

# ***Support Service Fund: 2018 Application & Guidelines for Financial Assistance***

**Maine Breast Cancer Coalition**  
**www.mainebreastcancer.org**  
**phone: 207-945-0008      fax: 207-945-0200**

**Application Valid until 12/31/18---after that date, download or request a current application.**

The **Maine Breast Cancer Coalition** (MBCC) is a non-profit, grassroots, volunteer-based organization established in 1992. MBCC is dedicated to making a positive difference in the health of Maine people through financial support for underserved people with breast health or breast cancer needs, advocacy for breast cancer research and legislation, and education to promote knowledge about breast cancer and quality care. ***The Support Service Fund is an assistance program that provides Maine residents in need with financial help for breast health or breast cancer-related services or items.***

The *Support Service Fund* (SSF) is supported in part by the Maine Breast Cancer Specialty License Plate Program; CDC Maine Breast and Cervical Health Program contract funds supported by a Cooperative Agreement from the federal Centers for Disease Control and Prevention; dedicated fundraisers by organizations and businesses, and individual contributions by members and supporters of MBCC.

## **To Qualify:**

- There are no income level requirements but **you must indicate a financial need not able to be met by other available resources.** (See pages 4 and 5 for a list of resources or visit the Resources page of our website at [www.mainebreastcancer.org/support/resources.cfm](http://www.mainebreastcancer.org/support/resources.cfm) for a list of additional resources that might help you.)
- You must be a Maine resident.
- Your requests must be related to breast health or breast cancer, and must be SSF-eligible requests.
- Medical bills must not be more than 12 months old and must be itemized.
- Bills for services/items previously submitted are not eligible for reconsideration.
- You must not have exceeded the per-person assistance limit set by the MBCC.

## **To Apply: *Please apply before receiving services whenever possible.***

- Please read all 5 pages of this financial assistance packet.
- **You must complete all blanks and the 14 questions of the confidential financial assistance application on pages 2-3.** Attach the following:
  - Attach a copy of the order or prescription from your healthcare provider.
  - Attach a copy of the bill or estimate of the charges from the supplier of the service(s) or item(s). **Bills must be itemized.**
  - \*Special instructions for assistance with travel to treatment: You must submit a list from your service provider of dates of appointments that required you to travel. Ask your service provider for the list or have them fax the list to MBCC. **Do not send medical records.**
  - Mail or fax only pages 2 and 3 with supporting information to the Maine Breast Cancer Coalition. ***Do not send pages 1, 4, and 5. Keep these pages for your reference.***

## **The Support Service Fund Committee will review all applications. All decisions are final.**

- **Only fully completed and signed applications with attached supporting information will be considered.**
- Applicants will be notified in writing of the Committee's decision, usually within seven business days.
- If approved, all invoices must be received within 90 days of the date of your notification letter to remain eligible for payment.

**Maine Breast Cancer Coalition**  
**499 Broadway, PMB 362**  
**Bangor, ME 04401-3460**  
**phone: 207-945-0008      fax: 207-945-0200**

## Support Service Fund 2018 Application for Financial Assistance

Maine Breast Cancer Coalition

(Application Valid until 12/31/18---after that date download a current application at [www.mainebreastcancer.org](http://www.mainebreastcancer.org), or request an application by calling 207-945-0008, or email [ssf.mbcc@mainebreastcancer.org](mailto:ssf.mbcc@mainebreastcancer.org))

**All items on pages 2 and 3 must be completed. Please print clearly.**

*See page 1 for guidelines and instructions. Please call 207-945-0008, or email [ssf.mbcc@mainebreastcancer.org](mailto:ssf.mbcc@mainebreastcancer.org) if you need help to complete the application.*

Name: \_\_\_\_\_ date of birth: \_\_\_\_\_ age: \_\_\_\_\_ gender: \_\_\_\_\_

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

City/Town: \_\_\_\_\_, ME Zip \_\_\_\_\_ County \_\_\_\_\_

Phone: Day \_\_\_\_\_ Eve. \_\_\_\_\_ Email \_\_\_\_\_

1. \_\_\_ Service(s) or item(s) requested: \_\_\_\_\_

2. \_\_\_ Cost of service(s) or item(s): \_\_\_\_\_

3. \_\_\_ For pre-approval of a medical service you have not yet received, enclose a copy of the order or prescription from your healthcare provider and an estimate of cost.

**and/or**

4. \_\_\_ For services or items already completed or received, enclose a copy of the bill. **(must be itemized)**

5. **Insurance information: Check all that apply.**

\_\_\_ no insurance \_\_\_ MaineCare \_\_\_ Medicare \_\_\_ disability insurance

\_\_\_ other insurance (specify) \_\_\_\_\_ annual deductible \$ \_\_\_\_\_

6. Yes \_\_\_ No \_\_\_ Have you applied for the Maine Breast and Cervical Health Program?  
If so, do you qualify? Yes \_\_\_ No \_\_\_ (Please see attached *Breast Health/Breast Cancer/General Resources* list, page 4, and call 1-800-350-5180 or TTY 287-8015 to inquire about eligibility.)

7. Yes \_\_\_ No \_\_\_ Are the services or items you are requesting covered by your insurance, Medicare, MaineCare or hospital free care/discount programs, state/city/town programs, or any other programs? Please see the attached *Travel, Breast Health/ Breast Cancer, and General Resources* list on pages 4-5.

**If partially covered, please explain:** \_\_\_\_\_

8. Have you been diagnosed with breast cancer? Yes \_\_\_ No \_\_\_ Month & Year diagnosed \_\_\_\_/\_\_\_\_

If you checked "yes", please check off treatments you are **currently** receiving. **Check only one:**

\_\_\_ chemotherapy \_\_\_ breast cancer surgery or reconstructive surgery \_\_\_ radiation

\_\_\_ breast cancer treatment pills you take at home such as tamoxifen, Femara, Arimidex, etc.

**IMPORTANT! APPLICATION CONTINUES ON NEXT PAGE**

9. Are you: \_\_\_ White/Caucasian \_\_\_ Hispanic/Latina \_\_\_ Black/African American  
\_\_\_ American Indian \_\_\_ Asian or Pacific Islander \_\_\_ Other: Specify \_\_\_\_\_

10. How did you learn about the *Support Service Fund*? \_\_\_\_\_

If you were referred by a patient navigator, social worker, or other health care professional:

Name of person who made the referral \_\_\_\_\_

Where the above person is employed \_\_\_\_\_

Contact number for referrer (if available) \_\_\_\_\_

Do you give the Committee permission to discuss your application with this person? Yes \_\_\_ No \_\_\_

11. Have you applied to the *Support Service Fund* in the past? Yes \_\_\_ No \_\_\_ Year (s) \_\_\_\_\_

12. Explain why you require financial assistance:

\_\_\_\_\_  
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\_\_\_\_\_

\* If you are requesting travel assistance, please read the “special instructions for assistance with travel to treatment” on page 1.

13. We are sometimes asked by the media for personal stories from the people we have helped. If you qualify for assistance, would you be willing to share how the fund has helped you? Yes \_\_\_ No \_\_\_

*I understand that the Support Service Fund (SSF) is available only if I have a SSF-eligible financial need not able to be met by my insurance or other resources. I certify that I do not qualify for financial assistance from other sources as listed on the “Travel, Breast Health/Breast Cancer, General Resources” list on pages 4 & 5.*

14. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please remember: Your application cannot be processed unless you complete all of the items and complete ALL 14 of the questions. Incomplete applications will delay processing. Mail or fax completed pages 2 and 3 with supporting attachments to the address below.**

**Keep pages 1, 4, and 5 for review and use as needed. DO NOT send them with your application.**

**Support Service Fund Committee | Maine Breast Cancer Coalition | 499 Broadway, PMB 362  
Bangor, ME 04401-3460**

**phone: 207-945-0008**

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## Travel, Breast Health/Breast Cancer, and General Resources

**Travel Assistance:** If you live in any of the following\* counties, you may qualify for free transportation or mileage reimbursement for travel to and from breast cancer treatment, support services, and diagnostic services. There is no income level requirement. **Contact the individual program to find out more.**

\*Androscoggin, Franklin, or Oxford Counties: **Community Concepts** 1-800-866-5588 or 207-795-6073  
<http://community-concepts.org>

\*Hancock, Washington Counties: **Beth C. Wright Cancer Resource Center** 207-664-0339 [www.bethwrightcancercenter.org](http://www.bethwrightcancercenter.org)

\*Penobscot, Piscataquis, or Knox (Knox = mileage reimbursement only) Counties: **Accessing Cancer Care** program 973-3695 or 1-866-853-5969 Provides transportation services or mileage reimbursement for medical treatment of cancer, diagnostic services, chemotherapy, radiation, support groups, and more.

\*York County: **Connecting to Cancer Care** 207-324-5762 [yccac.org](http://yccac.org)

### Any Counties:

**Angel Flight Northeast:** 1-800-549-9980 or [www.angelflightne.org](http://www.angelflightne.org) Arranges free flights to those requiring access to medical care

**Maine Transit Association:** Go to [www.mainetransit.org](http://www.mainetransit.org) to find out about transportation options in your county.

**Road to Recovery:** free transportation to treatments (through American Cancer Society 1-800-227-2345)  
<https://www.cancer.org/treatment/support-programs-and-services/patient-transportation.html>

## Lodging Assistance for People in Cancer Treatment

**Arbor House:** Located near Central Maine Medical Center in Lewiston, Arbor House provides lodging for patients and their families. For more information about the Arbor House, call 207-795-2398. <http://www.cmmc.org/cancer-care-arbor-house>

**AstraZeneca Hope Lodge, Boston, MA** offers a free place to stay for patients who travel to Boston for treatments. 617-396-5514 or 800-227-2345 <https://www.cancer.org/treatment/support-programs-and-services/patient-lodging/hope-lodge/boston/about-our-facility.html>

**Sarah's House of Maine, Holden:** Sarah's House is a place where CancerCare of Maine patients can find a home away from home while undergoing their treatments. *All patients must be referred by the patient advocate team at CancerCare of Maine (Brewer);* they can be reached at 207-973-7478.

## County-based Resources

**CarePartners** coordinates the provision of donated healthcare services for low-income, uninsured residents in six Maine counties (**Cumberland, Kennebec, Knox, Lincoln, Waldo and York**). The program, a partnership between MaineHealth, physicians, hospitals and other healthcare providers, helps community members who don't qualify for public or private healthcare coverage programs get comprehensive, medically necessary healthcare. 877-626-168 [mainehealth.org/carepartners](http://mainehealth.org/carepartners)

**Beth C. Wright Cancer Resource Center: Ellsworth** 207-664-0339 [www.bethwrightcancercenter.org](http://www.bethwrightcancercenter.org) Serves people in **Hancock and Washington Counties** who have been diagnosed with cancer, and at times can assist with transportation and other costs.

**Pink Aroostook:** A breast health program of Cary Medical Center designed for support, advocacy, education and awareness of breast health issues throughout Aroostook County. Conducts a monthly breast cancer support group and provides educational and limited financial resources to people with a breast cancer diagnosis living in Aroostook County. 207-551-4284 <http://www.carymedicalcenter.org/pink-arostook/or> [www.facebook.com/pinkarostook](http://www.facebook.com/pinkarostook)

**Washington Hancock Community Agency:** (207) 664-2424 [www.whcacap.org](http://www.whcacap.org)

A community action agency dedicated to fighting poverty and helping low-income people in Down East Maine. They offer a wide range of services including heating assistance, transportation, weatherization, and more.

## General, Medical, and Support Resources (Also see County-based resources.)

**2-1-1 Maine** is a comprehensive statewide directory of over 8,000 health and human services available in Maine. The toll-free 2-1-1 hotline connects callers to trained call specialists who can help 24 hours a day, 7 days a week. [www.211maine.org](http://www.211maine.org).

**CancerCare Co-Payment Assistance Foundation** (not to be confused with CancerCare of Maine) is a non-profit organization that helps people being treated for cancer pay for the *insurance co-payments* on the prescription medicines they need. To find out if you are eligible, call 1-866-55-copay (1-866-552-6729) or go to <http://www.cancercopay.org>.

**Cancer Support Center of Maine:** 207-322-0960 <https://www.cancersupportcenterofmaine.org> Provides free services to cancer patients and survivors in Maine through outreach, education, advocacy, and social support; helps people navigate the often complex and confusing bureaucracy of health management in a time of crisis. Emphasis on free or reduced-cost programs.

**Caring Connections, Bangor:** 207-941-2808 <http://www.caringconnectionsmaine.org/> Offers breast cancer support groups, and no-cost breast and cervical screenings for women age 40-64 living in the eastern Maine area through the Maine Breast & Cervical Health Program.

**Heating Assistance:** (Also see *Washington Hancock Community Agency listing*.)

Contact the **Community Action Program (CAP)** office nearest you. Local listings can be found at [www.mainehousing.org](http://www.mainehousing.org) or call the Low-Income Home Energy Assistance Program (LIHEAP) at 207-626-4600 or 1-800-452-4688. If hearing impaired: TTY 1-800-452-4603

**Citizen's Energy:** Fuel oil assistance [www.citizensenergy.com/main/Home.html](http://www.citizensenergy.com/main/Home.html) 1-877-Joe-4-oil

**Hospitals:** Hospitals in Maine offer **reduced or no-cost** care to those who qualify. Call the hospital's billing office to apply for free or reduced-cost care. Also, call the social service dept. to see if there are other resources available at the hospital. Social workers, patient navigators, and patient advocates are available to assist patients with medical and financial needs.

**Joe Andruzzi Foundation:** 508-261-0630 <http://joeandruzzifoundation.org/assistance/> The Patient Touchdown Grant Program helps cancer patients and their families alleviate financial stress by providing one-time grants up to \$700 to cover pressing daily living expenses.

**Mabel Wadsworth Women's Health Center:** Located in Bangor. 947-5337 or 1-800-948-5337 [www.mabelwadsworth.org/](http://www.mabelwadsworth.org/) Mabel Wadsworth Women's Health Center offers annual exams, breast health and menopause education, and support to all Maine women, especially those who are of limited income, lesbian and/or women with disabilities.

**Maine Breast & Cervical Health Program:** 1-800-350-5180, press 1; If hearing impaired: TTY 711 (Maine Relay) [www.maine.gov/dhhs/mecdc/population-health/bcp/](http://www.maine.gov/dhhs/mecdc/population-health/bcp/) Offers no-cost mammograms and Pap tests to women age 40 or older who qualify. Women diagnosed with breast or cervical cancer who qualify for CDC-MBCHP may also be eligible for free medical care through the Treatment Act.

**MaineCare:** 1-800-321-5557 or 207-287-2674, TTY 711 <http://www.maine.gov/dhhs/oms/contacts.shtml> Provides health insurance to people meeting income and asset restriction guidelines.

**MaineHealth Cancer Care Network** offers a comprehensive and helpful website for anyone affected by cancer. <http://mainehealthcancer.org> 1-844-944-8094

**MaineHealth MedAccess Program:** 1-877-275-1787 Provides help with paying for prescription medications.

**Patient Access Network (PAN) Foundation:** <https://www.panfoundation.org/index.php/en/> 866-316-PANF (7263). Provides *co-payment assistance* to underinsured patients with chronic diseases, including breast cancer. Qualified patients will be granted up to \$7,500 per year to cover out-of-pocket expenses associated with their treatment.

**Patient Advocate Foundation** 1-800-532-5274 or [www.patientadvocate.org](http://www.patientadvocate.org) A national non-profit organization that provides professional case management services to Americans with chronic, life-threatening, and debilitating illnesses. PAF case managers serve as active liaisons for you and your insurers, employers, or creditors to resolve insurance, job retention, and debt crisis matters as they relate to your diagnosis.