



## Triage Cancer Materials Request Form

Please complete the following request form to order educational materials from Triage Cancer. Please allow for 2 weeks for materials to arrive. For questions, please email [info@TriageCancer.org](mailto:info@TriageCancer.org).

Please note: the materials listed below are the ones currently available for shipping. You can also print copies of these materials from our website. See the full library of resources at: <http://TriageCancer.org/resources>.

If you would like fewer than 25 copies of a resource, consider printing them from the website, to help us save on shipping costs. Thanks!

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Hospital/Organization: \_\_\_\_\_

Shipping Address for Materials: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

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

Phone Number (for questions): \_\_\_\_\_

Please share how these materials will be used: \_\_\_\_\_

**1. Quick Guides and Checklists - Please identify the quantity that you are requesting, by topic. If you would like custom amounts, please note amounts below. *Check all that apply.***

### Quick Guides and Checklists

	Quantity 25	Quantity 50	Quantity: Other (Indicate #)
Access to Medical Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
ADA & Reasonable Accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Appeals: Individual Employer Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Avoiding Financial Toxicity - Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Caregiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Chemo Brain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Clinical Trials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
COBRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
COVID-19 Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Crowdfunding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

**Quick Guides - Continued**

	Quantity 25	Quantity 50	Quantity: Other (Indicate #)
Disclosure, Privacy and Medical Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Estate Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Fertility Preservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
FMLA Expanded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Getting Organized - Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Health Insurance Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
How FMLA Works With Other Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Legal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medicare 2020	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medicare Basics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medicare Savings Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medigap Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Navigating SSDI & SSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Options for Losing Employer-Sponsored Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Reasonable Accommodations - Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
State Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Timing of SSDI & Medicare Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

**2. Spanish Quick Guides and Checklists - Please identify the quantity that you are requesting, by topic. If you would like custom amounts, please note amounts below. *Check all that apply.***

<b><u>Quick Guides and Checklists</u></b>	Quantity 25	Quantity 50	Quantity: Other (Indicate #)
Reasonable Accommodations - Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
COBRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Estate Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
FMLA Expanded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Health Insurance Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

3. Flyers - Please identify the quantity that you are requesting, by topic. If you would like custom amounts, please note amounts below.

Flyers

Information Sheet / How Triage Cancer Can Help

Webinar Flyer

Quantity:	Quantity:	Quantity: Other
25	50	(indicate #)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

4. Postcards - Please identify the quantity that you are requesting below.

Postcards

CancerFinances.org

Animated Videos (English & Spanish)

Quantity:	Quantity:	Quantity:
25	50	100
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Custom amount requested: \_\_\_\_\_

5. Drug Discount Cards - Please identify the quantity that you are requesting below.

Drug Discount Cards

Quantity:	Quantity:	Quantity:
25	50	100
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Custom amount requested: \_\_\_\_\_