



## APPLICATION FOR FINANCIAL ASSISTANCE

### Application information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ US Veteran: \_\_\_\_\_  
Last (please print) First MM/DD/YYYY

Address: \_\_\_\_\_  
Street Address Apartment/Unit # County  
\_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Email: \_\_\_\_\_  
(If under 18 yrs old)

### Insurance information

Insurance carrier: \_\_\_\_\_ Supplemental insurance YES \_\_\_ NO \_\_\_  
Secondary insurance carrier: \_\_\_\_\_ Supplemental carrier: \_\_\_\_\_  
Amount of deductible/out of pocket expense: \_\_\_\_\_ (Supplemental=Aflac, cancer insurance, etc.)

### Clinic/Hospital

Destination for treatment: \_\_\_\_\_  
Clinic or Hospital City State  
Secondary destination: \_\_\_\_\_  
Clinic or Hospital City State

**MUST** submit an official copy of your treatment and appointment schedule.

If you have lodging expenses, itemized receipts **MUST** be submitted. YES \_\_\_ NO \_\_\_

If you have meal expenses, itemized receipts **MUST** be submitted. YES \_\_\_ NO \_\_\_

### Request for assistance with other cancer related expenses not covered by insurance

Medical equipment needed: \_\_\_\_\_ Purchase \_\_\_ Rent \_\_\_

Other assistance needed: \_\_\_\_\_



A discounted prescription drug program is available for Avery Foundation grantees through Hartig Drug. You will receive a letter from Hartig Drug within 30 days of your application being processed. Please direct questions on this program to your favorite Hartig Drug Pharmacy.



## APPLICATION FOR FINANCIAL ASSISTANCE

Reimbursement for cancer survivorship fitness programs



Volv Fitness, located at 340 E. 12<sup>th</sup> St. Dubuque, is offering special programs for cancer survivors. Through clinical exercise as a form of rehabilitation, Volv Survivorship is dedicated to supporting cancer survivors during their treatment and remission. It is their goal to help survivors improve their quality of life, daily function, and all aspects of brain health while supporting positive behavior change that we hope will last a lifetime. Please contact Volv Fitness and the Crocus Foundation for more information

[Volvfitness.com/programs/survivorship/](http://Volvfitness.com/programs/survivorship/)

563-556-6496

[crocusfoundation.com](http://crocusfoundation.com)

Volv Survivorship is an approved provider of services for the Avery Foundation. The Avery Foundation may reimburse any amount that the Crocus Foundation does not cover. Itemized receipts must be submitted with application.

### Household income

Gross income per month: \_\_\_\_\_ Gross Income per year: \_\_\_\_\_

**MUST** submit a copy of last year's tax return.

### Health care provider verification

Cancer diagnosis: \_\_\_\_\_

The individual named on page 1 of this application is under my/our care for cancer-related treatment.

PROVIDER

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print

### Assistance is available to residents of the Tri-States in the following counties:

**Iowa:** Allamakee, Clayton, Clinton, Delaware, Dubuque, Fayette, Jackson and Jones

**Illinois:** Carroll, Jo Daviess and Stephenson

**Wisconsin:** Grant, Iowa, Crawford and Lafayette



## APPLICATION FOR FINANCIAL ASSISTANCE

Please attach the following documents to this application:

1. A copy of last year's tax return.
2. All dated and itemized receipts for lodging.
3. All dated and itemized receipts for meals. Including the number of people dining.
4. Itemized receipts for purchased or rented durable medical equipment not covered by insurance.

### Available reimbursement:

1. Mileage: Paid at \$0.45 per mile (mileage determined by MapQuest)
2. Lodging: Paid up to \$125.00 per night
3. Meals are paid as follows:
  - a. Breakfast paid up to \$12 per person
  - b. Lunch paid up to \$15 per person
  - c. Dinner paid up to \$20 per person
4. Durable medical equipment not covered by insurance. Limits may apply.
5. Other medically needed items not covered by insurance. Limits may apply.

I understand that all information is confidential and will be made available only to the Avery Foundation Board of Directors and its associated partners for the sole purpose of determining initial and ongoing eligibility for assistance.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian in under 18 yrs old: \_\_\_\_\_

Grants from the Avery Foundation are made possible by many private donors and these fine businesses!

