



HUDSON VALLEY CANCER



Patient Assistance Grant Application

At Hudson Valley Cancer, we understand that cancer is expensive. We created this grant program to help cancer patients and their families in the 9-county area of the Hudson Valley who are struggling with the unexpected costs of cancer care and are in need of assistance. This grant program allows for one \$150 gift card to either Walmart or ShopRite which is intended to help offset your household expenses while undergoing treatment for cancer.

Please read the guidelines provided and note that you must be a resident in the geographical area we serve, be in active cancer treatment, and have a household income disruption due to your cancer diagnosis.



GRANT QUALIFICATION

In order to qualify for the Hudson Valley Cancer for the Hudson Valley Cancer Financial Assistance Grant Program, you must:

1. Live in the Hudson Valley or Sullivan County. Hudson Valley Counties we serve include Columbia, Greene, Dutchess, N. Westchester, Orange, Putnam, Rockland, Ulster.
2. You must be in active treatment for a cancer diagnosis. Active treatment includes receiving chemotherapy, radiation, immunotherapy, or stem cell therapy. This also includes recent cancer surgery and bone marrow or stem cell transplant within the past three months. Patients receiving hospice care are also eligible for assistance.
3. You must have a financial need directly related to your cancer diagnosis.

APPLY FOR A GRANT

To apply for a grant, please fill out the HVC grant application for financial assistance. All required forms must be filled out completely to be considered for a grant. Please note that your oncologist or social worker must confirm that you are currently receiving treatment for cancer. Grants are reviewed on a rolling basis and will be distributed according to availability of funding. If, for any reason, we cannot honor the grant request, we will contact you.

1. Please make sure to provide **one** of the following income verification documents: most recent pay stub, recent bank statement, copy of the previous calendar tax return. You may black out social security numbers on each form. We require this information for screening and fraud purposes.
2. Please make sure you sign the release form.
3. Please make a copy for your records and mail the original application to:

Hudson Valley Cancer
Attn: Grant Program
100 Ward Street, Suite A
Montgomery, NY 12549



HVC Financial Assistance Grant Application

Please complete all fields. Your application will remain confidential.

NAME

DATE OF BIRTH

HOME ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL

Please check here if you would like to receive information and updates via email from Hudson Valley Cancer

RACE/ETHNICITY

Please check here if unknown or prefer not to disclose

ESTIMATED HOUSEHOLD INCOME

NUMBER OF ADULTS & CHILDREN (UNDER 18) IN HOUSEHOLD

(Example: 1 adult; 2 children)

Please select which card of assistance you would like to receive:

SHOPRITE

WALMART

EITHER

Please note: Acceptance is based on need. Because we serve a large geographical area, we are unable to assist those outside of our designated area.



Medical Information

To be filled out by a healthcare provider

CANCER DIAGNOSIS/TYPE

Treatment plan (check applicable):

CHEMOTHERAPY

HORMONE THERAPY

SURGERY

CLINICAL TRIAL

RADIATION

UNDETERMINED

I (patient name) _____, give permission
for (healthcare provider's name) _____, to
share this information with Hudson Valley Cancer for the purpose of applying for a Hudson Valley Cancer Financial
Assistance Grant.

PATIENT NAME

PATIENT SIGNATURE

REPRESENTATIVE SIGNATURE

HEALTHCARE PROVIDER INFORMATION

HEALTHCARE PROVIDER'S SIGNATURE

TITLE (Physician, Nurse, Social Worker, Case Manager)

PHONE NUMBER

EMAIL ADDRESS

Please attach a HIPAA release form, completed by the healthcare provider listed above.



Authorization to Release Protected Health Information

I understand that privacy laws, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), protect the use and disclosure of health information about me, also known as protected health information. By my signature on this form, I authorize the release of the specific information noted below to Hudson Valley Cancer, located at 100 Ward Street, Montgomery, NY 12549 in connection with my application for a Hudson Valley Cancer Financial Assistance Grant.

1. I authorize to disclose the following specific information to CRCHV at the address above covering my past, present, and future periods of healthcare:

- A. Cancer Diagnosis / Type
- B. Stage (I, II, III, IV, or unknown)
- C. Treatment: Scheduled or To Be Scheduled
- D. Type: Chemotherapy, Surgery, Radiation, Hormone, Therapy

2. This authorization will expire _____. I understand that I have the right to revoke this authorization at any time by writing to the health care provider noted in Section 1. I understand that I may revoke this authorization except to the extent that action has already been taken based on the authorization.

3. I understand that signing this authorization is voluntary. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

4. I understand that information used or disclosed pursuant to this authorization may be disclosed by Hudson Valley Cancer and may no longer be protected by federal or state law.

SIGNATURE

PRINT NAME

PRINT ADDRESS

Frequently Asked Questions



1. What is the mission of Hudson Valley Cancer

The mission of Hudson Valley Cancer is to make the cancer journey easier to bear by connecting the Hudson Valley community living with and affected by cancer to resources, services, programs, and organizations on a national, state, regional and local level.

2. What is the geographic area Hudson Valley Cancer serves?

We serve patients in the following counties: Columbia, Greene, Dutchess, N. Westchester, Orange, Putnam, Rockland, Sullivan and Ulster.

3. What types of cancer qualify for HVC assistance?

We assist anyone we serve in our geographical area in current treatment or hospice care with any type of cancer.

4. How much assistance can I receive through the Hudson Valley Cancer grant?

We provide a one-time \$150 gift card to either Wal-Mart or ShopRite to help offset unexpected household expenses.

5. How do I apply for assistance from Hudson Valley Cancer?

Please read the guidelines to know if you qualify for assistance. Fill out the application form, including the HIPPA release and complete the application. Please have the form signed by your oncology provider.

6. Is the Hudson Valley Cancer Financial Grant a one-time only grant?

Yes, we provide one gift card to a cancer patient and their family located in the geographical area we serve. If you have received assistance in the past from HVC, you will not be allowed to reapply.

7. Is the Hudson Valley Cancer Financial Grant an emergency grant?

The HVC grant is not an emergency grant. Grant requests are normally considered and processed within two weeks. If you need emergency funding or assistance, we will connect you to social service agencies which can respond to your immediate needs.

8. What happens if the gift card provided is lost, stolen or misused?

We provide one gift card to a cancer patient and their family located in the geographical area we serve. We cannot replace a gift card which has been lost, stolen, misplaced or misused by someone other than the recipient.

9. Where can I send a thank you note?

We would love to hear how you are doing! If you would like to send a thank you note, please send to our office:
Hudson Valley Cancer – 100 Ward Street, Suite A, Montgomery, NY 12549