Harrington Cancer And Health Foundation

500 S. Taylor, Ste. 1060, #223, Amarillo, TX 79101 (806)331-2400 www.hchfAmarillo.org

Grant Application for Cancer Patients in Need of Support

Goal: To financially assist cancer patients who are financially stressed and are undergoing cancer treatments.

Eligibility: In order to be eligible for financial assistance you must have a diagnosis of cancer confirmed by an oncology health care provider and receiving treatment in the Amarillo Service Area. If your cancer diagnosis is not treatable in Amarillo, assistance may be provided. A note from your Amarillo oncologist or primary doctor must accompany your application.

Cancer Patients may apply for assistance in the following areas:

- Utilities (gas, electric, water)
- Mortgage / Rent
- COBRA Insurance premiums
- Gas Assistance (if traveling)
- Lodging Assistance (if traveling)
- Prescription Co-Pays

REQUIRED for Application Processing

- Please include supporting documentation with application: copies of original bills/letter from landlord and income verification documents (3 paystubs).

Applicant's Name: _____

Address: _____

City, State: _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Date of Birth: _____**Age:** _____

Local Oncologist: _____

Primary Diagnosis: _____

Date of Diagnosis: _____

Oncologist Office Signature (REQUIRED)**:** _____

Form Completed by: (Please fill out if other than applicant)

Name: _____

Address: _____

Phone Number: _____ **Email:** _____

_____ _____

Applicant/Family Member Signature **Date**

1. **Briefly identify the need(s) (Include copies of bills you would like to be considered):**

2. **Have other resources been explored to meet identified needs? ____Yes _____No**
   If yes, identify resources explored and if not, why?

3. **How is the applicant's health care paid for? (i.e. Medicare, Medicaid, District Clinic, VA, Insurance, CIDC, Private Pay). If this is in regard to dental care, does the patient have dental insurance?**

4. **Briefly describe the applicant's situation-**

   Name and ages of individuals living in home:

   Employment Info.:

   Marital status:

   Treatment status: (start date, type, estimated completion date)

Monthly Income

Sources of Income 18 and Older in household	Patient	Spouse/Other
Salary/wages	$	$
Pension	$	$
Social Security	$	$
Supplemental Security Income(SSI)	$	$
Unemployment Comp.	$	$
Veteran's Benefits	$	$
Food Stamps	$	$
TANF	$	$
Child Support	$	$
Savings, Stocks, Bonds, Cd's, etc.	$	$
HUD	$	$
Other	$	$

Total of Both Incomes	$

Monthly Expenses

(Check one) _ Mortgage _ Rent _ Own Home	$
Food	$
Utilities: Heat $_____ Electric $_____ Water $_____ Telephone$_____ Cable $_____Cell Phone$_____	$
Insurance Premiums: Life $_____ Property $_____ Medical $_____ Auto $_____	$
Installment Debt	$
Medical Expenses not covered by third party or insurance: Medication $_____ Doctor or Hospital $ _____	$
Transportation: Car Payment $_____ Gas Expenses$_____	$
Child Care	$
Other (specify)	$

Total Expenses	**$**

Please submit COMPLETE application with required documentation one of the following ways:

- Email to Maribelrivera@hchfAmarillo.org
- Fax to 806-331-2401
- Mail your application to:
  Harrington Cancer and Health Foundation
  6600 Killgore Dr. #100
- Amarillo, TX 79101
- Questions: 806-331-2400

***All payments are made directly to businesses and not individuals. Assistance for gas is given in the form of gas cards.**

Other resources provided by The Harrington Cancer and Health Foundation:

24 Hours in the Canyon Cancer Survivorship Center
6600 Killgore Drive, #100
Amarillo, TX 79106
(806)331-2400
www.24survivorship.org

FREE resources for cancer patients from the moment of diagnosis.