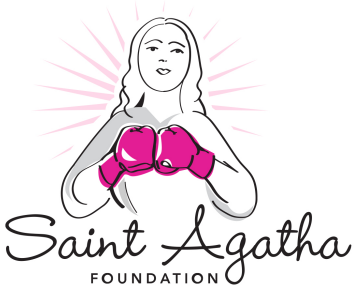
Financial Assistance

Laurie Mezzalingua, a breast cancer patient for 12 years, established the Saint Agatha Foundation in 2004 to provide financial assistance to individuals in Central New York State who are afflicted with breast cancer. The Foundation is dedicated to providing support, comfort and care to breast cancer patients through financial assistance programs. The Saint Agatha Foundation provides support, allowing patients to focus on their treatment, not their bills.

At the Cancer Resource Center, we understand that even a modest amount of support can make a meaningful difference for someone whose medical condition or personal circumstances leave them with a financial burden that impacts their quality of life and ability to receive treatment. With the St. Agatha Fund, we can provide up to $1,000 in support to individuals who are in active treatment (including hormonal treatment) for breast cancer and live in or receive care in Tompkins County. This grant has no financial eligibility requirements, and recipients of this grant have no responsibility for repayment. This grant is given freely.



CANCER RESOURCE CENTER
OF THE FINGER LAKES
A Member of Centralus Health

Financial Assistance Application

The Saint Agatha Foundation grant is designed to help support individuals who are currently experiencing financial hardship due to breast cancer-related issues. Gifts have no responsibility for repayment by the individual or any other party. *Maximum grant per calendar year is $1,000.*

Date of Birth: **Amount Requested:**

Patient Name:

Address:

Phone: **Email:**

Use the space below to *specifically state your need* and please note that the more clearly you state your situation and the reason for your request, the more likely we are going to be able to help.

How did you hear about CRC's Financial Assistance Program?

What is your primary health issue that this request will help improve?

Use the space below to provide any additional information you would like us to know about your situation when considering your request.

Oncologist Information:

Care Provider Name:

Phone:

Diagnosis:

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Applicant Signature

Date

Return completed application to:

Cancer Resource Center of the Finger Lakes
840 Hanshaw Road, Suite 5, Ithaca, NY 14850 or bert@crcfl.net

Once the application is reviewed by CRC staff, you will be notified by email or phone as to whether or not you qualify for financial assistance.

Thank you!

FOR OFFICE USE ONLY BELOW

Name of Staff Reviewing Request:

Amount Requested:

Amount Approved:

Staff Signature

Date

Date Treatment Confirmed:

Note: