407 W. Imperial Highway, H-206 Brea CA 92821
Office (714) 861-0705 ~ Please Fax Application to (714) 582-2958. www.mamcf.org

Mommy and Me Cancer Foundation Beneficiary Application 2017

Mommy and Me Cancer Foundation is a non-profit organization whose mission is to provide support to mothers who have cancer and are raising minor children. The programs were developed to help lessen the burden of a cancer diagnosis so young mothers can focus more on treatment and their families. The programs may assist with financial assistance such as meal cards, gas, utilities, housing expenses, out-of-pocket medical expenses, medical or prescriptions co-pays, hair loss replacement, and back-up childcare. Our programs also include family breaks, peer support, and resource navigation. Qualification for any program assistance will be determined on a case-by-case basis depending on need.

To be considered as a MAMCF beneficiary, you must:

- **Be diagnosed with cancer at any stage**
- **Demonstrate legal guardianship of a minor**
- **Live in the U.S. and demonstrate legal U.S. Residency**

To be considered as a MAMCF beneficiary and receive financial assistance, you must:

- **Meet the above requirements**
- **Demonstrate financial hardship due to cancer diagnosis**

How to apply:

- **Complete application and consent forms**
- **Sign HIPAA Medical Release and have an oncology professional complete and fax the Physician Report (Page 6).**
- **If requesting financial assistance, complete the Disclosure of Financial Need worksheet (Page 7).**
- **Submit all documents via FAX or MAIL (Proof of residency, application, consent, physician's report, and proof of guardianship of a minor. If requesting financial assistance, include Disclosure of Financial Need worksheet, and required financial documents).**

Required pages to submit in order to complete your application:

Page 2	**Page 3**	**Page 5**	**Page 6**	**Page 7**	**Page 8**

We understand this is a difficult time. Please fill out the information requested as much as possible. ☺

Please Fax Application to (714) 582-2958 **Mommy and Me Cancer Foundation**

PATIENT INFORMATION **Todays Date:_____**

Last, First Name	**Middle Initial**		**Date of Birth**
Street Address	**City**	**State**	**Zip Code**
Home Phone	**Cell Phone**		
Email Address (Required) This is how we will communicate to you.			
Marital Status	**If married, spouse's name**		**Care Giver/ Spouse Phone**
If a minor, list name of parent or guardian			

Cancer(s)	**Stage**	**Date Diagnosed**	**Cancer Center or Hospital**
How did you hear about MAMCF?			

DEMOGRAPHIC INFORMATION

Please circle the answer that best describes you. This information is used to help seek partners, collaborators and funding support for our programs.

Ethnicity: White Asian Black Hispanic Native Hawaiian or Pacific Islander American Indian & Native Alaskan

Military: Active Veteran N/A

Age Range: 18-25 years old 26-32 years old 33-38 years old 39-45 years old 45 and older

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Office Use Only: _Tier 1 _Tier 2 _ Tier 3 _No Photo _ Phase I _Phase II _Phase III _ Phase IV

CHILDREN INFORMATION

Child's Name	Age/Gender	Special Needs or Interests
1.		
2.		
3.		
4.		
5.		

Please mark the types of support you would like to receive. (X)

	Program	Type of Support
	"Purple Petals MAMCF Giving Tree"	This program offers financial assistance – meal cards, gas, utilities, housing expenses, out-of-pocket medical expenses, prescription or medical co-pays, hair loss replacement, or back-up childcare. *
	"It's A Beautiful Deigh"	This program offers peer support through quarterly "Mommy Luncheons" where moms who share the same frustrations can meet and find comfort in each other. This program also offers and an online blog for mothers to communicate with each other.
	"Kinsey's Corner"	This program offers family breaks and cancer related children's books.
	Resource Navigation	Resource Navigation – Assist with finding and or applying for other resources such as legal assistance, hospital bill forgiveness, life insurance advance benefit, social security, grant monies for meds and treatments, and/or even terminal illness dream fulfillment.
	Other	Fundraising link *

***** Disclosure of Financial Need worksheet and financial documents must be submitted to be eligible for financial assistance.

Please write down any of your special requests or needs:

_____

_____

_____

Informed Consent Form for Mommy and Me Cancer Foundation
Authorization to Disclose Confidential Information

PART I: Information Sheet

Introduction
Mommy and Me Cancer Foundation ("MAMCF") is an organization whose mission is to provide support and assistance to mothers with cancer who are raising minor children. Our goal is to provide a better quality of life for these families through peer and community support. MAMCF is a 501 (c)(3) non-profit charitable organization registered with the IRS. MAMCF invites you to participate in the organization as a beneficiary. As a beneficiary, MAMCF will make available to you support and possibly funding for treatments and/or other amenities in an attempt to enhance the quality of your life. Benefits offered by MAMCF are completely at MAMCF's discretion. Participation is completely voluntary and participation can be withdrawn at any time with written notice.

Purpose of the Organization
Cancer is a major public health problem in the United States. One in 4 deaths in the United States is due to cancer. As of 2008, overall cancer incidence rates and cancer deaths have decreased slightly.[1] While research and treatment continue to improve, cancer is still of major concern in the United States and available treatments and programs to help people with cancer can be very expensive and, therefore, inaccessible to many patients. MAMCF believes that women with minor children are particularly vulnerable to the stresses and expenses of cancer due to the multiple roles they play in life. Therefore, MAMCF's mission is to support young mothers with life-threatening cancer who have minor children.

Participant Selection
We are inviting women who have been diagnosed with cancer, and who are raising minor children (18 years or younger) to become a beneficiary of MAMCF. Beneficiaries will apply through an inquiry section included in the MAMCF website. Beneficiaries will be selected at the discretion of MAMCF taking into consideration the entire situation of a prospective beneficiary, including but not limited to their diagnosis, their family situation, and the struggles faced by the particular prospect.

Voluntary Participation
For those who decide to be a beneficiary, consent to share information of their story with the public (as described in greater detail) is required in order to promote and further MAMCF's mission. Because the intention is to qualify as a non-profit organization and participation by beneficiaries is completely voluntary, beneficiaries will incur no costs for any services or benefits received from MAMCF. Furthermore, no compensation will be paid for the use of any information in publications of any form. Participation may be withdrawn at any time with written notice.

Procedures and Protocol
MAMCF will choose beneficiaries which fit MAMCF's mission.

- *If a prospective beneficiary becomes aware of the services provided by MAMCF and would like to be considered as a beneficiary, that potential beneficiary may contact MAMCF. MAMCF's officers and board have complete discretion to choose its beneficiaries and set the requirements for beneficiaries.*
- *If an individual is seen to meet the requirements of MAMCF and resources are available to help that beneficiary, that individual will be extended an invitation to be a beneficiary and be asked to sign a Beneficiary Consent Form, indicating their desire to participate and also their consent to MAMCF to share certain information in order for MAMCF to fulfill its mission and to provide the best support and service possible.*
- *Beneficiaries will be required to participate in support group activities at least once a year in order to remain eligible to participate as a MAMCF beneficiary.*

[1] CA Cancer J Clin 2012;62:10–29. VC 2012 American Cancer Society

Duration
Participation is completely voluntary. You may also stop participating at any time. If you choose to stop participation, we ask that you please provide written notice to a MAMCF officer of your decision to cease participation. However, it is most beneficial for both the beneficiary and for MAMCF if participation of a beneficiary lasts for at least 1 year so that the beneficiary receives the full value of MAMCF's work. All applicants must re-apply each year to continue as a beneficiary.

Benefits
Benefits will be allocated to beneficiaries on a completely discretionary basis at the discretion of the officers and board members of MAMCF as resources are available. If you participate in MAMCF as a beneficiary, benefits may, but do not necessarily, include activities for the family, assistance with children, certain medication and/or treatments, support group consisting of the MAMCF family and affiliates as well as other beneficiaries going through similar situations. All participant beneficiaries will not be entitled to the same benefits and benefits will be allocated as the MAMCF officers and board feel is appropriate, considering each beneficiary's circumstances.

Reimbursements
Other than benefits allocated to beneficiaries on a discretionary basis by MAMCF, or as otherwise agreed to in writing, beneficiaries and others involved in MAMCF are not entitled to reimbursement for any costs, including travel costs, incurred due to participation in MAMCF.

Confidentiality
The information that is obtained by MAMCF on beneficiaries will be kept confidential amongst MAMCF team members other than the information consented to be shared. Please note that because this is a non-profit organization, donors will be solicited and public events will be held where information will be shared about beneficiaries, as consented to, and any individual taking part is likely to be more easily identified by members of the community.

Sharing the Results
The knowledge that MAMCF will obtain from its beneficiaries will be shared with the community and the public in order to promote and further the mission of MAMCF. Confidential information will be shared to the extent permitted and through the following outlets:

- *Online on the MAMCF web site and through social media sites*
- *Newsletters and letters – to donors, potential donors, beneficiaries, sponsors, etc.*
- *MAMCF promotional material – through any medium to the general public*
- As necessary to promote and further MAMCF's mission

I HEREBY AUTHORIZE MOMMY AND ME CANCER FOUNDATION TO SHARE:

- **First Name**
- **Diagnoses and treatment**
- **Age**
- **Children (Ages)**
- **Contact info which will be shared with other moms for peer support**
- **Photos of me and my children**

I grant to Mommy and Me Cancer Foundation, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Mommy and Me Cancer Foundation, its assigns and transferees to use and publish the same in print and/or electronically. I agree that Mommy and Me Cancer Foundation may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as awareness, publicity, illustration, advertising, and Web content.

I prefer not to have my photos used, but would still like to receive support. _____ (Check here) REQUIRED

Right to Refuse or Withdraw
Participation is completely voluntary. You may also stop participating at any time. If you choose to stop participating in MAMCF as a beneficiary, we ask that you please provide **written** notice to an MAMCF officer of your decision to cease participation. All personal information will cease to be used by MAMCF or shared within two weeks after written withdrawal of participation is received by MAMCF except that any information that has already been released will remain released.

PART II: Consent

Certificate of Consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a MAMCF beneficiary. I understand that I may cancel this consent at any time (by writing to MAMCF), but that cancelling it will not affect any information that has already been released. This consent is not affected by and shall not be terminated by reason of my subsequent disability or incapacity. Beneficiaries may revoke the rights provided in the release at any time by providing a request for revocation of rights conferred by the release in writing to their beneficiary advocate. This authorization shall terminate one year following my death or upon my written revocation expressly referring to this authorization.

I hereby release MAMCF from any liability that may accrue from the use, release, or disclosure of any of the confidential information which I hereby consent for MAMCF to share.

Signature of Participant _____ Date_____

Participant (Print Name) _____

Parent or Court Appointed Guardian (If Participant is under 18 years of age)
Parent or Guardian Signature _____ Date_____

Statement by MAMCF representative taking consent

I have accurately read out the information sheet to the potential participant. I confirm that the participant was given an opportunity to ask questions, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.
A copy of this Consent Form has been provided to the participant.

Print Name of Representation taking the consent_____

Signature of Representation taking the consent_____ Date _____

Required Medical Information from Medical Provider

[45 C.F.R. § 164.508 (c)(ii) & Civ. Code § 56.11 ©] HIPPA MEDICAL RELEASE

Name	**DOB**	**Phone**
Signature		**Date**

Physician's Report

This section must be completed by your oncology provider (Radiologist, Surgeon, PA, or NP). Please fax to (714) 582 – 2958.

Diagnosis	**Stage/Grade**
Date of Diagnosis	**Recurrence Yes/No**
Current Treatments	
Planned Surgeries/Procedure	

Physician Information

Name	**Title**
Address	**Phone**
Signature	**Date**

Description of the information to be released [45 C.F.R. § 164.508 (c)(i) & Civ. Code § 56.11 (d) & (g)] Telephonic conference and/or faxed documents between Mommy and Me Cancer Foundation, the above listed patient and doctor's office regarding patient's medical diagnosis, current treatment and history.

Description of each purpose for the use or release of the information [45 C.F.R. § 164.508 (c)(iv)] This information will be used for the sole purpose of evaluating the above patient for support services offered Mommy and Me Cancer Foundation. This HIPAA release is valid for a 365-day period from the patient's signature date shown above and only if signed by both the patient & oncologist's office.

Disclosure of Financial Need

MONTHLY HOUSEHOLD Income	**Before Cancer Diagnosis**	**After Cancer Diagnosis**
1. Your wages/salary (after taxes)	1.	1.
2. Spouse's/partners wages	2.	2.
3. Income – other contributing household members	3.	3.
4. Roommate/Boarder	4.	4.
5. Social security income	5.	5.
6. Social security disability income	6.	6.
7. Food stamps	7.	7.
8. General relief/Welfare	8.	8.
9. Unemployment insurance	9.	9.
10. Child support/Alimony	10.	10.
11. Life insurance proceeds	11.	11.
12. Settlements	12.	12.
13. Other	13.	13.
14. Total (Required)	14.	14.
MONTHLY HOUSEHOLD Expenses	**Before Cancer Diagnosis**	**After Cancer Diagnosis**
1. Housing – Rent, Mortgage, HOA	1.	1.
2. Gas, Electric, Water, Trash, Cable	2.	2.
3. Telephone (land or cell)	3.	3.
4. Food and household	4.	4.
5. Auto loan, Insurance, Gas, Repairs	5.	5.
6. Medical and/or Prescription Co-Pays	6.	6.
7. Medical or Hospital Bills	7.	7.
8. Health Insurance Premiums	8.	8.
9. Childcare	9.	9.
10. Monthly Club Membership Fees	10.	10.
11. Credit Cards	11.	11.
12. Other	12.	12.
13. Total (Required)	13.	13.

Balance: Checking $_____ Savings Account $_____ IRA/401K $_____

Office Use:

Required financial documents:

Copies of Individual ***and*** Spouse (Last 2 pay stubs and last year's cover page of tax return).

This disclosure will help to determine eligibility for financial aid. Your application is considered incomplete without these documents. Thank you for your application.