



NEW YORK CANCER FOUNDATION

Advocates For Hope

The [New York Cancer Foundation](#) wants to help if you need financial assistance with expenses, such as rent, mortgage, utilities, and transportation to and from your oncology appointments.

The [New York Cancer Foundation](#) is here for you. Find out if you qualify.

Do I Qualify?

Must be 18 years of age or older

Must be a legal resident of the United States

Must have a cancer diagnosis

Must be currently living in the Greater Metro Area
(Suffolk, Nassau, Bronx, Brooklyn, Manhattan, Staten Island, Queens)

Must have an annual income at or below 400% of the National Poverty Guideline

Must have no more than \$12,500 total in liquid assets (cash, checking or savings account, stocks, etc) for patients and households combined

Patient or spouse must not own a secondary investment property

Qualifying Annual Income

2023 Federal Poverty Guidelines

How Many People Live In Your House

Total Annual Income of All People Living in House

| | |
|---|-----------|
| 1 | \$58,320 |
| 2 | \$78,880 |
| 3 | \$99,440 |
| 4 | \$120,000 |
| 5 | \$140,560 |
| 6 | \$161,120 |
| 7 | \$181,680 |
| 8 | \$202,240 |



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How Do I Get Approved?

Submit the following documents to [The New York Cancer Foundation](#)

- Complete this application for the New York Cancer Foundation. Please be sure to sign page 5.
- Government-issued photo identification card
- A current letter from your oncologist stating that you have a diagnosis of cancer.
- Three (3) most recent bank account statements. The statement will need to include deposits, charges, and withdrawals, as well as the beginning and ending balance for the period. For bank statements, all pages of each statement are required. For example, if the statement says page 2 of 4, we need all 4 pages.
- Current Income Documents (please see the list of documents we consider as income)

Examples of income documents:

- Two (2) most recent pay stubs
- Copy of Social Security payments that you and/or your spouse receive (benefit award letter).
- Copy of Workers' Compensation benefits.
- Short-term and long-term disability benefits.
- Pension account statement.
- Copy of a complete record of your Unemployment Insurance benefit payments,
- Other Income (Veterans Benefits, Rental Income, Alimony/Child Support).
- Proof of student status (unofficial transcript or current class schedule).

We need proof of income and 3 months of recent bank statements from all household members over 18 years of age.

How can I send my application?

Mailing Address: [New York Cancer Foundation](#)
1201 Route 112, Suite 350
Port Jefferson Station, NY 11776

Email Address: vlucido@nycancer.com and Ldiehlan@nycancer.com
Please email the application to both emails listed above

Fax Number: (631) 569-8519

If you have any questions, please call the Foundation at (833) 588-6923 or (631) 675-3338

*** REMEMBER TO ATTACH COPIES OF ALL DOCUMENTS***



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PATIENT ASSISTANCE APPLICATION

Please select below the category of assistance you are requesting:

Financial Assistance Transportation Assistance Both

Personal Information

Last Name: _____ First Name: _____

Mailing Address: _____ Apt _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Gender: _____

Best Contact Number: _____ Secondary Phone #: _____

Best Email: _____

Are you a legal resident of the United States? Y/N Last 4 digits of SSN: _____

Primary Language: _____

Were you referred to The New York Cancer Foundation? Y/N

If so, please provide their name and the name of their facility/ hospital: _____

Do you live alone? Y/N Do you have a primary caretaker? Y/N

If you would like us to communicate with the primary caretaker please provide:

(Name | Relationship | Phone #) _____

Cancer Care

Oncologist Name: _____

Practice Name: _____

(Please provide a letter for your oncologist or surgeon that confirms your diagnosis of cancer)

LIST OF MEMBERS IN THE HOUSEHOLD

| Last Name | First Name | Relationship | Age | Employment Status |
|-----------|------------|--------------|-----|-------------------|
| | | Self | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

— If you indicated on your application that you are living with someone over the age of 18. We need proof of income and recent bank statements for 3 months. —



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I understand that my participation in the New York Cancer Foundation is voluntary and these benefits are a humanitarian endeavor to provide financial support to patients who are battling cancer and are experiencing financial difficulties.

I release, discharge, and agree to hold harmless the New York Cancer Foundation, its Board, sponsors, employees, and volunteers from all claims, demands, causes of action, present or future, whether known, anticipated, or unanticipated, resulting from, arising out of, or incidental to our participation in the programs or benefits provided by the New York Cancer Foundation.

I release authority to gather medical information and records requested as to my condition.

I recognize that in the event checks are not received by the creditor or sent to the incorrect location based on the information provided, the New York Cancer Foundation is not responsible for stop payment fees incurred and they will be deducted from the allotted grant monies.

I attest that the information provided is accurate and truthful. I understand that I may be required to reimburse the New York Cancer Foundation for all or some of the monies granted, in the event that it is not.

I agree with all of the above.

Signature: _____

Print Name: _____

Date: _____

- The application must be signed by the applicant ONLY. Social workers, family members, or third-party signatures will not be considered. The applicant's signature is MANDATORY to process the application.
- Applications will be reviewed no later than 4 weeks after receiving the application.
- Applicants chosen for assistance may reapply in twelve (12) months' time.
- Applicant's not chosen for assistance may reapply in six (6) months' time.



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FREQUENTLY ASKED QUESTIONS

Once I am approved, what bills can I receive assistance with?

- Rent/Mortgage payments (patient must be lessee or homeowner)
- Utility payments (water, sewer, electric, etc)
- Phone Payment (Landline or Mobile)
- Cable or Internet payments
- Car insurance or payment
- Storage Unit payment
- Life insurance/ Homeowner's insurance/ Renter's insurance
- Property Tax

What bills does the New York Cancer Foundation NOT assist with?

- Medical Bills
- Credit Card Bills
- Co-Payments
- Tuition
- Subscriptions (newspaper, streaming services)

How are the bills paid?

- A check is written out and mailed directly to the creditor. Payments will NOT be made directly to the applicant

Once I am approved, how does the transportation grant work?

- The New York Cancer Foundation provides transportation assistance through Uber Health for up to \$500
- The applicant will need to call us to set up their ride. Rides are only permitted to and from oncology-related appointments
- Please call us 1-3 days prior to any oncology-related appointments in order to schedule transportation in a timely manner
- You will receive notifications and updates regarding your rides through Uber Health over text and landline as they are scheduled

What is Uber Health?

- Uber Health is a HIPAA-compliant technology solution that is designed to help patients get to and from healthcare appointments

What are the office hours for the New York Cancer Foundation?

- We are open Monday-Friday, 9 AM-5 PM