



"Teal In Need"

In Honor of The Cathy Mislinski Legacy Gift

Financial Benefit Request Form

The Wisconsin Ovarian Cancer Alliance (WOCA) is a not-for-profit organization founded in 2000 to provide awareness and education for ovarian cancer patients, and their families. While we realize the financial burden that can come about due to ovarian cancer, WOCA's **"Teal In Need"** campaign focuses on financially assisting ovarian cancer patient's **Physician Fees or Hospital Expenses**, while they are currently undergoing treatment or have finished treatment within the past 6 months. WOCA defines "treatment" as: chemotherapy, radiation, surgery, clinical trials, and/or therapy/program regimen. If additional funds are available, WOCA will accept applications from all individuals with a history of ovarian cancer that reside in the state of Wisconsin. WOCA assists individuals regardless of their race, age, religion, or sexual orientation. To be eligible for financial assistance, you must be an ovarian cancer patient living or receiving treatment in Wisconsin, unless otherwise approved by the **"Teal In Need"** committee.

Please complete the following section about the applicant:

Applicants Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

E-Mail Address: _____

Person Completing This Form: _____ Relationship to Applicant: _____

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 ovarian cancer.

Doctor's Name (please print): _____ Phone #: _____

Doctor's Signature: _____ Date: _____

Email Address: _____

Location(s) of treatment (hospital and city): _____

Stage of Cancer: _____ Date of Diagnosis: _____



Other information relevant to this request _____

This section is to be completed by patient or representative. **Copies of bills must accompany this request.** Unfortunately checks **CANNOT** be made out directly to the requestor.

Total Amount Requested _____
(Not to exceed \$1,000 annually)

Physician Fees

Hospital Expenses

****ALL requests must accompany the bill of the requested 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, WOCA will send payment DIRECTLY to the bill recipient. Recipient is limited up to \$1000 annually per submission date. Applicants are only able to receive funds annually from **"Teal in Need"** OR the **CRLF Fund**. Applicants are unable to receive funds from both programs.

Would you be willing to share your story/experience with other? _____
(Your answer has no bearing on your financial request)

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 **"Teal in Need"** now or in the future.

Signature _____ Date _____

Please Indicate: Patient Representative



Rules and Restrictions

- Checks will be made payable to the company of the bill requested to be paid. WOCA does not provide personal checks to ovarian cancer patients. All financial requests must have documentation of the requested bill.
- An individual may not exceed more than \$1,000 annually from the **“Teal In Need”** Campaign.
- Individuals may not receive funds from both **“Teal in Need”** and the **CRLF fund** in the same year.
- Applications are kept on a quarterly basis. If a candidate is not chosen for the applied for month, they are welcome to reapply the following month.
- **“Teal In Need”** has budgeted a specific dollar amount for each quarter. Below are important dates regarding the 2026 application process and grant disbursement:
 - **1st Quarter- March 1st – March 15th:** Application Period (applications received before or after this period will not be considered)
 - **Week of April 1st:** Awarded recipients will be notified and money will be dispersed
 - **2nd Quarter- June 1st – June 15th:** Application Period (applications received before or after this period will not be considered)
 - **Week of July 1st:** Awarded recipients will be notified and money will be dispersed
 - **3rd Quarter- September 1st –September 15th:** Application Period (applications received before or after this period will not be considered)
 - **Week of October 1st:** Awarded recipients will be notified and money will be dispersed
 - **4th Quarter- December 1st – December 15th:** Application Period (applications received before or after this period will not be considered)
 - **Week of December 22nd:** Awarded recipients will be notified and money will be dispersed
- Funds are allocated on a staging & “need” basis
- Individuals working for WOCA or serving on WOCA’s board are ineligible for **“Teal In Need”**.
- Form must be fully completed. Incomplete forms will not be accepted.
- If you are not notified by the dates listed above, WOCA was unable to grant your request this quarter and you are welcome to reapply.

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

FOR OFFICE USE ONLY

AMOUNT AWARDED: _____ CHECK #: _____

CHECK WRITTEN TO: _____ MAILED ON: _____

APPLICANTS YTD AWARDED AMOUNT: _____

APPROVED BY: _____ DATE: _____