



Directions for Completing Packet

1) Application Form

All areas must be completed (except those marked GCCC office use). Please give as much information as possible.

2) Authorization for Disclosure of Health Information

This form must be filled out by the applicant before seeing your doctor. He must see this form to verify your diagnosis. Leave a completed copy at the doctor's office to have placed in your medical record.

3) Diagnosis Verification Form

This form must be completed by your doctor.

4) All three forms listed above must be returned to the GCCC board to have your request acted upon.

Our mission is to assist cancer patients in the Greater Grant County Area. As applications are submitted, each will be given a case number, allowing as much confidentiality as possible, with only one board member knowing the applicant's name. We are dedicated to being fair to everyone and it is our hope to be able to meet the needs of everyone that apply.

Applications are verified and final approval is authorized at the earliest board meeting following verification. The board meets the second Wednesday of each month.