



Regional Cancer Care Charities Inc. (Charity) is a 501(c)(3) non-profit entity with the mission to provide non-medical, financial assistance to adults undergoing medical treatments for cancer or serious hematologic disorders. A cancer or serious hematologic condition may lead to significant financial hardship. Hence, the financial assistance empowers patients to concentrate on recovery, rather than daily living.

**Grant Eligibility Requirements:**

To meet eligibility, patients must be:

- Able to demonstrate financial hardship related to living expenses, such as food, transportation, rent, utilities, and domestic bills.

**Frequently Asked Questions:**

**1. What type of assistance does the Charity offer?**

Regional Cancer Care Charities Inc. (Charity) strives to relieve qualified patients of financial stress so they can focus on what really matters – their health. The Charity provides financial help with living and non-medical expenses\*, such as groceries or prepared meals, transportation for treatment (e.g., public transportation, taxis, automobile payments, etc.), rent or mortgage payments, telephone payments, and utility payments (e.g., water, sewer, electric).

**2. How much assistance is provided through the Charity?**

The Charity provides small grants for amounts of up to five hundred dollars (\$500.00) per grant application. The maximum annual amount per applicant is twenty-five hundred dollars (\$2,500.00). Grants are provided to qualified applicants on a first-come, first-served basis and are distributed until all funds annually allocated are depleted for each calendar year.

**3. What if I use my entire grant during my eligibility period and still need additional assistance? Or, my situation does not fit the grants criteria?**

If that were to be the case, we would encourage you to speak to one of the Regional Cancer Care Associates Financial Counselors, who can offer you guidance for potential alternate funding and patient assistance from national and local resources potentially applicable to your situation.

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\*The Charity does not pay patient medical bills, deductibles or co-payments of any kind, and does not provide direct patient cash grants. All grants are paid by check and mailed directly to third party vendors, except gift or other vendor cards.



**4. How do I apply for a grant?**

Patients may obtain applications through the following sources: (I) at any Regional Cancer Care Associates medical clinic, or (II) via the Charity website. Patients may also apply for a grant directly online at the Charity website. Incomplete applications will not be considered.

**5. How can I support the Charity?**

Cancer or a serious hematologic condition can be a long journey. You can help make the journey a little easier, by donating or contributing to the effort in a variety of other ways. The Charity accepts financial donations of cash, stocks, bequests, honorariums, and memorial gifts. Your gift is deeply appreciated and the contribution is tax deductible to the extent allowable by law.



## Income Verification Statement

**PLEASE READ ALL INSTRUCTIONS ON THIS FORM PRIOR TO FILLING IT OUT**

Patient Information	
Patient's Name (First Name, Last Name):	
Date of Birth:	
Social Security Number:	
Patient's Phone Number:	

Grant Information	
AMOUNT OF GRANT REQUEST	
Reason for Request (Note that only current bills will be considered)	

### Household Family Member Income Sources

Please list the income source and amounts of income for ALL family members *living in the household* (including the patient). If a family member *living in the household* does not contribute to the household income, please indicate zero in the amount field.

Family Member Name Living in Household	Relationship to Patient	Income Source	Amount	Frequency		
				Weekly	Monthly	Yearly
	Patient					

Include the following types of income, and any others not listed here, to depict the combined income of ALL family members *living in the household* (including the patient).

<input type="checkbox"/> 1. Wages	<input type="checkbox"/> 7. Alimony	<input type="checkbox"/> 12. Dividends
<input type="checkbox"/> 2. Investment Income	<input type="checkbox"/> 8. Social Security Income	<input type="checkbox"/> 13. Workers' Compensation
<input type="checkbox"/> 3. Rental Property Income	<input type="checkbox"/> 9. Social	<input type="checkbox"/> 14. Charities/ Grants/ Gifts
<input type="checkbox"/> 4. Interest Income	<input type="checkbox"/> 10. Pension	<input type="checkbox"/> 15. Aid to Families with Dependent Children (AFDC)
<input type="checkbox"/> 5. Unemployment	<input type="checkbox"/> 11. IRA	<input type="checkbox"/> 16. Temporary Aid to Needy Families (TANF)
<input type="checkbox"/> 6. Other Income (Please explain):		

### Submissions Instructions

**PLEASE ATTACH SUPPORTING DOCUMENTATION FOR ALL INCOME SOURCES MENTIONED ABOVE.**

If this form is submitted blank or incomplete, it will delay the income document review process. Please be sure to include a copy of your 1040 tax return from the previous year and ensure that the second page of your 1040 form is signed. If you filed an extension, please include a copy of the signed IRS Form 4868 and your most recently filed 1040 tax return. If the attached documentation does not reflect your current financial situation, please provide a letter explaining how your income changed and include the documents to confirm the extenuating circumstances.

PLEASE NOTE: A patient is free to change his/her physician, or pharmacy, at any time, and this will not affect his/her grant.

By signing below, I certify the information provided above and attached is true and correct and that I have not neglected to inform Regional Cancer Care Charities of any additional income.

Patient Signature (Required):	Date (Required):
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Please return this form to a Regional Cancer Care Associates Financial Counselor or directly to the Charity via email at [charities@regionalcancercare.org](mailto:charities@regionalcancercare.org)



## Diagnosis Verification

In order to assist your patient, we need to verify his/her diagnosis and medications. Please complete, SIGN (required), and email to the Regional Cancer Care Charities or the responsible Regional Cancer Care Associates Financial Counselor at your clinic.

### Section 1: PATIENT INFORMATION

Name (First, Middle Initial, Last Name):	Diagnosis/ICD-10 Code:
Date of Birth:	Social Security Number:

Who is the primary office contact for this application? (social worker, nurse) first and last name <i>preferred</i> ; first name and at least last name initial required:	
Primary Contact Telephone:	Primary Contact Fax:

### Section 2: PRESCRIBING PROVIDER INFORMATION

Prescribing Provider Name, Credentials:		
Facility Name:		
Address:		
City:	State:	Zip code:
Email:		

By signing this Diagnosis Verification, I hereby certify (I) that I am duly licensed and authorized in my state to offer medical treatment, (II) that the diagnosis listed above is accurate, and (III) that I will be supervising the patient's treatment accordingly.

By signing this Diagnosis Verification, I hereby certify that I understand that:

- Regional Cancer Care Charities offers assistance to eligible patients for non-medical related living and transportation expenses;
- While the Charity will make every effort to grant financial assistance when needed, the program is limited by available resources and may be discontinued or changed at any time.

PLEASE NOTE: A patient is free to change his/her physician, or pharmacy, at any time, and this will not affect his/her grant.

<b>X</b>	
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Prescriber's Original Signature (Stamped/Electronic Signature Not Valid)

Date

Please return this form to a Regional Cancer Care Associates Financial Counselor or directly to the Charity via email at [charities@regionalcancercare.org](mailto:charities@regionalcancercare.org)



## **Regional Cancer Care Charities Inc. Privacy Policy**

Regional Cancer Care Charities Inc. (Charity) is committed to transparency and protection of users' online privacy. This privacy policy sets forth the standards we will follow with regards to information collected at [rccharities.org](http://rccharities.org). The Charity collects information about users of the Website to process grant applications and provide secure services. When you use the Website, you are using a service provided by the Charity and therefore agree to be bound by this privacy policy. This policy addresses activities only connected with the Charity's servers. Other sites, including those to which we link and third-party sites or services with which we co-brand, may have their own policies, which the Charity does not control and are not addressed or controlled by this privacy policy.

### **Personal Information**

Personal Information is collected when users apply for grants or check on the status of grant applications; sign up as subscribers to electronic information services; make changes to their subscriber profile information; or send messages, forms, or other information to the Charity. The Charity will not disclose users' personal information to third parties without individual users' permission. The Charity does not sell users email addresses or other personal information to marketers. We may use or disclose user personal information if required to do so or in the good-faith belief that such action is necessary to (a) conform to applicable law or comply with legal process served on us or the Website; (b) protect and defend our rights or property, the Website, or our users, or (c) act under emergency circumstances to protect the personal safety of our officers, directors, employees, affiliates, agents, or the users of the Website or the public.

### **Disclaimer**

No medical advice is given through the Website. The Website is designed for grant and educational purposes only and is not engaged in rendering medical advice or professional services. The information provided through the Website should not be used for diagnosing or treating a health problem or disease. It is not a substitute for professional care. If a user has or suspects they may have a health problem, the user should consult their health care provider.

### **Assumption of Risk**

The Charity strives to protect the transmission and storage of any information submitted by visitors to the Website. But no transmission and storage of data is completely secure, and submissions are at the users' sole risk. The Charity will not be liable under any circumstances for damages resulting from use of information collected from visitors to the Website.



### **Notification of Changes**

We reserve the right to modify this privacy policy at any time and continued use of the Website following any changes will mean the user accepts those changes. However, if the Charity decides to use users' personal information in a manner different from that stated at the time of collection, the Charity shall attempt to notify users via email. The Charity may also email users who have opted to receive communications from the Charity, notifying them of changes to this privacy policy.

### **Applicable Laws**

The Website is published in the United States and is subject to laws of the United States. If a user is in a country outside the United States and voluntarily submits personal information to us, such user thereby consents to the general use of such information as provided in this privacy policy and to the transfer of that information to or storage of that information in the United States.