

January 2018

South Lake Tahoe Cancer League Financial Assistance Grant Application

Helping the South Lake Tahoe area from Glenbrook, NV, to the El Dorado / Placer county line

Grant Guidelines

1. The South Lake Tahoe Cancer League offers limited financial assistance to patients that are in ACTIVE treatment for cancer. These grants are gifts, and are not reported to any government agency. There is no repayment or membership expected.
2. The patient must be under ACTIVE treatment for cancer, and under the supervision of a physician licensed to practice medicine in the states of California or Nevada. This does not include monitoring of cancer in its remissive state, nor homeopathic treatments.
3. The patient must reside in the geographic area which we serve, from the El Dorado county line to the Placer county line, to Glenbrook, NV.
4. The application must be signed by both the patient and the attending physician, using dark ink.
5. The applications may be emailed, or mailed to the Cancer League (see details below).
6. Patients must submit a new, original application every six months if they wish to continue receiving assistance. The application should be submitted at least one week prior to the resubmission date.
7. Patients may submit applications for a maximum of eighteen months following the date of diagnosis. At that point, a new grant may or may not be considered for approval by the Board.
8. Special circumstances may also be considered on an individual basis.
9. **Grant checks will be mailed every two months.**
10. **Grants are approved on the second Tuesday and last Thursday of each month and will be mailed within five business days after approval.**

The South Lake Tahoe Cancer League will consider all grant applications that meet the requirements above, without regard to race, ethnicity, age, religion, national origin, disability, sexual orientation, gender, financial standing, or marital status. SLTCL reserves the right to approve or deny a grant request based solely on the information provided by the patient and the physician.

By signing below, patient authorizes the SLTCL to verify eligibility based on the criteria listed above. The SLTCL respects patient rights and HIPAA privacy laws. The amount and frequency of any grant will be based on fair, confidential, and "need to know" practices. This program may be changed or discontinued at any time without notice. Recipients may also qualify for additional services simultaneously, such as transportation to medical treatment from the South Lake Tahoe area to UC Davis, Sacramento, Truckee, Reno, Carson City, Gardnerville, and Minden.

Patient Information (Please use dark blue or black ink and print clearly)

Date Rc'd _____ **Next eligibility date** _____

Patient Name _____ Phone _____

(continued on back)

Physical Address _____

Mailing Address _____

Date of birth _____ Type of cancer _____

Emergency contact name and number _____

I give permission to the SLT Cancer League to receive information on my appointments. _____

Anticipated length of treatment _____ Are you a veteran? _____

Is your spouse a veteran? _____ VA or UC Davis # _____

Attending Physician's name _____ Phone _____

Mailing address of physician _____

Both patient and physician signature certify that all statements made on this application are complete and correct to the best of their knowledge. It is understood that these statements are subject to verification and no guarantee is made by either the physician or the SLTCL. Falsification on this application may disqualify the cancer patient from all SLTCL benefits and aid.

PATIENT SIGNATURE

PHYSICIAN SIGNATURE (TREATING)

Date _____

Date _____

Comments: _____

Physician: Please keep a copy of application in the patient's file to expedite grant approval.

Please mail applications to: South Lake Tahoe Cancer League, PO Box 17962, So. Lake Tahoe, CA 96151. Please write GRANT or TRANSPORTATION on the envelope. Please call 530/318-6840 for questions. Grant applications may also be emailed to: joannconner@legalshieldassociate.com

For SLT Cancer League use only

| <u>Approved</u> | <u>Denied</u> | <u>Date</u> | <u>Amount</u> | <u>Signature</u> | <u>Notes</u> |
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