



Fulfilling Ovarian Cancer communities needs through a partnership with the Wisconsin Ovarian Cancer Alliance

## Financial Request Form

The Connie Rutledge Legacy Fund (CRLF) was founded to assist those impacted by ovarian and other gynecological cancers as well as ovarian cancer research. CRLF assists individuals regardless of age, gender, race, religion or sexual orientation.

To be eligible for financial assistance you must be undergoing treatment for ovarian or other gynecological cancer. All recipients need to be a resident of Wisconsin. Applicant's income restriction is 250% or less of federal poverty levels and/or whose insurance/Medicare assistance is not sufficient for applicant to maintain financial stability.

**Please complete the request form and mail to the WOCA office: 13825 W. National Ave, Suite 103, New Berlin, WI 53151, or email to [Jennifer@wisconsinovariancancer.org](mailto:Jennifer@wisconsinovariancancer.org).**

### Please complete the following section about the applicant:

Applicants Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Person Completing This Form \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Household income/financial status including disability income \_\_\_\_\_

Number in Household (including children) \_\_\_\_\_

### Please have the following section completed by the physician overseeing the applicant's treatment:

(Name) \_\_\_\_\_ is a patient of mine and currently receiving treatment for cancer.

Doctor's Name (please print) \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

Location(s) of treatment (hospital and city) \_\_\_\_\_

Type and Stage of Cancer \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_

*The Connie Rutledge Legacy Fund & The Wisconsin Ovarian Cancer Alliance bear no responsibility on patient's treatment options or decisions.*

[www.wisconsinovariancancer.org](http://www.wisconsinovariancancer.org)



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This section to be completed by patient or representative.

Copies of bills/receipts must accompany this request. **If bills are not included, the application will not be accepted.**

Unfortunately checks CANNOT be made out directly to the requestor.

If approved, WOCA, will make payment directly to bill recipient(s)- payments will be made online, if possible, otherwise a check will be mailed directly to the recipient(s). You will be notified how the payments are processed. **Recipient is limited to \$1500 annually per last submission date.**

Request \_\_\_\_\_ Amount requested \_\_\_\_\_

- Request categories: Rent, Utilities, Daycare/Home assistance, Transportation/lodging, Physician fees, Diagnostic fees, Hospital expenses, Medications, Phone, Other

Please list all bill recipients & amounts in order that you would like them paid:

Name: \_\_\_\_\_ Amount: \_\_\_\_\_
Name: \_\_\_\_\_ Amount: \_\_\_\_\_
Name: \_\_\_\_\_ Amount: \_\_\_\_\_
Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Please check here if you have received assistance from the CRLF or WOCA in the past.

If so, Amount \_\_\_\_\_ and Date \_\_\_\_\_

Please add any other information that would be relevant to this application:

If chosen, would you be willing to share your story/ experience with others? \_\_\_\_\_

Preferred method of being contacted? \_\_\_\_\_

May a WOCA representative contact you? \_\_\_\_\_

I certify that the information provided in this application is true and accurate. I understand that withholding or falsifying any information in this application will disqualify me from any assistance from the Connie Rutledge Legacy Fund now or in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate if: Patient or Representative

PLEASE REMEMBER TO ATTACH YOUR BILLS FOR PAYMENT

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## Rules and Restrictions

- To be eligible for financial assistance you must:
  - Have a diagnosis of ovarian cancer or another gynecologic cancer confirmed by an oncology health care provider
  - Be in active treatment for your cancer, or finished treatment within the past 6 months
  - Live in Wisconsin
  - Applicants' income must be 250% or less of federal poverty levels in Wisconsin and/or whose insurance/Medicare assistance is not sufficient to maintain stability
    - Please note- proof of income may be requested from the organization.
- Checks will be made payable to the company of the bill requested to be paid. WOCA & CLRF do not provide personal checks to ovarian or gynecologic cancer patients. All financial requests must have documentation of the requested bill.
- An individual may not exceed more than \$1,000 annually (per submission date).
- Individuals may not receive funds from both **"Teal in Need"** and the **CRLF fund** in the same year.
- Individuals working for WOCA or serving on WOCA's board are ineligible for **"the CRLF Fund"**.
- Form must be fully completed. **Incomplete forms will not be accepted.**

### Once the application is completed:

**MAIL TO:** 13825 W. National Ave, Suite 103, New Berlin, WI, 53151 ATTN: Jennifer Echevarria

**OR EMAIL TO:** [Jennifer@wisconsinovariancancer.org](mailto:Jennifer@wisconsinovariancancer.org)

### With any questions:

PLEASE CALL: 262-797-7804 **OR** EMAIL: [jennifer@wisconsinovariancancer.org](mailto:jennifer@wisconsinovariancancer.org)

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