



Blue Note Fund Application

The mission of the Colon Cancer Alliance is to help you live a longer, better life. We wish we could help every colon cancer patient facing financial concerns. The founders of the Blue Note Fund hope that this assistance can offer you hope during your time of need.

Key Things You Need to Know:

- All information you provide will be strictly confidential.
- We are accepting applications on a rolling basis, while funds last.
- Award recipients will be notified quarterly.
- If you are selected, **this is a one-time award of \$300.**
- The Colon Cancer Alliance may call your doctor's office to confirm you are in active treatment.

To Qualify for this Financial Aid:

- You must submit a completed application. All fields are required. Incomplete applications will not be reviewed.
- You must currently be in active treatment.
- Your yearly combined family income has to be equal to or less than \$75,000.
- You must provide last year's tax return or acceptable alternative documentation (see next page).

If you have questions regarding this application, you can reach us by email at bluenotefund@ccalliance.org, or call (202) 628-0123 ext. 107.

Applicant Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home: () Cell: () Work: ()

Email Address: _____

Date of Birth: ____ / ____ / ____ Male Female

Ethnicity: Caucasian African American Hispanic Asian
 Pacific Islander Other Prefer not to disclose

Medical Information

Date of Diagnosis: ____ / ____ / ____

Type of Cancer: Rectal Colon Stage: _____

Briefly describe your treatment plan:

Are you currently undergoing chemotherapy or radiation treatment?

Yes No

Doctor Name: _____

Hospital/Clinic: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () Email: _____

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What if I don't file taxes because I have no income or am on Social Security or disability?

If you do not file taxes, the following documents will qualify as proof of income:

- government year-end report for disability benefits,
- a bank statement showing how much has been deposited over the year, or
- a copy of your government check to calculate income.

If you have no reportable income or supporting documentation, the CCA will accept a signed letter from the oncologist or doctor's office stating that there is no income for the entire household including no patient income. This should be on official office stationary and be the same doctor's office that is listed on the application.

Insurance and Financial Information

1. Are you currently covered by private health insurance? Yes No
2. Does your health insurance cover prescription drugs? Yes No
3. Are you currently covered by any of the following? Check all that apply.
 - Medicaid
 - Medicare
 - VA Care
 - Charity Care
 - Other: _____

4. Are you currently working? Yes No
5. Are you on medical leave? Yes No
6. Are you receiving disability? Yes No
7. Number of people in household, including ages: _____

8. To qualify for this aid, the total yearly family adjusted gross income must be equal to or less than \$75,000. Do you meet this requirement? Yes No

9. Total yearly family adjusted gross income. (This can be your total adjusted gross income from 2010 or your monthly deposit amount as stated on your government disability or social security award letter. If you have no income write "None"): \$ _____

- With this application, I have provided last year's tax return, or other acceptable proof of income if taxes were not filed. I understand that if I do not provide proof of income, I am not eligible for this aid.

10. If your financial situation has changed from the last year's tax return, please describe:

11. What expenses do you especially need assistance with?

12. We have to prioritize according to need because of our limited funds, is there anything else we should consider when reviewing your application?

Please be aware that funds are limited and based on availability. Patients must meet the CCA's eligibility requirements. The CCA understands that cancer can devastate family's financial resources and want to keep this process as stress-free as possible for you.

By signing below, you agree that the information on this application is complete and accurate and can be verified by the Blue Note Fund review team.

Signature: _____

Date: _____

Please mail your completed application and a copy of last year's tax return to:

Colon Cancer Alliance
1025 Vermont Ave., NW
Suite 1066
Washington, DC 20005

You can also email your application to: bluenotefund@ccalliance.org

Or fax to: (866) 304-9075