



WEST CENTRAL GEORGIA  
CANCER COALITION

The “Neighbors Helping Neighbors” Cancer Assistance Fund has been established to assist individuals or families with personal illness who have currently been diagnosed with cancer and who are currently in treatment. Our goal is to provide basic necessities that patients cannot afford *temporarily* due to their illness.

**Eligibility**

You may be eligible for assistance through the “Neighbors Helping Neighbors” Cancer Assistance Fund if you meet the following criteria:

- Household **income has decreased** due to a cancer diagnosis in the family OR **household expenses have increased** due to a cancer diagnosis in the family
- Applicant resides within WCGCC 13 counties: Chattahoochee, Harris, Marion, Meriwether, Muscogee, Schley, Stewart, Talbot, Taylor, Troup, Webster, Lee and Russell (Alabama).
- Application is submitted with a healthcare provider’s letter - see application process below

**Covered Expenses/Types of Assistance**

- Payments for household bills (i.e. utilities, rent/mortgage, property taxes and car payments or repairs, and gas cards...)
- Gift cards for groceries (Publix, Piggly Wiggly, Winne Dixie), and gas, etc.  
**(Based on funding availability)**
- Prescription Assistance
- Out of town lodging required for treatment

Copies of all recent statements and bills to be paid and a letter from your healthcare provider **MUST** accompany the application and must be turned in by the 5<sup>th</sup> of every month in order to be processed for that month. **If the application packet is not turned in by the 5<sup>th</sup> deadline then it will be processed in the next month.**

**Under no circumstances will checks be issued directly to an individual applicant. Payments will only be made directly to creditors, landlords, utility companies, financial institutions, etc. A notarized letter from landlords must be submitted along with application if requesting rent/mortgage assistance.**

**Once approval is given, the applicant is responsible and/or required to contact their creditors, landlords, etc. to provide status of their pending assistance through the “Neighbors Helping Neighbors Cancer Assistance Fund”.**

### **Limitations**

Once a request is approved, the individual will not be eligible to submit another request.

**The “Neighbors Helping Neighbors” Cancer Assistance Fund does not cover the following expenses:**

- hospital and doctor bills
- house phone or cell phone
- cable
- credit cards
- loan companies
- and other bills as determined by the allocations committee

Limitations to the coverage are subject to change based on availability of funds. Always use the most up-to-date application and check for any changes in coverage area or coverage limitations via the website.

## **“Neighbors Helping Neighbors” Cancer Assistance Fund Referral Process**

A request for assistance should be submitted to “Neighbors Helping Neighbors” Cancer Assistance Fund by a physician, nurse, community advocate, or other healthcare professional (the referral source).

The application is available on the **West Central Georgia Cancer Coalition** website ([www.wcgcc.org](http://www.wcgcc.org)). Complete the application and ensure all expenses fall within our guidelines.

**Attach copies of all recent bills and statements. If current bills are not attached, the application *WILL NOT* be processed. A complete application packet (application, current bills and provider letter) must be turned in by the 5<sup>th</sup> of the month in order to be processed for that month. If the application packet is not turned in by the 5<sup>th</sup> deadline then it will be processed the following month.**

The application must be signed by the **applicant AND the referral source.**

Applications can be submitted by the following:

- FAX entire application including bills to 706-660-1829
- E-mail the entire scanned application to [cancerassistancefund@wgcc.org](mailto:cancerassistancefund@wgcc.org)
- Mail to **633 19<sup>th</sup> Street, Suite B, Columbus, GA. 31901**

**The Allocations Committee DOES NOT meet on a regular schedule; therefore, we encourage you to submit your request one month in advance.**

If you would like to apply for assistance from “Neighbors Helping Neighbors” Cancer Assistance Fund, please contact your healthcare provider. If you or your healthcare provider has any questions, please call 706-660-0317.



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633 19<sup>th</sup> Street  
Suite B  
Columbus, GA 31901

Authorization to Release Information

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Applicant's Account/Reference Number: \_\_\_\_\_

I hereby authorize *West Central Georgia Cancer Coalition* to:

\_\_\_\_\_ obtain from the following \_\_\_\_\_ release to the following

Name/Business Name: \_\_\_\_\_

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

The following documents/information from the records pertaining to services received.

Date of Service: \_\_\_\_\_

The records are required for the specific purpose of:

\_\_\_\_\_

I understand that any information released to the *West Central Georgia Cancer Coalition* will be handled confidentially in compliance with all applicable federal laws.

I have read and understand the nature of this release.

\_\_\_\_\_  
Signature of Applicant/Applicant's Designated Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
West Central Georgia Cancer Coalition

\_\_\_\_\_  
Date