

## Application for Financial Support

### APPLICATION GUIDELINES:

1. Betty Kearns Cancer Fund provides temporary financial assistance for individuals who are experiencing financial distress due to cancer. Expenses incurred prior to cancer diagnosis are not eligible for assistance.
2. Grants typically cover mortgage/rent, utilities, and transportation costs, including car insurance, COBRA or health insurance premiums, medical expenses such as co-pays, prescription costs, deductibles and medical bills including bills for doctor visits, diagnostic testing, treatment and other expenses incurred by cancer diagnosis.
3. Funding is limited and based on availability and eligibility.
4. Requests preferably made through the social worker, nurse, patient navigator, therapist or other medical personnel where the applicant receives care and they must complete Parts I, II and III of the application.
5. Assistance is intended for those who have been diagnosed within 12 months of application date; others will be considered on a case-by-case basis.
6. Assistance is intended to be once a lifetime. Additional requests may be considered on a case-by-case basis.
7. Application must be accompanied by the HIPPA Privacy Authorization Form and copies of the most recent bills requested for payment.
8. Incomplete applications cannot be accepted. All sections must be completed in their entirety.
9. Applications are reviewed as received and, if accepted, will be forwarded to the Betty Kearns Cancer Fund (BKCF) committee for review.
10. The BKCF Committee Coordinator will inform the applicant of approval status. Bills are paid directly to the creditor, not the client. It is up to the client to supply us with correct and updated information regarding payment addresses and account numbers.

### TO SUBMIT APPLICATION:

1. Email completed application with documentation attached to: [bettykearnscancerfund@gmail.com](mailto:bettykearnscancerfund@gmail.com)
2. Application must be submitted in its entirety. Incomplete applications will not be accepted.
3. If completely necessary, applications can be mailed to the address below, but please be advised that this can delay the application timeline by 2-3 weeks. **Email is the preferred method of submission.**
4. Upon receipt, applications will be reviewed to ensure that:
  - a. Applicant has been diagnosed with cancer within 12 months of application.
  - b. Expenses were incurred after cancer diagnosis.
  - c. Expenses submitted for payment are in applicant's name (or spouse)
  - d. Application is filled out in its entirety and includes all necessary documentation.
5. Applications reviewed and accepted will be forwarded to the BKCF Committee for consideration and approval.
6. **Questions regarding the status of an application should be directed to the BKCF Committee Coordinator via email at [bettykearnscancerfund@gmail.com](mailto:bettykearnscancerfund@gmail.com).**
7. Betty Kearns Cancer Fund prohibits discrimination in all its programs and activities on the basis of race, color, gender, national origin, age, disability, marital status, familial status, parental status, religion, sexual orientation, genetic information or political beliefs.

**If mailing application, send to:** Betty Kearns Cancer Fund, Attn: BKCF Committee, P.O. Box 80, Marysville, MI 48040

### **BETTY KEARNS CANCER FUND MISSION STATEMENT**

Provide financial assistance for patients going through cancer treatment.

The aid covers both medical expenses not covered by insurance and non-medical related expenses, including health insurance premiums, deductibles, co-payments, diagnostic services, prescriptions, rent/mortgage, utilities, auto and auto insurance payments. Applicants must be experiencing a loss or reduction in income as a result of treatment. Payments are made directly to the creditors.

#### **SPECIFIC GUIDELINES:**

1. Have documented cancer diagnosis
2. Be a United States citizen, living in St. Clair County or Sanilac County, Michigan
3. Meet current Middle Income standards as determined by the U.S. Government.
4. Household income does not meet the sum of all financial obligations for the patient's determined treatment period.
5. Household income during treatment period has dropped or will drop more than 25% after the first month of treatment.
6. Household income is too high to qualify for government aid, but still does not meet the sum of all financial obligations during treatment.
7. Total cash and readily available liquid assets equal less than the sum of all financial obligations.