

Kickin' Cancer in Sublette County Application for Assistance

Date _____
Name _____
Physical Address _____
Mailing Address _____
Phone Number _____
Drivers License Number _____

How many years have you been a resident of Sublett County or LaBarge, WY? _____
How many months do you reside in Sublette County or LaBarge, WY? _____
In the state of Wyoming your permanent residence? _____
Amount requested \$ _____
Briefly explain the nature of the applicants need at this time, (food, fuel, motel, etc.) _____

Is applicant covered by insurance, Medicaid, or Disability? _____
What is the deductible for the above? _____
What amount is not covered by insurance? _____
Type of Cancer _____
Patient or Guardian Signature _____
(Please grant your Doctor permission to comment and sign below)

Doctors Signature _____

Requirements for applicants applying for assistance:

1. Must reside in Sublette County or LaBarge, WY.
2. Must be a US citizen.

If there are any questions about this application, feel free to contact any Kickin' Cancer Board Member or the Secretary at 307-367-2299. All information is kept confidential.. This application should be submitted to Kickin' Cancer in Sublette County, PO Box 687, Pinedale, WY 82941 307-367-2299.