

Application for Assistance from The Brain Tumor Awareness Organization

Please fill out the following information and provide the requested materials to be considered for assistance. Review of your information will provide us with the necessary information to seek and/or provide assistance for your specific situation. Assistance is provided based on your diagnosis with a brain tumor and financial assistance can only be awarded on a case-by-case basis once beginning the Social Security disability filing process. We look forward to providing you the resources necessary to ease the burden on you, the patient and your caregiver(s).

1) Name \_\_\_\_\_

2) Address \_\_\_\_\_

3) Phone #s \_\_\_\_\_

4) Email Address: \_\_\_\_\_

5) Diagnosis Date/Type \_\_\_\_\_

6) Circle which diagnostics you have had:      MRI    CT    PET    All

7) Do you have all of your scans and reports?    Yes    No

8) Have you contacted a brain tumor center?    Yes    No    If yes, which one?

9) Have you had surgery?                              Yes    No

10) Are you being seen by an oncologist locally?      Yes    No    If yes, which one?

11) Have you filed for disability?                      Yes    No    If yes, when? \_\_\_\_\_

12) Do you have insurance?                              Yes    No    Who? \_\_\_\_\_

13) Do you have prescription coverage?              Yes    No    Who? \_\_\_\_\_

14) Circle which organizations you have contacted:    American Cancer Society    American Brain Tumor Association

LIVESTRONG    National Brain Tumor Society    Patient Advocate Foundation      United Ministries    Food Pantry(s)

Other \_\_\_\_\_

15) Please provide **your** monthly income amount since diagnosis: \_\_\_\_\_

Total household income: \_\_\_\_\_

16) Circle which assistance you are seeking from The Brain Tumor Awareness Organization:

    Patient Navigation    Transportation    Financial    Support    Information    Volunteer    All

The Brain Tumor Awareness Organization      987 Dacusville Rd.      Marietta, SC 29661

**Financial Information:**

Applicant Name: \_\_\_\_\_  
Number of individuals residing in the household: \_\_\_\_\_  
Number of individuals residing in the household who are employed: \_\_\_\_\_  
Please list the monthly income amounts (complete all that apply):

**Patient**

Salary \_\_\_\_\_  
Sick Leave \_\_\_\_\_  
Social Security \_\_\_\_\_  
Friends/Family \_\_\_\_\_  
SSI \_\_\_\_\_  
SSD \_\_\_\_\_  
Public Assistance \_\_\_\_\_  
Child Support \_\_\_\_\_  
Alimony \_\_\_\_\_  
Unemployment \_\_\_\_\_  
Disability \_\_\_\_\_  
Pension \_\_\_\_\_  
Other, please describe: \_\_\_\_\_

**Other Household Members**

Salary \_\_\_\_\_  
Sick Leave \_\_\_\_\_  
Social Security \_\_\_\_\_  
Friends/Family \_\_\_\_\_  
SSI \_\_\_\_\_  
SSD \_\_\_\_\_  
Public Assistance \_\_\_\_\_  
Child Support \_\_\_\_\_  
Alimony \_\_\_\_\_  
Unemployment \_\_\_\_\_  
Disability \_\_\_\_\_  
Pension \_\_\_\_\_  
Other, please describe: \_\_\_\_\_

**Total Monthly Household Income:** \_\_\_\_\_

**Estimated Monthly Household Expenses:**

Rent/Mortgage \_\_\_\_\_  
Utilities/Phone \_\_\_\_\_  
Internet \_\_\_\_\_  
Child Care \_\_\_\_\_  
Food \_\_\_\_\_  
Transportation \_\_\_\_\_  
Medical \_\_\_\_\_  
Health Insurance \_\_\_\_\_  
Co-Pays/Medical \_\_\_\_\_  
Debt \_\_\_\_\_  
Other \_\_\_\_\_

**Other Household Members**

Checking Account \_\_\_\_\_  
Savings Account/CD \_\_\_\_\_  
Money Market \_\_\_\_\_  
Stocks \_\_\_\_\_  
Bonds \_\_\_\_\_  
Home/Real Estate \_\_\_\_\_  
Other \_\_\_\_\_

**Total:** \_\_\_\_\_

**Total:** \_\_\_\_\_

**Date :** \_\_\_\_\_

**Verified by:** \_\_\_\_\_

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fax 864-836-4609      email: [staff@braintumorawareness.org](mailto:staff@braintumorawareness.org)      [www.braintumorawareness.org](http://www.braintumorawareness.org)

### **Supporting Documents Checklist:**

Please return this information to us within one week so that we may identify resources available for your specific needs. Please provide the following documents for each member in the household. Your information is kept confidential and only exchanged with programs for which you may qualify.

- ✓ Social Security Check/Letter
- ✓ Most 2 recent pay check stubs
- ✓ W-2
- ✓ Patient does not work
- ✓ SS Disability Check/Letter
- ✓ Retirement Statement
- ✓ Last Employment Date \_\_\_\_\_

### **3 Months of Bank Statements**

- ✓ Checking
- ✓ Savings
- ✓ Certificate of Deposit/Investments
- ✓ Most recent 401K
- ✓ Last 2 years tax returns

The Brain Tumor Awareness Organization provides assistance by identifying assistance programs for which you may qualify and streamline the applications process. By obtaining all the qualifying information necessary to develop a navigation plan, we can provide this tool to relieve some of the overwhelming tasks regarding disputes, appeals or claims processes.

You will receive a written navigation plan that summarizes our actions on your behalf to address a specific issue; additional actions necessary from you or a member of your family and a desired outcome for the issue.

This tool provides:

- ✓ Clear communication regarding issue necessitating assistance
- ✓ Contact method and dates
- ✓ Contact information for parties that affect the outcome of your issue
- ✓ Who facilitated each action
- ✓ Outcome of issue addressed
- ✓ Notes area for reference

This tool becomes useful when providing a correspondence record to those agencies or organizations with which you are addressing your issue with. Organizing your correspondence reduces the stress of records-searching and loss of information regarding the status of your claim, dispute or appeal.

The Brain Tumor Awareness Organization will follow up with you via email or phone regarding the status of your applications process and support communications by providing electronic transmission services or conference calls on your behalf. Providing complete information will allow this office to act on your behalf with minimal delay.

Feel free to contact us if you need any further information.

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By submitting this application, you are providing permission to the Brain Tumor Awareness Organization and its officers to advocate on your behalf, consult with you regarding the information/support you have requested from this organization and provide assistance once your application is approved. Your information is confidential and will not be shared with any other entity outside of those programs you make application to that we may contact on your behalf.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The Brain Tumor Awareness Organization and its officers do not accept responsibility for any program's eligibility requirements or determinations other than their own and assumes no liability for those agents agencies and/or medical providers whom you contact for assistance and only communicate with these entities named above in an effort to expedite any application process that you may have initiated for their assistance.

**Patient Navigation** services by the BTAO provide the patient with support in obtaining copies of all records, scans and reports in order to provide complete medical history to all current and future medical providers; determines which programs the patient is qualified for and acts as a support in facilitating communications with those programs; provides a packet of necessary forms to pursue enrollment in such programs; assists in follow-up with each program to ensure complete communications and processes between patient and program sponsor; assists in assembling journals, medical history, and financial history so that patient has complete up-to-date file for program submissions; provides contact information when possible of local resources based upon patient's geography for medical, financial, counseling and non-medical needs.

**Financial** support by the BTAO will result in provision of funds when available on a first come first served basis for non-medical needs such as mortgage/rent payments, utility payments, internet costs (for online support/program resources/technology supported communications/information management); The criteria for providing such assistance will be based upon the individual's income in relation to state Medicaid requirements; and will be available while awaiting disability or Medicare benefits. The individual must begin the disability filing process to qualify for any direct assistance from the Brain Tumor Awareness Organization.

**Support/Information** services by the BTAO will result in one-on-one support by BTAO staff members, referrals to organizations that provide group/individual support; provision of local (when possible) brain tumor/injury specific counselors and/or programs; instruction on usage of computers/PDAs for online support and/or time management skills; follow-through on applications/processes for disability, insurance, sponsorship programs, medication assistance, utility assistance, mortgage/rent assistance, referrals for treatment-this being provided for the patient by a written summary and timeline of such actions to be managed in the future by the patient. Records management provided through materials such as the LIVESTRONG notebook which provides instruction on management of records and how to self advocate. The BTAO website provides online resources and contact methods, various support group options, latest treatment/trial resources/news, visual aids for understanding brain tumors and events information for further networking and support. The BTAO provides an online message board and chat room where brain tumor patients/professionals can exchange/provide information related to their specific diagnosis.

**Volunteer** services by the BTAO are enriched by those who have been diagnosed with a brain tumor and who offer a unique insight either in person or online to individuals seeking information/support through the BTAO website and/or organization.

Mail to: The Brain Tumor Awareness Organization 987 Dacusville Rd. Marietta, SC 29661

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