



Cancer Support Community Central Ohio Yearly Participant Form 2019

Cancer Support Community gathers information about every **Participant** to help us better understand who comes to our programs. All personal information provided on this form will be kept confidential. We are a non-profit organization that does not charge for our services. The information below helps us secure funding. The information provided to funders is solely aggregated demographic data. Your answers to these questions do not affect your ability to access all programs at the Cancer Support Community at no charge.

PLEASE PRINT CLEARLY. THANK YOU!

| | | | |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|
| Name | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mx. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. | | |
| Address City, State, Zip | | | County: |
| Best Phone to Reach you | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | | |
| Email | | | |
| Date of Birth | | | |
| Name of Employer | | | |
| Emergency Contact | Name | Relationship | Phone |

| May We? | Yes | No |
|--------------------------------------------------|-----|----|
| Leave a voicemail? | | |
| Send a printed newsletter to your home? | | |
| Send a newsletter via email? | | |
| Send emails about upcoming opportunities at CSC? | | |

| | |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How are you affected by cancer? <i>Check all that apply</i> | <input type="checkbox"/> Living with Cancer <input type="checkbox"/> Survivor <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> Bereaved <input type="checkbox"/> Other |
| Oncologist's Name | |
| Hospital / Cancer Center | |

Statement of Confidentiality: Confidentiality cannot be guaranteed in a community environment, however we ask all participants to show each other respect and not inappropriately share information. Staff is bound by professional standards for confidentiality which include three mandates under state law. Staff is mandated to report serious threats of violence against self or others and past or current suspected child abuse to the appropriate authorities. They may also discuss group meetings in regular supervisory sessions to gain insights to bring back to the group meeting.

Consent for Photography: I grant permission to Cancer Support Community Central Ohio (CSC CO) to use my full name and any photographs and/or video in CSC CO publications, media events, brochures, newsletters, magazines, name and/or photographs in electronic versions of the same publications or on the Cancer Support Community website or other electronic forms or media. If you don't consent, you can cross through this paragraph and initial.

Please sign below to acknowledge understanding of the above statements:

Signature

Date

Please continue to the back side of this form. Completing both sides is essential to maintaining our programming. Thank you.

Age:

- Under 18
- 18 – 24
- 25 – 39
- 40 - 55
- 56 - 69
- 70+

Gender

- Male
- Female
- Transgender
- Non-Binary

Marital Status

- Single
- Married
- Partnered
- Widowed

Sexual Orientation

- Gay/Lesbian
- Bisexual
- Straight
- Not Listed _____

Ethnicity:

- White (non-Hispanic)
- Black/African American (non-Hispanic)
- White-Hispanic
- Black/African American-Hispanic
- American Indian/Alaska Native/First Nations
- Asian/Pacific Islander
- Not Listed _____

Employment Status:

- Employed full-time or part-time
- On medical leave
- Disabled
- Not employed
- Retired
- Student

Annual Household Income:

- Under \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- Over \$100,000

Primary Type of Cancer You Have Been Affected By:

- Bladder/Urinary
- Brain
- Breast
- Colon/Rectal
- Head & Neck
- Kidney
- Leukemia (acute/chronic)
- Liver
- Lymphoma
- Lung
- Melanoma/Skin
- Multiple Myeloma
- Ovarian/Uterine/Cervical
- Pancreas
- Prostate
- Stomach
- Not Listed _____

What Stage Is Your (Or the Person You Are Supporting) Cancer:

- Stage I
- Stage II
- Stage III
- Stage IV
- Not Listed _____

Your Insurance Status:

- Medicare Only
- Medicare + Private
- Medicaid
- Private Insurance
- Uninsured

Do You Have Children Under the Age Of 18?

- Yes
- No

How Did You Hear About Us?

- Doctor
- Nurse/Nurse Navigator
- Social Worker
- Friend/Family
- Internet
- TV/Radio
- Newspaper
- Social Media
- CSC Staff/Volunteer
- Health Fair
- Flyer in waiting room
- Not Listed _____

Please provide specific name of the person who referred you or the event where or the waiting room you learned about CSCCO:

For Office Use Only:

Date: _____ Group: _____ Staff: _____