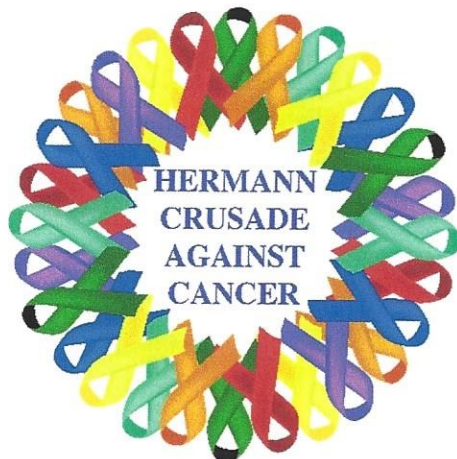


## Application



**HERMANN AREA CRUSADE AGAINST CANCER, INC.  
P.O. Box 41, HERMANN, MO 65041**

Dear Crusade Against Cancer Applicant,

The Hermann Area Crusade Against Cancer was established in September 2005 by volunteers to raise funds to assist people battling cancer who live within the boundaries of the Hermann (Gasconade County R-1) School District. The Hermann Area Crusade Against Cancer can assist cancer patients and their families with transportation and housing expenses, co-pays, pharmacy bills and other expenses not covered by insurance. Only expenses with full documentation incurred as of the approval date of this application and thereafter are eligible.

The information provided on this application and all records attached are confidential and maintained in secure files by the Hermann Area Crusade Against Cancer Review Council. All members of the Hermann Area Crusade Against Cancer Review Council have signed a HIPAA (Health Insurance Portability and Accountability Act) agreement and everything we do is kept strictly confidential, including all documentation

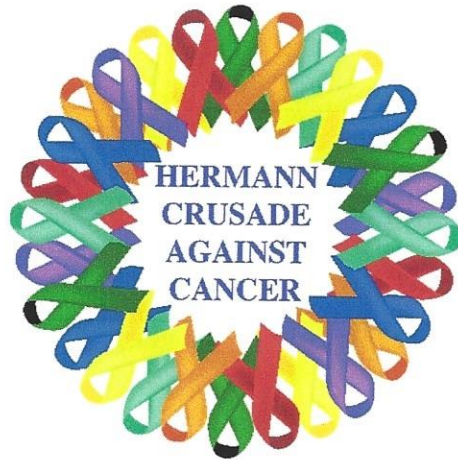
The following documents are included in this Hermann Area Crusade Against Cancer application packet:

1. Hermann Area Crusade Against Cancer "History and Purpose" This information gives you an idea how the fund was established.
2. Distribution Program - Outlines description of the program, who is eligible to receive funds, etc.
3. Application for Financial Assistance - Must be completed, signed, and dated.
4. Medical Records Authorization – This form must be signed in front of a notary; then given by you to your physician, and you must request that your physician provide a written statement regarding your cancer diagnosis and current or expected course of treatment. Your physician's statement must accompany your application. If the statement cannot accompany the application, the physician can mail their statement to the Hermann Area Crusade Against Cancer Review Council. Applications will not be approved without a physician's statement.

If you have any questions, please contact Virginia Hall, Chairperson of the Hermann Area Crusade Against Cancer Review Council at 314-952-8091 or Melissa Overkamp at 573-690-7094.

Please complete and return the signed, dated, Item #3 Application for Financial Assistance and the notarized copy of Item #4 Medical Records Authorization along with a copy of your physician's statement.

You may mail to the Hermann Area Crusade Against Cancer, P.O. Box 41, Hermann, MO 65041.



## **HERMANN AREA CRUSADE AGAINST CANCER, INC.**

### **History and Purpose**

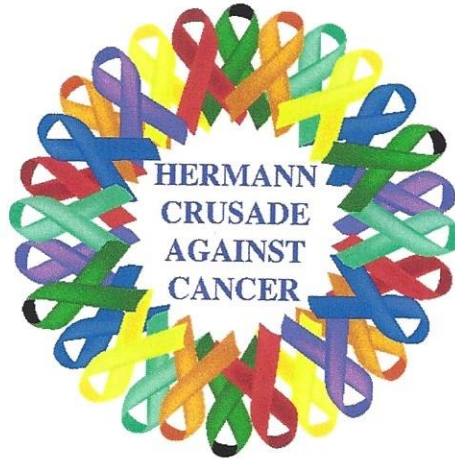
Established in September 2005, the Hermann Area Crusade Against Cancer, Inc. is a 501 (c) (3) Missouri nonprofit corporation and all funds raised or distributed must meet IRS guidelines.

The Hermann Area Crusade Against Cancer is a group of volunteers who raise funds that remain in the Hermann Area to provide support directly for cancer patients and families, such as transportation and housing assistance, pharmacy bills, co-pays and other needs not covered by insurance. The Hermann Area Crusade Against Cancer has the mission of providing resources and support, focusing on unmet needs in the community.

As stated, the Hermann Area Crusade Against Cancer was established and maintained by a Board of Directors, there are no paid staff members. This Board oversees the activities of two distinct groups. The Hermann Area Crusade Against Cancer Planning Committee is responsible for raising all funds through a variety of fund-raising events. The Hermann Area Crusade Against Cancer Review Council authorizes distribution of these funds based on review of each patient.

The Hermann Area Crusade Against Cancer Review Council uses established protocols to ensure that the applicants meet the criteria for receiving funds and that all legal aspects of patient privacy are observed and preserved. Funds disbursed will require documentation of expense. Disbursement directly to vendors is preferred, but payment to individuals may be made with complete documentation. ATM usage and fees and Health Insurance Premiums are not eligible. All disbursements will follow IRS accounting procedures.





## HERMANN AREA CRUSADE AGAINST CANCER, INC.

### Distribution Program

**Program Description:** This program will provide financial assistance for individuals diagnosed with cancer and is available to individuals in the Hermann (Gasconade County R-1) School District facing financial difficulty as a result of their diagnosis and resulting treatments. This assistance would be for expenses not covered by health insurance.

Each applicant will fill out the attached application, submit a physician's statement regarding their cancer and course of treatment along with a copy of the medical authorization form. The applicant must have the application and medical authorization duly notarized.

The Hermann Area Crusade Against Cancer Review Council, which is comprised of health care, social service, and insurance professionals and other members of the community, will review each request for assistance in a timely fashion.

**Program Criteria/Guidelines:** The applicant must be a Missouri resident residing within the boundaries of the Hermann (Gasconade County R-1) School District. Individual consideration of each application will be done on a case-by-case basis and is subject to availability of funds.

**Residency:** The applicant must be a Missouri resident residing within the boundaries of the Hermann (Gasconade County R-1) School District.

**Age:** Applicants of all ages will be considered.

**Insurance:** Applicants may be insured, uninsured, receiving Medicaid or Medicare benefits.

**Personal information:** Applicants may be asked to share information related to their diagnosis. Personal information will also help determine if there are other community resources that would benefit the applicant and/or family. These include the Food Pantry, Ministerial Alliance, Community Action Agencies, HUD Housing, OATS and The American Cancer Society.

**Medical Information | Verification:** Applicants will be asked to share their physician-related information. A signed and notarized medical release, in compliance with Health Insurance Portability and Protection Act (HIPPA) guidelines, is also required. This release should be submitted to the applicant's physician by the applicant to obtain verification of a cancer diagnosis and current and/or expected treatment.

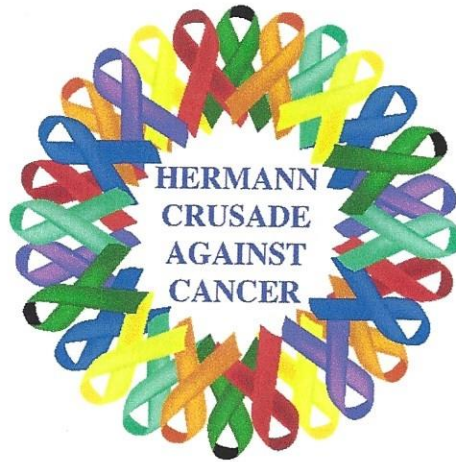
**For Approved Applicants:** Applicants are approved for up to \$5,000 starting with the approved date of the application

Payments directly to the vendor are preferred; examples may include: pharmacy bills, cosmetic devices, nutritional supplements, housing expenses, utilities, and co-pays.

Payments to individuals may be made only in instances, such as co-pays, medical bills, pharmacy bills, and hotel/motel expenses, with documented expenses, and meals are reimbursed with appropriate documentation. Payments are not made for cable tv, phone, ATM costs or credit card expenses.

Payments for expenses outside Missouri cannot be made. Excellent diagnostic and treatment facilities are available in-state to meet these needs.

Only payment for expenses incurred on and after the application approval date will be eligible.



**HERMANN AREA CRUSADE AGAINST CANCER, INC.**

**Application for Financial Assistance**

First Name:	Middle Name:	Last Name:
Date of Birth:	Social Security #:	
Address:	City:	Zip Code:
County:	Home Phone:	Cell Number:
Email Address:		
Spouse / Significant Other:		Contact Number:
Authorized Person we may discuss your application with, in case we cannot contact you & a Contact Number:		
Children / Ages:		
Other Dependents / Ages:		
Physician Name:		Address:
Medical Diagnosis:		
Amount of Assistance you are requesting:		
Please describe your need and how the Crusade Against Cancer can help you :		
Other Agencies you are currently working with :		
Employer (if applicable):		Health Coverage: Yes No
If yes, Circle Type: Personal Policy, Through Employer, Medicare, Medicaid		

Enclosed is a release form with information for you to send or give to your health care provider for verification of your cancer status.

I hereby certify that I have been diagnosed with cancer and require financial assistance. I also certify that the above information is true and correct. All information is considered confidential and will be used only for eligibility determination.

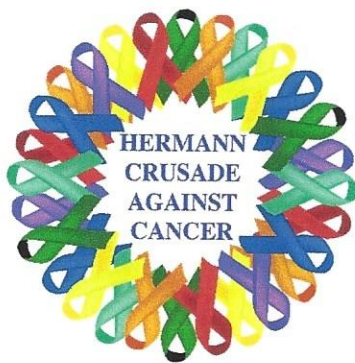
Date: \_\_\_\_\_

Patient/Family Member/Other Signature: \_\_\_\_\_

PLEASE RETURN TO: Hermann Area Crusade Against Cancer, PO Box 41, Hermann, MO 65041.

For questions, please call Virginia Hall at 314-952-8091 or Melissa Overkamp at 573-690-7094.





**HERMANN AREA CRUSADE AGAINST CANCER, INC.**  
**Medical Records Authorization**

**TO:** \_\_\_\_\_

You are hereby authorized to furnish the Hermann Area Crusade Against Cancer, c/o Hermann Area Crusade Against Cancer, PO Box 41, Hermann, MO 65041 and/or their representative, with a statement from my physician confirming the diagnosis of cancer, the type of cancer and the proposed treatment plans for me. The physician may submit additional information that may be useful to the Hermann Area Crusade Against Cancer at his/her discretion. The Doctor's statement **must** be submitted with the application.

This authorization shall be valid for 90 days past the date of signature.

It is expressly agreed that a photocopy of this authorization shall be as valid as an original.

\_\_\_\_\_  
**Name of Applicant**

\_\_\_\_\_  
**Date of Birth of Applicant**

\_\_\_\_\_  
**Social Security Number of Applicant**

Dated this \_\_\_ day of \_\_\_\_\_ STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Records may be mailed to the Hermann Area Crusade Against Cancer, PO Box 41, Hermann, MO 65041. Please Call Virginia Hall at 314-952-8091 or Melissa Overkamp at 573-690-7094 for answers to questions about this form.