The Joseph Michael Chubbuck Foundation, Inc.

Financial Assistance Application/ Consent Form for Patients

The Foundation needs to verify the patient is currently being treated for cancer. This process ensures patients' eligibility for assistance and avoids the misappropriation of Foundation funds. To CONFIRM treatment/care is being given this application requires (2) signatures: the patient's signature, along with the signature of an Oncology LMSW **OR** the attending oncologist/ radiologist (not their office staff or nursing staff). **Once the form has been completed and signed, the attending oncologist/radiologist office or Oncology LMSW needs to fax the completed form to the Foundation at 315-339-5993. Faxes from other locations will not be accepted.** Your physician OR Oncology LMSW may call the same number should he/she have questions.

"Maximum Assistance" - $300 per calendar year per patient (this total includes any funds given to the patient for gas assistance).

Patients will be given gas gift cards for gas expenses (maximum assistance for gas is $200/calendar year).
Cab services/Bus services will be paid directly by the Foundation on behalf of the patient.
Gift Cards to major grocery store chains will be given to patients to address grocery needs.
*Assistance for medical supplies/equipment will be paid directly by the Foundation to the vendor **OR** a gift card to a major drug store chain may be issued.*

Please circle or list as "Other" your reason(s) for Financial Assistance:

Utility Bill(s) Groceries –indicate store_____ Medical Supplies/Equipment
Rent Gas Expenses for treatment Hotel Expenses
Cab/Bus Services
OTHER: _____

***Be sure to fax any REQUIRED paperwork along with your application (utility bill, landlord tax form & consent form for rent, contact information to cab/bus services & hotels, and doctor's script for needed equipment/supplies)**

Date financial assistance is needed ____/____/_____

Name of Treatment Facility, Physician's name, Address, and phone/fax number

Facility Name: _____
Name Oncologist/Radiologist:_____
ADDRESS: _____
_____
Phone (_____-_____-_____) Fax (_____-_____-_____)

Patient Signature or Guardian Signature (If under 21) **Required**, Address, & Contact Phone number

Signature Patient _____
Guardian Signature (if under 21) _____
Address _____
_____
Contact Number (_____)-_____-_____ **Date of Birth** ____/____/____

Signature Required
Oncologist/Radiologist **OR**
Oncology LMSW
(Not Office Staff or Nursing Staff)

____/____/____

A Foundation representative will contact the LMSW or Oncology/Radiology Office that signed this form to confirm patient is under their care and currently in treatment.

The Joseph Michael Chubbuck Foundation, Inc. is a 501(c) (3) charitable organization, contributions to which are tax-deductible as permitted by law.

Confidentiality and Privacy

The Joseph Michael Chubbuck Foundation, Inc. has a commitment to protect and respect the privacy and dignity of the patients/families we serve, as well as of the donors and volunteers who support us so generously.

- We do not divulge names, addresses, or other personal information about the patients/families who receive assistance from the Foundation. Such information is part of the confidential files of the organization.
- Patients/Guardians (IF UNDER 21) and their treating oncologist/radiologist OR oncology LMSW must sign and submit a Financial Assistance Application/Consent Form. This gives our Foundation permission to verify that the patient seeking assistance is currently undergoing treatment for cancer. The Foundation does not discriminate based on race, color, religion, sex, national origin, disability, or age.
- Referring healthcare professionals must agree to respect and maintain the Foundation's confidentiality practices.

Financial Assistance

We provide assistance with out-of-pocket expenses not covered by insurance, such as utility and phone bills, grocery needs, rent, treatment travel expenses (transportation costs for gas/cabs & hotel stays), and medically necessary equipment/supplies. **We do not provide assistance for medical bills, co-pays, or non-traditional medicines/food supplements (such as herbs, etc.)**

Informational Resources

To learn more about other ***local and national resources*** that may offer assistance, please view our Foundation resources link (under the Resources tab) at www.thejmcf.org.