

# AICAF and Angel Foundation Financial Assistance Form

The American Indian Cancer Foundation (AICAF) in partnership with Angel Foundation, are pleased to provide relief funds for Indigenous cancer survivors residing or receiving treatment in Minnesota who are in active cancer treatment. AICAF will provide \$500 to each individual in the form of Walmart or Target gift cards, or a pre-approved gas station fuel card to help offset lost income or additional expenses.

Applicants will submit a brief funding request. AICAF staff will review and update applicants based on available funds. We are grateful to support you. Please contact AICAF with any questions at [health@aicaf.org](mailto:health@aicaf.org).

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**\* Required**

1. Email \*

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**Eligibility  
Requirements:**

1. Identify as American Indian/Alaska Native/Native Hawaiian
2. Must have a cancer diagnosis and be in cancer treatment
3. Must be 18 years of age or older
4. Must reside and/or be receiving treatment in Minnesota.

## Selection Criteria

Applications will be reviewed by the AICAF survivor support staff committee. Funds will be disseminated on a nondiscriminatory basis until depleted.

Part of the application process includes the completion of a Medical Information Form by a member of your oncology treatment team. This individual may be a social worker, nurse, navigator or doctor. An AICAF team member will follow up after submitting this application.

\*\*Please complete all required questions below to be considered. If non-applicable please input N/A\*\*

2. Full Name (First and Last) \*

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3. Email: \*

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4. Phone Number

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5. Full Mailing Address: (Street, City, State, Zip) \*

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6. Tribal Affiliation: \*

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7. Gender: \*

*Check all that apply.*

Female

Male

Two-Spirit

Prefer not to say

Other: \_\_\_\_\_

8. What year were you born? \*

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9. What is your cancer diagnosis? \*

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10. Are you in active treatment for cancer? \*

*Check all that apply.*

Yes

No

11. What kind of treatment are you receiving? \*

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12. Where are you receiving your treatment?: \*

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13. Which retailer would you prefer for your financial assistance?

*Mark only one oval.*

Walmart

Target

Gas Station \*\*AICAF staff will contact you for further information if you select this option.

14. Would you like to share your cancer story with someone at AICAF? (Optional)

*Mark only one oval.*

Yes

No

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# American Indian Cancer Foundation®

American Indian Cancer Society / Angel Foundation  
Cancer Survivor Financial Assistance Program  
Cancer Verification Form

**Provider: Please complete the following form and return to [sblackhall@aicaf.org](mailto:sblackhall@aicaf.org) by 6/30/22. Please reach out with any questions.**

## Section 1-

Type of Cancer Diagnosis

\_\_\_\_\_

Stage

\_\_\_\_\_

## Section 2-

Current Treatment (please check all that apply):

Chemotherapy Date of last (or next) treatment \_\_\_\_\_

Radiation Date of last (or next) treatment \_\_\_\_\_

Immunotherapy Date of last (or next) treatment \_\_\_\_\_

Hormone Therapy Date of last (or next) treatment \_\_\_\_\_

Bone Marrow Transplant Date of transplant \_\_\_\_\_

Surgery Date of surgery \_\_\_\_\_

Will the patient's recovery from surgery take at least four weeks?

Yes  No

Palliative Care Date entered \_\_\_\_\_

Hospice Date entered \_\_\_\_\_

Other Type of Care (s) and Date (s) \_\_\_\_\_

**Section 3- Clinic Information**

Clinic Name \_\_\_\_\_

Street Address \_\_\_\_\_

Suite \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Oncologist/ Provider Name (Print) \_\_\_\_\_

Oncologist/ Provider Name (Signature) \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

I hope this message finds you well.

Thank you for applying to the cancer survivor financial assistance program. As a part of our ongoing funder compliance requirements, AICAF will need supporting documentation stating that the applicant is currently undergoing active cancer treatment. Please have your provider complete the attached document and submit it to Samantha Blackhall at [sblackhall@aicaf.org](mailto:sblackhall@aicaf.org) by Friday, January 21st, 2022. If you are unable to meet that deadline, please reach out so we can discuss alternative methods of getting that information. Once reviewed, we will reach out with eligibility status.

Thank you,