



## Taylor County Moving For A Cure

### Treatment Access Grant Application Process

Dear Cancer Survivor,

Thank you for your interest in the Treatment Access Grant. Our organization is pleased to provide you the opportunity to offset expenses as you move forward with the treatment and survivorship from your cancer diagnosis. There is no age requirement for this grant. We encourage all individuals regardless of age to apply for this grant.

To apply for this grant, the following requirements must be met:

- 1) A resident of Taylor County for at least one year (must provide address for verification).
- 2) Surgery in the last year for cancer with no treatment required\*, received or currently receiving chemotherapy, radiation and/or other treatment from a licensed/certified oncology healthcare provider diagnosed **as of May 2020**.
- 3) Provide a letter from a licensed/certified oncologist stating you have received or currently receiving treatment **as of May 2020 or**
- 4) If you required surgery but no treatment for your cancer, a letter from a certified/licensed surgeon or physician confirming surgery and cancer diagnosis **as of May 2020**.

We will provide a one-time per year stipend of \$1,000.00. If you have been awarded a stipend from this fund previously, priority will be given to new applicants through December 2021. Those individuals who have been awarded stipends in the past will not be notified until January 2022 on the status of their application.

There are no requirements on how this money must be spent. Our hope is this funding will provide you some financial relief with paying costs toward such items as personal bills, gas for travel to appointments, groceries, and deductibles towards your costs associated with treatment or childcare.

This fund is made possible from the monies raised during our annual Taylor County Moving for a Cure Stepping Strong 5K event. Once funds are depleted for the year, we cannot award any additional funding for that current year. You can only apply one time per year for this fund. Taylor County Health Department will review the applications to ensure all requirements have been met. Please contact Patty Krug, Taylor County Health Department, at 715-748-1410 for any questions.

Applications can be accessed on our website: <http://tcmoving4cure.com/> or at Taylor County Health Department (224 South Second Street, Medford). Applications will be available starting **June 1, 2021**. **We will not accept applications prior to this date. We will continue to accept applications until all funds have been distributed.**

\*skin cancer diagnosis other than melanoma will be reviewed by the committee



## Taylor County Moving For A Cure

### Treatment Access Grant Application

#### CONFIDENTIAL

**Applications will be available on June 1, 2021 and accepted until all funds have been distributed. We will not accept applications prior to June 1, 2021. All ages are accepted for this grant who meet the requirements.**

To apply for this grant, the following requirements must be met:

- 1) A resident of Taylor County for at least one year (must provide address for verification).
- 2) Received or currently receiving chemotherapy, radiation and/or other treatment from a state licensed/certified oncology healthcare provider as of May 2020.
- 3) Provide a letter from a licensed/certified oncologist stating you have received or currently receiving treatment as of May 2020 **or**
- 4) If you required surgery but no treatment for your cancer\*, a letter from a certified/licensed surgeon or physician confirming surgery and cancer diagnosis as of May 2020.

We will provide a one-time per year stipend of \$1,000.00. If you have been awarded a stipend from this fund previously, priority will be given to new applicants through December 2021. Those individuals who have been awarded stipends in the past will not be notified until January 2022 on the status of their application. There are no requirements on how this money must be spent. Our hope is this funding will provide you some financial relief with paying costs toward such items as personal bills, gas for travel to appointments, groceries, and deductibles towards your costs associated with treatment or childcare.

Please make sure that all sections of this application are complete and have original signatures. Applications can be emailed, fax, placed in the mail or brought to the health department. We will not accept the applications until June 1, 2021 and all requirements are met.

Mail: Taylor County Health Department  
ATTN: Patty Krug  
224 South Second Street Medford, Wi. 54451

Email: [patty.krug@co.taylor.wi.us](mailto:patty.krug@co.taylor.wi.us)

Fax: 715-748-1417

\*skin cancer diagnosis other than melanoma will be reviewed by the committee

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Phone number: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

How long have you lived at this address \_\_\_\_\_ Years

If less than a year, previous address: \_\_\_\_\_

How long did you live at this address: \_\_\_\_\_ Years

**ONCOLOGY HEALTH CARE PROVIDER**

Physicians Name: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

**(Please check one) Received or Currently Receiving Treatment as of May 2020.**

Radiation \_\_\_\_\_ Chemotherapy \_\_\_\_\_

Other (please list type of treatment) \_\_\_\_\_

**Surgeon/Physician Provider if no treatment required for your cancer as of May 2020.**

Physicians Name: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Date of surgery/cancer diagnosis \_\_\_\_\_

**How did you hear about this fund?** \_\_\_\_\_

**Have you received money from this fund in the past?** Yes \_\_\_\_\_ (Year \_\_\_\_\_) No \_\_\_\_\_

**I certify that the above information is true and complete to the best of my knowledge.**

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*skin cancer diagnosis other than melanoma will be reviewed by the committee