

FINANCIAL ASSISTANCE APPLICATION

Eligibility for financial assistance:

- **Must live in one of the 50 United States:**
- In active treatment (surgery, chemotherapy, or radiation to treat cancer) with a board certified/licensed oncology team.
- Experiencing financial hardship because of cancer treatment.

CRL does not provide financial assistance if you:

- Are considered to have no evidence of disease.
- Are receiving hospice care only.
- Stop treatment against doctor's advice.
- Have over \$6,000 in savings/liquid assets.

Instructions: Complete pages 1 and 2, sign page 3, and fill out top of page 4. See page 4 for medical verification instructions. Application will be reviewed once all pages are received by Carla's Ribbon of Life (CRL).

PART 1: APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ Apt/Unit # _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Preferred Language: _____

Email: _____ Ethnicity: _____

Marital Status: _____ Number of children age 0-17 / 18+: _____ / _____

Social worker name (if applicable): _____ Phone: _____

What medical insurance do you have?

- Medicare Medi-Cal BCCTP Affordable Care Act/Covered California
 Private HMO (specify): _____ Private PPO (specify): _____ None

PART 2: INTAKE QUESTIONS

1. How did you hear about CRL? _____

2. What expenses concern you most at this time (check all that apply)? Housing Food Transportation/Gas
 Medical Costs Utilities Other: _____

3. Have you had to postpone or skip any of your scheduled treatment appointments? YES NO
 If YES, please explain why: _____

4. Please rate your experience with CRL using the following scale:
 4 – Strongly Agree 3 – Agree 2 – Disagree 1 - Strongly Disagree N/A – Not applicable

- a. It was easy for me to get a financial assistance application: _____
- b. CRL staff answered my questions thoroughly: _____
- c. CRL staff was professional and courteous: _____
- d. The referrals I received were helpful to me: _____

PART 3: FINANCIAL INFORMATION

YOUR CURRENT EMPLOYMENT STATUS

Full Time Part Time Unemployed Retired Not working Not working due to treatment

What has changed with your income since starting breast cancer treatment? _____

If applicable, how much do you have in savings? _____

CURRENT MONTHLY HOUSEHOLD EXPENSES

Monthly Expense	Amount
1. Rent/Mortgage	\$
2. Phone	\$
3. Electric/Gas/Cable	\$
4. Water/Trash	\$
5. Food/Household Items	\$
6. Auto Loan	\$
7. Auto Insurance	\$
8. Gasoline	\$
9. Medications (related to breast cancer treatment only)	\$
10. Medical co-payments and/or share of cost of breast cancer treatment	\$
11. Health insurance premiums	\$
12. Other:	\$
TOTAL	\$

What expenses have changed since starting breast cancer treatment? _____

PART 4: POLICIES AND PROCEDURES

- Financial assistance is not always available. Please see our website for most current updates.
- CRL is not responsible for any fees accrued because of late payments or termination of services. We do not reimburse for bills already paid. CRL must have the most recent statements prior to paying any utility bills; the amount due is subject to verification. CRL reserves the right to request information or documents to verify income and expenses.
- CRL reserves the right to refuse service to anyone. Financial assistance is not guaranteed. If any information submitted in your application or interview is found to be not truthful, your request for financial assistance will be denied and/or any approved assistance will end immediately. As a registered non-profit organization, we must strictly follow the guidelines set forth by our Board of Directors.
- CRL does not permit the use of the organization's name or logo without permission.

By signing below, or by inserting a typed or digital signature, I agree that the information I have provided in this application is true and correct, and I will adhere to the stated policies and procedures.

Signature

Date

Printed name

Check if you would like referrals to other resources (if checked, your information may be shared)

SUBMIT YOUR COMPLETED APPLICATION TO CARLA'S RIBBON OF LIFE INC

Mail: Carla's Ribbon of Life Inc. 840 Apollo St Suite #100, El Segundo, CA. 90245
Email: info@carlasribbonoflife.com

Carla's Ribbon of Life does not discriminate on the basis of race, ethnicity, color, religion, sexual orientation, sex, gender, gender identification, national origin, citizenship, veteran status, ancestry, age, physical or mental disability, or any other protected class or group.

Additional Comments:

PART 5: MEDICAL VERIFICATION

For applicant to complete

I hereby authorize you to release to Carla's Ribbon of Life (CRL) (nonprofit ID 92-3976730) the following information concerning my breast cancer treatment:

- Breast cancer diagnosis, including date, stage, grade, type, ER/PR status, her2 status.
- Treatment plan: Projected date(s) for surgery, chemotherapy start/end dates and medications, radiation start/end dates, and/oral treatment medications.

Patient Name:	Patient Signature:
Patient Address:	Patient Date of Birth:

This information may be provided via medical records or by completing the form below to verify eligibility for assistance from CRL. I have read this form and agree to its request. *CRL reserves the right to request additional verification information if needed.*

FOR PHYSICIAN TO COMPLETE

Physician's Name:				Physician's phone:	
Physician's Address:				Physician's fax:	
Diagnosis:					
Stage:	Grade:	Triple negative: Y or N	Her2 Positive: Y or N	ER+ ? Y or N	PR+ ? Y or N
Date of diagnosis:			Date of last appointment:		
Surgery (specify type)			Date of procedure	Expected recovery time	
Chemotherapy (specify medications)			Start date	Expected end date	
Herceptin			Start date	Expected end date	
Radiation			Start date	Expected end date	
Client's prognosis: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Guarded <input type="checkbox"/> Other:					
What level of employment activity is suitable for Patient? <input type="checkbox"/> Part-time ___ hours per week <input type="checkbox"/> Full-time					
Projected date patient can return to work at pre-treatment level:					
Other prescribed medications:					
Comments:					

****Send pathology report and this form or records to Carla's Ribbon of Life ****

Mail: Carla's Ribbon of Life 840 Apollo Street, Suite #100, El Segundo, CA. 90245

Email: info@carlasribbonoflife.com (no image files please)