



## **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. The doctor must see this form to verify your diagnosis. Leave a completed copy at the doctor's office to have placed in your medical record.

*\*Please note signature is required on both the application form and the authorization for disclosure form before it can be submitted to the board for approval.*

### **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 living in Grant County Wisconsin. 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 who applies.

**Applications are verified and final approval is authorized at the earliest board meeting. The volunteer board meets the first Wednesday of each month. If your application arrives after the first Wednesday of the month, your application will not be looked at until the following month.**