



**Essentia Health**

St. Joseph's Foundation

The Brainerd Lakes Pay It Forward for Cancer Fund has been established to ease the burden of daily living expenses for those who have a diagnosis of cancer and are receiving treatment. The hope is that when the cancer survivor recovers they would in turn *pay it forward* by volunteering their time, talent or treasure to someone else in need. Funds will be used to directly impact cancer patients' non-medical needs through a one-time financial assistance that may take the form of a mortgage payment, childcare expense, etc.

**Please complete and return this brief application form to:** Essentia Health-St. Joseph's Foundation, Attn: Pay It Forward, 523 N. Third Street, Brainerd, MN 56401; [david.jeremiason@essentiahealth.org](mailto:david.jeremiason@essentiahealth.org) or fax (218)828-3103. Call David with any questions (218)828-7362. All requests will be responded to within two weeks.

Date \_\_\_\_\_

Patient Name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Place of Treatment: \_\_\_\_\_

Current Treatment: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer: \_\_\_\_\_ Hours working/per week \_\_\_\_\_

Family: Spouse \_\_\_\_\_ Children \_\_\_\_\_

Please describe your need in a few sentences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed bill \$ \_\_\_\_\_ Date Due: \_\_\_\_\_ Account # \_\_\_\_\_

Check to: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**INTERNAL PROCESSING**

Treatment verified: \_\_\_\_\_ (date/initials) Location meets criteria: \_\_\_\_\_

Approved: \_\_\_\_\_ (date) Payment mailed: \_\_\_\_\_ (date)

Referral: \_\_\_\_\_