



*Helping Women Heal  
Physically, Emotionally & Spiritually*

## **Application Guidelines**

*Revised March 2021*

In order to be considered for funding through the Women's Cancer Fund, please follow these instructions and guidelines:

1. The Women's Cancer Fund is a monthly emergency financial assistance program. The open application period is the 1<sup>st</sup> to the 15<sup>th</sup> of each month.
2. Applicants must be patients now undergoing cancer treatment.
3. Funding is currently available for utility bills and rent payments only. Utilities are defined as a heating/air conditioning, electricity, natural gas, and water. Note: cell phones, cable TV, Internet, auto loans, mortgages, insurance, taxes, medical co-payments, and transportation costs are currently ineligible for funding.
4. Documentation such as copies of a utility bill and/or a rental agreement must be submitted with application.
  - a. Utility bills must show patient's name and address, the name and address of the provider, the account number, and the amount due.
  - b. Rental agreements must show the patient's name and address, the landlord's name and address, and the amount due. If there is no formal rental agreement, a letter from the landlord/rental management company may be accepted provided it is notarized.
5. A brief narrative, written by healthcare personnel and on the healthcare provider's letterhead, describing the patient's situation and the family's financial need is to be included with the application. Any additional, compelling, and relevant information is important as this narrative plays a vital role in the selection process.
6. All requests received within the application period will be reviewed and evaluated for funding. Applications received after the 15<sup>th</sup> of each month will not be considered for funding in that period. Applicants may reapply the following month by providing new and/or updated documentation.
7. A maximum of \$250 may be approved per family, per year.
8. Once the application is approved, check(s) will be made payable to the utility company or landlord and mailed to the patient for forwarding.

9. Healthcare personnel who submitted the application will receive notification of approval or denial via email. Patients will not be contacted by Women's Cancer Fund.
10. If checks are not cashed within 60 days, Cancer Recovery Foundation reserves the right to stop payment.

Applications with documentation are to be submitted by a social worker or patient navigator and sent via email to Francis "Franky" Dailey, Program Manager, Email: [fdaily@cancerrecovery.org](mailto:fdaily@cancerrecovery.org)



**Application**  
(Please print)

Date \_\_\_\_\_

**Section 1: Family Information**

Patient's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email address \_\_\_\_\_

Patient's Employer \_\_\_\_\_

**Monthly Family Income**

Employment \_\_\_\_\_ Unemployment \_\_\_\_\_

Child Support \_\_\_\_\_ Disability \_\_\_\_\_

Welfare \_\_\_\_\_ Food Stamps \_\_\_\_\_

Other (please explain) \_\_\_\_\_

Total Monthly Family Income \_\_\_\_\_

**Section 2: Health Information**

Diagnosis \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Name of Physician/Oncologist \_\_\_\_\_

Hospital/Treatment Facility \_\_\_\_\_

Social Worker/Patient Navigator \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

**Section 3: Request for Funding**

This request is for: \_\_\_\_\_ Utilities \* \_\_\_\_\_ Rent

Company/Landlord 1 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount Due \_\_\_\_\_ Date Due \_\_\_\_\_

Company/Landlord 2 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount Due \_\_\_\_\_ Date Due \_\_\_\_\_

\*Utilities are defined as a heating/air conditioning, electricity, natural gas, and water. Note: cell phones, cable TV, Internet, auto loans, mortgages, insurance, taxes, medical co-payments, and transportation costs are currently ineligible for funding.

**Section 4: Documentation**

Please attach a copy of the utility bill or rental agreement corresponding to the above funding request(s).

**Section 5: Patient/Family Narrative**

Please attach a brief narrative, written by healthcare personnel and on the healthcare provider’s letterhead, describing the patient’s situation and the family’s financial need. Any additional, compelling, and relevant information is important as this narrative plays a vital role in the selection process.

## Section 6: Food Insecurity Survey

Women's Cancer Fund applicants, please help us understand the problem of food insecurity among cancer patients. The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food due to a lack of available financial resources at the household level. Please share your responses to the three questions below:

1. Within the past 12 months we worried whether our food would run out before we got money to buy more.  
*Select one: Often true* \_\_\_\_\_ *Sometimes true* \_\_\_\_\_ *Never true* \_\_\_\_\_
2. Within the last 12 months the food we bought just didn't last and we didn't have money to buy more.  
*Select one: Often true* \_\_\_\_\_ *Sometimes true* \_\_\_\_\_ *Never true* \_\_\_\_\_
3. Within the last 12 months we had to make a decision to pay for food or pay for cancer treatment.  
*Select one: Often true* \_\_\_\_\_ *Sometimes true* \_\_\_\_\_ *Never true* \_\_\_\_\_

## Section 7: Signatures

Patient's Name \_\_\_\_\_

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Social Worker/Patient Navigator \_\_\_\_\_

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Email completed application to: [fdaily@cancerrecovery.org](mailto:fdaily@cancerrecovery.org)

### Frances "Franky" Dailey

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Check out our [CRFI](#) and [Women's Cancer Fund Facebook pages!](#)

<https://www.facebook.com/Cancer-Recovery-Foundation-105735084103987>