



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.

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.

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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 a one-time disbursement up to \$1000, per last submission date.**

Request _____ Amount requested _____

- Checkboxes for Rent, Utilities, Daycare/Home assistance, Transportation/lodging, Physician fees, Diagnostic fees, Hospital expenses, Medications, Phone, and 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

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PLEASE REMEMBER TO ATTACH YOUR BILLS FOR PAYMENT

Rules and Restrictions



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- 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 \$1000 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"**.
- Due to increased applicants, the CRLF Financial assistance program is now a one-time disbursement of funds. We are no longer able to accept bills sporadically so please make sure you include all bills you would like covered when you are applying. Applicants can apply yearly from submission/disbursement date, however funds will only be dispersed one time.
- Please submit applications by the 15th of the month. Applications will be reviewed the week of the 15th, and payments will be made. Any application received after the 15th will be processed the following month.
- 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

With any questions:

PLEASE CALL: 262-797-7804 **OR** EMAIL: jennifer@wisconsinovariancancer.org

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