

Tea for Cancer Foundation

FINANCIAL ASSISTANCE FOR CANCER PATIENTS

Community Driven. Local Support.

OBJECTIVE:

The goal of Tea for Cancer Foundation is to raise funds for disbursement to local area residents diagnosed with cancer. Qualified applicants will be awarded from \$100 to \$1,000 to assist with transportation to/from treatment, utility/household expenses, mortgage/rent payments, etc. It is our goal to assist families financially so they can focus their attention on their recovery and living their best life.

POLICY FOR FINANCIAL ASSISTANCE:

Tea for Cancer Foundation is committed to assisting as many local area residents as possible who are diagnosed and being treated for cancer. Therefore, at the beginning of each calendar year, based on available funds, Tea for Cancer establishes a disbursement limit for any individual applicant per treatment year. To be eligible to receive a disbursement from Tea for Cancer, the following conditions must be met:

1. The applicant must be a resident of Brown County or live within a 35 mile radius of New Ulm, for at least the past six months.
2. The applicant must provide written documentation of a cancer diagnosis by the treating physician.
3. The applicant must be receiving medical treatment for the cancer diagnosis within Brown County, Minnesota, or the applicant must be receiving medical treatment for the cancer diagnosis that requires travel by the applicant outside of Brown County, Minnesota.
4. Upon approval by Tea for Cancer Foundation, each applicant may receive a maximum of One Thousand Dollars (\$1,000.00) once within a twelve-month period, measured from the date of the approval.
5. A recipient may apply for additional funds one year after the original date of approval by Tea for Cancer Foundation, as long as the actual cancer treatment is continuing, up to a maximum lifetime limit of three (3) annual grants.

PROCEDURE FOR ASSISTANCE

1. Complete and submit an application for assistance to Tea for Cancer Foundation.
2. Applications must be accompanied by a signed letter from the treating physician, on the physician's letterhead, stating the type of cancer diagnosed, the specific treatment prescribed, and stating if the applicant is required to travel outside of Brown County, Minnesota, for this treatment or that the applicant is receiving the treatment in Brown County, Minnesota.
3. Tea for Cancer Foundation reviews applications on a quarterly basis. Grants will be awarded in April for eligible applications received the first quarter of the calendar year (January through March), July for eligible applications received the second quarter of the calendar year (April through June), October for eligible applications received the third quarter of the calendar year (July through September) and January for eligible applications received the fourth quarter of the calendar year (October through December).
4. Tea for Cancer Foundation committee will review all eligible applications. If additional information is required, the applicant will be notified.
5. Applicants meeting eligibility criteria will be notified in writing of the receipt of an award of financial assistance. Please allow a minimum of 2-4 weeks for processing and disbursement by Tea for Cancer Foundation.
6. Recipients may use funds awarded by Tea for Cancer Foundation as the recipient deems appropriate.

REAPPLYING FOR FINANCIAL ASSISTANCE

If treatment continues beyond one year from the original date of approval of financial assistance or if cancer treatment becomes necessary at a later date, recipients may reapply for financial assistance one year from the date of receipt of the most recent grant awarded from Tea for Cancer Foundation, up to a maximum lifetime limit of three (3) annual grants. The application for continued benefits must contain a signed letter from the treating physician stating the type of cancer and the specific treatment required.

10/2024

TEA FOR CANCER FOUNDATION
APPLICATION FOR ASSISTANCE
P.O. Box 941 , New Ulm, MN 56073
www.teaforcancer.org
email: support@teaforcancer.org

ELIGIBILITY REQUIREMENTS FOR FINANCIAL ASSISTANCE

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3. The applicant must be receiving medical treatment for the cancer diagnosis within Brown County, Minnesota, or the applicant must be receiving medical treatment for the cancer diagnosis that requires travel by the applicant outside of Brown County, Minnesota.
4. Upon approval by Tea for Cancer Foundation, each applicant may receive a maximum of One Thousand Dollars (\$1,000.00) once within a twelve-month period, measured from the date of the approval.
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Applicant's Name: _____ Application Date: _____

Mailing Address: _____
Street/P.O. Box City State Zip

Email Address: _____ Phone: _____

I hereby acknowledge that I currently live within Brown County or within a 35 mile radius of New Ulm.

Dates you have resided in Brown County, MN or 35 mile radius of New Ulm: _____ To: _____

Date of Birth: ___ / ___ / ___ Employer: _____ Work Phone: _____

Contact Person (other than Applicant): _____ Phone: _____

Treating Physician: _____ Phone: _____

Address of Physician: _____
Street/P.O. Box City State Zip

I am receiving treatment: (check one)

- In Brown County, MN.** I have attached written documentation from my treating physician on the physician's letterhead stating the type of cancer that has been diagnosed, the treatment prescribed, and stating that the applicant is receiving the treatment in Brown County, MN.

Outside Brown County, MN. I have attached written documentation from my treating physician on the physician's letterhead stating the type of cancer that has been diagnosed, the treatment prescribed, and stating that the applicant is required to travel outside of Brown County, MN, for this treatment.

I am requesting your consideration for a grant in the amount of:

- \$100 \$250 \$500 \$750 \$1000

This grant money will be put towards the following expenses (please choose the ONE most applicable):

- Medical (i.e. Co-Pay; Medications) Household Expenses (i.e. Utilities; Repairs, Cleaning)
 Groceries Treatment Travel Expenses (i.e. Gas; Lodging)
 Additional Medical Resources Personal Items
 Other: _____

I hereby consent that the medical records requested and provided may be made a part of my application for assistance to Tea for Cancer Foundation.. I further consent that my treating physician shall furnish to Tea for Cancer Foundation any additional information concerning my health or physical condition requested by Tea for Cancer Foundation or its officials. I understand that my application cannot be processed until I have submitted all required documents to the address shown on the top of this application.

By signing below, I certify that this request has been made voluntarily, that I have read and understand this application, and that the information given above is accurate to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Tea for Cancer Representative: _____ Date: _____