

# Cancer Assistance Foundations

<b>Breast Cancer</b>					
Name of Foundation	Type of Cancer	Other info	Application info	Amount	Contact info
Pink Diamond Women's Cancer Fund (Cancer Recovery Foundation of America)	Breast	Only utility and rental fee bills will be considered. A utility request is defined as a heating, electrical or water bill.	<p>The Pink Diamond Fund is a <b>quarterly distribution program</b>. Open submission periods for quarterly applications are as follows. Applications received before or after the open period will <b>NOT</b> be considered.</p> <ol style="list-style-type: none"> <li>1. <b>Q1: March 1<sup>st</sup> – 10<sup>th</sup></b></li> <li>2. <b>Q2: June 1<sup>st</sup> – 10<sup>th</sup></b></li> <li>3. <b>Q3: September 1<sup>st</sup> – 10<sup>th</sup></b></li> <li>4. <b>Q4: December 1<sup>st</sup> – 10<sup>th</sup></b></li> </ol> <p><b>Download app at website.</b> Must include narrative by social worker/navigator.</p>	\$250/yr	<p><a href="http://cancerrecoveryusa.org/receive-hope/pink-diamond-fund/">http://cancerrecoveryusa.org/receive-hope/pink-diamond-fund/</a></p> <p><a href="mailto:info@cancerrecovery.org">info@cancerrecovery.org</a></p>
The Pink Daisy Project	Breast <45yo	short term assistance for women < 45 who are within three months of breast cancer treatment or reconstruction due to breast cancer. unable to assist with bills, rent, insurance, co-pays, etc. However, we can help you offset your budget by offering gift cards for groceries, restaurants and gas.	email us at: <a href="mailto:info@pinkdaisyproject.com">info@pinkdaisyproject.com</a> for the online application. Must provide documentation of diagnosis from MD on letterhead also.		<p><a href="mailto:info@pinkdaisyproject.com">info@pinkdaisyproject.com</a></p> <p><a href="http://www.pinkdaisyproject.com/">http://www.pinkdaisyproject.com/</a></p>
Pink Hearts of Hope Fund (We Believe Foundation)	Breast 15-29yo	Cover expenses due to any cancer including; co-pays, prescriptions, over-the-counter drugs and tools, fertility preservation, transportation expenses, lodging.	<p><b>Currently closed as of 4/2015. Check back in September 2015.</b></p> <p><b>**9/3/15-left vm inquiring about status of program funds.</b></p>	<b>Maximum award is \$3500</b>	<p>We Believe Foundation 4808 Briercrest Ct Bowie, MD 20720 (240) 232-7795</p> <p><a href="http://www.wbfinc.org/">http://www.wbfinc.org/</a></p>
Catherine H. Tuck	Breast	provides financial aid grants for	All applicants must be able to provide documentation		<b>The Catherine H. Tuck Foundation</b>

<b>Foundation</b>		basic necessities of life to women and men who are in active treatment for breast cancer and struggling financially as a direct result of the diagnosis and treatment.. We will make payments for non-medical expenses for things like; rent, utilities, transportation for treatment, childcare during treatment, and food.	that they were working for at least 4 months (16 hours/week min) out of the 12 months just prior to their breast cancer diagnosis.  A letter from the treating doctor is now required along with the medical form. All of the instructions are on the application.  See website for specific requirements.  Download app from the website. In order to protect your personal information, we accept applications and medical forms only via US mail or by fax, (888) 411-5598. We cannot accept an application via email.		1507 7th Street, Ste. # 602 Santa Monica, CA 90401  <b>Email:</b> <a href="mailto:Info@catherinefund.org">Info@catherinefund.org</a>
<b>Sister's Network, Inc.</b>	Breast (African American)	Medical related lodging, rent, mortgage, utilities, copays, prostheses.	Priority given to those in active chemo/radiation. Print app from website.		<a href="http://www.sistersnetwork.org">www.sistersnetwork.org</a>  2922 Rosedale St. Houston, TX 77004 713.781.0255 866.781.1808 f 713.780.8998
<b>Strings For A Cure</b>	Primarily breast cancer	GIFT CARD PROGRAM. We provide gas, grocery and pharmacy gift cards, comfort baskets and medical grants to help ease patients' emotional and financial burdens from diagnosis to survivorship.  Allow 8-10 weeks for processing.	Provides \$100 gas, grocery and pharmacy gift cards during the patient's cancer journey. Breast cancer patients are eligible to receive <b>a total of 2 gift cards within an (18) month period</b> . When eligible for the 2 <sup>nd</sup> gift card (a minimum of 6 months after receipt of the 1 <sup>st</sup> gift card) the patient must complete a new Gift Card app to request the next one.  <b>Criteria:</b> new breast cancer diagnosis or a diagnosis of a recurrence within the last year. Currently <b>in active tx</b> for the new diagnosis or recurrence. Long-term hormonal therapies are NOT considered ACTIVE tx. In order to confirm your diagnosis, first time applications <b>must</b> submit the following documentation with your app: *signed letter from MD treating the cancer indicating the diagnosis and that you are in active tx.	\$100	<a href="https://www.stringsforacure.org/sfac-programs/gift-card-program/">https://www.stringsforacure.org/sfac-programs/gift-card-program/</a>  <a href="mailto:elisa@StringsforaCURE.org">elisa@StringsforaCURE.org</a>  <b>Mailing Address:</b> Strings for a CURE P.O.Box 9823 Erie, PA 16505

			<p>*Treatment plan/schedule from the facility where you are being treated that includes your name and the plan or schedule for your active treatments.</p> <p>Print application from the website.</p>		
<b>Strings For A Cure</b>	Breast only	<p><b>MEDICAL GRANT PROGRAM:</b> Applicant must be a <u>breast cancer patient</u> who is a US citizen and permanent resident of the US and <u>lives within a 60 mile radius of Erie, PA.</u></p> <p>Allow 6-8 weeks for processing.</p>	<p>The award period for the grant is July 1-June 30 with budget reevaluation at the beginning of each fiscal year.</p> <p>The grant is for use only on the following expenses: MD copays, lymphedema garments and supplies, scripts and copays for meds, medically necessary supplies prescribed by MD.</p> <p>This grant is for medical expenses only. Not for living expenses such as rent, mortgages, utilities, food.</p> <p>Download app on website.</p>	\$650	<p><a href="https://www.stringsforacure.org/sfac-programs/medical-grants/">https://www.stringsforacure.org/sfac-programs/medical-grants/</a></p> <p><a href="mailto:elisa@StringsforaCURE.org">elisa@StringsforaCURE.org</a></p> <p><b>Mailing Address:</b> StringsforaCURE P.O.Box 9823 Erie, PA 16505</p>
<b>The Pink Fund</b>	Breast only	<p>The Pink Fund distributes short-term financial aid for <b>basic living expenses</b> on behalf of breast cancer patients who have lost all or a part of their income during active tx. Payments are made directly to creditors.</p> <p><b>Who does NOT qualify for aid from The Pink Fund?</b> <b><u>You do NOT qualify if:</u></b></p> <ul style="list-style-type: none"> <li>*You were unemployed at the time of your diagnosis, or cannot show a reduction in your income as a result of your diagnosis.</li> <li>*You are currently receiving monthly financial aid through the State and/or Social Security Disability.</li> <li>*You are retired and receiving a monthly pension check from your former employer and do not require a 2<sup>nd</sup> job to pay for basic monthly living expenses.</li> <li>*You are working in an</li> </ul>	<p><b>Basic living expenses</b> considered are health insurance premiums, mortgage, rent payments, car payments, car insurance or utilities. The Pink <b>Fund does not make payments for</b> any medical treatments, scripts (including hormone therapy), medical co-pays, insurance deductibles, prostheses, wigs, food, gasoline or car repairs.</p> <p>For the purposes of The Pink Fund, active tx does not include long-term hormonal therapies.</p> <p><b>The first step in the app process is to answer 5 questions which will determine if you meet our guidelines.</b> Once those questions are answered, and provided you meet our guidelines, you will be able to download our application.</p>	Up to 3 months with a cap of \$3,000	<p><a href="http://thepinkfund.org/do-i-qualify/">http://thepinkfund.org/do-i-qualify/</a></p> <p>Toll free 877-234-PINK (7465)</p> <p>The Pink Fund PO Box 603 Bloomfield Hills, MI 48303</p>

		unrecognized revenue producing position in which you are currently not paying federal or state taxes, or receiving cash under the table which is not reported to the government (babysitting, grass cutting, dog watching, etc...)			
<b>The Pink Tie Affair</b>	Breast  Pittsburgh Area	Our purpose is to assist <u>men and women</u> in the Pittsburgh area who are challenged with breast cancer. We focus our support by providing financial assistance to those who have come to us during their difficult struggle with breast cancer.	The Pink Tie Affair only accepts printed and signed applications. Print the app from the website and include as much info as possible. Please include a letter from your MD on letterhead stating the type of tx you are currently receiving and how long you've been in tx. Letter must be signed with MD's original ink signature. Please use the back of the app if more room is necessary. Mail application to: Judi Albert 122 Homer Circle McKees Rocks, PA 15136		<a href="http://www.pinktieaffairpgh.org/">http://www.pinktieaffairpgh.org/</a>  Judi Albert 122 Homer Circle McKees Rocks, PA 15136  <a href="mailto:pinktieaffair@hotmail.com">pinktieaffair@hotmail.com</a>
<b>Tigerlily Foundation</b>	Breast 15-40yo  *also special fund for young women with Stage IV breast cancer	<b>Multiple funds:</b> <b>*The Funds for Families program</b> offers financial assistance to families based on need. <b>*At Home</b> – aids patients with household needs by providing gift cards from grocery stores and gift cards for household supplies. <b>* New Normal Program:</b> covers costs for patients to receive complementary treatments such as acupuncture, massage, coaching, reikki, yoga and more. <b>*Send Me On Vacation Program:</b> Through a partnership with Corporate Citizenship Charities, 10 young women living with breast cancer will be sent on all-expense-paid vacations annually.	No info on website regarding application process.  Contact the Foundation for information.		Tigerlily Foundation 11654 Plaza America Drive, #725 Reston, VA 20190 <a href="mailto:info@tigerlilyfoundation.org">info@tigerlilyfoundation.org</a> Toll Free 888-580-6253 Fax (703) 663-9844

		<b>Stage 4 Program:</b> focuses on meeting the needs of young women living with Stage 4 Breast Cancer.			
<b>Triple Step Toward The Cure</b>	Triple Negative Breast Cancer	<p>Triple Step Toward the Cure provides both general and financial support through its Community Resource Program for women with triple negative breast cancer and their families.</p> <p><b>Some of the areas in which we provide financial support include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>*Meal Delivery Services,</li> <li>Emergency Funds for Rent,</li> <li>Groceries, Utilities, Transportation related to tx, Housekeeping services, Childcare, Selected Co-pay assistance, Prosthetics &amp; Wigs</li> </ul>	Download and complete the applications and Physician Verification Form from the website. Mail documents to mailing address.		<p><a href="http://triplesteptowardthecure.org/">http://triplesteptowardthecure.org/</a></p> <p>Triple Step Toward the Cure 10736 Jefferson Boulevard, Suite 904 Culver City, CA 90230 Phone: (424) 258-0313, (510) 562-1889 Fax: (424) 214-1196</p>
<b>All 4 One Alliance (administered by the Cancer Resource Foundation)</b>	Breast	<p>Pays out of pocket expenses for breast prostheses, post-mastectomy bras, lymphedema sleeves, gauntlets and more</p> <p><b>**The Breast Form Fund</b> provides financial assistance for a breast prosthesis, also known as a breast form.</p> <p><b>** The Garment Fund</b> provides financial assistance for a pocketed garment to provide comfort in the post surgery phase of treatment. Many approved applicants use this program for a new pocketed bra however some use the program for pocketed</p>	<p>Applicants must qualify using our online application process. Eligibility is based on income and diagnosis. Products can only be delivered from one of the <b>All4One Alliance</b> participating stores.</p> <p>All applications are reviewed daily for eligibility determination. Only completed applications are reviewed for determination. Each program may have different eligibility requirements but all applications are processed through a single application portal. One application can be a request for many programs.</p>	Various supplies	<p><a href="http://www.all4onealliance.org">http://www.all4onealliance.org</a></p> <p><a href="mailto:info@all4onealliance.org">info@all4onealliance.org</a></p> <p>225 Cedar Hill Street Suite 200 Marlborough, MA 01752</p> <p><a href="mailto:all4one@cancer1source.org">all4one@cancer1source.org</a> 508-632-2242</p>

		<p>products that they may not otherwise be able to afford.</p> <p><b>** The Bffl Co Program</b> was made possible by the generous support of the Best Friends for Life Company (Bffl Co). The radiation bra is intended for use during radiation treatment. The Bessie Bra provides softness and comfort during an often painful and irritating treatment process.</p> <p><b>** The LymphedIVAs program</b> is made possible by the generous support of LymphedIVAs Company. A company that is dedicated to creating medically correct compression apparel for the savvy breast cancer survivor with lymphedema. The program is able to provide a limited number of compressions sleeves and gloves each month.</p>			
<b>Kristy Lasch Miracle Foundation</b>	Breast <30yo	The Foundation offers financial assistance to women under 30 living with breast cancer for medical-related expenses only. We do not help to cover the costs of living expenses.	<p>Application is available under the “Assistance” tab on the website. Be sure to include copies of:</p> <ul style="list-style-type: none"> <li>*Driver’s License</li> <li>*Birth Certificate</li> <li>*EOBs (Bills)</li> <li>*Letter from MD on letterhead</li> </ul> <p>Send the application and copies t:          Kristy Lasch Miracle Foundation          2801 Morlock St          McKeesport, PA 15132</p>	\$500?	<p>Kristy Lasch Miracle Foundation          2801 Morlock St          McKeesport, PA 15132</p> <p>(412) 872-4125</p> <p>kristylaschmiraclefoundation@comcast.net</p> <p><a href="http://www.kristylasch.org">www.kristylasch.org</a></p>
<b>Smiley Wiley Breast Cancer Foundation</b>	Breast (men and women)	Smiley Wiley provides financial assistance to women and men with breast cancer who cannot meet their own costly health insurance deductibles (and treatments). This is our mission. These people would otherwise be forced to forego potentially life-saving cancer	<p>Download application from website. Fax or mail back.</p> <p><b>Applications only received 1x/year—deadline June 1<sup>st</sup>.</b></p> <p>Fax: 561 210 8785 or mail to          The Smiley Wiley Breast Cancer Foundation,          PO Box 4461,</p>	Up to \$5,000	<p>Call Us: 561 632 8631</p> <p>Fax: 561 210 8785</p> <p>The Smiley Wiley Breast Cancer Foundation,          PO Box 4461,          Tequesta, FL 33469.</p>

		<p>treatment.</p> <p>Must be currently in tx.</p> <p>Does not help with living expenses (i.e. rent, utilities, etc...)</p>	Tequesta, FL 33469.		
<p><b>KAMMCARES Foundation</b></p>	Breast	<p>The KAMMCARES Foundation is dedicated to the care and assistance of those going through treatment of breast cancer. Monies collected provide such necessities as child care costs and groceries, etc... The primary goal of KAMMCARES is to give those going through cancer more opportunities to make their lives better.</p>	<p>In order to be considered for a grant, please submit by handwritten or typed correspondence the following required information:</p> <p>*A description of your life, your interests, your affliction and how it affects your daily life. Include your phone number and address. Please note that by supplying us with this information, you agree to let us use it for our marketing or advertising purposes (excluding any of your contact information) if your grant is accepted.</p> <p>*A recent photo taken within the last two years. Please note that by supplying us with a photo, you agree to let us use it for our marketing or advertising purposes if your grant is accepted.</p> <p>*A letter from your doctor stating the type of treatment you are currently receiving and how long you've been in treatment. This letter must be on the doctor's letterhead. It must be signed with the doctor's original ink signature. We will not accept photocopies or faxes.</p> <p>Please mail by post your submissions to:  <b>The KAMMCARES Foundation</b>  <b>3843 East Anaheim Street</b>  <b>Long Beach, CA 90804</b></p>		<p>The KAMMCARES Foundation  3843 East Anaheim St  Long Beach, CA 90804</p> <p><a href="http://kammcare.com/">http://kammcare.com/</a></p> <p>800-791-4099</p> <p><b>**need to verify still in existence</b></p>
<p><b>The Breast Cancer Charities of America</b></p> <p><b>HELP NOW FUND</b></p>	Breast	<p>The Help Now Fund is a program for breast cancer patients; providing one-time emergency financial assistance for rent and utility bills.</p> <p>To be considered for funding through The Help Now Fund the</p>	<p>The Help Now Fund program accepts applications monthly from the 1<sup>st</sup> through the 7<sup>th</sup>. Applications received after the 7<sup>th</sup> will not be considered for funding and applications are not held.</p> <p>To apply for the Help Now Fund, the patient and Medical Personnel or Social Worker from your tx facility will need to fill out the application together.</p>	\$500	<p><a href="http://www.thebreastcancercharities.org/help-now-fund/">http://www.thebreastcancercharities.org/help-now-fund/</a></p> <p>Contact us at <a href="mailto:info@igopink.org">info@igopink.org</a></p>

		<p>applicant must:</p> <ul style="list-style-type: none"> <li>*Be in active breast cancer tx</li> <li>*Active tx is defined as the period after diagnosis of breast cancer has been made by a licensed physician and tx is being administered (chemo, radiation, breast surgery for removal of cancer). Receiving maintenance medications does NOT qualify as active tx.</li> <li>*Be a US citizen</li> <li>*Provide documentation of past-due rent and/or utility bill <ul style="list-style-type: none"> <li>*No handwritten leases accepted</li> </ul> </li> <li>*Have not been funded within the past 12 months</li> <li>*Due to limited funds, eligible applicants are NOT guaranteed approval.</li> </ul>	<p>For verification purposes, the application must be submitted by medical personnel or social worker. Applications will not be accepted from patients.</p> <ul style="list-style-type: none"> <li>*Print application from website</li> <li>*Applications must be <b>emailed</b> to <a href="mailto:helpnow@igopink.org">helpnow@igopink.org</a> or <b>faxed</b> to (936) 231-8462. If faxing application please notify Help Now Fund staff via email.</li> <li>**If <b>APPROVED</b>, we will <b>call</b> social worker/medical personnel by the <b>15<sup>th</sup> of the month</b>. Checks will be made payable to the utility and/or rental company and mailed to applications home address for review.</li> <li>**If <b>NOT APPROVED</b>, we will <b>email</b> social worker/medical personnel. If applicant still meets guidelines, they may reapply the following month.</li> </ul>		

**Co-Payments**

- [CancerCare Co-Payment Assistance Foundation](#)
- [Chronic Disease Fund](#)
- [Healthwell Foundation](#)
- [Natl Org for Rare Diseases](#)
- [Patient Advocate Co-Pay Relief Program](#)
- [The Leukemia & Lymphoma Society Co-Pay](#)