LEUKEMIA & LYMPHOMA SOCIETY®

Patient Aid Application

Please fax completed application to (877) 267-2932 or mail the completed application to The Leukemia & Lymphoma Society's Patient Aid Program, PO Box 12268, Newport News, VA 23612.

Eligible patients without a Social Security or Alien ID number MUST call (877) 557-2672 to apply (Hablamos Espanol).

The Leukemia & Lymphoma Society's (LLS) Patient Aid program is a **one-time** stipend of $100 per patient, and is available for qualified blood cancer patients to help with expenses during their treatment, such as telephone, utilities, gas/parking, lodging, food, or other expenses. Assistance is based on available funding, and the program may be discontinued at any time without notice.

To be eligible for this program, patients must:

1. Reside in the U.S. or a U.S. Territory
2. Have a confirmed diagnosis of blood cancer, be in active treatment, scheduled to begin treatment or in follow up care
3: Have NOT received a Patient Aid Program award in the past

Patient Information *(All fields must be completed)*

First Name: _____ Last Name: _____

(If patient is less than 18 years of age, please also provide parent/guardian information in box below)

Date of Birth: _____ Social Security #*: _____

Home Address: _____ Apt. # _____ City/State/ZIP: _____

Veteran: ☐ Yes ☐ No Gender: ☐ Male ☐ Female

Phone: ( ) _____ Email: _____

Email Type: ☐ Home ☐ Work ☐ Other Email Owner: ☐ Patient ☐ Caregiver ☐ Guardian

What is your blood cancer diagnosis? *Please select one and provide subtype (if applicable)*

☐ Acute Lymphoblastic Leukemia (ALL) ☐ Acute Myeloid Leukemia (AML) ☐ Chronic Lymphocytic Leukemia (CLL)
☐ Chronic Myeloid Leukemia (CML) ☐ Hodgkin Lymphoma (HL) ☐ Non-Hodgkin Lymphoma (NHL) ☐ Myeloma
☐ Myelodysplastic Syndromes (MDS) ☐ Other (please specify) _____

Date of Diagnosis: _____

Subtype: _____

Are you of Hispanic or Latino origin or descent? ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Which of the following best describes your race? Please check all that apply. ☐ White or Caucasian ☐ Black or African-American
☐ Asian ☐ Native Hawaiian or other Pacific Islander ☐ American Indian or Alaska Native ☐ Other_____

Social Security number is only used to verify identity.* ***Eligible patients without a Social Security or Alien ID number MUST call (877) 557-2672 to apply (Hablamos Espanol).*

Parent/Guardian Information *(If patient is less than 18 years of age, you must provide the following information and all fields must be completed.)*

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female Guardian Social Security #*: _____

Home Address: _____ Apt. # _____ City/State/ZIP: _____

Guardian Relationship to Patient: ☐ Parent ☐ Grandparent ☐ Other Family Member ☐ Other

Phone: ( ) _____ Email: _____

Email Type: ☐ Home ☐ Work ☐ Other Email Owner: ☐ Patient ☐ Caregiver ☐ Guardian

**Social Security number is used only to verify identity.*

PLEASE TURN OVER

Patient Referral Information

How did you hear about the Patient Aid Program?

☐ Family/Friend ☐ Healthcare Professional ☐ Healthcare Facility ☐ Internet Search ☐ Social Media ☐ TV/Print
☐ Cross Promotion from LLS Patient Financial Assistance Programs ☐ LLS Program/Event ☐ Another Patient ☐ Pharmacy
☐ Patient Advocacy Organization ☐ Other (please specify) _____

If referred by a healthcare professional, facility or other organization, please provide the following information:

Facility/Organization: _____ Health Prof Name: _____

Address: _____ Suite # _____ City/State/ZIP: _____

Phone: ( ) _____ Work Email: _____

Terms & Conditions

Fraud – The prevention of fraud is of utmost importance to LLS. LLS has the right to verify the accuracy of information provided during screening and patient's ongoing program eligibility. Detection of fraud or abuse will result in termination of the award and the applicant will not be eligible to receive assistance from any LLS Patient Financial Assistance Programs in the future.

Release of Information – LLS, its employees and agents are authorized to obtain and discuss medical, treatment, therapy, financial and other information relating to patient with their healthcare providers and their staff, pharmacy, employer, insurance company, and any other person or entity working on the patient's behalf to confirm eligibility. LLS will verify a patient's identity through an instant verification system. The use of their name and social security number to access credit information is to confirm the identity of the applicant only and **does not** affect their credit score. If the identity of the applicant cannot be verified by the instant verification service, LLS will require additional documentation. Neither, LLS nor any of its employees or agents will disclose any patient identifiable information to any third party except as provided above, as required by law, as deemed appropriate by LLS to resolve any potential fraud or audit irregularity, or as necessary or appropriate for LLS to provide assistance to patient under the program. LLS may use information and data relative to patient to develop aggregate reports as LLS deems appropriate.

LLS assistance program continuation is dependent on the availably of funds and the program can be modified or discontinued at any time if funding is limited or no longer available.

Signature & Attestation - MUST BE SIGNED

Do you acknowledge that you understand and agree with the terms and conditions above? Yes or No *(Circle One)*

By signing this form, I attest that the information provided on this form is, to the best of my knowledge, true and accurate, the patient applying for assistance has been diagnosed with a blood cancer that is covered by this fund, the patient is a permanent resident residing in the U.S. or a U.S. Territory, the patient is in active treatment, scheduled to begin treatment, or is being monitored by physician for their blood cancer diagnosis, and if asked, I agree that I can, and will, provide documentation if requested.

Patient/Guardian Signature: _____ Date: _____/_____/_____

Patient/Guardian Print Name: _____

☐ Please check here if you do not wish to be contacted by LLS regarding additional patient and education support services.

Information Specialists are available to assist you through cancer treatment, financial and social challenges and give accurate up-to-date, treatment and support information. Information Specialists are available Monday through Friday from 9AM to 9PM ET at 1 (800) 955-4572.