

# Financial Assistance Programs Guidelines

## Introduction

As part of 21<sup>st</sup> Century C.A.R.E.'s mission to provide financial assistance to cancer patients in need, we endeavor to award financial assistance to eligible patients with a diagnosis of cancer and individuals in need of cancer screening.

## Geographic areas served

AL, AZ, CA, FL, IN, KY, MA, MD, MI, NC, NJ, NV, NY, RI, SC, WA & WV

## Assistance Categories

- Transportation
- Child Care
- Respite Care
- Temporary Housing
- Food
- Medical supplies and equipment
- Cancer screening
- Other

Assistance will not be made for co-pays, deductibles, or prescription medication at this time.

## Eligibility

- Must have a social security number
- Must be a legal resident of the United States and living or receiving treatment in the geographic areas noted above
- The diagnosis of cancer must be within 6 months of the date of the application

## Application and evaluation procedures

An application form must be completed and submitted to the main office of 21<sup>st</sup> Century C.A.R.E. by fax, e-mail, or regular mail. The following documents must be submitted along with the application:

- Proof of the patient's social security number

- 1<sup>st</sup> page of tax return (1040, 1040A, 1040EZ) (may be waived if patient does not file taxes)
- Proof of income (wage or social security/disability statements)

Once all the requested information is received, the application will be processed. Assistance is made on a case-by-case basis by 21<sup>st</sup> Century C.A.R.E.'s Financial Assistance Committee. Assistance will be awarded without regard to race, national origin, gender, or sexual orientation. All information received will be confidential.

Each application is valid for one year from the signature date of the application.

After one year, if a new cancer is diagnosed the patient may re-apply one time.

There is a \$300 maximum limit per patient, per year. This does not apply to special programs including:

- Scope for Hope – Colorectal Cancer (Southwest Florida)
- Head & Neck Cancer (Southwest Florida)
- Cancer Support Center (Casa Grande)

Lodging: for lodging requests, the patient must complete and sign a separate lodging form that must be submitted with the regular application. Reservations will be guaranteed for one night only. Additional nights will be provided as approved by the Financial Assistance Committee if the patient is compliant as specified on the Lodging Form.

Medical Supplies: if requesting medical supplies the Medical Supply Form must be completed and submitted with the regular application. An order may be requested from the patient's physician. It is the responsibility of the referring office to provide the details such as model numbers, serial numbers, full description of the item, name of medical supply company, etc. It is imperative that we be provided with all information so that the correct item(s) may be purchased.

Payment is dependent on availability of funds and may be suspended at any time due to unavailability of funds.

## **Payment**

Payment will be made by check or credit card to the vendor or provider of the goods or services, rather than the patient directly.