

ORION Cancer Foundation



GRANT GUIDELINES

The O'Callaghan Resource Integrated Oncology Network (ORION) Cancer Foundation was established to provide financial assistance to cancer patients for basic living necessities. ORION support helps reduce the stress created while trying to manage everyday expenses along with medical bills. The ORION Cancer Foundation is an adult funding program of the Nevada Childhood Cancer Foundation (a nonprofit, 501 c 3 organization).

Eligibility Criteria

Eligible applicants *may receive funding NOT to exceed \$1500, in a 12-month period, toward household bills (rent, mortgage, utilities, & COBRA will be considered). Medical expenses are **NOT paid (with the exception of the initial screening mammogram for uninsured individuals).** Bills are paid directly to the addresses provided on bills submitted.* Applications are accepted once in 12-month period per individual. Assistance is available for:

- Patients who are currently receiving medical treatment for cancer in Southern Nevada
- Those who demonstrate diagnosis related financial hardship
- Applicants who are at least 18 years of age. If the patient is a minor, a parent/guardian must complete the application on the minor's behalf

Application Process

Applications for assistance are accepted once within a 12-month period. Completing a grant application does NOT guarantee funding. Application are available at www.ORIONcancerfoundation.org and may be submitted attention to ORION Cancer Foundation by:

- **Mail:** c/o NCCF, 6070 S. Eastern Ave., Ste. 200, Las Vegas, NV 89119
- **Email:** info@ORIONcancerfoundation.org
- **Fax:** 702.735.8431

Please include the following documentation with your application:

- Letter on physician's letterhead verifying current cancer diagnosis/treatment
- Grant Request Personal Data (Page 2)
- Grant Request Worksheet (Page 3)
- All back-up documentation on Grant Request Worksheet (Page 3)
- Grant request Signature Page (Page 4)

Applications are not considered COMPLETE without ALL required documentation and applications will not be reviewed until complete.

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PERSONAL DATA

Fill out completely. Please print clearly.

Applicant Name or Parent(s)/Legal Guardian(s)						
Address		City		State	Zip	
Email		Age	Marital Staus			
Home	Work	Cell				
<i>Please circle employment status:</i>		Full Time	Part-time	Self-Employed	Unemployed	Retired
<i>Have you applied for disability: (Yes or No)</i>		Date:	Approved:	Yes or No	Date	
Employer		Date last worked:				
Address		City		State	Zip	
Is your spouse/partner employed?: (Yes or No)		Employer's Name				
Address		City		State	Zip	
Do you have breast cancer? (Yes or No)		No If not, what type of cancer?				
Patient referred by		Name of oncologist (cancer physician):				
List the names of all people living in your home:						
Name		Relationship	Age	Employer		

Adult children (ages 18 and over) living in the home are NOT considered dependents unless they are full-time students. Proof of full-time school attendance will be required.

Briefly explain your current financial hardship due to diagnosis:

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GRANT REQUEST WORKSHEET

**Back up documentation required for funding consideration.
Applications will be rejected if this information is not included.**

<i>Provided</i>	<i>Income</i>	<i>Amount</i>
<input type="checkbox"/>	Your total gross monthly salary (pay stubs or tax return)	\$
<input type="checkbox"/>	Your spouse/partners gross monthly salary (paystub or tax return)	\$
<input type="checkbox"/>	Disability	\$
<input type="checkbox"/>	Social Security	\$
<input type="checkbox"/>	Retirement/Pension/Death Benefit	\$
<input type="checkbox"/>	Child/Spousal Support	\$
<input type="checkbox"/>	Food Stamps	\$
<input type="checkbox"/>	Other Income- Please explain	\$
<input type="checkbox"/>		\$
<input type="checkbox"/>		\$
Total Gross Monthly Income		\$

	<i>Average Monthly Expense</i>	<i>Amount</i>
<input type="checkbox"/>	Rent or Mortgage (mortgage statement or lease agreement)	\$
<input type="checkbox"/>	Utilities	\$
<input type="checkbox"/>	Power	\$
<input type="checkbox"/>	Gas	\$
<input type="checkbox"/>	Water	\$
<input type="checkbox"/>	Trash	\$
<input type="checkbox"/>	Sewer	\$
<input type="checkbox"/>	Child Support (court order or paystub)	\$
<input type="checkbox"/>	Car Payment	\$
<input type="checkbox"/>	Car Insurance	\$
<input type="checkbox"/>	Other Transportation (bus passes)	\$
<input type="checkbox"/>	Fuel (Average no backup required)	\$
<input type="checkbox"/>	Health Insurance/COBRA	\$
<input type="checkbox"/>	Groceries (Average no back up required)	\$
<input type="checkbox"/>	Medical Bill deductibles/remaining balance due	\$
<input type="checkbox"/>	Other Expenses- Please explain	\$
		\$
		\$
		\$
		\$
Total-Average Monthly Expenses		\$

Please list the requested financial assistance below individually.

1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
Total Financial Assistance Requested		\$

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GRANT REQUEST SIGNATURE PAGE

Back up documentation required for assistance. Please note applications will be automatically rejected if information is not attached.

Please initial, signature, and print where applicable below:

I understand that completing and submitting an application does NOT guarantee funding: _____
Initial

I understand that my application, to be considered for funding, must include all required documents: _____
Initial

I certify that the information provided on this application is true and accurate to the best of my knowledge: _____
Initial

I release the ORION Foundation, Nevada Childhood Cancer Foundation, and all related subsidiaries of all liabilities or claims arising out of the assistance of services provided to me or my family. I authorize the ORION Foundation to obtain, from the individuals, businesses, organizations, agencies, or entities listed in this application, whatever information is necessary about my case that might be helpful for assessing my application.

I give permission for (name) _____ my (spouse, sibling, friend, partner, etc.) _____ to speak to the ORION Foundation on my behalf.

PRINT NAME: Applicant or Parent/Legal Guardian Date _____

SIGNATURE: Applicant or Parent/Legal Guardian Date _____

How did you hear about the ORION Cancer Foundation? _____

Reminder: Only complete applications, which include all requested and required documents, will be reviewed for funding.

FOR FOUNDATION OFFICE USE ONLY: Date Received: _____

Date Reviewed: _____ Date Approved or Denied (circle): _____ Grant Amount: _____