

Dear Applicant:

The Maine Cancer Foundation Covid-19 Fund (MCFCF) is a financial assistance fund operated through the Healthy Acadia Cancer Patient Navigation program to provide limited assistance, on an individual basis, for individuals and families impacted by cancer in our county. We recognize that a cancer diagnosis can cause financial stress, which may hinder the patient's ability to meet critical needs for themselves or their family. It is our goal to lessen this stress and help meet critical needs by offering direct, immediate support.

Enclosed please find an application for the Maine Cancer Foundation Covid-19 Fund. The information gathered on this form will be used to help us determine whether you qualify for limited financial assistance (up to \$500) from this fund. The following eligibility requirements must be met in order to apply for the fund:

- The patient must be a resident of Washington County;
- The patient must have a cancer diagnosis;
- This application must be submitted while the patient is currently undergoing treatment OR within 6 months from the date of last treatment (*treatment is defined as any form of chemotherapy, radiation or surgery*) OR hospice eligible;
- The patient or caregiver must be applying for help meeting a critical need (please see below description of critical needs);
- The patient or caregiver must have exhausted other available resources (see application).

Critical needs include but are not limited to: assistance in paying for: groceries, heat, necessary utilities, transportation, specialized equipment pertaining to the cancer diagnosis, housing expenses, or critical home/car repairs.

The Maine Cancer Foundation Covid-19 Fund will pay directly to the vendor in all cases. The fund will not reimburse a patient or family member directly. The fund may provide one-time monetary assistance and/or may consult with local business partners who have agreed to provide services at a free or reduced rate for Maine Cancer Covid-19 Fund recipients.

Procedure for processing applications: The MCFCF Review Team will review applications within 24-48 hours of receipt and make a determination or request additional information needed to make a determination. Once awarded, the Cancer Patient Navigator and/or designee as assigned will conduct necessary follow-up to facilitate awardee's access to services.

You can obtain an application online at www.healthyacadia.org. To learn more about the Fund, please contact Angela Fochesato at Healthy Acadia at 255-3741, ext. 103 or angela@healthyacadia.org.

The MCFCF is supported by a grant from Maine Cancer Foundation as part of their ongoing Challenge Cancer 2020 initiative, aimed at reducing cancer incidence and mortality rates in Maine. 100% of the funds they raise are invested back into our communities to benefit the people of Maine.

Maine Cancer Foundation Covid-19 Fund Financial Assistance Cancer Patient Application

APPLICANT INFORMATION

Name: _____

Gender: Male Female Other _____ DOB: _____ / _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

Email Address: _____

CAREGIVER INFORMATION

If you are completing this form on behalf of the patient listed above, please complete this section

Name: _____

Mailing Address: _____

Phone #: _____ Cell#: _____

Email Address: _____

Relationship to patient: _____

DIAGNOSIS INFORMATION

Diagnosis month and year: _____ / _____ Type of cancer: _____

Currently undergoing treatment? No Yes

If no, month and year of last treatment: _____ / _____ (in this instance, treatment is defined as any form of chemotherapy, radiation or surgery)

Currently hospice eligible (Physician has given six (6) months or less to live)? Yes No

Oncologist Name and Facility: _____

Estimated cost of critical need(s) \$ _____ * Current monthly household income \$ _____/mo.
*Maximum award is \$500 per application, with most awards in the \$100-\$250 range

How many people are currently in your household? _____

Current employment status (check what applies):

Full Time Part Time Retired Unemployed Other _____

The MCFCF is intended to be a “supplemental” fund, after other avenues of assistances have been exhausted. Our staff may provide other resources to you as a part of reviewing your application. Please indicate that the applicant has applied for each of the following resources, if applicable:

Source of Assistance	Applied to? Yes or No	Date of Application	Accepted or Denied Please note if a resource isn't available to you, if you are ineligible or if the resource is not a current need.
General Assistance (through town office)			
EBT/Food Stamp and/or food bank			
LiHEAP and/or Joe 4 Oil (heating assistance)			
Transportation Assistance: ie: American Cancer Society, Logisticare, etc.			
Patient's church, community groups, etc.			
Diagnosis-specific source of financial support (e.g. Maine Breast Cancer Coalition, LLS, etc.)			
Northern Light Tradewinds grant			
Other(s): (please list)			

Notes about above information: _____

By signing this application, you attest that the above information is true to the fullest extent of your knowledge. All information on this application will be kept confidential in accordance with HIPAA regulations.

Applicant Signature: _____ Date: _____ / _____

Caregiver Signature (if applying on behalf of patient): _____ Date: _____ / _____

Parent or Guardian Signature if patient is a minor: _____

Date: _____ / _____