

## Eastern Sierra Cancer Alliance

P.O. Box 1523 Bishop, CA 93515-1523

[www.escanceralliance.org](http://www.escanceralliance.org)

Dear ESCA Client,

- Please complete application and send to P.O. Box 1523, Bishop, CA 93515. You may drop your application off at the ESCA Resource Center 2957 Birch St., Bishop, CA 93514. There is a drop-box at the entrance to the Resource Center facing Jill Kinmont Boothe School for paperwork drop-off any time of the day. You may also bring your application to Northern Inyo Hospital and leave with the receptionist in the front lobby.
- For an appointment, call our ESCA Resource Center 760-872-3811. We are a volunteer based organization and we try to be in the office on Tuesdays and Thursdays from 10:00 AM to 12:00 PM.
- Please send COPIES of your expense receipts for which you need reimbursement. A few examples include medical and pharmaceutical co-payments, and travel expenses (lodging/ fuel) incurred while receiving your cancer treatment.
- Please help us by adding up your expenses and giving a total amount of financial aid for which you need assistance. Please send only COPIES of your receipts.
- A client may request financial assistance each month as needed. Please continue to submit COPIES of receipts with totaled expenditures PRIOR to the last week of each month. Client applications and reimbursement requests are evaluated on the first Monday of each month.
- ESCA requires a renewal of your physician's diagnosis and signature every 6 months.
- Please visit our website at [www.escanceralliance.org](http://www.escanceralliance.org) for more information on our non-profit organization, up-coming events, and Cancer Support Group information.

Thank you for your assistance in the ESCA application process. Please contact our office or leave a message on how we can be of more assistance to you or your family member dealing with cancer.

Sincerely,  
ESCA Resource Center  
Vel Kutzkey  
Pat Anderson  
Patricia Ramirez  
Sherry Nostrant

# Eastern Sierra Cancer Alliance

## Application for Financial Assistance

### ***Help With Money—Help With Resources—Help with Cancer***

*ESCA provides free services to community members of Inyo and Mono County dealing with **any kind of cancer**. For those who need financial assistance at present or possibly in the future please follow the instructions provided.*

*For more information about ESCA, please visit our website at  
[www.escanceralliance.org](http://www.escanceralliance.org)*

All information included on this application is **CONFIDENTIAL**

Name (Last, First, Middle Initial)		Birth date (month/day/year)	
Physical Address:	City, State:	Zip Code:	
Mailing Address:	City, State:	Zip Code:	
Daytime Phone:	Evening Phone:	Message Phone:	
Email Address:			
<b>Medical Information</b>			
Do you have health insurance? Yes / No		If yes, what kind (Medi-Cal, private, Medicare, military, other):	
Physician Name: Address: Office Phone:			
Have you received a diagnosis from your physician? Yes/ No			
What type of cancer have you been diagnosed with?			
What type of treatment will you be receiving? Chemotherapy? Yes/ No    Radiation Therapy Yes/ No    Other (please list):			
<b>Needs</b>			
Please note: Please attach <u>copies</u> of receipts and deliver to one of the addresses listed below before the last week of the month. Financial assistance may vary depending upon funds received from community donations and fundraising events.			

Continue on next page...

How ESCA can help you (continued....)

I have read and understand this form. I have provided correct and complete information.

Applicant Signature:

Date:

**PLEASE RETURN THIS COMPLETED FORM TO:**

**MAIL:**

ESCA  
P.O. Box 1523  
Bishop, CA 93515

**DROP OFF:**

ESCA Resource Center  
corner of Grandview & Birch  
Bishop, CA 93514

Northern Inyo Hospital  
150 Pioneer Lane  
Bishop, CA 93514

Call the ESCA Resource Center (760) 872-3811 on Tuesday or Thursday from 10:00 am to 12:00 pm to make sure someone is available to receive it or you may use our drop-off box located at the entrance to the Resource Center on the corner of Grandview and Birch, across the street from the Jill Kinmont Boothe School.

**FOR OFFICE USE ONLY**

The ESCA Board has determined this applicant to be eligible for assistance.

Application reviewed by:

Date:

The ESCA Board has determined that this applicant is not eligible for assistance  
Comments: (i.e., other resources offered)

**Eastern Sierra Cancer Alliance**

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*www.escanceralliance.org*

**Physician's Signature Form**

As part of the Eastern Sierra Cancer Alliance application process, we require your physician's signature and your diagnosis. This form must be updated every 6 months. Thank you for your cooperation.

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Patient's Name

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Date

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Patient's Diagnosis Under Current Treatment

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Physician's Name (please print)

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Physician's Signature