

Date of Registration: \_\_\_\_\_ Client ID#: \_\_\_\_\_

# Ashland County Cancer Association Registration Form

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Twp.: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive our ACCA newsletter? \_\_\_\_\_  Mail or  Email

Support Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **Medical Information:**

Family Doctor: \_\_\_\_\_ Oncologist: \_\_\_\_\_

Cancer Treatment Center: \_\_\_\_\_

Current Cancer Diagnosis: \_\_\_\_\_

Past Cancer Diagnosis: \_\_\_\_\_

## **How did you hear of the Ashland County Cancer Association?**

Friend  ACCA Client  Family  Social Media  Physician \_\_\_\_\_

Event/Fundraiser \_\_\_\_\_  Other \_\_\_\_\_

**The following demographic information is REQUIRED but is not used to determine eligibility.  
All Ashland County cancer patients are eligible to receive services offered by the Ashland County  
Cancer Association regardless of income status.**

Number of People in Household: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Employment Status:  Employed  Unemployed  Retired  Disabled

Veteran:  Yes  No Insurance:  Yes  No Medicare:  Yes  No  Part D Amish:  Yes  No

Ethnicity:  Caucasian  African American  Hispanic  Unknown  Other \_\_\_\_\_

Do you need help with other services? \_\_\_\_\_

## **Submit Registration Form:**

Email: ashlandcocancer@gmail.com | Mail: 1011 E. Main St., Suite B, Ash, OH 44805 | Fax: 419-281-5743