



The APG Foundation
P.O. Box 1248
Cedar Rapids, IA 52406-1248
Telephone (319) 573-6136
www.apgfoundation.org

Application for Financial Assistance

The purpose of The APG Foundation is to assist cancer and blood disease patients who have no other readily available means of payment to obtain the prescription drugs necessary for their treatment and for prescribed prostheses.

Eligibility Requirements for Assistance

1. Applicant must be a resident of Iowa.
2. Applicant must currently be undergoing treatment in Linn County for cancer or blood disease.
3. Applicant must provide a Confirmation of Diagnosis Form documenting a cancer or blood disease diagnosis.
4. Applicant must have no other readily available means of payment

Upon approval of The APG Foundation disbursement committee, each recipient may receive up to \$1,000 for prescription drugs and up to \$300 for prescribed prostheses within a twelve-month period. Prostheses may include a lifetime limit of one wig.

Please Print Clearly

Application Date: _____

Applicant's Name: _____

Address: _____

Home Telephone: _____ Date of Birth: ___/___/_____

Physician: _____

Address: _____

I have attached a completed Confirmation of Diagnosis Form.

Check one of the following:

- I have attached a pharmacy receipt that includes name of medication and amount paid and/or a supplier's receipt that includes name of the prosthesis and amount paid.
- I have applied for Immediate Assistance using one of the designated pharmacies.

I agree to provide further information if needed.

By signing below, I attest that to the best of my knowledge the information provided above is accurate and that I have no other readily available means to purchase prescribed medications and prostheses.

Applicant's Signature: _____ Date: _____

Mail Application to: The APG Foundation, PO Box 1248, Cedar Rapids, IA 52406-1248
Or, Scan completed form and email to: apgfoundation@hotmail.com