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 apply for state Medicaid, food stamps, and cash assistance programs below. Must be 130% FPG

- ❑ OH residents www.benefits.ohio.gov
- ❑ WV residents https://dhhr.wv.gov/Pages/default.aspx
- ❑ PA residents https://www.pa.gov/agencies/dhs/programs-services/apply-for-benefits
- ❑ T.E.A.R. Fund for patients of Trinity/UPMC Please call (740) 264-8700 for info
- ❑ OH Utilities 175% FPG Please call (800) 282-0880 for info
- ❑ OH Rent Assistance Please call (740) 282-0971 for info
- ❑ 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

We can potentially offer financial assistance for utility bills, fuel cards, food cards, and other assistance.

Consent & Acknowledgment:

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 to its full use in determining my eligibility and in coordinating payments and assistance as necessary. I understand utility payments can only be made after providing a current copy of the bill, and that no cash is given directly to applicants. Applicants must live within 45 miles or a 60-minute drive from Mingo Junction, Ohio, to be eligible. Applicants will be limited to up to $1,000 in total assistance annually, at the board's discretion 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