



Stephen A. Comunale, Jr.
Family Cancer Foundation

Please send your completed application to:

“The Distribution Committee”

Stephen A. Comunale, Jr. Family Cancer Foundation

P.O. Box 13805 Akron, Ohio 44333

Phone: (330) 835-5985

Fax: (330) 835-5978

Email: info@stephencmunale.org

OUR MISSION STATEMENT

The Stephen A. Comunale, Jr. Family Cancer Foundation is a nonprofit charitable organization that endows an outreach program to provide comfort by easing the ancillary financial burdens that confront cancer patients and their families. Our advocacy efforts work through partnering with organizations and resource providers to enhance the quality of life and empower the individuals.

Who is eligible for assistance?

- Any family who has a member receiving active treatment for cancer (active treatment = within the past year)
- The patient must reside OR be treated in Summit County
- If you or your immediate family member is in need of financial assistance that cannot be covered by insurance or other means of support
- If you can show need of assistance by providing verification and documentation

What is covered? (Note that payment is made directly to the provider and not the patient or their family)

- Travel for treatment, equipment and/or supplies that are not covered by insurance
- Food and special clothing items (gift cards may be issued for these items)
- Rent or mortgage payments
- Utility bills (excluding nonessential utilities such as cable TV and Internet connections)
- Child care
- Other day-to-day financial needs may be considered

How to apply for assistance?

- Complete the attached application form *in its entirety* to be reviewed. All information will be verified.
- The application must be accompanied by copies of the actual bills to be considered (or a past bill if the price is expected to be similar).
- Future expenses, food or clothing items must be accompanied by an estimate budget (form attached). Future requests must include contact information for treatment and vendor contact information for travel or equipment expenses.
- Applications must be submitted to Stephen A. Comunale, Jr. Family Cancer Foundation for processing.

An independent committee of the Foundation will review requests.

Application for Financial Assistance

Referred to the Foundation by: _____

Patient Information (Please Print)

Last Name: _____ First Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Phone: () _____ Male: _____ Female: _____

Date of Birth: _____ Number in Household: _____ Number of Dependents (under 18): _____

If patient is a minor, name of parent or guardian: _____

Currently Employed? Yes: _____ No: _____ Spouse Currently Employed? Yes: _____ No: _____

Total Monthly Household Income (including spouse, additional family, social security, etc): \$ _____

Have you previously received assistance from our Foundation? Yes: _____ No: _____

Do you receive assistance from other organizations, or have you previously? Yes: _____ No: _____

Organization #1 _____

Address: _____ City/State/Zip: _____

Contact Name: _____ Phone Number: () _____

Organization #2 _____

Address: _____ City/State/Zip: _____

Contact Name: _____ Phone Number: () _____

Physician and Treatment Information

Last appointment: _____ Next appointment: _____

Oncologist's Name: _____

Medical facility: _____ Phone: () _____

Primary Cancer: _____ Stage of Cancer: _____

Are you in active treatment? Yes: _____ No: _____

If yes, please check all that apply? Chemotherapy: _____ Radiation: _____ Surgery: _____

2018 Application

Health Insurance Information

Do you have health insurance? Yes:_____ No:_____

If yes, name of Insurance Company: _____

Are prescription drugs covered? Yes:_____ No:_____ Local Pharmacy: _____

Briefly explain your diagnosis and treatment.

.Request for Financial Assistance and Documentation

Requesting assistance with utility bills, rent or mortgage payments and any other monthly bills must be accompanied with a copy of the actual bill/s (including account number and billing mailing address) to be considered.

Number of bills attached: _____

Please check all that apply below and ensure you have documentation for all bills

_____ Utility Bill/s

_____ Mortgage

_____ Rental Agreement or note from Landlord

_____ Child Care

_____ Transportation/Gas Assistance

_____ Food Assistance

_____ Other

Patient's Name (please print): _____

Patient's Signature: _____ Date: _____

Application Privacy Statement

The Stephen A. Comunale, Jr. Family Cancer Foundation protects the privacy of our applicants/patients and assures the confidentiality of information regarding your medical history. Your medical history will only be shared with the Distribution Committee of the Stephen A. Comunale, Jr. Family Cancer Foundation, its agents and any references supplied by you in the application including, but not limited to the Stephen A. Comunale, Jr. Family Cancer Foundation staff, physicians and other assisting agencies. Due to the fact that the Stephen A. Comunale, Jr. Family Cancer Foundation is a cancer related organization, your creditors may become aware of the fact that you are a cancer survivor.

Signature of Patient or legally authorized representative

Date

Print name of patient or legally authorized representative

Description of legally authorized representative's authority

VERIFICATION PERMISSION

I give my permission to the Stephen A. Comunale, Jr. Family Cancer Foundation for verification of all information provided in this application including any bills and personal medical/hospital statement.

Signature of Patient or legally authorized representative

Date

Print name or patient or legally authorized representative

Description of legally authorized representative's authority

