Inform. Prevent. Support.

Internal Use Only	Submission Date: ______
Reviewers: ______	Review Date: ______

Blue Note Fund Application

The mission of the Colon Cancer Alliance is to help you live a longer, better life. We wish we could help every colon cancer patient facing financial concerns. The founders of the Blue Note Fund hope that this assistance can offer you hope during your time of need.

Key Things You Need to Know:

- All information you provide will be strictly confidential.
- We are accepting applications on a rolling basis, while funds last.
- The Blue Note Fund review team is made up of three survivors and one Colon Cancer Alliance staff member.
- The team will review applications and notify recipients quarterly.
- If you are selected, this is a one-time award of $300.

To Qualify for this Financial Aid:

- You must currently be in active treatment.
- Your yearly combined family income has to be equal to or less than $75,000.
- You must provide last year's tax return.
- You must submit a completed application. All fields below are required. Incomplete applications will not be reviewed.

If you have questions regarding this application, you can reach us by email at bluenotefund@ccalliance.org, or call 1 (877) 422-2030.

Applicant Information

First Name: ______ Last Name: ______

Street Address: ______

City: ______ State: ______ Zip: ______

Phone Number:

Home: (   ) ______ Cell: (   ) ______ Work: (   ) ______

Email Address: ______

Date of Birth: ____/____/____ ☐ Male ☐ Female

Ethnicity: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Pacific Islander ☐ Other ☐ Prefer not to disclose

Medical Information

Date of Diagnosis: ____/____/____

Type of Cancer: ☐ Rectal ☐ Colon Stage: ______

Are you in active treatment? ☐ Yes ☐ No

Doctor Name: ______

Hospital/Clinic: ______

Street Address: ______

City: ______ State: ______ Zip: ______

Phone Number: (   ) ______ Email: ______

Name of person completing this application if different from above:

______

Phone Number: (   ) ______ Email: ______

Your relationship to the applicant:

☐ CCA Support Staff ☐ Family Member ☐ Nurse ☐ Doctor
☐ Social Worker ☐ Patient Friend ☐ Other

Continued

Blue Note Fund Application

Page 2

Insurance and Financial Information

Are you currently covered by health insurance? ☐ Yes ☐ No

Does your health insurance cover prescription drugs? ☐ Yes ☐ No

Are you eligible for Medicaid, Medicare, VA Care, Charity Care or any other insurance? ☐ Yes ☐ No

Please indicate all that apply: ______________________________

Are you currently employed? ☐ Yes ☐ No

Number of people in household: __________

To qualify for this aid, the total yearly family income must be equal to or less than $75,000. See line 37 of your tax return. Do you meet this requirement? ☐ Yes ☐ No

Total annual family income stated on last year's tax return: ____________________

☐ With this application, I have provided a copy of **last year's tax return**. I understand that if I do not provide a tax return, I am not eligible for this aid.

If your financial situation has changed from the last year's tax return, please describe:

____

____

____

Please describe the cancer-related expenses with which this aid would help. (i.e., transportation costs, co-pays, medications, other):

____

____

____

____

____

Please mail your completed application and a copy of last year's tax return to:

Colon Cancer Alliance
1025 Vermont Ave., NW
Suite 1066
Washington, DC 20005

You can also email your application to: bluenotefund@ccalliance.org

Or fax to: (866) 304-9075

Please be aware that funds are limited and based on availability. Patients must meet the CCA's eligibility requirements. The CCA understands that cancer can devastate family's financial resources and want to keep this process as stress-free as possible for you. Your application will be reviewed, and you will be contacted within 14 business days of the receipt of your complete application.

By signing below, you agree that the information on this application is complete and accurate and can be verified by the Blue Note Fund review team.

Signature: ______________________________ Date: __________