MCPHERSON COUNTY
Community Foundation
Building the community of our dreams

Assisting Families Dealing with Cancer APPLICATION

Please mark if you were referred to a specific grant:

_____ Home State Bank – Giving Hope Cancer Relief Fund

_____ Women and Children Combating Cancer Fund

Patient Information:

Name: _____ Date of birth _____

Address _____ City/State/Zip _____

Email _____ _____

Phone (Day) _____ Phone (Eve) _____

Applicant/ Contact Person- if different from patient

Name: _____ Relation to Patient: _____

Address _____

City/State/Zip _____ Email _____

Phone (Day) _____ Phone (Eve) _____

In order to process, we need each item listed below:

- Completed & Signed application.
- Completed & Signed doctor's note verifying cancer related illness.
- Receipt or invoice to be paid on behalf of the patient.
- Answers to the following:
    a. What stage and what type of cancer are you battling? _____
    b. Please check which one applies. ☐ Active Treatment ☐ Maintenance Treatment

Please return application to the MCCF office at 1233 N. Main, PO Box 822, or fax to (620) 245-0238.

I have been diagnosed with Cancer (or am submitting this application on behalf of a minor who has been diagnosed with Cancer) and require assistance with costs associated with my treatment. I hereby give permission to the staff of the McPherson County Community Foundation to contact the parties listed in this application or attachments thereto for purposes of verification.

_____ _____

Date Signature of Applicant

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APPLICATION

Items in consideration in making grants (Please keep this page for your use.)

1. Shelter – To promote the cancer patient remaining in the comfort of his or her home
   a. Rent/House payments
   b. Utilities
   c. Necessary repairs to HVAC, electrical, plumbing
   d. Necessary handicap accessibility

2. Nutrition – To promote health and healing
   a. Food and drink
   b. Dietary supplements
   c. Meal Preparation

3. Medicine
   a. Medical and dental care that is not otherwise covered by insurance or government programs including but not limited to prescription and non-prescription medicine, hospital and hospice care, nursing care, attendant care.

4. Cleanliness – To promote health and healing
   a. Personal hygiene products
   b. Household cleaning, including products and cleaning person
   c. Personal care attendant

5. Companion Animal Care – To promote psychological well-being
   a. Where a treating physician recommends that a pet is beneficial to the patient, it will be termed "companion animal". Costs, including food, drink, and veterinarian care are eligible.

6. Transportation
   a. Grant recipients should submit fuel receipts to the Foundation for transportation reimbursement costs for out of county doctor visits.

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Date _____

Physician's Name _____
Physician's Phone # _____

_____

Subject: Eligibility Verification

The McPherson County Community Foundation is currently administering three fund accounts to assist patients with cancer related illness. They are the Home State Bank – Giving Hope Fund, the Women and Children Combating Cancer Fund and the Watchdog Cancer Relief Fund. The purpose of these funds are to provide support to people who have experienced financial hardship resulting in a deterioration of the quality of life caused by cancer and related treatment. Items in consideration in making grants are shelter, nutrition, medicine, cleanliness, companion animal care, and transportation.

We understand you are a treating physician for _____. He/She has applied for benefits from the fund. In order to ensure funds are distributed to recipients meeting the criteria, would you please verify the patient has a cancer or cancer related illness by signing below and returning this letter in the enclosed envelope.

For questions regarding this fund, please contact our office at 620-245-9070 or via email at becky@mcphersonfoundation.org.

Sincerely,

Becky Goss

President / CEO

____ Yes, _____ does have a cancer or cancer related illness.

____ No, _____does not have a cancer or cancer related illness.

_____ _____

Signature Date