CANCER COALITION FUND
Grant Application

Cancer Coalition
Richland County, Montana

FOUNDATION FOR COMMUNITY CARE

RICHLAND COUNTY HEALTH DEPARTMENT

APPLICANT INFORMATION

Patient Diagnosed with Cancer:

Full Name: _____ D.O.B. ____/____/____ Age: _____

Person applying for funds, if other than the patient:

Full Name: _____ Relationship to Patient: _____

Patient's Address: _____

City: _____ County: _____ State: _____ Zip: _____

Preferred Phone Number(s): (____) ____ - ____ *or* (____) ____ - ____

Net Household Monthly Income: $_____ # in Household: _____

MEDICAL TREATMENT INFORMATION

Treating Provider(s): _____

Cancer Diagnosis you are receiving treatment for: _____

Treatment Start Date *or* Date of Next Appointment: ____/____/____

Treatment Facility: ☐ Sidney Health Center Cancer Care

☐ Other: _____ Phone Number: (____) ____ - ____

- Complete BOTH sides of this application and return to the **Foundation for Community Care** *or* **Sidney Health Center Cancer Care**.
- Eligibility will be verified using the information provided.
- Applications will be reviewed within thirty (30) business days.
- Grant fulfillment is subject to fund availability.

COMPLETE BOTH SIDES OF APPLICATION

**** SIDNEY HEALTH CENTER CANCER CARE / PROVIDER USE ONLY ****

Patient listed on this application is verified as currently receiving care under the direction of Sidney Health Center Cancer Care, has a valid and active care plan in place, and has a Release of Information on file.

Authorized Signature: _____ Date: ____/____/____

**** FOUNDATION FOR COMMUNITY CARE USE ONLY ****

Past Recipient: Y / N **If yes, when:** ____/____/____

New Diagnosis: Y / N **Eligible:** Y / N

Review Date: ____/____/____

☐ Approved **Amount:** $ _____ **Check #** _____

☐ Denied **Reason:** _____

It is the Cancer Coalition's honor to support you with this grant from the Cancer Coalition Fund.
Please know that your community is behind you!

_____
Signature of applicant or desginated agent

____/____/____
Date

V.3.26

Informed Consent and Authorization to Disclose Health Care Information

The Cancer Coalition of Richland County, Montana, sponsored by the Richland County Health Department (RCHD), has established the Cancer Coalition Fund also known as the Cancer Coalition Aid Fund (CCF or CCAF). This fund is designed to financially help individuals with a cancer diagnosis, are currently undergoing cancer treatment, and reside primarily in Richland County, Montana. Those in close proximity to Richland County and seeking cancer treatment at Sidney Health Center Cancer Care may also be considered. A *Cancer Coalition Aid Fund Application* and *Release of Information* form needs to be completed and forwarded to the Foundation for Community Care. Incomplete applications will not be accepted for review by the committee.

A verified physician care plan is required for all applicants. Additional information may be requested in order for the CCF-CCAF Committee to make its decision, including but not limited to a verification of active treatment from the attending physician. The CCAF's intention is to offer support to cancer patients for assistance with non-medical household expenses. Excluded from intended purpose of this assistance are hospital, physician and prescription charges, as other local avenues are available to help meet these needs.

Any information provided by me and my doctor will remain confidential, which means that the information will be available only to me, my health care provider, and to the Foundation for Community Care Agent (FCCA) helping process the application. The FCCA personnel are specifically designated to work on the Aid Fund Applications.

I consent to and authorize the mutual exchange of medical records among the FCCA, my health care provider(s), and myself. This authorization expires twelve months after the date in which I sign. I have read the information provided herein, discussed this, and other information about the CCAF and agree to informed consent. I have had an opportunity to ask questions about the Cancer Coalition and have received answers to any questions I had. All information I have provided to the FCCA is, to the best of my knowledge, true.

Attending Physician's Name & Phone Number: _____ (_____) _____-_____

Patient's Printed Full Name: _____

Patient's Signature: _____ **Date:** _____/_____/_____

For more information & to submit application for review, contact the

Foundation for Community Care

221 2nd Street NW Sidney, MT 59270

406-488-2273

hello@foundationforcommunitycare.org

Fax: 406-488-2279

What is the Cancer Coalition Fund?

The fund is designed to help individuals with an active cancer diagnosis, will be or are currently undergoing cancer treatment, and reside in Richland County. Patients residing in Dawson, Fallon, McCone, Prairie and Wibaux Counties, as well as other counties in close proximity to Richland County, Montana, can be considered if seeking cancer treatment at Sidney Health Center Cancer Care located in Sidney, Montana. Funding can be granted one time per cancer diagnosis. The intent for this fund is to support cancer patients by offering financial assistance with essential living expenses (housing, food, utilities, medically necessary travel, etc.). Other avenues may be available for assistance with travel costs, hospital, physician and prescription charges if needed. Priority is given to those with financial need. Applicants will be notified of decision after committee review.

The Cancer Coalition, sponsored by the Richland County Health Department (RCHD), has established the Cancer Coalition Aid Fund. The Cancer Coalition, with approval of the sponsoring RCHD & County Commissioners, has selected the Foundation for Community Care to act as a fiduciary institution serving at will to the RCHD Director, the Richland County Commissioners and the Cancer Coalition active membership.

If you have any questions about the Cancer Coalition Fund or the Cancer Coalition, contact the Foundation for Community Care via the information listed above.