



## Assistance Application

Please Complete Front and Back and Return by mail: Alala Cancer Society, 3400 Harden St. Ext.,  
Columbia, SC 29203 or FAX: 803-569-4379

[www.alalacancersociety.org](http://www.alalacancersociety.org)

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
CO. OF RESIDENCE	
E-Mail Address	

### About Your Breast Cancer

Date of Diagnosis \_\_\_\_\_ Treatment: Mastectomy Lumpectomy Radiation Chemo

Date of Lymphedema Diagnosis \_\_\_\_\_

Name of LE Therapist \_\_\_\_\_

Name of Physician/Oncologist \_\_\_\_\_

### What kind of assistance do you seek?

Pick all that apply:

- Arm sleeve
- Gauntlet/Glove
- Breast Prosthetic
- Mastectomy Bras
- Nighttime Compression
- Cranial Prosthetic
- OTHER

Fitter: \_\_\_\_\_

Date: \_\_\_\_\_

**Tell Us Why You Need the Funds**

_____ Uninsured
_____ Insurance does not cover supplies (Current insurance?_____)
_____ Other _____

**Person to Notify in Case of Emergency**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am approved, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate denial. I understand that by applying to the Alala Cancer Society I may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials, news releases, and other published formats for the Alala Cancer Society. I acknowledge that the images will be the sole property of the Alala Cancer Society.

Name (printed)	
Signature	
Date	

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in Alala Cancer Society – 803-569-4373