



Supporting Community Families Touched By Cancer
P.O. Box 443, Minneola, FL 34755-0443 Phone (352) 435-3202

Guidelines for Cancer Patients and Families who are affected by Cancer

GCCF Grants Program including Application Forms
for the following:

Section 2. Financial Supplements-
Cancer Screenings & Tests

January 2010

Introduction

The GCCF was created to support Community Families touched by Cancer. Our vision is that all Cancer affected families in the greater Clermont community will have access to healthcare support and the opportunity for a meaningful and enjoyable family life experience. We provide support and financial grants focused on reducing the day to day stresses which Cancer has on Patients, their Families and Caregivers. We value our community Cancer Patients, their Families and Caregivers, and we care about the impact which Cancer has on affected families.

It should be noted that the GCCF Grants Program unfortunately does not have the funds to finance Cancer treatment or drugs. It is also unfortunate that there are very few organizations which supplement the costs of Cancer treatment for the uninsured and underinsured. The costs of treatment cover a vast range, sometimes with each individual chemotherapy or radiation treatment costing several thousand dollars. Most organizations that consider financial aid limit payments specifically to reimbursing the costs of treatments and drugs. The GCCF Grants Program was created to provide limited financial grants more specifically focused on improving the life experience (and thus the healing process) of the patient, their families and caregivers, due to the physical, emotional and financial burdens caused by the disease.

The foundation is supported and funded by community contributions from churches, church groups, fundraisers, businesses, organizations and individuals who share these visions and commitments to our community. The foundation strives to provide services and aid not available from other area or national organizations and we are 100% Volunteer based.

Types of Grants Available

The foundation furnishes the following types of grants to needs-based eligible community individuals:

1. Financial Grants-
Patient Grant
Children's Grant
Family & Caregiver Grant

2. Financial Supplements-
Cancer Screenings & Tests

3. Day Wish Grants

4. "Focus on the Future"
Scholarship Grants

Funds Availability

All financial grants, supplements and other grants are subject to eligibility and are limited to funds availability. Due to limited resources, the GCCF is not able to grant awards to all who apply.

Multiple Applications

Applicants may apply for more than one type of grant, but typically only one will be awarded if selected by the selection committee.

Section 2. Financial Supplements- Cancer Screenings & Tests

Description of Screening & Tests Supplements-

Early detection and screening are the most important actions you can take to make the treatment of Cancer successful. Whether male or female, each of us should be aware of the generally accepted recommendations for voluntary screenings, self-examination techniques and potential symptoms. These general recommendations are readily available from our doctors and national organizations such as the American Cancer Society. If you are in one of the categories for generally recommended screenings, you should see your doctor. If your doctor recommends screenings based on your age, symptoms, or family history, please take this seriously and schedule your tests. Some of the screening exams are simple and not very expensive. Many people, however, may have to forego early detection screenings simply because they can't afford them without putting a financial burden on their family.

The GCCF Financial Grants Program is aimed at providing some relief to these burdens to help those in need of these potentially life-saving tests. The award grants are normally limited to \$250 and are awarded on needs-based circumstances. Once approved, the grants may be paid as reimbursements or as direct payment to a community service provider.

Who Is Eligible for Financial Supplements?

You are eligible for a supplemental grant through the GCCF Supplements Program if you meet the following self-assessment conditions:

- You are a US citizen
- You permanently reside in or are a regular attending member of a church in the greater Clermont, Florida area, broadly defined as Clermont, Minneola, Groveland, Mascotte, Montverde, Howey and other closely surrounding communities.
- Your doctor has recommended early detection Cancer Screening tests.
- You are uninsured or you have private insurance or any other health coverage or reimbursement plan that does not cover the recommended tests.
- You are unable to pay for the recommended screening tests without creating, unusual financial hardships to your family.

You have contacted other national and local cancer help organizations or funds and have been notified that no other reimbursement funds are available for the recommended tests.

Use Application Form 2



Greater Clermont Cancer Foundation

P.O. Box 443, Minneola, FL 34755-0443 Phone (352) 435-3202

FORM 2- Financial Supplement Application- Cancer Screenings & Tests

Applicant Information

Your Name (last, first, MI) _____ US Citizen? Y ____ N ____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Fax (if avail) _____ e-mail _____

Patient's Employer _____

Employer Address _____

Business Phone _____

Patient Spouse's Employer _____

Employer Address _____

Business Phone _____

Patient Information

Screening or test recommended _____

Patient's Age _____ Date of initial recommendation _____

Recommending Physician Name _____ Hospital/Clinic _____

Names & Phone #s of other organizations you contacted for assistance: Assistance Avail? Y or N:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Patient's Insurance Information

Do you have health insurance? Yes ____ No ____

If Yes, please indicate type of insurance (check all that apply): Private Ins Co Name _____

Medicaid _____ Medicare plus other supplemental _____

Medicaid Pending _____ VA Program _____

Medicare Only _____ Charity care _____

Medicare plus Medicaid _____ Emergency Medicaid _____

Does your insurance cover, pay for or reimburse you for these test(s)? Yes ____ No ____

If Yes, please explain _____

Other

Please attach a short written paragraph describing your request circumstances

What other GCCF services are you interested in?

Individual Counseling _____ Cancer Support Group _____ Educational Programs _____

Signature _____

Date _____

form fsg042604

Thank you. A GCCF case manager will review this information and contact you.
 Funds are limited and based on availability. Please return form promptly.
 All information is strictly confidential and is for GCCF use only.

How Do I Apply for a Grant?

If you wish to receive one of the described grants, you must first complete the Applicant Financial Aid Self-Assessment (the “**Who Is Eligible for**” paragraph in each section of this booklet). Then complete the appropriate Financial Grant Form(s). Upon completion of all applications, the forms should be signed by you (and any others indicated). All signatures must be original and no stamps, photocopies or initials can be accepted.

All information is strictly confidential and is for GCCF use only. A GCCF case manager will review the application information and contact the person requesting assistance. The case manager may ask to visit the applicant at their home to discuss their needs and further qualify them for their request.

The GCCF Board of Directors will meet monthly to review Grant requests. If you are approved for your grant, we will notify you as soon as practical with the details. Thank you for your interest in our organization and we hope that we can serve you. If you know of anyone who might need to apply for a grant, please pass on our contact information. If you know anyone who would like to contribute to or help sponsor the organization so we may assist more community residents please help us by having them contact us.