

# **Betty Kearns Cancer Fund**

## **Cancer Patient Financial Assistance Program Guidelines**

**Assistance:** up to \$1,000 (limit can be exceeded in extenuating circumstances, per committee's discretion) for St. Clair County or Sanilac County residents.

**Rationale:** Because cancer impacts a patient more than just medically, the Betty Kearns Cancer Fund assists cancer patients in meeting basic needs during their cancer journey. Assistance for funding must be directly related to the cancer diagnosis.

Because many patients are unable to work, many get behind on utility and/or rent/mortgage payments, cannot afford gas to get to and from medical appointments, and struggle to meet basic, daily living needs. We are able to help meet these needs, so patients can focus on their health and healing.

### **Specific Guidelines:**

- To qualify for assistance of funds, patients must have a cancer diagnosis and be in active treatment.
- Determination of assistance is based upon documented need and referral from appropriate hospital staff. A referral must be made to the patient's designated social worker. Financial hardship must be demonstrated by one of the following criteria:
  - Household income does not meet the sum of all financial obligations for the patient's determined treatment period
  - Household income during treatment period has dropped or will drop more than 25% after the first month of treatment
  - Household income is too high to qualify for government aid but still does not meet the sum of all financial obligations during treatment
  - Patient is receiving federal or state aid or community aid but still cannot meet monthly financial obligations
  - Total cash and readily available liquid assets equal less than the sum of all financial obligations
- The social worker makes the official request to the committee and a final determination is made by the Fund committee.
- Cancer patients receiving treatment can obtain financial assistance for such things as medication, transportation for treatment, utility bills, rent/mortgage payments, medical supplies, guest housing, and more.
- Patients acknowledge, by signature below that information about information about their diagnosis and treatment may be shared with the Fund committee, however, their name and/or identifying information will not be shared with the Fund committee.
- Payment will come in form of gift card/ gift certificate or check payable and mailed directly to company/organization – no cash will be given. Utility, rent, or other bills will be paid directly by the Betty Kearns Cancer Fund to the billing organization.
- Gas card assistance is available during each course of treatment.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_