



## The Komen Patient Assistance Fund Application Instructions 2008

For distribution to  
**Oncology Social Workers/Health Professionals**  
serving clients in sixteen\* Western Washington counties



**The Komen Patient Assistance Fund** (formerly known as the Komen Safety Net Fund) is a financial assistance program for low-income patients in active treatment for breast cancer. In 2008, eligible patients may receive up to \$750 in assistance, based on the availability of funds.

To be eligible for the funds in 2008, patients must:

- Be within a 3-month window of active breast cancer treatment, meaning surgery, chemotherapy or radiation
- Have individual/family incomes under 250% of the Federal Poverty threshold (see document "Guidelines")
- Live or be treated in Clallam, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Wahkiakum and Whatcom Counties.

The amount of funds for which patients can apply for in 2008 depends on a variety of factors:

- Patients who currently have stage IV breast cancer can apply for up to \$750 in assistance for 2008. This is regardless of whether they have received assistance from the Komen Fund in the past. Stage IV patients are eligible for the Komen Fund each year regardless of what they have received in the past..
- Patients who currently have stage I-III breast cancer who have never received assistance from the Komen Fund can apply for up to \$750 in 2008.
- Patients who currently have stage I-III breast cancer who received assistance from the Komen Fund between 2004 and 2007 may or may not be able to re-apply for funds in 2008.
- Patients who currently have stage I-III breast cancer who received \$750 or more from the Fund in 2004-2006 cannot apply for funds in 2008.
- Patients who currently have stage I-III breast cancer who received less than \$750 from the Fund in 2004-2007 can apply in 2008 for the difference between what they received and \$750.
- If you have questions about whether a patient has received \$500 or more in previous years, please call (206) 832-1285 or email [patientassistancefund@cancerlifeline.org](mailto:patientassistancefund@cancerlifeline.org).

**Types of assistance provided:** Patients may apply for assistance with any of the following:

- Rent/mortgage
- Utilities (limited to basic public resources/excludes television and internet)
- COBRA or individually paid insurance premiums
- Public Transportation
- Food and nutritional supplements
- Prescriptions for medications related to breast cancer that are not available through pharmaceutical assistance programs
- Personal hygiene/specialty clothing items
- Dental care needed prior to chemotherapy
- Childcare
- Medical supplies such as lymphedema sleeves, dressings, etc, related to breast cancer

**How it works:**

1. Patients must contact a social worker or other health care professional at their doctor's office or treatment site. This professional will fill out a brief application form available online at: [www.cancerlifeline.org/komen.html](http://www.cancerlifeline.org/komen.html) After completion this application is submitted on-line by the social worker or health care professional. Supporting documents are scanned and attached and sent through our secure server or the application can be printed from the Cancer Lifeline web page, completed, signed and faxed to Cancer Lifeline with the supporting documentation.
2. Cancer Lifeline (the fiscal agent for the program) will process the request on a first come, first served basis according to availability of funds.

3. Cancer Lifeline will send the check directly to the vendor and email confirmation to the social worker and client. We try to process applications within 2-3 weeks.

### **Guidelines for Completion:**

**Social/health care workers must use the 2008 application form and must be submit this form either via email on our secure or through fax.**

Please complete all fields on the form, or provide explanation for incomplete items. Incomplete applications without explanation will be returned.

Please request one check per application form. Eligible patients can submit up to 3 applications in 2008. This means that Cancer Lifeline can issue up to three (3) checks on behalf of a client for the year.

Social workers are responsible for verifying that clients meet these eligibility requirements:

- Family Gross Income is up to 250% of poverty level (see chart on back of application)
- Patient lives or is treated in one of the sixteen Western Washington Counties listed on page one
- Last active breast cancer treatment (surgery, chemotherapy, radiation) was within 3 months
- There are no known alternate sources of funding for requested item(s) Please check all of the following resources for assistance before applying:

**Benefits Checkup:** Go to [www.cancerlifeline.org](http://www.cancerlifeline.org) and click on Benefits Checkup icon (lower left) for various federal, state and county financial support programs. You can also go to <http://www.benefitscheckup.org/index.cfm?link=cl>

### **211 Call Centers**

- Clallam, Kitsap, Jefferson Counties: 800-627-0335
- King County: 800 233-8145
- Lewis, Grays Harbor, Mason, Thurston, Pacific Counties: 360-586-2800
- Pierce County: 253-572-4357
- Snohomish, Island, San Juan, Skagit, Whatcom Counties: 800-223-8145
- Wahkiakum County: 800-723-3638

**Salvation Army:** 800-736-7291 (Emergency financial services, i.e. food, utilities, rent)

**Catholic Community Services of Western Washington:** 206-328-5696 [www.ccsww.org](http://www.ccsww.org) (rent, food, utilities)

**Washington Women in Need:** 425-451-8838 (insurance premiums, dental, mental health, education)

**Cancer Care:** 800-813-HOPE (financial assistance for cancer)

**Northwest Hope and Healing:** 206-386-3079 Sandy Johnson (for breast cancer patients who have been treated at Swedish First Hill, Providence or Ballard, or received radiation at Highline, Northwest, Stevens, or Valley Hospitals)

**Utility/Phone/Energy Assistance/Medical Necessity Programs:** Contact local companies

Funds will be released directly to commercial vendors only. No funds will be distributed directly to patients or credit card companies. Requested amounts should match amounts listed on application documentation, and any discrepancies in amounts should be reconciled in application materials.

For all categories of assistance (except for Food & Nutritional Supplements), an appropriate bill or other documentation must accompany applications, such as a lease, bill, invoice, etc.

Patients may request up to \$375 at a time for Food and Nutritional Supplements. At the same time a Food and Nutrition request is submitted, the additional monies can be requested to be used for other types of assistance listed above. OR, after 60 days or longer the remaining \$375 may be used for Food and Nutritional Supplements.

Food and Nutritional Supplement grants must identify a local grocer or supplement provider. Wal-Mart and Safeway often do not accept these checks. Cancer Lifeline will issue a check made out to the vendor and mail it to the patient. The patient then takes the check to the grocer with photo identification and uses it to purchase food or nutritional supplements, or to purchase a gift card to use over time.

**For all inquiries regarding the Patient Assistance Fund, please call (206) 832-1285 or email [patientassistancefund@cancerlifeline.org](mailto:patientassistancefund@cancerlifeline.org)**