



福音真理基金會

**CHRISTIAN GOSPEL
TRUTH FOUNDATION, INC.**

FAITHFUL STEWARDS OF GOD'S BLESSINGS • 1965

25 Doña Hemady Ave., cor. 3rd St.,
New Manila, Quezon City, Philippines

Tel.: (632) 8294-0853 to 55 loc. 110

DSWD-SB-R-00036-2024
DSWD-SB-L-00065-2024

CANCER ASSISTANCE APPLICATION FORM

Name of Patient

Last Name	First Name	Middle Name
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Date of Application

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Birthday

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Age

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Endorsed By / Date

<input type="checkbox"/> JEC <input type="checkbox"/> JCAI <input type="checkbox"/> CGTFI

Requested by

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Relationship to Patient

☐ SPOUSE ☐ PARENT ☐ CHILD ☐ RELATIVE

Contact Number

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☐ **First Application**

☐ **Second Application**

1st Application Date

☐ **Third Application**

2nd Application Date

Purpose

☐ For Chemotherapy

☐ For Palliative Chemotherapy

☐ For Surgery

☐ For Radiation

☐ For Immunotherapy

☐ Other

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☐ **Approved by CGTFI Health Committee**

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Requirements Checklist

- _____ 1. Medical Abstract from attending physician
- _____ 2. Supporting diagnostic results (e.g., laboratory test, MRI, scan, xray)
- _____ 3. Photocopy of government issued ID of patient
- _____ 4. Authorization Letter and photocopy of government-issued ID, if representative (only immediate family member) to receive check

- _____ 5. Letter of authorization from patient. If needed to deposit check to patient's bank account:
Bank Details (Account Name / Number)

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- _____ 6. After receipt of check, submit an acknowledgement letter / thank you note indicating amount received & utilization of the amount.

Documents Received By

KRISTYLLE MAE D. PASCUAL
Signature / Date

Approved for Check Release

EVELYN M. BUMATAY Executive Director
Signature / Date

Check Received By

Signature over printed name / Date