



“Teal In Need”

In Honor of The Cathy Mislinski Legacy Gift

Financial Benefit Request Form

The Wisconsin Ovarian Cancer Alliance (WOCA) is a not-for-profit organization founded in 2000 to provide awareness and education for ovarian cancer patients, and their families. While we realize the financial burden that can come about due to ovarian cancer, WOCA’s “Teal In Need” campaign focuses on financially assisting ovarian cancer patients while they are currently undergoing treatment or finished treatment within the past 6 months. WOCA defines “treatment” as: chemotherapy, radiation, surgery, clinical trials, and/or therapy/program regimen. If additional funds are available, WOCA will accept applications from all individuals with a history of ovarian cancer that reside in the state of Wisconsin. WOCA assists individuals regardless of their race, age, religion, or sexual orientation. To be eligible for financial assistance, you must be an ovarian cancer patient living or receiving treatment in Wisconsin, unless otherwise approved by the “Teal In Need” committee.

Please complete the following section about the applicant:

Applicants Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Person Completing This Form \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Please have the following section completed by the physician overseeing the applicant’s treatment:

\_\_\_\_\_ (Name) is a patient of mine and currently receiving treatment for ovarian cancer.

Doctor’s Name (please print) \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

Location(s) of treatment (hospital and city) \_\_\_\_\_

Stage of Cancer \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Other information relevant to this request \_\_\_\_\_

**Please complete this section pertaining to the financial need:**

Total Amount Requested \_\_\_\_\_  
(Not to exceed \$1,000 Annually)

- |   |  |
|---|--|
| <input type="checkbox"/> Rent                   | <input type="checkbox"/> Wigs/ Head Coverings    |
| <input type="checkbox"/> Utilities              | <input type="checkbox"/> Diagnostic Fees         |
| <input type="checkbox"/> Day Care               | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Home Assistance        | _____  |
| <input type="checkbox"/> Transportation/Lodging | _____  |
| <input type="checkbox"/> Physician Fees         | _____  |
| <input type="checkbox"/> Hospital Expenses      | _____  |

**\*\*ALL requests must accompany the bill of the requested amount**

Have you received funding from *“Teal In Need”* prior? \_\_\_\_\_  
If so, Amount \_\_\_\_\_ and Date \_\_\_\_\_

Please add any other information that would be relevant to this application:

\_\_\_\_\_

If chosen, would you be willing to share your story/ experience with other? \_\_\_\_\_  
(Your answer has no bearing on your financial request)

Preferred method of being contacted? \_\_\_\_\_

May a WOCA representative contact you? \_\_\_\_\_

I certify that the information provided in this application is true and accurate. I understand that withholding or falsifying any information in this application will disqualify me from any assistance from *“Teal in Need”* now or in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Indicate:  Patient  Representative

## Rules and Restrictions

- Checks will be made payable to the company of the bill requested to be paid. WOCA does not provide personal checks to the ovarian cancer patients. All financial requests must have documentation of the requested bill.
- An individual may not exceed more than \$1,000 annually from the *“Teal In Need”* Campaign.
- Applications are kept on a quarterly basis. If a candidate is not chosen for the applied for month, they are welcome to reapply the following month.
- *“Teal In Need”* has budgeted a specific dollar amount for each quarter. Below are important dates regarding the 2016 application process and grant disbursement:
  - 1<sup>st</sup> Quarter- March 1<sup>st</sup> – March 15<sup>th</sup>:** Application Period (applications received before or after this period will not be considered)  
Week of **April 4<sup>th</sup>:** Awarded recipients will be notified and money will be dispersed
  - 2<sup>nd</sup> Quarter- June 1<sup>st</sup> – June 15<sup>th</sup>:** Application Period (applications received before or after this period will not be considered)  
Week of **July 4<sup>th</sup>:** Awarded recipients will be notified and money will be dispersed
  - 3<sup>rd</sup> Quarter- September 1<sup>st</sup> – September 15<sup>th</sup>:** Application Period (applications received before or after this period will not be considered)  
Week of **October 3<sup>rd</sup>:** Awarded recipients will be notified and money will be dispersed
  - 4<sup>th</sup> Quarter- December 1<sup>st</sup> – December 15<sup>th</sup>:** Application Period (applications received before or after this period will not be considered)  
Week of **December 22<sup>nd</sup>:** Awarded recipients will be notified and money will be dispersed
- Funds are allocated on a “need” basis ○ For Example- If a Stage 4 Ovarian Cancer patient requests funds to be current on their medical bills in order for them to continue receiving treatment, this individual would take precedent over a Stage 1 patient asking for funds to purchase a wig. This does not mean the Stage 1 patient would not eventually receive an awarded amount, just not that month.
- Individuals working for WOCA or serving on WOCA’s board are ineligible for *“Teal In Need”*.
- If you are not notified by the dates listed above, WOCA was unable to grant your request this quarter and you are welcome to reapply.

### Once the application is completed:

MAIL TO: 13825 W. National Ave, Suite 103, New Berlin, WI, 53214

ATTN: Ashley Wagner

**OR** EMAIL TO: [ashley.wagner@wisconsinovariancancer.org](mailto:ashley.wagner@wisconsinovariancancer.org)

**With any questions:** PLEASE CALL: 262-797-7804 **OR** EMAIL:  
[ashley.wagner@wisconsinovariancancer.org](mailto:ashley.wagner@wisconsinovariancancer.org)

**FOR OFFICE USE ONLY**

AMOUNT AWARDED: \_\_\_\_\_ CHECK #: \_\_\_\_\_

CHECK WRITTEN TO: \_\_\_\_\_ MAILED ON: \_\_\_\_\_

APPLICANTS YTD AWARDED AMOUNT: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_