Take a Swing at Cancer, Inc.

Take A Swing At Cancer, Inc.
It's the sporting thing to do!

Please fill out the attached sheets and send all information to the following address:

Take a Swing at Cancer, Inc.
c/o: Beneficiary Committee
PO Box 5245
Framingham, MA 01701-5245

Adult Beneficiary Request

Take a Swing at Cancer, Inc. (TASC) provides funds to adults being treated for cancer to cover expenses of necessary services that the patient cannot afford. Services are not restricted to medical expenses and may include getting to and from treatment, temporary living expenses during treatment, and other required expenses. Typical support given is in the range of $250 to $1,000 (although larger amounts may be authorized in extreme cases).

We currently focus our giving efforts in and around the six states of the New England area (CT, MA, ME, NH, RI and VT). Our by-laws do allow us to consider applications from all across the United States. However, since we are still a relatively small organization with a limited budget, we will not be likely to sustain benefit giving much beyond our immediate area until we are able to grow.

In some cases, we may refer you to other organizations if it seems that organization can handle your request more effectively. We shall ask you whether you wish to contact the organization directly or you wish for us to make the referral (if we have a relationship with the organization).

If you are the adult beneficiary and are also completing the application for adult beneficiary forms, then in section B., you need only to complete your name and any information that is different from section A.

Please complete as much information as possible in all sections. If you are uncertain of some information, you can leave it blank or put a note next to it. Then, our representative will discuss it with you when the person contacts you.

It is recommended that you complete an adult oncology release form and send it along with this application. This form will be required to verify a diagnosis of cancer, and also of prescribed treatment, if that is pertinent to the benefit being sought.

We are an all-volunteer organization, so we may not meet more often than once per month. We intend to check for mail on a weekly basis. Therefore, if your request has an urgency of sooner than two months response time, we recommend that you call our phone number and leave a message including your name, phone number, when the application was mailed to us, and by what time you need to have an answer.

Please submit all applications and related materials to the address below. You may also call us for further information or check our website.

Take a Swing at Cancer, Inc.

PO Box 5245, Framingham, MA 01701-5245
(781) 690-0350

Application for Adult Beneficiary

Section A. Beneficiary Information

Name (first, middle, last): _____

Name preferred to be called: _____

Residence address (street, city, state, zip): _____

_____

Phone number: _____

E-mail address: _____

Social security number: _____

Date of birth: _____

What form(s) of cancer: _____

Date first diagnosed: _____

Is current cancer a re-occurrence? Y or N (please circle)

Status of current treatment: _____

How did you find out about TASC? _____

Section B. Applicant Information

Please provide the following information if you are submitting this application.

Name: _____

Residence address: _____

Mailing address (if different): _____

Home phone number: _____

Work phone number: _____

Cell phone number: _____

E-mail address: _____

Relationship to beneficiary: _____

Section C. Need Information (use additional sheets if necessary)
Description of what assistance is needed (be specific – see notes below):

Estimated cost of what is needed (itemize if appropriate):

When is the assistance needed (specify a specific date, a conditional date, or ongoing)?

Where else has assistance been sought and for what? What has been received?

	Source #1	Source #2	Source#3
Date applied:			
From whom:			
Amount:			
For what:			
Response to date:			

IMPORTANT NOTES: In order to adequately evaluate your application and assist you, we need to fully understand your needs and what you are requesting. Therefore, please supply a detailed request of the support you are seeking, along with supporting documentation where appropriate.

1. If you are seeking partial or full reimbursement for a bill(s) not paid by insurance or some agency, please specify the amount and the purpose of the expense. Also, include a copy of the bill(s) and the communications explaining the denial of benefits. If this expense has been partially paid by another party, please include documentation showing what has already been paid.
2. If you are seeking partial or full reimbursement for a non-medical expense, please specify the amount and purpose of the expense and include a copy of the bill(s). For example, you may seek reimbursement of $324.57 for auto repairs that are necessary in order to get back and forth for medical treatments.
3. If you are seeking assistance for future or ongoing expenses, please submit a detailed request. For example, if it will cost you $100 per week to commute for treatments for the next eight weeks or $498 for airline tickets to travel to another city for stem cell replacement, then specify this with as many details as possible.

Beneficiary Liaisons:
We seek to establish a personal, yet non-invasive relationship with our beneficiaries. As part of this effort, one of our representatives will contact you after we receive you application and before we act on it. Part of the discussion will review the need section to verify that we understand your needs. Your liaison may request additional documentation before acting on your application. They may also discuss working with other organizations to provide some of your support. For example, if you are seeking assistance with travel to another city for medical treatment, we might be able to find an "angel flight" for you and/or an organization, such as ACS Hope Lodge, that may help with your living expenses while there. Your liaison is someone you should feel comfortable calling for any questions or assistance, as well as discussing any of your needs.

Section D. Applicant Signature:

I certify that the above information is accurate to the best of my knowledge. Further information may be requested to verify financial need. A signed release by the cancer patient to the treating physician may be required in order to verify the cancer diagnosis and prescribed treatment, as appropriate. I understand that the information provided here, along with any from subsequent communications, will be discussed by the members of the TASC Beneficiary Selection Committee (BenComm), and possibly by members of the TASC Board of Directors, in order to determine what assistance may be made. I request that such information be considered private and confidential, unless otherwise stated, and that all members treat such information appropriately. Information that is found in the media (such as newspaper, radio, television, etc.) will be considered to be in the public domain.

I further agree that if TASC provides funds for the benefit of the applicant and the applicant's family, this will constitute permission to include a brief write-up on the applicant in the Beneficiary section of the TASC website, including type of cancer being treated and treatment facility.

Signed: _____ Date: _____

Please send completed application and any other information to the following:

Take a Swing at Cancer, Inc.
c/o: Beneficiary Committee
PO Box 5245
Framingham, MA 01701-5245

For questions, please call (781) 690-0350 and leave a message.

Adult Oncology Release Form

I, _____, one of your patients, hereby authorize my oncologist/physician, _____ at (hospital/institution's name) _____ to release the cancer diagnosis for myself to Take a Swing at Cancer, Inc. I further authorize the release of the prescribed treatment for myself, if requested by the Take a Swing at Cancer organization. In addition, I authorize any licensed social worker working with me, my doctor, my hospital, or any agent from any other organization to which I have applied for assistance to verify my status as a person with a cancer diagnosis and/or to verify my need for assistance with the Take A Swing at Cancer organization. No further authorization for other information is hereby granted.

Signed: _____ Date: _____

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(781) 690-0350