

## **Application for Financial Assistance Program**

#### Purpose & Mission

The Financial Assistance Program is available to provide direct financial assistance to patients currently undergoing treatment for Stage IV cancer. We hope to reduce the daily stress of battling cancer by helping with expenses during this difficult time.

### **Availability**

Financial assistance is available to men, women, and children diagnosed with Stage IV cancer. Applicants must be currently undergoing cancer treatment to be eligible. Applicants must submit a completed application along with all the required documents. Any inaccurate or misleading information provided in an application will automatically terminate eligibility for financial assistance.

Financial assistance is made possible through the generosity of our donors and volunteers who help organize fundraising events. The Priscilla Monge Foundation reserves the right to distribute assistance based on the funds available at the time. The foundation also reserves the right to have "open and closed" periods. During closed periods, financial assistance will be unavailable, and a notification will be posted on the Financial Assistance page of the www.priscillamongefoundation.org.

### **Eligibility Requirements**

- 1. U.S. citizen or resident.
- 2. Residing in the United States.
- 3. Currently undergoing treatment for a Stage IV cancer.



- 4. Less than \$5,000 in total liquid assets (cash, checking/savings, certificates of deposits, mutual funds, stocks, bonds, equity in home, recreational vehicles, etc.)
- 5. Applicant's annual household income 250% or less of the national poverty level.

Income Thresholds for Financial Assistance Program	
(Based on 2019 Poverty Guidelines)	
# of persons in household	Income Threshold
1	\$31,225
2	42,275
3	53,325
4	64,375
5	75,425
6	86,475
7	97,575
8	108,575

The following is a list of bills that are eligible for assistance:



- Patient's health insurance premiums if the patient has become unemployed after diagnosis.
- Rent/Mortgage (except for mortgage that is in foreclosure or bankruptcy)
- Utilities (electricity, gas, and water bills)
- Travel expenses for treatment
- Groceries
- Other necessary living expenses.

There is a maximum of up to \$1,000 in assistance per patient. The amount of assistance provided depends in the available funds. Bills cannot be on automatic payment systems. All assistance payments will be made directly to the third-party creditor.

#### **Required Documents**

The following documents must be submitted with the application.

- 1. Proof of US citizenship or residence copy of birth certificate, passport, and resident card.
- 2. Copy of Driver's License or State Identification Card.
- 3. Proof of income for all adults residing in the household (social security letter, paystub, etc.)
- Bank statements from all adults residing in the house for the previous 3 months.
   All pages must be provided.
- 5. Most recently filed tax return.
- 6. Medical Certification (a doctor's letter on doctor's letterhead stating you have been diagnosed with a Stage IV caner and are currently undergoing treatment.)

  Must be an original letter with Doctor's original signature, not a copy. Must be mailed to [enter P.O. Box address].
- Current rental agreement or lease or mortgage statements (for those requesting assistance with rent or mortgage payments).
- 8. Contact Information Form
- 9. Authorization Form for verify income and diagnosis.



- 10. Copies of all bills you are requesting assistance with.
- 11. Hardship Letter (a letter explaining your current situation).

Application and required documents must be mailed to [Enter P.O. Box address] or you can apply online.



# **CONTACT INFORMATION FORM**

Title:
First Name:
Middle Name:
Last Name:
Suffix:
Street Address:
City:
State:
Zip:
Email:
Daytime Phone:
Diagnosis:
Physician's Name:
Physician's Phone:
<b>Additional Information or Comments:</b>