

APPLICATION FOR MEDICAL FINANCIAL ASSISTANCE  
FROM THE PROHASKA FUND  
INTERNATIONAL ASSOCIATION OF LARYNGECTOMEES  
June 2008

**ALL THE INFORMATION PROVIDED MUST BE COMPLETE, ACCURATE AND EASILY VERIFIABLE, OR THE APPLICATION WILL NOT BE CONSIDERED.**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**APARTMENT NUMBER:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**COUNTRY:** \_\_\_\_\_

**HOME TELEPHONE:** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

1. Date you were first diagnosed with Laryngeal cancer? \_\_\_\_\_

2. Describe your short and long-term prognosis. \_\_\_\_\_  
\_\_\_\_\_

3. Are you employed or retired?    Employed \_\_\_\_\_ Retired \_\_\_\_\_  
If employed, are you:            Full Time \_\_\_\_\_ Part time \_\_\_\_\_

4. Do you currently have insurance coverage?    Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you currently have Co-Insurance coverage?    Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are you receiving Disability insurance?            Yes ----- No \_\_\_\_\_

6. Are you currently receiving Medicare \_\_\_\_\_ Medicaid \_\_\_\_\_

7. Amount, up to \$500.00, requested for assistance.  
\$ \_\_\_\_\_

8. Briefly describe your need for financial assistance here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give the International Association of Laryngectomees the authority to obtain necessary medical information from pertinent health professionals, from the President of my laryngectomee support group or club, and to discuss all information including my financial status with only members of the Application Review Committee.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please provide **ALL** Contact information for your SLP, ENT or Health Care Provider.

Name and title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Country \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

10. List your club affiliation

\_\_\_\_\_

Name of President: \_\_\_\_\_

Address: \_\_\_\_\_

Country \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please submit this application postmarked no later than June 30, 2008 to:  
 Prohaska Medical Financial Assistance Fund,  
 c/o International Association of Laryngectomees,  
 Terrie Hall, 4167 Hwy. 150 N., Lexington, NC 27295-7248.  
 Email: Terrie Hall <tlh\_tfsnc2002@yahoo.com>  
 Fax: 336-732-3167  
 Phone: 336-731-3635