FUNDS FOR FAMILIES

A 501(c)3 Non-Profit. EIN #83-1845381

PERMISSION TO RELEASE INFORMATION TO FUNDS FOR FAMILIES

Prior to submitting this form, please contact Funds For Families at (603) 616-6373 to discuss your financial need/request during cancer treatment.

Patient Name: _____

Patient Full Address: _____(Street, City, State & Zip Code)

Patient Telephone: _____

Date of Request: _____

Doctor Office Telephone: _____

Dear Dr. _____, (Doctor's Full Name)

I, _____, (Patient's Name) **give permission** to you and/or your office (Name of Facility) _____ located at (Facility Address)_____ **to speak with a representative from Funds For Families** (FFF). For FFF to grant my request, they need to confirm I am in your care, currently being treated for cancer.

I authorize you to communicate ONLY the following:

- **Confirm I am a patient;**
- **Confirm I am being treated for cancer and when my treatment started.**

Thank you in advance. Please contact me with questions.

Patient Signature

Patient Full Name (PRINT CLEARLY)

Please PRINT CLEARLY, other than your signature. Please send a copy of your signed form to Funds for Families, 220 Elm Street, Littleton, NH 03561 as well as either send or deliver the