



# OvarCare

WE ARE HERE FOR YOU

A CARE PROGRAM FOR OVARIAN CANCER PATIENTS

**Ovarcome Non-Profit Inc.**

## What is OvarCare?

OvarCare is a financial support program offered by Ovarcome Non-Profit Inc. for ovarian cancer patients in active treatment.

At Ovarcome, we are inspired by the simple philosophy of support, love, and celebration of life. Overcoming cancer - celebrating life! We are here to help you as you fight the battle against ovarian cancer. Our care package helps you take care of essentials as you undergo treatment. We also want to make you feel relaxed, peaceful, calm and beautiful. OvarCare is a package especially designed for you – to celebrate the incredibly strong and resilient woman within you.

## What does OvarCare offer?

- A Financial grant of \$200
- \$100 Gas card
- \$100 grocery card

## Who is it for? OvarCare is designed for you if you:

- Have a diagnosis of ovarian cancer certified by an oncology healthcare provider
- Are in active treatment
- Are a newly diagnosed or existing ovarian cancer patient
- Meet our financial eligibility guidelines of 265% of the Federal Poverty Limits and are able to provide income verification documentation

No. of people in household	Gross Income	Income Verification
1	\$30,448	• The first two pages of signed copy of income tax return (SSN not required)  - OR -
2	\$41,077	
3	\$51,754	• Copies of your most recent pay stub, unemployment check, or public assistance benefit notification  - OR -
4	\$62,407	
		• If you do not have income: Provide a letter of support from friend or family member

## OvarCare Application:

Please apply following the guidelines provided below:

- Initial consultation with a social worker. The social worker will determine your eligibility to receive OvarCare based on the criteria outlined above
- If you are deemed eligible for OvarCare, you will receive our application packet
- You must submit a completed application to be considered for OvarCare. Patients will be selected based on provision of complete information. Unfortunately, we will not be able to process applications with incomplete information
- Signature of receipt must be provided by the patient/authorized family member upon receiving the care package
- If you are unable to receive the package in person, an LOA (letter of authorization) will be required for a family member or friend acknowledging and receiving the package on your behalf
- Please mail in the application at our address below for consideration
- Your physician or social worker must complete all medical information and provide a signature

## Apply in 3 steps:

1. Review the application form
2. Fill out the application form and have it verified and approved by your social work counselor
3. Mail or scan the application form and supporting documents to us for to review

### Please note:

An application is not a guarantee of receiving OvarCare. Giving will depend on availability of funds.



### Ovarcome Non-Profit Inc.

Mailing address:

2525 Robinhood Street, Suite: 212

Houston, TX 77005

Email: [info@ovarcome.org](mailto:info@ovarcome.org), [facebook.com/ovarcome](https://www.facebook.com/ovarcome), [twitter.com/ovarcome](https://www.twitter.com/ovarcome)



**OvarCare APPLICATION FORM**

**PATIENT INFORMATION (please print clearly)**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_

Phone number: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ if patient is a minor (under 18), name of parent orguardian:

\_\_\_\_\_

Ethnicity:

Caucasian

African American

Latino

Asian

Other \_\_\_\_\_

**MEDICAL INFORMATION**

**\*\*\* THIS SECTION MUST BE COMPLETED BY**

**YOUR ONCOLOGY NURSE, DOCTOR, OR SOCIAL WORKER ONLY \*\*\***

Date of diagnosis: \_\_\_\_\_

Primary cancer: \_\_\_\_\_

Current Stage:

\_\_\_\_\_

New diagnosis  Recurrence

Is patient in active treatment?  Yes  No

If not in active treatment, indicate frequency of follow-up:  Yearly  Bi-Annual  Other \_\_\_\_\_

Please indicate type of treatment(s) received in past twelve months (check all that apply)

Chemotherapy  Radiation  Surgery  Palliative care

**\*\*\* PLEASE COMPLETE ALL FIELDS ABOVE\*\*\***

**HEALTH CARE PROFESSIONAL INFORMATION (please print):**

Physician name: \_\_\_\_\_ Hospital:

\_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

\_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physician/Nurse/Social Worker Signature: -----

**PLEASE COMPLETE THIS SECTION TO REQUEST FINANCIAL ASSISTANCE:**

1. Name of patient (please print): \_\_\_\_\_

2. Do you have health insurance?

Yes  No

3. Are you currently employed?

Yes  No

4. Number of people in your household: \_\_\_\_\_

5. Please indicate the source of your family income (select all that apply):

Salary/compensation

Pension

Friend/family support

Unemployment benefits

Short-term disability

Other (please specify): \_\_\_\_\_

Annual family income: \_\_\_\_\_

No. of people in household	Gross Income	Income Verification
1	\$30,448	<ul style="list-style-type: none"> <li>• The first two pages of signed copy of income tax return (SSN not required)</li> <li style="text-align: center;">- OR -</li> <li>• Copies of your most recent pay stub, unemployment check, or public assistance benefit notification</li> <li style="text-align: center;">- OR -</li> <li>• If you do not have income: Provide a letter of support from friend or family member</li> </ul>
2	\$41,077	
3	\$51,754	
4	\$62,407	

**\*\*\* Annual family income information must be provided for us to process your application \*\*\***

Thank you for your application. We are here to help.

**Please note:**

We will try our best to provide you with the assistance you need, but giving will depend on the availability of funds. To that extent, an application is not a guarantee of receiving OvarCare.



**Ovarcome Non-Profit Inc.**

Mailing address:

2525 Robinhood Street, Suite; 212

Houston, TX 77005

Email: [info@ovarcome.org](mailto:info@ovarcome.org)

[www.ovarcome.org](http://www.ovarcome.org), [facebook.com/ovarcome](https://facebook.com/ovarcome), [twitter.com/ovarcome](https://twitter.com/ovarcome)

At this time, OvarCare is administered as a one time grant only. Please mail the application form along with the necessary verification documents for consideration. We will review the information and contact you with further details on disbursement.

All information is strictly confidential and is for Ovarcome official use ONLY.