

Princess Nora's Warrior Foundation

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Assistance Program Policies and Guidelines

Through fundraisers and other private donations, Princess Nora's Warrior Foundation (PNWF) can financially assist families with children currently undergoing treatment, chemotherapy or radiation with the following:

- ★ Payment of electric, water or gas bill
- ★ Payment towards a vehicle, rent or mortgage
- ★ Other bills/financial needs can be reviewed and considered on a case-by-case basis.

Please note - phone/internet/cable bills will not be considered for payment

All requests made will be presented to and reviewed by our board members prior to payment. Please remember that submitting household bills or requests for payment is not guarantee of payment.

PNWF is not responsible for any late fees or disconnect/reconnect fees. If you are unsure if your request has been approved and your payment has been made, please contact PNWF at the number above, as well as the company you have requested payment to in order to avoid any late fees or interruption of services. Always make the payment due if you are unable to verify payment has been made by PNWF. When payments from PNWF are posted, you will have a credit for the following month.

Examples of Requests that will be Reviewed for Payment

- ★ Utility payments including electric, water, and/or natural gas bills from the provider that services the county in which you reside (ex: Entergy)
- ★ Automobile payments or automobile insurance payments may be considered on a case-by-case basis.

A requirement of reviewal and payment is that you must submit a copy of the current bill and the address must match your current address; however, the account does not have to be in your name to be considered.

If you have questions or concerns, please do not hesitate to contact the foundation at the phone number or email provided above.

Through fundraisers and other private donations, PNWF is able to provide gifts to cancer warriors for emergency needs, such as gasoline cards. All requests must come to PNWF via our universal application. Because of the demand for assistance, oral requests cannot be accepted. Incomplete applications also cannot be considered. Our funds are limited, therefore, the more information we have the easier it is for us to make good and timely decisions regarding assistance.

It is our goal to provide an answer regarding assistance as soon as possible. Please allow 5-7 business days for all types of assistance. As funds are limited, it is not a guarantee that you will receive gifts each month.

**Your application will stay active for a period of (3) (6) months before a new application will need to be submitted. After this time period, your application will be professionally shredded for confidentiality.*

The following requests for assistance will currently be considered:

1. Transportation Needs, to include:
 - a. Gasoline – provided via gas card(s)
 - b. Travel needs for out-of-town treatment – provided via hotel discounts

Requests for assistance are considered on a case-by-case basis. Applications will be evaluated on:

- ★ Inability to pay for expense out-of-pocket based on assets and income level
- ★ Urgency of need
- ★ Availability of PNWF funding

****Priority will be given to those whose prolonged treatment has prevented them from working, have no medical insurance, or those with extremely limited financial means/support.***

Princess Nora's Warrior Foundation
Application for Assistance

Date of Application: _____ Application Completed By: _____

Patient Information

Full Name of Patient: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zipcode: _____

Primary Phone: _____ Secondary Phone: _____

E-Mail: _____ # of people in household: _____

Marital Status: _____ Social Security Number: _____

Parent(s) Place of Employment: _____

Additional people we may speak to regarding your application:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Screening or Diagnosis/Treatment Information

Cancer Type: _____ Approx. Date of Diagnosis: _____

Physician's Name: _____ Treatment Start Date: _____

Current Type of Treatment: _____

Surgery Dates, if applicable: _____

Medications Taken Regularly: _____

Insurance and Financial Information

Do you have Medical Insurance (including Medicaid, Medicare,
or Private Coverage) YES _____ NO _____

If Yes, List Insurance Provider: _____

Estimated Monthly Household Income: \$ _____

*Include all income from those living in household. Income is defined as: Wages,
Unemployment, Disability, Other Retirement, Social Security)

Reason for Request

Please explain how a cancer diagnosis has affected your financial situation:

Please briefly describe request for funds: (Please read policies and guidelines first)

Amount of Request: \$ _____

Please list other sources of assistance being sought/received so that we may
appropriately provide referrals:

How did you hear about our Foundation?

Disclaimer, Release, and Signature

I attest that I have read the policies and guidelines for PNWF's patient assistance program. Furthermore, I certify that my answers on this application are true and complete to the best of my knowledge.

I hereby authorize PNWF to release or disclose my medical, demographic, and financial information only as necessary to those entities engaged on my behalf.

I hereby authorize any physicians listed above to release or disclose medical, financial and demographic information as necessary to PNWF in order to provide for my continuum of care and best access to resources.

I understand that false or misleading information in my application may require the return of patient assistance funds.

Signature: _____ Date: _____

Printed Name: _____

Relationship to Patient: _____

****Please provide a copy of your most recent follow-up visit from Oncology.***