



Meeting the Needs of Today...
Providing Hope for Tomorrow

Verification of Treatment
To be filled out completely **by the treating Physician**

Under my care, _____, is in treatment for cancer and is considered not to be in remission. This treatment is affecting his/her ability to work and care for his/her household.

•He/She has been diagnosed with _____ cancer.
Ex. Breast, Cervical, Lymphoma, Melanoma, etc.

•He/She is considered to be in Stage (circle one) I II III IV

Other

•He/She currently is or will be undergoing the following treatment (circle all that apply):

•Chemotherapy

•Radiation

•Other Treatment: _____
Ex. mastectomy, hysterectomy, transfusions

•No Treatment recommended

•The course of treatment is expected to last until _____.
Month/ Year

•Additional Comments

Physician name (please print): _____

Address: _____

Phone Number: _____

Physician signature: _____ Date: _____

Patient name (please print): _____

Patient signature: _____ Date: _____



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Dear Physicians,

Singleton Moms is a non-profit organization dedicated to bringing hope, help and support to struggling single parents battling cancer. Our unique programs offer the emotional, financial and domestic support that the courageous Moms and Dads need while undergoing treatment. In order to qualify for our program, applicants must be a single parent and currently receiving treatment for cancer. To offer our services to each applicant, verification of your services is required.

If you have any question about our services or would like to get involved, please contact us at [480-818-5285](tel:480-818-5285) or kari@singletonmoms.org

Please complete the attached “Verification of Treatment” form and fax to us at [480-304-3160](tel:480-304-3160).

Thank you,

Kari M. Groves

Kari Groves, Program Manager

Singleton Moms

“Meeting the Needs of Today & the Hope for Tomorrow”

