



Cancer Alliance of Neighbors - Serving Berrien County

APPLYING FOR CAN FINANCIAL ASSISTANCE

Dear Applicant,

In order to be eligible for financial assistance from the Cancer Alliance of Berrien County, You must:

- Currently be in treatment for either chemo or radiation **OR** in the care of hospice.
- Be able to provide proof of residency in Berrien County for a minimum of one year (Bring copy of lease, tax return, or other validation).
- Meet certain financial income requirements (bring paycheck stubs, SSDI letter, or other proof). Please note that revenue from all family members must be included in household income.
- Provide photo identification (such as driver's license or passport).
- Fill out the application for Beneficial Aid.
- Have your physician fill out his/her portion of the Physician Verification Form.

Once chemo or radiation treatment has ended, CAN will no longer be able to provide you financial assistance. The only exception to this is if the applicant has been placed in the care of Hospice.

CAN assists with the following type of bills:

- Rent or mortgage payments – if another person's name other than your spouse is on the lease, Can will pay ½ or your share. If the other person's income is included in your assistance application, however, CAN will pay the full share.
- Utility bills – electricity and water.
- One phone bill – *either land or cell*, your choice – if in another's name, CAN will pay your share.
- Car payments, emergency car repairs and insurance for one car – if in another's name, Can will pay your share.
- Food and Gas Gift cards.

CAN is not able to pay the following bills:

- No medical or pharmaceutical bills
- No credit card bills
- No tax bills
- No entertainment bills (DirecTV, Comcast, Internet, etc)
- No condo or neighborhood association fees or master fees
- No home or health Insurance

All submitted bills are to be paid by check and mailed directly to the landlord or company.



Physician's Statement of Treatment

Cancer Alliance of Neighbors - Serving Berrien County

Patient Name _____
Patient DOB: _____ SS# _____ Ph# _____

I, _____, am currently seeking financial assistance from
(Print Beneficiary/Patient Name)
the Cancer Alliance of Neighbors, Inc. ("CAN"). One of the requirements for assistance is that the physician(s) provide verification that I am a cancer patient currently in treatment. To that end, please read and complete the bottom portion of this letter and send it directly to the CAN office by mail and/or facsimile.

CAN provides financial assistance for qualified patients only while they are in active treatment.

.....

I, _____, am currently treating
(Print Full Name of Doctor)

_____ and acknowledge that he/she is
(Print Name of Beneficiary/Patient)

Is currently being treated for cancer. The type of cancer is _____,
Stage _____.

The date of Diagnosis is _____

Start date of Tx _____ Targeted date of TX Completed _____

of Chemotherapy Sessions _____ # of Radiation Sessions _____

This patient is no longer in treatment and is now under the care of _____
Hospice.

Date _____ Physician's Signature _____

Address _____

City _____ ST _____ Zip _____

Phone # _____ Fax # _____

Cancer Alliance of Neighbors

2800 Niles Rd Suite 1

Saint Joseph, MI 49085

269-277-0820

269-408-1993 (fax)

www.cancerallianceofneighbors.com

cansaintjoseph@gmail.com



Cancer Alliance of Neighbors - Serving Berrien County

GUIDELINES FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE

Federal Poverty Line Guidelines as of 2019

FEDERAL GUIDELINE: PEOPLE IN THE HOUSEHOLD (100%)		CAN MAXIMUM HOUSEHOLD INCOME PER YEAR (250%)
1	\$12,140 or \$1,011 per month	\$30,350 or \$2,529 per month
2	\$16,460 or \$1,371 per month	\$41,150 or \$3,430 per month
3	\$20,780 or \$1,731 per month	\$51,950 or \$4,330 per month
4	\$25,100 or \$2,092 per month	\$62,750 or \$5,230 per month
5	\$29,420 or \$2,451 per month	\$73,550 or \$6,130 per month
6	\$33,470 or \$2,790 per month	\$84,350 or \$7,030 per month
7	\$38,070 or \$3,172 per month	\$95,150 or \$7,930 per month
8	\$42,360 or \$3,530 per month	\$105,950 or \$8,830 per month
For families/households with more than 8 persons, add \$4,320 annually each additional person or \$360 per month		For families/households with more than 8 persons, add \$7,280 annually for each additional person or \$606 per month

CAN represents up to 250% of the Federal poverty income guidelines.

If your household income, including everyone in it who is contributing earnings, is more than the maximum household income per year on the above chart, please call our office to discuss other possible options.