

Application
for
Services

return to: admin@PumpsForPatients.org



PUMPS FOR PATIENTS
Chemotherapy Septic Services

Patient Information

Patient's First Name: _____ Patient's Last Name: _____

Patient's Gender: _____ Patient's Date of Birth: _____

Patient's Address Street: _____

City: _____ State _____ Zip: _____ Country: _____

Is the home owned or rented by the patient or their parent/guardian? _____

How long has the patient lived here? _____

Patient's Email: _____ Patient's Phone Number: _____

Patient's Marital Status: _____ How did you hear about us? _____

Septic System Information

Septic Tank Size (gallons): _____ Septic Tank Location: known unknown

Are the tank lids visible? _____ Number of tank lids? _____ Are risers installed? _____

If the septic tank lids are buried, can you have them uncovered prior to service? _____

Type of tank? Plastic Concrete Fiberglass Unknown

Company that last pumped your tank: _____

Drain field type? _____ Dates of prior pumping/service? _____

Additional Information

Application Submitted by (relationship to patient): _____

Oncologist's Name: _____

Oncologist's Phone Number: _____ Email: _____

Oncologist's Address _____

Date of Diagnosis: _____ Date Chemotherapy Started/Will Start: _____

Date of Projected Treatment Completion: _____ Stage of Cancer: _____

Social worker's email & phone: _____

- Household Income Range
- UNDER \$30,000
 - \$30,000 - \$50,000
 - \$50,000 - \$75,000
 - \$75,000 - \$100,000
 - \$100,00 +

Financial Hardship (Check any that apply)

- Loss or reduction of income
- Patient receiving disability income (short- or long-term)
- Increased medical expenses
- A household member reduced or stopped working to provide care
- Significant medical bills are creating financial hardship
- None of the above

Household Size: _____

Printed Name: _____ Date: _____

Signature: _____