



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:

- ☐ Medicaid, Food Stamps & cash 130% FPG
- ☐ T.E.A.R. Fund for patients of Trinity/UPMC
- ☐ Utilities 175% FPG
- ☐ Rent Assistance
- ☐ Cancer Dietary Initiative

Please apply at [www.benefits.ohio.gov](http://www.benefits.ohio.gov)

Please call (740) 264-8700 for info

Please call (800) 282-0880 for info

Please call (740) 282-0971 for info

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](mailto:ohiovalleyfightingcancerfund@outlook.com)

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