



The Eric R. Beverly Family Foundation

Alger County Chemotherapy and Mammography Program Fund

1475 Buford Drive, Suite 403-127, Lawrenceville, GA 30043
 Phone: 770.614.1779 • Fax: 678.302.7116 • Web: beverlyfamilyfoundation.org

Application for Financial Assistance

Patient Information (Please Print)

Last Name: _____ First Name _____ Date: _____

Address: _____ City/State/Zip: _____

Phone: Home () _____ Work: () _____

Date of Birth: _____ Age: _____ Ethnicity _____
 (Please specify)

Male Female

If patient is a minor, name of parent or guardian: _____

For TERBFF Use Only: CHAMP Fund Grant Type _____ # _____

Financial Information

Estimated Monthly Family Expenses	Family Assets
Rent/Mortgage: _____	Checking: _____
Utilities/Phone: _____	Savings/CD: _____
Child Care: _____	Money Market: _____
Transportation _____	Stocks: _____
Medical Bills/Other Debt: _____	Bonds: _____
Food: _____	TOTAL _____
Other: _____	
TOTAL _____	

TOTAL Monthly Family Income: _____

Currently Employed Yes No

Number in household _____

Income Source (Please check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Social Security (retirement) | <input type="checkbox"/> Alimony | <input type="checkbox"/> Salary |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Short Term Disability |
| <input type="checkbox"/> In-Kind (room and board) | <input type="checkbox"/> Child Support | <input type="checkbox"/> Family/Friends provide support |
| <input type="checkbox"/> SSD (Disability) | <input type="checkbox"/> Unemployment | <input type="checkbox"/> SSI <input type="checkbox"/> Sick Leave Pay |
| <input type="checkbox"/> Other—Specify _____ | | |

Health Insurance Information

Do you have health insurance? Yes No

If yes, please indicate type of insurance: (check all that apply)

- Medicaid Private Insurance Medicaid Pending Public Health Insurance Medicare Only
 VA Program Medicare plus Medicaid Charity Care Medicare plus other supplemental coverage
 Emergency Medicaid

Are prescription drugs covered? Yes No

Please indicate the grant category for which you are applying:

___ Alger County CHAMP Fund Grant (covers general expenses to relieve the financial burden of breast cancer treatment related expenses)

___ Energy Relief Fund (provides assistance with utility bill arrearages)

If you are applying for an Alger County CHAMP Fund Grant, please indicate how you plan to use the funds:

- Transportation Child Care Home Care Pain Medications Chemotherapy Radiation Other

What Other Alger County CHAMP Fund services are you interested in?

- The Angel Closet at Munising Memorial Hospital Awareness Programs
 Breast Cancer Resource Bag Support Groups

Signature _____ Print Name _____

Relationship to Person Applying for Help: Other Relative Spouse Friend Caregiver Self

To Be Completed by your Doctor, Nurse or Social Worker Only: Medical Information

Date of Diagnosis: _____ Primary Cancer: _____

Stage of Cancer: _____ New Diagnosis Recurrence In Active Treatment? Yes No

If Yes, please indicate type of treatment (check all that apply):

- Chemotherapy Radiation Clinical Trial Surgery Hormonal Palliative Care Lumpectomy
 Bone Marrow/Stem Cell Transplant Complementary/Alternative Mastectomy Double Mastectomy

If No, is Post Treatment Follow Up Needed? Yes No

If Yes, please indicate type of follow up: Yearly Every Six Months Other _____

MD Name: _____ Hospital/Clinic: _____

Address: _____

City/State/Zip: _____ Phone: _____ Fax: _____

Signature of person completing this section: _____

Print Name/Title: _____

Phone (if different than above): _____ E-mail address _____

Relationship to Person Applying for Help: Doctor Nurse Social Worker

Thank you. A TERBFF worker or case manager will review this information and contact the person requesting help. Funds are limited and based on availability. **Please fax this form to (678) 302-7116 or mail immediately to:** 1475 Buford Drive, Suite 403-127, Lawrenceville, GA 30043. All information is strictly confidential and is for TERBFF use only.



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Income & Asset Checklist

Please complete a separate form for each household member who is 18 years or older. **Be prepared to verify items checked yes.**

Name: _____ County: _____

Complete each item:

Yes No

- ___ ___ I am a citizen of the United States. If no, have immigration documents.
- ___ ___ I am self-employed. If yes, please list the types of jobs that you do: _____
-
- ___ ___ I have a job and receive money / wages. If yes, list the name and address of the companies that pay you: _____
-
- ___ ___ I receive reparation payments from foreign governments in connection with the Holocaust.
- ___ ___ I receive cash contributions or gifts, including rent or utility payments, on an ongoing basis from persons not living with me.
- ___ ___ I receive periodic payments from Workers' Compensation.
- ___ ___ I receive military active duty allotments.
- ___ ___ I receive Veteran's Administration benefits.
- ___ ___ I receive GI Bill benefits.
- ___ ___ I receive Social Security.
- ___ ___ I receive Supplemental Security Income (SSI).
- ___ ___ I receive Disability or Death benefits **other than Social Security**.
- ___ ___ I receive Public Assistance **other than food stamps** (ADC, SFA, SDA, RAP, Step-parent assistance).
- ___ ___ I receive Educational Grants or Scholarships.
- ___ ___ I receive unemployment benefits.
- ___ ___ I receive Child Support or Alimony. If yes, is Child Support paid directly to Social Services? ___ Yes ___ No
- ___ ___ I receive periodic payments from Trust, Annuity, or Inheritance.
- ___ ___ I receive periodic payments from Insurance Policies.
- ___ ___ I receive periodic payments from Retirement Funds or Pensions.
- ___ ___ I receive periodic payments from Lottery Winnings.
- ___ ___ I own Real Estate (other than the property in which I am currently residing).
- ___ ___ I receive income from rental of Real Estate or Personal Property.
- ___ ___ I own a mobile home.
- ___ ___ I receive Income from Indian Trust Land.
- ___ ___ I have personal property held for investment purposes (gems, jewelry, coin/stamp collections, etc.)

(COMPLETE SECOND PAGE)



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Income & Asset Checklist (Continued)

Complete each item:

Yes No

- ___ ___ I have Savings Account(s). If yes, list name & address of banks, credit unions, savings & loans, etc. _____

- ___ ___ I have Checking Account(s). If yes, list name & address of banks, credit unions, saving & loans, etc. _____

- ___ ___ I have Time Certificate(s). If yes, list name & address of banks, credit unions, savings & loans, etc. _____

- ___ ___ I have Certificates of Deposit. If yes, list name & address of banks, credit unions, savings & loans, etc. _____

- ___ ___ I have an IRA or Keogh account(s). If yes, list name & address of banks, credit unions, Savings & loans, etc. _____

- ___ ___ I have Treasury Bills.
 ___ ___ I have Stocks.
 ___ ___ I have Bonds.
 ___ ___ I have a Land Contract(s).
 ___ ___ I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years. If yes, list items _____

- ___ ___ I have a family member who is seventeen (17) years of age or younger who has unearned income (i.e. Social Security)
 ___ ___ I have income/assets from sources **other** than those listed above. If yes, please list:

I certify, to the best of my knowledge, that all statements are true. I understand that providing false information will result in denial or termination of benefits.

(Applicant's signature)

(Date signed)