

Kickin' Cancer in Sublette County

Application for Assistance

Date _____

Name _____

Physical Address _____

Mailing Address _____

Phone Number _____

Drivers License Number _____

How long have you been a resident of Sublette County or La Barge, WY? _____

How many months a year do you reside in Sublette County or La Barge, WY? _____

Is the state of Wyoming your permanent residence? _____

Amount Requested \$ _____

Briefly explain the nature of the applicants need at this time, (food, fuel, medication, 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 _____
(Granting Doctor permission to comment and sign below)

Doctor's comments _____

Doctor's Signature _____

APPLICANTS OR GUARDIAN SIGNATURE _____

If there are any questions about this application, feel free to contact any Kickin' Cancer Board Member or the Secretary.

This completed application should be given to a Board Member or Secretary. The application shall be submitted to the Kickin' Cancer in Sublette County fund committee who will make the final decision regarding disbursement of funds.

Kickin' Cancer in Sublette County Box 687 Pinedale, WY 82941 307-367-2299
kickincancerse@wyoming.com