



HOUSECLEANING SERVICES REFERRAL FORM - Phoenix

(Light housecleaning assistance for those in active, infusion-based treatment for gynecological cancers)

PHYSICIAN SECTION

Patient Name:		Referred Date:
Patient Address (location to clean):		
Patient Home Phone:	Patient Cell Phone:	Type of Cancer (No Codes Please):
Referring Physician Name (Printed):	Physician Location:	Physician Office Phone:
 Reason for housecleaning service: _____		
<input type="checkbox"/> I certify that this patient is in active, infusion-based treatment		
Referring Physician Signature: _____ (REQUIRED)		

DEMOGRAPHIC INFORMATION (to be filled out by Patient)

The information requested on this form is used by Arizona Oncology Foundation for statistical purposes only. It helps provide information to donors & funding organizations and to evaluate our programs & services. Names are never disclosed. Your help is appreciated.

Gender: Female Male

Marital Status: Single Married Widowed

Age Range: 18-29 30-59 60 and Above

Racial/Ethnic Background:

African American Caucasian White Multi-Racial

Asian/Pacific Islander Latino/Hispanic Native American/American Indian

Other (Please Specify) _____

Income:

Less than \$12,000 \$12,001 - \$24,000 \$24,001 - \$35,000

\$35,001 - \$40,000 \$40,001 and above

Residency: City _____ County _____ Zip Code _____

Number in household _____ **Number in household under the age of 18** _____

Have you ever received Arizona Oncology Foundation services?

Gas Cards Yes No / Therapeutic Vouchers Yes No

Dental Yes No Housecleaning Yes No

PLEASE SUBMIT TO: ARIZONA ONCOLOGY FOUNDATION

Email: Coordinator@ArizonaOncologyFoundation.org

Mailing Address: 2625 N Craycroft Rd. Ste. 215, Tucson, AZ 85712

Fax: (520) 324-2680 ATTN: Arizona Oncology Foundation

Updated August 2018