Thomara Latimer Cancer Foundation

'Helping Families Face The Challenges of Cancer'

Application for Funds

Important: Please Read First!

The Thomara Latimer Cancer Foundation (TLCF) provides information, financial assistance and emotional support to families affected by any cancer related disorder. TLCF understands that living with this serious illness can be expensive. For this reason, along with fulfilling the legacy of its name's sake, the foundation was created.

TLCF funds are designed to help patients and family members who, after a thorough investigation of other resources, are unable to meet expenses that are causing a financial burden. Expenses addressed by TLCF generally fit into the following categories:

Provides funds for homecare assistance
including child care

Provides funds for medication or treatment not covered by insurance
including alternative care, expenses that must be paid in order for the patient to get treatment he/she needs such as family lodging for out-of-town treatment and post-lodging

Provides funds for transportation to and from treatment, physician, support facilities
including suppliment for car repair or car payment

Special need funds for wigs/head coverings for diagnosis or treatment related to hair loss

Provides funds for assistance with final arrangements

Patients or families should complete the TLCF applications for funds to cover a specific expense. Unfortunately, TLCF is not able to fulfill every request. While TLCF attempts to meet as many needs as possible, some applications may be approved for a grant that is lower than the requested amount, while others may be denied. Much depends on the availability of funds.

PLEASE NOTE:

TLCF only accepts applications from residents in the state of Michigan.

Proof of illness must be documented by your oncologist or physician on the physician's, social worker's, or treatment center's letterhead. Documentation may also include copies of invoices from medication, transportation, wigs, homecare, childcare, etc.

Please return the completed form and attachments to TLCF by mail (Franklin Plaza Center, 29155 Northwestern Hwy #528, Southfield, Michigan 48034) or via website **www.thomlatimercares.org**. Completed forms with supporting documentation are reviewed in a timely manner. You may be contacted by a member of TLCF's Patient Services department for further discussion about your application. If you have any questions, please call our office at (248) 557-2346.

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PATIENT INFORMATION FORM

(Please Print or Type)

Date: _____

PLEASE READ FRONT SHEET BEFORE COMPLETING THIS FORM!

◯ Child ◯ Adult

Patient's name**:** _____ Age**:** _____

Address**:** _____ City**:** _____ State**:** _____ Zip**:** _____

Home phone: (___) ____-_____ Birthdate: ___/___/___ Sex: _____ Male _____ Female

Diagnosis: _____ Date of diagnosis: _____

Amount Requested: $ _____To pay for … _____

Explanation: _____

_____

_____

Number in household: Children _____ Adults _____ Family's Annual income: $ _____

What are the family's *current* sources of income? _____

How will the family be able to meet this need in the future? _____

Referred by _____ Business Phone: (____) _____-_____

Contact person: _____Relationship to patient: _____

Daytime phone _____Evening phone: _____

Signature: _____ Date _____

Patient's Health Insurance Information:

Social Worker/health professional helping with case: _____

Organization: _____ Phone: _____

Treatment Center: _____ City: _____ State: _____

Health Professional Name: _____ Title: _____ Phone: (___) _____

Medical Insurance Plan

Name of Insurance Co.: _____

Name of Policyholder: _____

Does your Insurance pay for any of your treatment Costs? (Y/N): _____

Does your insurance pay for any of your prescription costs? (Y/N): _____

Is this patient enrolled in MEDICARE? _____ Yes _____ No _____ Pending

Is this patient enrolled in MEDICAID? _____ Yes _____ No _____ Pending

Medicaid Spend Down: _____

Other resources researched: Agency: _____ Status: _____

Agency: _____ Status: _____

Comments: _____

_____

PLEASE ATTACH SUPPORTING DOCUMENTATION!