

## Sense of Security's Survivor Assistance Program

Sense of Security partnered with the Cancer League of Colorado in 2019 to launch our Survivor Assistance Program in memory of Day of Caring founder Sue Miller. We offer \$500, one-time to qualified Colorado breast cancer survivors.

### Guidelines and Criteria for Funding

Thanks to the generosity of donors to Sense of Security, we can offer this program to qualified breast cancer survivors in Colorado. The requirements are subject to change and are listed below. This program is not a guarantee of financial support, the program can cease funding at any point in the future and applicants are strongly encouraged to seek professional financial advice related to debt and financial planning.

#### Program Requirements:

- Survivors must be Colorado residents who are post-treatment, meaning that patients are no longer receiving chemotherapy, radiation therapy treatment, or alternative treatments
- The Medical Information Form must be completed by a social worker, patient navigator, or health care professional for your application to be complete and accepted for review
- Survivors must meet the financial guidelines set by Sense of Security
- The survivor must sign the Information Release

#### Eligible Requests:

- Sense of Security understands that basic needs come first. Our Survivor Assistance provides funding for basic needs including rent or mortgage payments, food, utility bills, childcare, and/or any necessary extraneous expenses
- Sense of Security reserves the right to determine allowable expenses and amounts of reimbursements
- Sense of Security provides grants to individuals with income UNDER 250% of the Federal Poverty Limit. If your income IS MORE than the following amounts based on household size, you are ineligible:

	TOTAL INCOME	HOUSEHOLD
Persons in House	Annual	Monthly
1	\$29,425	\$2,452
2	\$39,825	\$3,319
3	\$50,225	\$4,185
4	\$60,625	\$5,052
5	\$71,025	\$6,785
6	\$91,825	\$7,652
For each additional add:	\$4,160	\$347

#### Ineligible Requests:

- Sense of Security will not approve payment for past medical bills, prescriptions, or alternative medicines.
- We do not accept requests for payment on bills other than rent/mortgage, groceries or utility bills

#### Payment Process:

- Checks will be made payable to the business seeking payment. Per IRS regulations we not able to write checks to individuals (exception is made for Landlords, with copy of lease detailing owner/landlord as vendor/payee).
- If support for food or gasoline is requested, gift cards from King Soopers will be the form of payment.

## Medical Information Form

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

\* To be completed by a Health Care Professional

### Patient Information:

Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_

Cancer Diagnosis Type: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Stage of Cancer at Diagnosis: \_\_\_\_\_ Date of Final Treatment: \_\_\_\_\_ \*

\* Please give the date of the patient's last chemotherapy or radiation therapy treatment. If patient received an alternative treatment, please explain what treatment(s) were provided.

### Clinic Information:

Clinic, Hospital, or Medical Center: \_\_\_\_\_

Oncologist: \_\_\_\_\_

Facility Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Social Worker/ Patient Navigator/ Health Care Professional:

Name/Title: \_\_\_\_\_

Clinic/ Medical Center: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Why is this survivor in need of financial assistance? \_\_\_\_\_

\_\_\_\_\_

How can Sense of Security best help this survivor? \_\_\_\_\_

\_\_\_\_\_

## Survivor Information Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact:    PHONE    EMAIL

### Financial Information: total household monthly income, after taxes:

Expenses	Amount	Priority		Income	Amount
Housing				TOTAL MONTHLY INCOME	
Utilities					
Childcare				Subtract Expenses from Income	
Transportation				Total Monthly Shortfall	
Groceries					
Medication /Medical Bills:					
Other:					
TOTAL EXPENSES/MONTH:					

What Bill(s) do you want paid (total of \$500) \_\_\_\_\_. Please provide a clear copy(ies) of the bills showing address/account number and to whom the check(s) should be paid.

\_\_\_\_ I would like to receive \$250 King Soopers Gift Card to use toward gasoline and/or groceries as part of my \$500 Survivor's Grant.

## Information Release Form

I declare that the information on this application is true and correct to the best of my knowledge. I understand that all applications will be reviewed on a case-by-case basis and the Sense of Security Survivor Assistance Committee will make final determination. I hereby give my permission that this application and all information provided can be sent to Sense of Security and discussed with my health care professional. All information reviewed is confidential.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



## Please take some time to answer the following optional questions

Did you receive assistance from any of the following organizations? (circle all that apply)

Ray of Hope Cancer Foundation

Polite Tumor

Project Angel Heart

Friends of Man Foundation

I Go Pink

Pink Fund

C.H.A.I.N Foundation

CancerCare

Other: \_\_\_\_\_

I would like to be on the Sense of Security mailing list: \_\_\_\_\_ Yes \_\_\_\_\_ No

I am interested in volunteer opportunities with Sense of Security: \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you hear about Sense of Security?

\_\_\_\_\_ Social Worker \_\_\_\_\_ Oncologist/Physician \_\_\_\_\_ Brochure \_\_\_\_\_ Internet \_\_\_\_\_

Other: \_\_\_\_\_

Please provide additional comments regarding your situation that might be helpful when reviewing your application.

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