



Genetic Counseling Assistance Application

Name: _____

First

Middle

Last

Date of Birth: _____ Gender: _____ Ethnicity: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of those in household? _____ Income: _____

Insurance provider: _____

Insurance ID: _____ Group # _____

Healthcare provider: _____

Diagnosis type: _____

Secondary Family Contact Name: _____

Relationship to Patient: _____ Phone: _____

Patient Attestation

I hereby certify that the information provided above and the documentation I provide to Oncology Supportive Services are true and accurate. I understand and agree that OSS reserves the right, at any time and without notice, to modify the application form, to modify or terminate this program, to audit my information or to request additional information.

Signature: _____ Date: _____

Patient Must Provide Documentation

Oncology Supportive Services must receive confirmation of patient's household income before providing patient assistance, including: wages, social security, pension/retirement, dividends/interest, rents/royalties, unemployment or worker's compensation, alimony, or other assets.

Provide the patient/guardian's most recent federal tax return, Form 1040. After July 15, 2022, only the 2021 Form 1040 will be accepted.

If you are unable to submit income documentation, briefly describe below your income source(s) and why your tax return is not available:
