

Wyoming Foundation for Cancer Care Financial Assistance Application Checklist

Please submit all required documents listed below.
Incomplete applications will not be accepted.

Required Documents

1. Completed Financial Assistance Application Form
2. Valid Wyoming Identification
 - A current Wyoming Driver's License or State-Issued ID
3. Oncology Clinic Notes
 - Must be from your treating oncologist
 - Must state your current treatment plan
 - Notes must be dated within the last 30 days

Please note: A letter from your oncologist will not be accepted.
4. Copies of Non-Medical Bills
 - Must be unpaid and dated within the last 30 days
 - Examples include: rent, utilities, phone, etc.

If Requesting Lodging Assistance

Please provide the following hotel information:

Hotel Name: _____

Hotel Address: _____

Hotel Phone Number: _____

Confirmation Number: _____

Reservation Dates: _____

Reminder: Please book directly through the hotel.

If Requesting Gas Assistance

Please provide:

Vehicle Type: _____

Round-Trip Mileage (home to treatment center): _____ miles

Dates of Travel: _____

WFCC will calculate the reimbursement amount based on this information.

How to Submit

Please submit all requested information via:

Email: admin@wyofcc.org

Mail:

Wyoming Foundation for Cancer Care

441 Landmark Dr., Suite 300

Casper, WY 82609

FINANCIAL ASSISTANCE APPLICATION
PLEASE FILL IN ALL BLANKS



Amount Approved Prior: \$ _____
Legal Name: _____ DOB: _____ Gender: _____
Ethnicity: _____ Phone #: (_____) _____
Mailing Address: _____

City: _____ Zip Code: _____
Employer: _____ (N/A if not applicable)
Cancer Type: _____
Treatment Facility: _____ City: _____ State: _____
Physician(s): _____
Insurance Provider(s): _____ (N/A if not applicable)

Funding Category Requested – Please Check All That Apply:

- ☐ Car Expense (car payment, insurance, etc.) Provide bill info below.
- ☐ Housing (Rent, Mortgage, Insurance, etc.) Provide bill info below.
- ☐ Food/Groceries (please include requested amount)
- ☐ Travel/gas provide roundtrip mileage and dates of travel
- ☐ Lodging (**please include hotel info, hotel confirmation and reservation dates**)
- ☐ Misc/Other: _____

Amount: \$ _____	Company/Name: _____
Amount: \$ _____	Company/Name: _____
Amount: \$ _____	Company/Name: _____
Amount: \$ _____	Company/Name: _____

Total Amount Requested: \$ _____ (Must not exceed \$750)

Name of Individual Submitting Application: _____

Please carefully review the following statements and sign below to indicate your agreement with the terms outlined.

- *I understand that Wyoming Foundation for Cancer (WFCC) does not provide emergency funding.*
- *I understand that WFCC will **not** reimburse previously paid expenses, and all bills submitted must be current (within 30 days).*
- *I understand that if requesting lodging assistance, I am responsible for choosing my hotel and making my own reservation and providing hotel information, confirmation number & reservation dates to WFCC.*
- *I understand that WFCC will **not** accept Airbnb for lodging OR reservations made through 3rd party agencies (Kayak, Expedia, Priceline, etc.)*
- *I understand that WFCC will **not** accept incomplete applications (please reference checklist).*
- *I understand that WFCC may assist up to \$750 per patient, per year, however, application submission does not guarantee funds.*

Patient Signature: _____ **Date:** _____

For Foundation Use Only

Patient #: _____ Request #: _____ Date of Review #: _____ Check #: _____

APPROVED

DENIED

Reason for Denial: _____

Emily Walsh, Office Coordinator: _____ Date: _____

Executive Director: _____ Date: _____