



**Cedar Valley Cancer Committee- Beyond Pink TEAM
Beyond Pink Fund- Financial Assistance Application
Self Referral**

Last Name: _____ First Name: _____ Middle Initial _____

Address: _____

City: _____, Iowa* Zip: _____ County: _____

Phone: Day _____ Evening _____ Date of Birth: _____ Age: _____

Race/Ethnicity (Check all that apply): Caucasian (non-Hispanic) _____ Latina/Hispanic _____ African American _____

Asian _____ American Indian/Alaska Native _____ Native Hawaiian/Pacific Islander _____ Other _____

Health Insurance: None _____ Medicare Part A _____ Part B _____ Medicaid _____ Other _____

Private Insurance _____ Insurance Carrier _____ Annual Deductible _____

Information to be shared with Approval Committee:

Total Household Monthly Income (Net income/after taxes) _____

of People living in the home that are dependent on this income? _____

Is monthly income affected by new cancer diagnosis? If yes, Explain. _____

Are you currently receiving treatment for breast cancer? YES/NO – Type of Treatment _____

Is this your first request this calendar year? YES/NO – Date of previous request _____

Services Requested :

- Compression Garments Post Surgical Bra/Breast Prosthesis Medical Bills/Pharmacy/Dr. Visits
- Basic Living Expenses (groceries, utilities, rent, water, phone, etc) Wig(s) Transportation/Gas
- Other (please be specific) _____

Total \$ Amount Requested: _____

(For medical requests: Include estimate of expense to be incurred or copy of the bill from the health care provider.)

Date Assistance needed (if applicable) _____

Statement of Need (why does this person need assistance- please be specific?): _____

***The BEYOND PINK TEAM cannot accept out of state applications. Please do not apply if you live outside of Northeast IOWA.**

Signature of Applicant: _____ Date: _____

Agency: _____ Phone: _____ Email: _____

To begin Approval process please either mail or Email to the contact listed below:

Gabbi DeWitt/Black Hawk County Health Department
1407 Independence Avenue, 5th Floor, Waterloo, IA 50703
319-292-2225 * gdewitt@co.black-hawk.ia.us

For Office Use Only

Duplicate Request: Yes _____ No _____

Amount This Request: _____

Signed NOD on File: Yes _____ No _____

Amount Prior Approved: _____ Difference _____

Amount Approved: _____

To: _____

Date of Check Request: _____

By: _____

Cedar Valley Cancer Committee – Beyond Pink TEAM

Beyond Pink Fund-Financial Assistance Application Guidelines

Purpose:

The Cedar Valley Cancer Committee – Beyond Pink TEAM is a non-profit organization whose mission is to provide breast cancer prevention, education, support and advocacy for comprehensive, quality care in the Cedar Valley and surrounding communities. The purpose of the Beyond Pink Fund is to provide financial assistance for breast screening, diagnostic and breast cancer-related expenses to persons in Northeast Iowa who demonstrate a financial need. Assistance is provided on a **funds available basis only** and as other options have been pursued and/or are exhausted.

To Qualify:

- 250% of Federal Poverty Guidelines (consistent with Care for Yourself program)
- Be above Income Guidelines, but have financial burden disproportionate to monthly income
- **Live in Beyond Pink TEAM service area of Northeast Iowa, or receive services from provider within that service area – NO OUT OF STATE APPLICATIONS ACCEPTED**
- **Complete *Financial Assistance Application***
- To be considered for assistance, expense **must** be in applicant's name and must be an expense that has been incurred within the last 6 months*.
- Applicant must be **currently in treatment**. If applicant is outside of breast cancer treatment then expenses must be related to breast cancer care, or the costs of screening/diagnostics not covered by other funding sources. Basic Living Expenses are only considered when income is compromised by current breast cancer treatment.

To Apply:

- Complete the *Financial Assistance Application*
 - Use Full Legal Name
 - It is **preferred** that this application be written on behalf of the client by a health care provider or another agency representative
 - In the event that application is completed online by applicant- the application should be forwarded to Gabbi DeWitt to begin approval process.
- Mail all information to the addresses listed on application.

The Approval/Payment Process:

- It is preferred that the application be completed by an **ENROLLER**. (This could be Beyond Pink TEAM member, health care provider or other agency.) In absence of an ENROLLER, send application to Gabbi DeWitt.
- **ENROLLER** will forward application by email or mail with supporting information to Jane (receives original application), and Dawn Colbert (receives copy of application).
- If application is for prior service, expense must be in the name of the applicant and incurred within past 6 months*
- Maximum reimbursement to be determined by established rates and available funds (BP Fund committee has access to current established rates)
- Dawn will initiate process by emailing approval committee within 2 business days of receipt of application.
- Approval by 3 of 5 committee members is needed for payment to process. In the event 3 approvals can not be achieved, and timeliness is a factor, Dee Hughes chairperson can give final approval.
- *Notice of Decision* will be mailed to all applicants whether approval is granted or not.
- ENROLLER will be notified by Dawn of approval or denial of grant requested.
- Return receipt of signed *Notice of Decision* by applicants is required to initiate payment from Beyond Pink Fund.
- Payment is initiated by Jane using Beyond Pink Funds. Payment will be made to a third party whenever possible. (Medical provider, Landlord, Utility Company, etc.) Exceptions to this rule will be made on a case by case basis.
- Jane will notify ENROLLER when payment has been sent out.
- **In case of emergency situations:** every effort will be made to complete process within one business week. Due to the process being completed by volunteers, there is no guarantee of quicker response.

*Exceptions to time limits may be negotiated on an individual basis.

Revised 7/18/16