



6700 Baum Drive Suite 8 Knoxville, TN 37919 [www.UnitedCSF.org](http://www.UnitedCSF.org) P. (865)-474-1551 E. [info@unitedcsf.org](mailto:info@unitedcsf.org)

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## United We Share Program Application Information and Instructions

Dear Cancer Patient,

United Cancer Support Foundation is a dedicated cancer nonprofit organization. One of our programs, **United We Share**, is designed to support cancer patients with gift cards that allow patients to purchase whatever they may need to help with relaxation, comfort and stress relief during cancer treatment. Cancer is a dreadful disease that affects those suffering from it physically and emotionally. The goal of this program is to help the cancer patient reduce stress, which will have a positive impact during treatment.

To complete the application process:

- Fill out our **application form** and **Memorandum of Understanding**.
- Mail the form to: **Patient Support Department** on **6700 Baum Drive Suite 8 Knoxville, TN 37919** or send email attachment to: [info@UnitedCSF.org](mailto:info@UnitedCSF.org).
- Once we have received the completed forms, we will process and verify the information in the forms.
- Our staff and volunteer will assemble and send you the personal support package.

God Bless,

Patient Support Department

United Cancer Support Foundation



# UNITED CANCER SUPPORT FOUNDATION

6700 Baum Drive Suite 8 • Knoxville, TN 37919 Phone: 865-474-1551 E-mail: [info@UnitedCSF.org](mailto:info@UnitedCSF.org)

## “United We Share” PROGRAM APPLICATION

PATIENT INFORMATION		
Patient's First name:	Middle:	Last name:
Birth date: ____/____/____	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Latin American	<input type="checkbox"/> African American <input type="checkbox"/> Asian	<input type="checkbox"/> Native American <input type="checkbox"/> Other
Home address:		
City:	State:	ZIP code:
Phone No.:	E-mail:	
How did you hear about our program?		
<input type="checkbox"/> Family / Friend <input type="checkbox"/> Online Research <input type="checkbox"/> Callers <input type="checkbox"/> Other (specify):		
Household size:	Household income: <input type="checkbox"/> under 20k <input type="checkbox"/> 20k to 49,999 <input type="checkbox"/> 50k to 74,999 <input type="checkbox"/> 75k to 99,999 <input type="checkbox"/> over 100k	

MEDICAL VERIFICATION		
<b>THIS PORTION <u>MUST</u> BE COMPLETED BY A <u>MEDICAL PROFESSIONAL ONLY</u></b>		
Medical Professional:	Title:	
Office address:		
City:	State:	ZIP code:
Phone No.:	E-mail:	
<b>Year diagnosed?</b>	<b>Cancer type and stage:</b>	<b>Is cancer in remission?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Current treatment status:</b>		
<input type="checkbox"/> Chemotherapy <input type="checkbox"/> Surgery <input type="checkbox"/> Radiation <input type="checkbox"/> Other(specify):		
<b>Comments:</b>		
X _____ <b>Medical Professional's Signature*</b>		
		_____ <b>Date (mm/dd/yyyy)</b>
*Under penalty of perjury, I declare that I have examined this form, including any accompanying statements and schedules, to the best of my knowledge; it is true, correct, and complete.		



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EMERGENCY CONTACT PERSON OR GUARDIAN (OPTIONAL)	
Contact Name (first, last):	Relationship to patient:
Home phone:	Work phone:

Please describe why you are applying for this program and how it will help you?

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### Terms of Agreement

1. I hereby declare that the information provided in this form is true and correct.
2. I understand that this program is only supporting the cancer patients who are currently undergoing treatment.
3. I understand that all information submitted will be kept strictly confidential and to be used for statistical analysis and education purposes only.
4. I understand that UCSF will reserve the right for final decision of the application and to decline application without providing any explanation.
5. I understand that this program is provided based on availability and eligibility.

\*By Signing my name below, I acknowledge that I have read, understand, and agree to the policies listed above

Patient's Signature: \_\_\_\_\_

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



# UNITED CANCER SUPPORT FOUNDATION

## MEMORANDUM OF UNDERSTANDING

This MEMORANDUM OF UNDERSTANDING is entered between UNITED CANCER SUPPORT FOUNDATION (hereinafter "UCSF"), located at 6700 Baum Drive Suite 8 Knoxville, TN 37919 and PATIENT:

Name \_\_\_\_\_ Last name \_\_\_\_\_

whose address is \_\_\_\_\_

### PARTIES

1. UCSF is a nonprofit tax exempt organization described in Section 501(c) (3) of the Internal Revenue Code. The primary purposes for which UCSF was formed is to support cancer patients and their families through its distribution program to distribute assistance funds and commodities; to advocate healthy eating and provide educational initiatives for cancer awareness and prevention.
2. PATIENT: name \_\_\_\_\_ last name \_\_\_\_\_.

### TERMS OF AGREEMENT

In consideration of the foregoing and mutual promises, the parties agree as follows:

3. UCSF, at its discretion, agrees to provide PATIENT with assistance for the purposes of supporting cancer patients and their families. UCSF agrees to provide the PATIENT with supplies or services and PATIENT agrees to use these supplies or services specifically to support the cancer patient and/or his/her family.
4. PATIENT agrees to provide to UCSF a narrative description, if needed; of how this contribution, as well as any additional assistance provided by UCSF, was used.
5. PATIENT agrees to provide UCSF permission to use his/her information, including pictures and testimonials, for verification or any other purposes at UCSF's discretion.
6. PATIENT understand that when cancer is in remission this means the end of the services.

### VERIFICATION

I declare that I have carefully reviewed the MEMO OF UNDERSTANDING and verified that all the information provided is true and correct to the best of my knowledge.

X \_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)



UNITED CANCER SUPPORT FOUNDATION

# “UNITED WE SHARE” PROGRAM



UNITED CANCER SUPPORT FOUNDATION

Please select one (1) Of the following gift cards

1 Year Membership to Sam’s Club



\$50 Shell Gas Gift Card



\$50 Regal Movie Gift Card



\$50 AMC Theatre Gift Card



\$50 American Express Gift Card



\$50 Gamestop Card



\$50 Regal Theaters Card

