BAHAMAS HOPE CHALLENGE
TREATMENT FINANCIAL ASSISTANCE
ADMINISTERED BY THE CANCER SOCIETY OF THE BAHAMAS

REVISED MEDICAL ASSISTANCE APPLICATION FINANCIAL ASSISTANCE APPLICATION FORM			
Name:			
Marital Status: Married [ ] Single [ ] Widowed [ ] Divorced [ ] Separated [ ]		Sex: Male [ ] Female [ ]	
Date of Birth: (dd/mm/yy)	Place of Birth:		
Current Address:			How long:
City:	Island:		
P.O. Box:	E-Mail:		
Telephone Contact:	Home:		Cell:
Do you own a home? [ ]	Do you rent? [ ]	How much is your mortgage/rent monthly:	
Do you have children? Yes [ ] No[ ]	How many:	Sex and ages:	
Do you have other dependents: Yes [ ] No [ ]		Relationship of dependents:	
SPOUSE INFORMATION			
Name:			
Date of birth:	Nat. Ins. No.:		Phone:
Current employer:			
Employer address:			How long:
Phone:	E-mail:		Fax:
City/Settlement:	Island:		P.O. Box:
Position:	Weekly/Monthly wages?		
EMPLOYMENT INFORMATION			
Are you currently employed? Yes [ ] No [ ]	Nat. Ins. No.:		
Current employer:			
Employer address:			How long?
Phone:	E-mail:		Fax:
City/Settlement:	Island:		P.O. Box:
Date hired:			
Position:	Weekly/Monthly wages?		
Previous employer:			
Last date worked:	How long there?	Weekly/Monthly Earnings: $	
EMERGENCY CONTACT			
Name of a relative not residing with you:			
Address:			Phone:
City/Settlement:	Island:		P.O. Box:
Relationship:			
ASSISTANCE NEEDED			
Do you currently receive assistance? Yes [ ] No [ ]	If yes, how much? Weekly: $	Monthly: $	
Explain:			

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PURPOSE OF ASSISTANCE NEEDED	
Explain:	
Do you have insurance? Yes [ ] No [ ]	If yes, which type? Life [ ] Medical [ ] Both [ ] Group Insurance [ ]
Name of Insurance Company:	
MEDICAL	
Diagnosis:	
Length of illness?	

I hereby authorize investigation of all statements contained in this application. I hereby affirm that the statements made on this application are true and understand that misrepresentation or omission of facts called for on this form may cause this application to be denied.

Signature of Applicant: _____ Date: _____

INTERVIEW COMMENTS
Approved By:
Amount Approved: $
Rejected:
Interviewer: _____ Signature:_____

<u>PLEASE NOTE: FINANCIAL ASSISTANCE IS ONLY FOR UNINSURED PERSONS</u>.

Check list for Applying for Financial Assistance

- ✓ **Completed Application Form**
- ✓ **Referral Form/Letter, including summary of diagnosis**
- ✓ **Pathology Report and Relevant Imaging Studies**
- ✓ **An Invoice or Quote for services**

If a Non-Bahamian proof of one of the following:

- **Bahamian citizenship**
- **Permanent Residence / Resident Status**
- **Valid Work Permit or Spousal Permit**