

Please indicate the NON-MEDICAL purpose of the request:

- Household Expenses/Needs*
- Fuel/Transportation Assistance*
- Food/Nutritional Assistance*
- Other _____

ATTACH or FAX copies of all bills/invoices to be considered

***Self referrals must attach Letterhead Documentation of Medical Supervision & Need**

CCFOT HUMANITARIAN GRANT GUIDELINES

- *CCFOT Humanitarian Grants are for non-medical purposes. CCFOT cannot assist with co-pays, hospital bills, *prescriptions, or any other medical expenses.*
- *CCFOT Humanitarian Grants are offered on a limited basis according to quarterly budget constraints. Grants are processed in the order in which they are received. Incomplete applications will be held until all paperwork is received.*
- *Allow TWO WEEKS for Humanitarian Grants to be processed. Every effort will be made to process requests in a timely manner. However, due administrative considerations, cut-off and late notices cannot be taken into account.*
- *Patients will receive a letter from CCFOT with Humanitarian Grant details including check number and amount paid. Please hold all inquiries during the processing time frame.*
- *CCFOT Humanitarian Grants are subjective. All checks are paid directly to the issuing agency. Gift cards are mailed directly to patients.*
- *CCFOT appreciates your feedback. Please feel free to write CCFOT or email us at cancercare@earthlink.net*
- *Medical Professionals can request limited prescription assistance for pain & nausea.*

Please provide any additional information or special requests which might facilitate this application: