NEW YORK CANCER FOUNDATION

Advocates For Hope

The New York Cancer Foundation wants to help if you need financial assistance with expenses, such as rent, mortgage, utilities, and transportation to and from your cancer treatment.

The New York Cancer Foundation is here for you. Find out if you qualify.

Do I Qualify?

Are you 18 years old or older?

Are you a legal resident of the United States?

Are you actively receiving cancer treatment in the Greater Metro Area (within the counties of New York City, as well as Nassau & Suffolk)?

Is your annual income at or below 400% the National Poverty Guideline?

Qualifying Annual Income

2021 Federal Poverty Guidelines

How Many People Live In Your House	Total Annual Income of All People Living in House (Poverty Guidelines 400%)
1	$51,520
2	$69,680
3	$87,840
4	$106,000
5	$124,160
6	$142,320
7	$160,480
8	$178,640

NYCancerFoundation.org

1201 Route 112, Suite 350, Port Jefferson Station, NY 11776

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How Do I Get Approved?

Send the following documents to The New York Cancer Foundation:

1. Complete The New York Cancer Foundation application.
2. Provide three (3) months of most recent bank statements for ALL bank accounts (for all members of the household) OR a notarized assessment letter.
3. Current letter from your oncologist stating you are currently in treatment for cancer.
4. Current income documents (SS, Pension, Disability, Unemployment, SSI/ SSDI, Salary, etc).
5. If requesting rent assistance, please attach a copy of your rental agreement OR a notarized letter from the landlord.
6. If requesting mortgage assistance, please attach a copy of your latest mortgage statement.
7. If requesting help with bills, please send a copy of your bill statements.

*We will also need the above documents from the members of living in your household.

How can I send my application?

Mail Address: New York Cancer Foundation
1201 NY-112 Suite 350,
Port Jefferson Station, NY 11776
Attention: Victoria Lucido

Email Address: vlucido@nycancer.com

Fax Number: 631-569-8519

***For New York Cancer & Blood Specialists Patients:** Give the completed application with all documentation to a New York Cancer and Blood Specialist Receptionist. The Application needs to be sent to the Foundation Coordinator.

If you have any questions, please call the Foundation Coordinator at (631) 675-3338

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PATIENT ASSISTANCE APPLICATION

Financial Assistance ☐ Transportation Assistance ☐ Both ☐

Personal Information

Last Name: ___________________________ First Name: ____________________________

Mailing Address: ____

City:___________________________________ State:______________________ZIP:__________

Best Contact Number:___________________ Best Email Address: ________________________

Date of Birth:__________________________ Gender: __________________________________

Primary Insurance:______________________ Are you a legal resident of the United States? Y/N

Cancer Care

Are you a patient of NY Cancer & Blood Specialists?__________________________________

If not, please provide documentation from your oncologist stating that you are currently undergoing cancer treatment.

Provider's Name:____

Contact Number:____

Are you in treatment for cancer?____

Type of cancer:____

Assistance Information

Have you received help from the NY Cancer Foundation before?________________________

Have you received assistance from another organization(s)?___________________________

If YES, provide details and amount:____

LIST OF MEMBERS IN THE HOUSEHOLD

Last Name	First Name	Relationship	Age	Occupation	Annual Income

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Family Monthly Expenses Amount

Rent/Mortgage $ ______________________

Cable $______________________________

Phone $______________________________

Electric $_____________________________

Gas $________________________________

Water $______________________________

Transportation $_______________________

Food $_______________________________

Other $______________________________

Total $______________________________

Family Assets

Checking $____________________________

Savings and/or Money Market $___________

Investments $__________________________

Other (Specify) $_______________________

Income Documentation

- ☐ Short Term Disability/Sick Leave Pay
- ☐ Salary
- ☐ Child Support
- ☐ Pension
- ☐ SSI/SSDI
- ☐ Public Assistance
- ☐ Social Security
- ☐ Unemployment
- ☐ Alimony
- ☐ Other (Specify)

ATTACH COPIES OF ALL DOCUMENTS

Your Story - A brief description of your cancer journey.

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☐ *I would like to share my story.*

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I understand that my participation in the New York Cancer Foundation is voluntary and these benefits are a humanitarian endeavor to provide financial support to the patients who are battling cancer and are experiencing financial difficulties.

I release, discharge and agree to hold harmless New York Cancer Foundation, its Board, sponsors, employees and volunteers from all claims, demands, causes of action, present or future, whether known, anticipated or unanticipated, resulting from, arising out of, or incidental to our participation in the programs or benefits provided by the New York Cancer Foundation.

I release authority to gather medical information and records requested as to my condition.

I recognize that in the event checks are not received by the creditor or sent to the incorrect location based on the information provided, the New York Cancer Foundation is not responsible for stop payment fees incurred and it will be deducted from the allotted grant monies.

I attest that the information provided is accurate and truthful. I understand that I may be required to reimburse the New York Cancer Foundation for all or some of the monies granted, in the event that it is not.

☐ I agree with all of the above.

Signature:

Print Name: Date:

* Only fully completed applications (with documentation) will be processed*

The maximum grant amount per patient is $2,500 annually for debts incurred while actively receiving treatment and $500 for transportation. All bills must be paid at the same time (no installments) and must be currently owned or in arrears. No payment can be made in advance. The Foundation reserves the right to suspend grant allocations based upon resources available. NY Cancer Foundation is not permitted to pay patient medical bills, co-payments, or credit cards bills of any kind and does not provide cash grants directly to patients. Upon approval, payments will be made directly to the creditor. As funds are limited, NY Cancer Foundation encourages all patients to create a plan for long term support and assistance, and to contact additional community resources.