



Cancer Support Services Application

Date: _____

*We provide **non-medical** services to help people experiencing cancer and their family members to meet basic needs, ease stress, and promote quality of life. Services include: help with transportation and food costs, housecleaning, meal preparation, errands, massage, yoga, cancer and fitness coaching, and more.*

Name _____ Date of Birth _____

Mailing Address _____

Physical Address _____

Phone (home) _____ Email _____

Phone (work) _____ (cell) _____

Marital Status: Married/Partnered Single (divorced, widowed)

Name of Spouse/Partner, other support persons _____ Phone _____

Employer _____ Job Title _____

Do you have insurance? Yes No Type of insurance _____

Are you currently receiving assistance from other agencies? Yes No

Do you have a good support system at home? Yes No

Do you have people and/or pets that depend on you? Yes No

What types of services are you most interested in?

housecleaning help with errands and/or meal preparation pet care lodging help

help with food help with transportation/gas massage/acupuncture yoga Feldenkreis

health coaching fitness coaching cancer coaching personal care

support group grief and loss support other _____



Medical Information

Please have your primary care physician's office or treating physician's office complete this section

Date of Diagnosis: _____ Primary Cancer/Diagnosis _____

Treatment _____ Treatment start date _____

Is the patient in active treatment? Yes No If No, Date of last treatment: _____

Primary Care Physician in Taos Yes No Name if Yes _____

MD name: _____ Hospital/Clinic/Practice: _____

Address: _____ City, State, Zip: _____

Phone () _____ FAX: () _____

Signature of Medical Professional: _____

Please return completed application to Cancer Support Services Coordinator, Susan Strong:

Mail or fax: Community Services, 413 Sipapu St -Taos, NM 87571

Phone: (575) 751-8927 **FAX:** (575) 751-7052

Patient name _____ Date: _____

DOB _____

Signature _____