Request for Assistance Policy

Below is an outline of the policies followed by the Cancer Outreach Foundation. Please read the policies carefully and acknowledge having read them where noted.

 Qualifying Assistance Requirements

-Currently being treated by a doctor for any form of cancer.

-Proof of financial distress during their treatment of cancer (provide statements of household income).

-Must allow access to physician and patient care concerning eligibility for assistance.

-ALL forms must be filled out and signed prior to assistance approval.

The following counties of Southwest Virginia and Northeast Tennessee are in the parameters of COF assistance:

Virginia		Tennessee
Bristol	Scott	Hawkins
Buchanan	Smyth	Johnson
Dickenson	Tazewell	Sullivan
Grayson	Washington	Washington
Lee	Wise	
Norton	Wythe	
Russell		

Assistance Options

The patient may qualify for one or more of the following:

-Gas cards to get to/from a doctor appointment

-Housing and utility assistance

-Medical and prescription assistance

-Counseling services for children (Not provided by Cancer Outreach Foundation)

-Other unforeseen hardships related to the cancer itself

3 Phase Assistance

-After initial paperwork has been signed, assistance is offered as quickly as possible.

-If a second request is made from the patient every effort will be made to make that request happen.

-On the third request for assistance there will be a review of the patients profile and request. At this time the Cancer Outreach Foundation will continue or suspend assistance until further notice (there are exceptions for those patients that have gone into remission and the cancer has come back a period of time later).

Please understand that the Cancer Outreach Foundation is dedicated to helping cancer patients in need as much as possible in an effort to provide support. At any time, the Cancer Outreach Foundation can stop assistance due to changes in the assistance requirements above or for overly exceeded financial requests.

Patient Signature: _____   **Date**: _____