



Access to Care: Patient Emergency Fund

As the novel coronavirus (COVID-19) continues to affect the world at-large, Lung Cancer Initiative feels the urgency of carrying out our mission now more than ever. Lung cancer survivors are a particularly high-risk group for this virus and we are committed to continuing to provide support to the lung cancer community through the duration of this pandemic.

The Access Grant Program allows LCI to address other barriers to lung cancer care beyond transportation. LCI awards up to three access grants with each grant providing up to \$10,000 to assist community organizations, medical institutions or other partners in enhancing access to lung cancer screening, treatment, clinical trials, comprehensive biomarker testing or precision medicine for uninsured or underinsured individuals.

In 2020, Lung Cancer Initiative has allocated one \$10,000 access grant to create the Patient Emergency Fund. This fund is designed to support lung cancer patients and their families who have been financially impacted by the coronavirus pandemic. Through the Patient Emergency Fund, LCI hopes to help lung cancer patients stay healthy and to meet their basic needs throughout the COVID-19 pandemic.

LCI realizes that this is a critical time for lung cancer patients, when barriers to treatment are larger than ever. Through the Patient Emergency Fund, lung cancer patients will be able to apply for a stipend of \$250 to help with healthy food costs, transportation and other non-medical expenses. Patients will complete a 2-page application that includes a signature from their healthcare provider. The healthcare provider signature ensures the patient is a lung cancer survivor actively receiving treatment.



LUNG CANCER INITIATIVE
of North Carolina
A NETWORK OF HOPE AND ACTION

5171 Glenwood Ave. Suite 401
Raleigh, NC 27612
(919) 784-0410

Access to Care: Patient Emergency Fund

In response to the coronavirus pandemic, Lung Cancer Initiative of North Carolina is offering the Patient Emergency Fund to provide financial support for lung cancer patients to help with healthy food costs, transportation and other non-medical expenses during this time.

Dear Applicant:

Below are the guidelines to assist you with the completion of the paperwork necessary to apply for the patient emergency fund.

Applications may be sent to:

Mail: Colleen Christensen

5171 Glenwood Ave, Suite 401

Raleigh, NC 27612

Email: cchristensen@lungcancerinitiativenc.org

Fax: 919-784-0416

Directions to Apply

1. **All questions must be answered** in order to be considered for fulfillment.
2. Applications must have a **signature from the healthcare facility**. The **patient's signature** is optional, as we are aware many lung cancer patients are rescheduling in-person appointments and not able to physically sign.
3. Once we receive the application, please allow **2 weeks** for the application to be processed.
4. After the application is processed and approved, a Visa gift card for \$250 will be mailed to the patient's address. Colleen will email the healthcare provider to notify when the check has been mailed.

Guidelines

1. Applicants must be a resident of North Carolina.
2. Applicants must currently be in treatment for lung cancer.
3. Lung Cancer Initiative has allotted \$10,000 for this program. Once these funds have been depleted, the emergency funds will no longer be available. Please check with Colleen Christensen to check the status of the program.
4. A patient may only apply once for these funds.
5. If possible, please submit application by email. Due to our staff working remotely, mailed and faxed applications may not be received until up to a week after sending the application.



Access to Care: COVID-19 Patient Emergency Fund Application

Name of Applicant: _____

Date: _____

Address: _____

Date of Birth: _____

Phone Number: _____

Email address (required): _____

All demographic information is collected for reporting purposes only. This information has no bearing on the approval of this application.

1.) Please, specify your ethnicity. (Please check)

<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino
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2.) Please, specify your race. (Please circle all that apply)

Native American	Native Hawaiian/Other Pacific Islander
Asian	White/Caucasian
Black or African American	Other: _____

3.) What is your total household income each year? (Please circle)

Less than \$10,000	\$30,000 to \$39,999	\$75,000 to \$100,000
\$10,000 to \$19,999	\$40,000 to \$49,999	\$100,000 or more
\$20,000 to \$29,999	\$50,000 to \$75,000	

(Please answer the following questions by checking the boxes with an X or √)

4.) Has your employment status changed due to the coronavirus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a.) If working, have you had to reduce hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b.) If not currently working, did you have to take temporary leave or quit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



6.) Please describe your need for financial assistance at this time:

7.) How did you find out about this emergency fund program? (Please circle)

Cancer Treatment Center	Primary Care Physician
Another Lung Cancer Patient	Friend or Family Member
Online	Other: _____

Healthcare Facility Information

Name of the facility where treatment will be received: _____

Address of facility: _____

Name of Physician: _____

Healthcare Facility Contact Person: _____

Email of Contact Person: _____

Phone Number of Contact Person: _____

Diagnosis: _____

Is the patient currently enrolled in a clinical trial? (please circle one) Yes No

Signature of Patient (optional): _____

Signature of Contact from Healthcare Facility: _____