



## Breast Cancer Fund Patient Assistance



**OVERVIEW:** The Breast Cancer Patient Assistance Fund is provided through a grant to the Hospital Council of Northwest Ohio by Susan G. Komen Northwest Ohio in partnership with the Gretchen Gotthart Skeldon Fund. While anyone with breast cancer within Komen Northwest Ohio's service area may receive assistance from this fund, the targeted group will be from Lucas, Erie, Allen and Auglaize Counties from May 1, 2016– April 30, 2017 or until funding has been exhausted. Individuals in those counties will be required to meet with a Community Health Worker before receiving assistance.

**ELIGIBILITY:** Men or women with a diagnosis of breast cancer who are *in active treatment* are eligible for assistance through this fund. Active treatment is defined as currently receiving chemo and/or radiation, up to 4 week post surgery, or within one year of previously mentioned treatment and currently taking Tamoxifen. Patients are limited to assistance to no more than two consecutive funding years. Patients may access the fund only once during the funding year (May 1, 2016—April 31, 2017) with a limit of \$500.00/patient.

- ◇ Mileage will be reimbursed at \$0.54/mile and will be provided via a gas station gift card.
- ◇ If a patient is uninsured and needs assistance with prescription medication, HCNO will research medication(s) to see if a PAP (Patient Assistance Program) exists through the drug manufacturer in addition to covering up to \$500 of a month's supply of cancer related medications.
- ◇ If a patient requires nutritional supplements or durable medical supplies, written orders from the patient's physician must accompany the attached Assistance Application along with the name and phone number of the pharmacy/store where supplies will be obtained.
- ◇ Rent will be paid directly to the management company. A copy of the signed lease along with a W9 from the management company must accompany the Assistance Application
- ◇ Child care will only be reimbursed/paid to a licensed provider; documentation of medical appointments and name/phone number of provider must accompany application
- ◇ Groceries will be provided through a store gift card; please provide number of household members and their ages living with the patient on a spatte sheet of paper and attach to application (maximum of \$200)
- ◇ Assistance for utility bills will be paid directly to the utility company; a copy of the bill must accompany the assistance application.

***EXTENUATING CIRCUMSTANCES WILL BE REVIEWED BY FUNDERS FOR POSSIBLE ASSISTANCE***

**For more information please contact:**

Julie Grasson—Project Director  
Hospital Council of Northwest Ohio  
418-842-0800 (Office)  
jgrasson@hcno.org





Breast Cancer Assistance Fund Application



Patient Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone number: \_\_\_\_\_ County: \_\_\_\_\_
Race/Ethnicity: \_\_\_\_\_ Health Insurance: Yes No Deductible: \$ \_\_\_\_\_

Medical Information

Date of Diagnosis: \_\_\_\_\_ Type of Breast Cancer: \_\_\_\_\_
Currently in Treatment: Yes No Type of Treatment: \_\_\_\_\_
Oncologist's Name: \_\_\_\_\_
Oncologist's Address: \_\_\_\_\_ City: \_\_\_\_\_
Oncologist's Phone Number: \_\_\_\_\_

Assistance Needed

Rent \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ Medication(s) \$ \_\_\_\_\_ Transportation \$ \_\_\_\_\_ COBRA \$ \_\_\_\_\_
Deductible \$ \_\_\_\_\_ Medical Supplies \$ \_\_\_\_\_ Medical Equipment \$ \_\_\_\_\_
Nutritional Supplements \$ \_\_\_\_\_ Groceries \$ \_\_\_\_\_ Child care \$ \_\_\_\_\_

A bill/invoice must be attached to this application and payment will be made directly to the business or individual listed, not the patient. If transportation is needed, cab service may be arranged through the Gretchen Gotthart Skeldon Fund and the Hospital Council of Northwest Ohio or as a gas card.

[ ] I acknowledge that my personal information will be shared with the Northwest Ohio Affiliate of the Susan G. Komen for the Cure along with the Gretchen Gotthart Skeldon Fund and that I may be contacted by a member of their staff.

\_\_\_\_\_  
Patient Signature Date

Please fax completed form and invoice/bill to:
419-842-0999
Attn: Julie Grasson—Project Director
Hospital Council of Northwest Ohio
419-842-0800 (Office)
THE HOSPITAL COUNCIL of Northwest Ohio

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.