

**FINANCIAL ASSISTANCE FOR CANCER PATIENTS**  
**A Service of Cowboys Against Cancer, a Wyoming Non-profit Corporation**

**OBJECTIVE**

The goal of *Cowboys Against Cancer* is to raise funds for disbursement to Sweetwater County residents diagnosed with cancer. The disbursements shall be given to cancer patients and their families to assist with expenses incurred traveling from Sweetwater County to other areas for necessary medical treatment.

**POLICY FOR FINANCIAL ASSISTANCE**

*Cowboys Against Cancer* is committed to assisting as many Sweetwater County residents as possible who are diagnosed and being treated for cancer. Therefore, at the beginning of each calendar year, based on available funds, *Cowboys Against Cancer* establishes a disbursement limit for any individual applicant per treatment year. To be eligible to receive a disbursement from *Cowboys Against Cancer*, the following conditions must be met:

1. The applicant must be a resident of Sweetwater County for at least six months; or the applicant's family resides in Sweetwater County, and the applicant is now living in Sweetwater County while receiving treatment.
2. The applicant must provide written documentation of a cancer diagnosis by the treating physician.
3. The applicant must be receiving medical treatment for the cancer diagnosis that requires travel by the applicant outside of Sweetwater County, Wyoming.
4. Upon approval by *Cowboys Against Cancer*, each applicant may receive a maximum of Two Thousand Five Hundred Dollars (**\$2,500.00**) once within a twelve-month period, measured from the date of the distribution. A recipient may apply for additional funds one year after the original date of approval by *Cowboys Against Cancer* as long as cancer treatment is continuing.

**PROCEDURE FOR ASSISTANCE**

1. Complete and submit an Assistance Application to *Cowboys Against Cancer*.
2. Applications must be accompanied by a written letter from the treating physician on the physician's letterhead, stating what type of cancer has been diagnosed, the treatment prescribed, and stating the applicant is required to travel outside of Sweetwater County for this treatment.
3. *Cowboys Against Cancer* will review Assistance Applications. If additional information is required, the applicant will be notified.
4. Applicants meeting eligibility criteria will be notified in writing of the receipt of an award of financial assistance. Please allow 4-6 weeks for processing and disbursement by *Cowboys Against Cancer* volunteers.
5. Recipients may use funds from *Cowboys Against Cancer* as the recipient deems appropriate.

**REAPPLYING FOR FINANCIAL ASSISTANCE**

If treatment continues beyond one year from the original date of approval of financial assistance or if cancer treatment becomes necessary at a later date, recipients may reapply for financial assistance one year from the initial date of approval by *Cowboys Against Cancer*. The application for continued benefits should contain a letter from the treating physician stating that the patient's cancer treatment is continuing.

**COWBOYS AGAINST CANCER**  
**APPLICATION FOR ASSISTANCE**  
**1893 Dewar Drive**  
**Rock Springs, WY 82901**  
**307/382-9606 or 307/382-6903**

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**ELIGIBILITY REQUIREMENTS FOR FINANCIAL ASSISTANCE**

1. The applicant must be a resident of Sweetwater County for at least six months; or the applicant's family resides in Sweetwater County, and the applicant is now living in Sweetwater County while receiving treatment.
2. The applicant must provide written documentation of a cancer diagnosis by the treating physician.
3. The applicant must be receiving medical treatment for the cancer diagnosis that requires travel by the applicant outside of Sweetwater County, Wyoming.
4. Upon approval by *Cowboys Against Cancer*, each applicant may receive a maximum of Two Thousand Five Hundred Dollars (**\$2,500.00**) once within a twelve-month period, measured from the date of the distribution. A recipient may apply for additional funds one year after the original date of approval by *Cowboys Against Cancer* as long as cancer treatment is continuing.

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Applicant's Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Home Phone: \_\_\_\_\_ Length of Time You Have Resided in Sweetwater County: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Contact Person (other than Applicant): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Treating Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Physician: \_\_\_\_\_  
Street/P.O. Box City State Zip

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I have attached written documentation from my treating physician on the physician's letterhead stating the **type of cancer that has been diagnosed, the treatment prescribed and stating that the applicant is required to travel outside of Sweetwater County for this treatment.** I hereby consent that this medical record may be made a part of my application for assistance to *Cowboys Against Cancer*. I further consent that my treating physician shall furnish to *Cowboys Against Cancer* any additional information concerning my health or physical condition requested by *Cowboys Against Cancer* or its officials.

I understand that my application cannot be processed until I have submitted all required documents to the address shown on the top of this application.

By signing below, I certify that this request has been made voluntarily, that I have read and understand this application, and that the **information** given above is accurate to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CAC Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ALLOW 4-6 WEEKS FOR PROCESSING AND DISBURSEMENT BY COWBOYS AGAINST CANCER.**