



How can GYNCA Help your Journey: (Please Circle)

Resources Mentor Gas Cards Financial Wig All

Would you like to be invited to our members only Facebook Group? Yes ___ No ___

Member Information: Single ___ Partnered ___ Married ___ Divorced ___ Widowed ___

Name: _____ DOB: _____

Address: _____ County of Residence _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Alternate Phone: _____

Email: _____ Employment: _____

Type of Cancer: _____

Current Attending Physician: _____

Do you have a family member or caregiver that you would like us to keep documented for our records? We also offer services to your families and others who care for you so that we can provide them with support as well. (Please fill out our caregiver form)

Name of Family Member or Caregiver: _____

Is there any other information you would like to share (medical, financial, prognosis, etc):

Signed by Member: _____ Date: _____

By signing this form, you grant GYN Cancers Alliance permission to get updates from your doctor as needed to verify treatment for Non-Medical Financial Assistance for 3 years from date signed.

Please send completed form either by email to liz@gynca.org or fax to 417-869-2221.



Fueled by Hope Gas Card Request

Gas cards are provided to members who are in **active treatment*** (chemo/radiation/infusions) for a gynecologic cancer regardless of income.

***Once you have completed your treatment, you no longer qualify for financial assistance, but our support services will always be available to you, and your family.**

Member Name: _____ Phone Number: _____

Member Address: _____

City/State/Zip: _____ County: _____

Miles traveled to treatment (round trip): _____ # of Trips per Month: _____

Preferred Gas Station (check one): Rapid Roberts ____ Casey's ____

By signing this form, you agree to the following:

I verify that I am currently seeing a doctor for treatment of a gynecologic cancer.

I understand this assistance is to be used for **fuel only**.

Gas cards are issued once per month and are never a guarantee.

The amount given is based on treatment schedule, gas card inventory, and mileage.

Signed by Member: _____

Gas cards are processed on the 15th of every month; please return this form by the 14th of each month. Each month you will receive your gas card support for the month, our monthly member newsletter, and additional gas card applications. Please fill your next month's support form and send back to GYNCA.

This form must be signed by the member in order to process this request. If not signed, it will be returned and could delay receipt of the gas card.

-----Do Not Write Below The Line - Office Use Only-----

Support Month _____ Company _____

Date Mailed / Delivered / Picked up _____ Approved/Denied by _____

Gas Card Number: _____ Amount \$ _____



Eligibility:

Cancer Diagnosis: The only qualification for a member to receive financial assistance for non-medical needs is a diagnosis of a gynecologic cancer or recurrence. Members must be currently undergoing chemo/radiation treatment or regular maintenance. **Once a member is no longer receiving chemo/radiation or regular maintenance, we are unable to offer financial assistance. We do, however, continue offering other resources in the community.** *Patient's medical status must be verified by a physician or physician's representative on a GYNCA Medical Certification form. We will update each member's treatment status quarterly to determine financial qualifications.*

Forms: Members seeking assistance will be required to complete all forms requested by GYNCA. Please complete the following forms: member information form, financial assistance application, non-medical financial assistance guidelines (*this form*), and medical certificate form (completed by someone in your gynecologic oncologist's/radiologist's office). Please sign each form and be aware we ask these are updated yearly. Members are asked to complete a Fueled by Hope gas card request form or a non-medical financial request form if they are requesting financial assistance.

Residence: A member receiving financial assistance from GYNCA must be a resident of Southwest Missouri and reside in one of these Missouri Counties: Barry, Barton, Camden, Cedar, Christian, Dade, Dallas, Dent, Douglas, Greene, Hickory, Howell, Jasper, Laclede, Lawrence, McDonald, Newton, Oregon, Ozark, Phelps, Polk, Pulaski, Shannon, St. Clair, Stone, Taney, Texas, Vernon, Webster, or Wright.

Insurance: We do not discriminate against anyone based on insurance status.

Terms and availability of non-medical financial assistance are subject to revision, amendment, or discontinuance at any time and at the sole discretion of GYNCA's finance committee and/or board of directors. Decisions made by these committees are final.

Requirements for all non-medical assistance requests: 1) Must be currently receiving chemo/radiation or regular maintenance, 2) Subject to board approval, and 3) If GYNCA has cash flow/funds available - funds are never guaranteed.

If you have questions, please call the GYN Cancers Alliance office at 417-869-2220.

I, _____, have read the "Emergency Non-Medical Financial Assistance Guidelines" form and understand its contents. I understand it is not a guarantee of funding.

SIGNATURE OF MEMBER

_____/_____/_____
DATE

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