



Application for Assistance

Who is Eligible?

Income Guideline (*cannot exceed*)

Household Number	Income Yearly*	Income Monthly*
1	\$21,000	\$1,750
2	28,200	2,350
3	35,400	2,950
4	42,600	3,550

**Income before taxes.
All Applications are evaluated on a case by case basis. Please return completed application to Program Coordinator.*

Number of people in your household:

Provide proof of income documentation including:

Wages: \$ _____ / month

Social Security: \$ _____ / month

Disability: \$ _____ / month

Rental Income: \$ _____ / month

Patient Signature: _____ Date: _____

Housing Assistance

To qualify for Housing Assistance, a patient must have at least 2 consecutive days of treatment. If they meet the financial and treatment guidelines, a free night of housing may be issued for every two days of consecutive treatment. Emergent cases will be determined by Case Management.

Travel Assistance

Travel Assistance is intended to defray the financial burden of traveling for cancer treatment. The income guidelines apply. Patients will receive pre-paid gas cards once a month, based on receiving active treatment and distance from the treatment center.

Your application must include proof of income documentation in order to be processed.

(i.e. paycheck, direct deposit, social security award letter, etc.)

To be completed by the patient:

Tell us who you are:

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Do you have a caregiver traveling and/or staying with you?

If yes, who? _____

Health Insurance (*circle one*)?

Medicare Medicaid Private Uninsured Other _____

What type of assistance are you seeking? (*circle one or more*)

Travel Housing Living Expenses Support

Bottom portion to be completed by staff Member

How many consecutive days of treatment will this patient receive per week? (*circle one*)

1 2 3 4 5

Diagnosis: _____ Treatment start date _____

Date of Diagnosis: _____ Type of Treatment: (*circle one or both*) **Chemo** **Radiation**

Does the patient meet required Income Guidelines? **Yes** **No**

Application Approved: **Yes** **No** Date of Approval/Staff Initials: _____

Mileage (*one way*) _____ (*round trip*) _____ Amount of Voucher(s)/trip _____ Amount of Voucher cap/month _____

Date Application Received _____ Initials _____