

we are here for you

C O colorado ovarian cancer alliance www.colo-ovariancancer.org

Direct Contact

Susan Hess, LPC - COCA Navigator 1-720-519-3122

support@colo-ovariancancer.org
Online Form: www.colo-

ovariancancer.org/contactconsent.html

COCA.Connections

We understand that a diagnosis of ovarian cancer can be a very challenging, life-altering event. At Colorado Ovarian Cancer Alliance, we are committed to assisting you, and those supporting you, in managing this event through emotional, social and financial assistance. You can contact Susan, our COCA Navigator, to learn more: 720-519-3122, susan@colo-ovariancancer.org. We are here for you.

Group Support

Connect with other women going through an ovarian or other gynecologic cancer diagnosis in a professionally facilitated supportive setting. Women in all phases of the cancer experience are welcome: newly diagnosed, in treatment, after treatment, in recurrence, and long-term survivors. We have five **Nicki's Circle Ovarian Cancer Support Groups** per month, including one by phone. Please contact Susan before attending the first time.

Individual Support

We are available to talk with you individually by phone about the emotional challenges of being diagnosed, of going through treatment and adjusting to life after treatment. Our "professional mentors" are master's level counselors trained as part of our **Ovarian Cancer: Individual Support Program (ISP).**

Peer Support

If you are interested in talking with another survivor directly, we will do our best to match you with a woman from our community in our **Peer Mentor Program** who has a similar ovarian cancer diagnosis.

Chemo Support

For women newly diagnosed with ovarian cancer, contact us for a free **Comfort Kit** of items in a canvas tote bag to take with you to chemo. The kit includes a copy of our 80-page Resource Guide.

Information Support

Our 80-page **Colorado Ovarian Cancer Resource Guide** provides useful tips, information and resources available locally and nationally. Order a print version, or download as a PDF online on our website.

Financial Support

We provide assistance to women dealing with financial hardship based on application qualifications through our **COCA.Cares Financial Assistance** program. Download a copy of the application on our website.

Young Survivor Support (20-39 yrs)

COCA partners with the **Young Survivors Group: GET + TOGETHER**, that meets the first Thursday evening of the month at a local restaurant. We can add you to the email list for monthly reminders.

Please check our website for information on these programs: www.colo-ovariancancer.org

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Consent to Contact

Fax to: 1-866-517-0215

 $Scan\ to: \underline{support@colo-ovarian cancer.org}$

Online form: www.colo-

ovariancancer.org/contactconsent.html

colorado ovarian cancer alliance www.colo-ovariancancer.org

Please complete the following information and send to us via one of the methods above. When the form is received, a COCA Navigator will reach out and arrange a call or visit with you. The information you provide to us is confidential. For any questions, please contact the COCA Programs Director at: 720-519-3122.

What is your preferred method	of contact?	email text
Patient/Caregiver info		
□ Patient □ Caregiver	Date:	
Name:		
Mobile Phone:	Home Phone:	
Address:		
City/State/Zip:		
Email address:		
Date of Diagnosis:/	/ Date of Recurrenc	e:
Stage/type:	Doctor:	
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COCA Support Programs: (check all of in ☐ Group Support Denver - Central	☐ Group Support - Telephone	☐ Chemo Support-Newly Diagnosed
☐ Group Support Deriver - Central	☐ Individual Support	□ Info Support - Resource Guide
□ Group Support North - Boulder	□ Peer Support	☐ Financial Support
□ Group Support NOCO - Ft. Collins	☐ Young Survivor Support (20-39 yrs)	☐ Online Support ☐ Survivors Teaching Students
May we put you on our eNewslette	r mailing list? 🗆 YES 🗆 NO	-
Patient Confidentiality Agreement:		
	alth Insurance Portability and Accountability Act d & disclosed, I agree to provide the above inforn does not share it with outside organizations.	
Signature of Patient/Caregiver/Guardian	Date	
Healthcare Professional making a re	eferral:	
Name:	Phone:	
Organization:	Email:	
Comments:		