



Application ID: _____
For internal use only.

2021 EMERGENCY ASSISTANCE APPLICATION

APPLICANT INFORMATION:

Patient Name: _____ DOB: _____ Today's Date: _____

Address: _____

Phone: _____ E-mail: _____

If applicant is a minor, Parent/Guardian Name and Phone: _____

Female Male Other English Speaking? Yes No, L language: _____

Ethnicity: Asian Black or African American Hispanic or Latino Native American

Native Hawaiian or other Pacific Islander White Other _____

Annual Household Income: _____ Household Size: _____ Are you receiving Governmental Assistance? Y / N

Primary Cancer: _____ Stage: _____

Residence City: _____ Treatment City: _____

Please explain why assistance should be granted to you and why it is medically necessary (attach separate sheet if needed):

- I give permission for my healthcare representative to release the information disclosed herein to The Journey Fund.
- I give The Journey Fund permission to communicate with my healthcare representative regarding this application.
- I understand the grant amount will be determined by The Journey Fund.
- I give my permission for my photographs, quotes, or videotape images to be used for publicity in publications or other media formatted. Please initial _____
- I would like to be considered for The Journey Assistance Program Application

Applicant Signature: _____

HEALTHCARE REPRESENTATIVE INFORMATION:

Name: _____ Phone: _____

Facility Name: _____ E-mail: _____

- I have verified that this patient is in active treatment.
- I have exhausted all other resources in efforts to find assistance for applicant.

Healthcare Representative Signature: _____

*** Please note, your application will be reviewed within 30 days of submission date. Submit the completed application to:**

akelson@nwmonline.com

CRITERIA FOR EMERGENCY ASSISTANCE APPLICATIONS

1. Applicant is in active treatment.
2. Applicant is a South Puget Sound resident or is receiving treatment at a facility located in South Puget Sound.
3. Applicant is **financially eligible**, as defined below, OR the request is for a service and/or product that is **medically necessary**, as defined below.
 1. An applicant is financially eligible if he or she receives an annual income, after taxes, of 250% or less of the current federally established poverty level. Annual income includes both earned income and unearned income (public assistance, investment etc.) *Please see chart below.*
 2. A service or product is “medically necessary” if it directly contributes to cancer-related diagnosis, treatment or recovery.
4. Applicant has exhausted all other resources.
5. Applicant has not exceeded the limits, as defined below, for emergency assistance.
 1. An applicant is limited to receiving Emergency Assistance once every 12 months. The amount received may not exceed \$350 in any 12-month period.
 2. The Application Committee may, in its discretion, approve a request that exceeds the \$350 limit if the applicant is financially eligible AND the request is for a service and/or product that is either medically necessary OR a life necessity.
 - a. A service or product is a life necessity if it is something a person needs in order to survive. Life necessities include, but are not limited to, shelter, food, and utilities.

Survivorship: An emergency application will survive the death of an applicant if:

1. The application is pending at the time of death;
2. The application would meet the Emergency Application Criteria if the applicant was alive; and
3. A surviving spouse, partner, child, or next of kin has confirmed that the need for emergency assistance still exists at the time the application is considered.

Applications that meet this criteria will be considered by the Application Committee on a case-by-case basis.

Federal Poverty Guidelines 2020-2021

Persons in Family/Household	Annual Income (250% of FPG)	Monthly Income (250% of FPG)
1	\$31,900	\$2658
2	\$43,100	\$3592
3	\$54,300	\$4526
4	\$65,500	\$5458
5	\$76,700	\$6392
6	\$87,900	\$7326
7	\$99,100	\$8258
8	\$110,300	\$9192

*For family units with more than 8 members, add \$11,200 annually (\$934/month) for each additional member to meet the 250% of federal poverty guidelines.

Updated 3/18/2021