

## **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 grants to Sweetwater County residents diagnosed with cancer. The grants shall be provided to cancer patients undergoing active cancer treatment to assist with expenses of obtaining necessary medical care.

#### **POLICY FOR FINANCIAL ASSISTANCE**

*Cowboys Against Cancer* is committed to assisting as many Sweetwater County residents as possible who are diagnosed and being actively 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**.
2. The applicant must provide **written documentation on physician's letterhead** of a cancer diagnosis and the plan for active treatment.
3. The applicant must be receiving medical treatment for the cancer diagnosis that requires travel by the applicant outside of Sweetwater County, Wyoming, or the applicant must be receiving medical treatment for the cancer diagnosis within Sweetwater County.
4. Upon approval by *Cowboys Against Cancer*, each applicant may receive a grant disbursement once within a twelve-month period, measured from the date of the approval. Eligible applicants whose treatment requires travel outside of Sweetwater County for active treatment will be awarded a grant of Three Thousand Dollars (\$3,000.00). Eligible applicants receiving active treatment within Sweetwater County will be awarded a grant of One Thousand Five Hundred Dollars (**\$1,500.00**).

#### **PROCEDURE FOR ASSISTANCE**

1. Complete and submit an Application for Assistance to *Cowboys Against Cancer*.
2. Applications must be accompanied by a **signed letter from the treating physician**, on the physician's letterhead, stating the type of cancer diagnosed, the specific treatment prescribed, and stating either (a) the applicant is required to travel outside of Sweetwater County for this treatment or (b) that the applicant is receiving the treatment in Sweetwater County. Medical records or provider notes are not an adequate substitute for the physician letter. **Do not provide medical records or provider notes.**
3. *Cowboys Against Cancer* will review the Application and accompanying Physician Letter. 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 a minimum of 6 to 8 weeks for processing and disbursement by *Cowboys Against Cancer* volunteers. Requests for immediate assistance cannot be granted.**
5. Recipients may use funds from *Cowboys Against Cancer* as the recipient deems appropriate.

#### **REAPPLYING FOR FINANCIAL ASSISTANCE**

1. 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 date of receipt of the most recent grant from *Cowboys Against Cancer* up to a maximum lifetime limit of three (3) annual grants. The application for continued benefits must contain a signed letter from the treating physician stating that the type of cancer and the specific treatment required. Surveillance or monitoring does not constitute active treatment.

**COWBOYS AGAINST CANCER**  
**APPLICATION FOR ASSISTANCE**  
**PO Box 87, Rock Springs, WY 82902-0087**  
**(307) 382-9620 / grants@cowboysagaincancer.com**

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**ELIGIBILITY REQUIREMENTS FOR FINANCIAL ASSISTANCE**

1. The applicant must be a resident of Sweetwater County for at least six months.
2. The applicant must provide written documentation of a cancer diagnosis in the form of a letter from the treating physician stating the diagnosis and the plan for active treatment (such as surgery, radiation or chemotherapy).
3. The applicant must specify if receiving medical treatment for the cancer diagnosis that (a) requires travel by the applicant outside of Sweetwater County, Wyoming, or (b) the applicant must be receiving medical treatment for the cancer diagnosis within Sweetwater County.
4. Upon approval by *Cowboys Against Cancer*, applicants receiving treatment outside Sweetwater County may receive a maximum of Three Thousand Dollars (**\$3,000.00**) once within a twelve-month period, measured from the date of the approval, or One Thousand Five Hundred (**\$1,500.00**) for eligible applicants receiving treatment within Sweetwater County. A recipient may apply for additional funds one year after the original date of receipt of the most recent grant from *Cowboys Against Cancer* provided that they are undergoing active treatment, **up to a maximum lifetime limit of three (3) annual grants.**

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**PLEASE PRINT OR TYPE CLEARLY AND COMPLETE IN FULL**

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

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

Email Address: \_\_\_\_\_

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

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

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

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

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

I Am Receiving Treatment: (check one)

- In Sweetwater County.** 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 receiving the treatment in Sweetwater County.**
- Outside Sweetwater County.** 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.**

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I hereby consent that the physician letter requested and provided 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.

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 true and accurate to the best of my knowledge.

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