

**Application for Financial Assistance
Center for Integrative Care**

*The financial assistance program in the Center for Integrative Care has been made possible wholly through the generous donations of community members. The intent of the fund is to provide assistance for those demonstrating genuine financial need to receive complementary care services **during active cancer treatment**. Funding is limited and all recipients are requested to develop a treatment plan through consult with an Integrative Health Nurse in the Center for Integrative Care.*

Name: _____ Date of Request: _____

Phone Number: _____ Email: _____

Address: _____

Physician: _____

Diagnosis*: _____

* If breast cancer – you may be eligible for additional funding assistance. Have you met with the BCH Breast Health Navigator, Nanna Christensen? __ yes __no

If you have insurance, please list the name of the insurance company: _____

For what services are you requesting financial assistance? Check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Reiki/Therapeutic Touch |
| <input type="checkbox"/> Wellness/Integrative Care Nurse Consult | <input type="checkbox"/> Nutrition class/consult | <input type="checkbox"/> Other _____ |

Cancer treatment(s) currently receiving or received within the last six months:

- | | | | | |
|--------------------------------|------------------------------------|----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chemo | <input type="checkbox"/> Radiation | <input type="checkbox"/> Surgery | <input type="checkbox"/> Biotherapy | <input type="checkbox"/> Other: _____ |
| (hormones) | | | | |

Please describe your circumstances that support your need for financial assistance:

Total yearly household gross income:

- | | | |
|---|--|--|
| <input type="checkbox"/> Less than \$25,000 | <input type="checkbox"/> \$36,000 – 45,000 | <input type="checkbox"/> \$56,000 – 65,000 |
| <input type="checkbox"/> \$25,000 – 35,000 | <input type="checkbox"/> \$46,000 – 55,000 | |

Number of members in household: _____

- By signing this application I do agree that I have a genuine need for financial assistance based on my lack of household annual earnings, from income and other personal assets, to meet my financial obligations at this time.

Signature

Information provided will be kept strictly confidential.