



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@trriagecancer.org

Please note: the materials listed below are currently available for shipping. You can also print copies of these materials from our website. See the full library of resources at: 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.*

	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"/> _____
Crowdfunding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Disclosure, Privacy, & Medical Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Estate Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Finding Financial Help - Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
FMLA Extended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

... beyond diagnosis



Quick Guides – Continued

	Quantity 25	Quantity 50	Quantity: Other (Indicate #)
Getting & Paying for Prescription Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Getting Organized – Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Health Insurance Basics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Health Insurance Marketplaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Health Insurance Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Health Insurance Comparison Worksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
How the 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"/> _____
Managing Medical Bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medicare 2024	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medicare Basics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medicare Savings Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medigap Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medicare Plan Comparison Worksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Navigating SSDI & SSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Options When 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"/> _____
Returning to Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
SSI	<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.

	Quantity 25	Quantity 50	Quantity: Other (Indicate #)
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"/> _____
Finding Financial Help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Health Insurance Basics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Managing Medical Bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

... beyond diagnosis



Spanish Quick Guides – Continued

	Quantity 25	Quantity 50	Quantity: Other (Indicate #)
Options When 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"/> _____

3. Practical Guides to Cancer Rights – Please identify the quantity that you are requesting, by topic. If you would like custom amounts, please note amounts below. Check all that apply.

	Quantity 25	Quantity 50	Quantity: Other (Indicate #)
Practical Guide to Cancer Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Caregivers: Practical Guide to Cancer Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Young Adults: Practical Guide to Cancer Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Seniors: Practical Guide to Cancer Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Spanish - Practical Guide to Cancer Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Spanish - Caregivers: Practical Guide to Cancer Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

4. Flyers – Please identify the quantity that you are requesting, by topic. If you would like custom amounts, please note amounts below. Check all that apply.

	Quantity 25	Quantity 50	Quantity: Other (Indicate #)
Information Sheet on Triage Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
2024 Webinar Flyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
2024 Conference Flyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Triage Health Flyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Spanish - Information Sheet on Triage Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

5. Postcards – Please identify the quantity that you are requesting below.

	Quantity 25	Quantity 50	Quantity: Other (Indicate #)
CancerFinances.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Animated Videos (English & Spanish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
MyHealthCareFinances.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

6. Drug Discount Cards – Please identify the quantity that you are requesting below.

	Quantity 25	Quantity 50	Quantity: Other (Indicate #)
Drug Discount Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

... beyond diagnosis