



THE OHIO VALLEY
FIGHTING CANCER FUND
MATT 25:40

Request for Financial Assistance

Applicant Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Referred by: _____

Cancer Diagnosis: _____

Physician name & phone: _____

Gross annual income: \$ _____ Gross income during last 90 days: \$ _____ Family Size: _____

Please check benefits you are already receiving:

<input type="checkbox"/> Medicaid, Food Stamps & cash 130% FPG	Please apply at www.benefits.ohio.gov
<input type="checkbox"/> T.E.A.R. Fund for patients of Trinity/UPMC	Please call (740) 264-8700 for info
<input type="checkbox"/> Utilities 175% FPG	Please call (800) 282-0880 for info
<input type="checkbox"/> Rent Assistance	Please call (740) 282-0971 for info
<input type="checkbox"/> Cancer Dietary Initiative	Please call (724) 581-7667 to register

FPG – 1/\$15,650 - 2/\$21,150 - 3/\$26,650 – 4/\$32,150 – 5/\$37,650 – 6/\$43,150 – 7/\$48,650

Please **circle** the type of assistance being requested:

Utility bills

Gas card

Food assistance

Other

Consent & Acknowledgement:

By signing below, I confirm that the information provided above is accurate, and that I understand this application is for consideration of financial assistance from The Ohio Valley Fighting Cancer Fund. I consent to the review of this information, and its full use in determining my eligibility and coordination of payments and assistance as necessary. I understand utility payments can only be made after providing a current copy of the bill itself and that no cash is given directly to applicants. Applicants will be limited to up to \$1,000 dollars of total assistance annually subject to the discretion of the board and based upon current funds available to benefit as many families as possible fighting this horrible disease. We pray that this fund will be a blessing to you and your family during this time and for the full recovery and healing of your loved ones ~ In Jesus' name

Signature: _____ Date: _____

Please email all applications to ohiovalleyfightingcancerfund@outlook.com

Call Tambi (740) 424-1934 or Galen (740) 591-8079 for more information