



Colton's Cure Foundation Application for Financial Assistance

Application Guidelines

1. To be eligible for consideration:
 - Patient must be under the age of 18 at time of most recent diagnosis.
 - Patient must be currently undergoing cancer treatment.
 - Patient must have been a resident of the state of Wisconsin for 6 months prior to application date.
2. This application must be completed in full when submitted. Incomplete applications will not receive consideration and families submitting incomplete applications will not be contacted.
3. Medical Certification (Section 4) must be completed by the Patient's Doctor, Nurse Practitioner, Physician Assistant, or the Social Worker at the treating facility.
4. Families are eligible to receive financial assistance once every six months.
5. If a family is not selected to receive assistance the first month they apply, the application will be reviewed monthly until the six-month period is up. After six months the family will need to reapply to be considered further.
6. Applications received after the 10th of each month will be considered the following month at which time the six-month window will begin.
7. Questions about the application process can be sent to information@coltonscure.org.
8. Completed applications may be scanned and emailed to applications@coltonscure.org or mailed to:

Colton's Cure Foundation
1416 Ponderosa Ave
Green Bay, WI 54313

Section 1 – Demographic Information

Patient Name (first, middle, last) _____

Male ___ Female ___ Date of Birth _____ Age at Diagnosis _____

Number of Siblings _____ Siblings in daycare at parents expense? YES / NO

Guardian 1

Name _____ Relationship to Patient _____

Email Address _____

Phone Number _____ Best way to contact: Phone / Email

Occupation _____ On unpaid leave? YES / NO

Guardian 2

Name _____ Relationship to Patient _____

Email Address _____

Phone Number _____ Best way to contact: Phone / Email

Occupation _____ On unpaid leave? YES / NO

Mailing Address for Family _____

Section 2 – Financial Information

Net Annual Salary

___ under \$30,000 ___ \$30,000 - \$60,000 ___ \$60,000 - \$90,000 ___ over \$90,000

Fundraising

Have funds been raised on behalf of Patient? YES / NO

If yes, how much was raised? _____

Have you received funds from any other group or foundation? YES / NO

Insurance

Is the Patient covered by private medical insurance? YES / NO

If yes, what is your catastrophic max out of pocket? _____

Is the Patient covered by a state funded insurance plan? YES / NO

If yes, which plan? (i.e. Medicaid) _____

Does the insurance provide assistance with travel or lodging cost? YES / NO

Section 3 – Care and Treatment

Patients Diagnosis and Staging _____

Is this a relapse diagnosis? YES / NO Number of relapses _____

Name of Treating Facility _____

Name of Primary Oncologist _____

Name of Social Worker _____

Contact Number for Social Worker _____

How many miles from Patients home to Treatment Facility? _____

Number of trips per month from home to Treatment Facility? _____

I do hereby authorize members of the Patients care team (Doctors, Social Workers, etc.) to disclose to the Colton's Cure Foundation or its duly authorized representative, any information needed to complete this application or to answer any questions arising from the submission of this application. This consent shall continue until the undersigned provides written notice of termination.

I have read the guidelines for financial assistance and I declare that the information furnished on this application is true and correct to the best of my knowledge.

Guardian 1

Signature _____ Date _____

Printed Name _____

Guardian 2

Signature _____ Date _____

Printed Name _____

Section 4 – Medical Certification

I, as a member of the care team providing care to this Patient, have reviewed this application and certify the diagnosis is accurate and that the Patient is currently undergoing treatment at the above mentioned facility for this diagnosis.

Signature _____ Date _____

Printed Name and Title _____

Contact number or email _____