunotherapy Date of most recent treatment:

☐ Lymphedema Date of most recent treatment:

☐ Palliative Care Date entered:

☐ Radiation Date of last treatment:

☐ Surgery Date of surgery:

What is the anticipated course of treatment (including dates): _____

Oncologist or Oncology Nurse Name _____

**All gifts will be paid directly to the company/business on behalf of the patient or the patient's parents when the patient is a minor.*

- | | |
|--|-----------------------------------|
| • Mortgage Payment (or partial payment) | • Out of Pocket Medical Expenses |
| • Utility bills; heat, electricity, water/ sewer, waste management | • Wigs or head pieces |
| | • Fitness Membership |
| | • Individual or Family Counseling |

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Kickin' Cancer Support (KCS) is a non-profit program used to provide assistance to Cancer Patients in Redwood County.

KCS is a subsidiary account under the Redwood Area Communities Foundation (RACF), which is an IRS 501(c)(3) non-profit entity.

Their board of directors is composed of member area communities.

You can find more information on our website www.radc.org and clicking on the RACF tab.

Email: programs@radc.org

All applications are strictly confidential and only the Kickin' Cancer Support Committee will have access to the name of the applicant.

How did you learn about the Kickin' Cancer Support Program?
