2024 Application for Financial Assistance

For Office Use Only

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 44334
Fax: (330) 835-5978
info@stephencomunale.org

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 ASSTANCE?

- Any family who has a member receiving active treatment for cancer (i.e., treatment within the past year)
- The applicant must reside OR be treated in Summit County
- Applicant must show need of assistance by providing verification and documentation

WHAT IS COVERED?

- Rent or mortgage payments
- Utility bills (excluding nonessential utilities such as cable TV and internet connections)
- Other day-to-day financial needs may be considered
- *Please note, payment for all of the above is made directly to the provider, not the patient or family*

HOW CAN YOU APPLY FOR ASSISTANCE?

- ***Complete the attached application form in its entirety. All information will be verified.*** **Incomplete applications will be returned.**
- The application must be accompanied by copies of actual recent bills
- Applications must be submitted to Stephen A. Comunale, Jr. Family Cancer Foundation for processing.

An independent committee of the Foundation will review requests.

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Application for Financial Assistance

Referred to the Foundation by: _____ (required)

Patient Information (Please Print, All Fields Required)

Last Name, First Name: _____, _____ Date: _____

Address: _____ City/State/Zip: _____

Phone: (_____) _____ Male: _____ Female: _____

Age: _____ Date of Birth: _____

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

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

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

Total Monthly Household Income:
(including spouse, additional family, social security, disability, child support, etc.): $_____

If you have received previous support from our Foundation, please list month and year: _____

If you have received assistance from other organizations, please list date and amount: _____

_____

Physician/Treatment/Insurance Information (All Fields Required)

Last appointment: _____ Next appointment: _____

Oncologist's Name: _____

Hospital Name: _____ Phone: ( ) _____

Social Worker: _____ Phone: (____) _____

Primary Cancer: _____ Stage of Cancer: _____

Are you in active treatment (treatment within the last year)? Yes: _____ No: _____

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

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

If yes, name of insurance company: _____

Financial Assistance and Documentation

(Please check item(s) you are applying for assistance with below.)

_____ Utilities*

_____ Mortgage*

_____ Rent*

_____ Gasoline Assistance

_____ Food Assistance

_____ Other*

***Application must be accompanied by copies of the actual bill(s) including account number and billing mailing address to be considered. Mortgage requests must include current payment information with account number and payment stub. Rent requests must include copy of lease. *All incomplete applications or applications with missing documentation will be returned.* Payment for all the above is made directly to the provider, not the patient or family.**

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 of patient or legally authorized representative

_____

Description of legally authorized representative's authority

Share Your Story

In your own words, please tell us your story including diagnosis and treatment. This is your opportunity to tell the human side of your cancer journey and the challenges it has caused you and your family.