

BENTON COUNTY CANCER FUND

...a component of Benton Community Foundation

Founded in 1965, the Benton County Cancer Fund (*formerly Association*) provides financial assistance to individuals, who live or work in Benton County, and are experiencing hardship as a result of cancer. Upon approval, patients may receive, up to, \$1,250 per calendar year to help with expenses, such as: utilities, transportation, home health care, food, and other needs not covered by insurance. If approved, payment will be made directly to the provider or distributed via gift card. Applicants will be notified of decision within two weeks of the request being received.

PATIENT INFORMATION

NAME _____ DATE OF BIRTH _____
 MAILING ADDRESS _____ CITY/ZIP _____
 PHONE _____ EMAIL _____

BRIEFLY DESCRIBE YOUR NEED FOR ASSISTANCE

AMOUNT REQUESTED _____
 PROVIDER OF SERVICE/NEED* _____
 PROVIDER MAILING ADDRESS _____

CONFIRMATION OF ELIGIBILITY

I understand that providing false information will be grounds for denial and could jeopardize my ability to receive future assistance. I confirm that I meet all of the following criteria:

- ✓ I certify that I am a resident of Benton County, Indiana.
- ✓ I certify that I am currently undergoing treatment for cancer.
- ✓ I verify that I am experiencing financial hardship that makes it difficult for me to cover this expense.
- ✓ I understand that, if approved, payment will be made directly to the provider. Under no circumstance will payment be made directly to the patient.
- ✓ I have included a list of my appointment dates for this calendar year, provided by my physician's office.
- ✓ If requesting assistance with a bill, I have attached a copy of the itemized invoice.

PATIENT SIGNATURE _____ DATE _____

Completed applications, including list of appointment dates and copy of bill (if applicable), should be emailed to simsvicki@icloud.com or mailed to: Benton Community Foundation at PO Box 351, Fowler, IN 47944.
 All questions and inquiries should be directed to Vicki Sims at 765-491-3088.

FOR OFFICE USE ONLY

APPROVED DENIED SIGNATURE _____ DATE _____