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### Client Assistance Checklist

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

= Please check all that apply

#### 1. Nutritional Supplement

- Ensure
- Ensure Plus
- Glucerna

#### 2. Personal Care

- 4x4 Gauze
- Waterpik
- Medical Tape  
Size: \_\_\_\_\_ Type: \_\_\_\_\_
- Adult Diapers  
Qty: \_\_\_\_\_ Size: \_\_\_\_\_
- Bluepads  
Qty: \_\_\_\_\_ Size: \_\_\_\_\_
- Colostomy Bag  
Qty: \_\_\_\_\_ Size: \_\_\_\_\_
- Mastectomy Bra  
Size: \_\_\_\_\_
- Prosthetic Bra  
Size: \_\_\_\_\_
- Lymphadema Sleeve  
Size: \_\_\_\_\_
- Back Support

#### 3. Equipment loans

- Hospital Bed: (Semi/Manual/Full)  
Wt (lbs): \_\_\_\_\_  
Ht (ft" in): \_\_\_\_\_
- Portable Oxygen Tank
- Oxygen Concentrator
- Wheelchair  
Wt (lbs): \_\_\_\_\_
- Cane  Crutches
- Walker Rollator
- Walker w/ wheels
- Walker without wheels

#### 4. Equipment Supplies

- Nasal Cannula
- Portable Oxygen Tank Holder

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Primary Care Provider  
Print / Sign & Date

*The CCA will provide financial assistance as our resources allow.  
Other resources may be requested, but are not guaranteed for approval.*