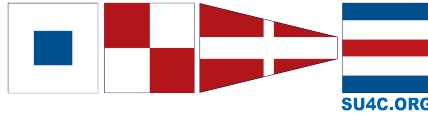


# SAILS UP 4 CANCER SPINNAKER FUND APPLICATION



## SAILS UP 4 CANCER

This application is for Connecticut residents ONLY

Sails Up For Cancer provides assistance to under-served cancer patients in financial crisis who are undergoing active treatment for a cancer diagnosis.

SU4C considers the following but not limited to as

- Utilities (i.e. electricity, heat, gas and hot water)
- Phone and Cable
- Transportation to and from hospital visits and treatment centers to include Uber gift cards, gas gift cards, car loan payments and car insurance premiums
- Rent or Mortgage

### Eligibility

All applications are required to be submitted by a Patient/Nurse Navigator, Social Worker or 501-(c)-3 administrator. Our policy is to work solely with a patient's social worker, we do not work directly with patients.

Today's Date

State of Residence

**Is the patient in active treatment? Active treatment, for the purposes of SU4C, is defined as the period after a positive cancer diagnosis has been made and during which therapies are being administered, including surgical procedures, to remove the cancer, chemotherapy or radiation.**

 Yes No

### Patient Information

Name

Address 1

Address 2

City

State

Zip Code

Phone Number

Email

Date of Birth

Primary Language Spoken

### Marital Status

Single  Married  Separated  Divorced  Widowed  Do not wish to answer

Number of children under the age of 18 living in your household

Are you currently employed?

List your occupation:

How did you hear about SU4C?

Social Worker  Patient  Online  Social Media  Event

### Required Documentation

Please review the additional documentation required to submit an application. Payments are paid directly to the patient and on occasion directly to the vendor. Incomplete applications will not be considered for review. Applications can only be accepted in English.

### Required at the time of submission:

1. A completed application signed by a Nurse Navigator, Hospital Social Worker or 501c3 Administrator.
2. A signed letter from a Nurse Navigator, Hospital Social Worker or 501c3 Administrator on hospital letterhead verifying the patient qualifies for financial assistance.
3. A billing statement dated within 30 days of this application and must relate to the patient's place of residence.
4. A current lease or Proof of Residency Form is required for rent requests.

### Prioritize Bills in Order of Importance

#### First Bill

Vendor Name, Address and Amount Requested for Funding

#### Second Bill

Vendor Name, Address and Amount Requested for Funding

#### Third Bill

Vendor Name, Address and Amount Requested for Funding

### Total Amount Requested

If you prefer to apply for transportation assistance, please select one of the following. Note: we can only fund transportation requests directly associated with travel to and from cancer treatment for a maximum of up to \$200 in Uber and Gas Gift Cards.

Uber Gift Card  Exxon / Mobil Gas Card  Shell Gas Card  Speedway Gas Card

**Nurse Navigator/Social Worker Information**

**Current Treatment**

Date of Diagnosis

Hospital/Treatment Center

**Further Information**

Cancer Physician Name

Nurse Navigator or Social Worker Name

Nurse Navigator or Social Worker Email

Nurse Navigator or Social Worker Phone

If the patient applied for SU4C in the past, please list date

**Beyond applicant's financial needs, describe any special circumstances that our SU4C Board should take into consideration when reviewing the application:**

**All applications are required to be submitted by a Patient/Nurse Navigator, Social Worker or 501c3 administrator. By signing this application, you are certifying that the information and statements contained (including any other material and information submitted) are true and correct and that you give SU4C permission to contact a payee should we have additional questions. Disclaimer: The Required Documentation Section above contains the complete list of the documentation required for this application. Any other documentation submitted that is not listed in the Required Documentation Section is not necessary for SU4C to make a determination and will be deleted from our files.**

**Signature**

**or Social Worker**

**Although we encourage you to submit your application online, you can also scan your application and supporting documents to: [info@su4c.org](mailto:info@su4c.org) or mail to SU4C, 23 East Main St, PO Box 623, Mystic, CT 06355.**

**\*\*\* Certain criteria within this application may be revised with the consensus of the Sails Up 4 Cancer Board.**