



INSTRUCTIONS

Key criteria for support:

1. Resident of North Carolina.
2. Currently receiving radiation, chemotherapy or hormonal therapy for metastatic disease.
3. Experiencing financial hardship.
4. Have not previously received support from STOMP The Monster NC.

Our process:

- Each application is reviewed by at least one member of our Board of Directors. It can take up to 4 weeks to complete the review and decision process.
- Your social worker will be contacted as soon as a decision is made. If you do not have a social worker we will contact you, usually by email.
- We can help pay bills such as medical, utilities, rent, child care and other bills. We can also provide gift cards for food and gasoline. We do not pay mortgages or give cash directly to applicants.

How to Complete this Application

- Provide sufficient detail to demonstrate how the cancer diagnosis and treatment impacted your household financial situation.
- Include a note from your medical provider regarding your diagnosis and treatment plan with projected start and stop dates.
- Include a note from your social worker (or medical provider) confirming your need for financial assistance.
- Include COPIES (not originals) of bills you would like assistance with. If the bill is not in your name, then please tell us how you are related to this person. For assistance with rent include a copy of the lease or rental agreement with mailing address of the landlord.
- If you are requesting assistance with food or gasoline, please include the name of the grocery store or gas station.
- Be sure to read and sign the consent form.
- Submit the completed application to:

support@stompthemonsternc.org

OR

STOMP The Monster NC
P.O. Box 132
Cary, NC 27518

STOMP The Monster NC raises funds to help ease the stressful impact of increased non-covered medical expenses and loss of income that often accompanies a cancer diagnosis by providing financial and other support to patient who need assistance while undergoing treatment for all types of cancer.

STOMP  **THE MONSTER**[™]
APPLICATION FOR SUPPORT

Date: _____

Applicant Name: _____

Have you:

- filled out application completely?
- included a signed and dated note from your medical provider stating your diagnosis and projected treatment plan with stop and start dates?
- included a signed and dated note from your social worker (or medical provider) confirming your need for financial assistance?
- included copies of invoices you would like paid?
- provided sufficient details to demonstrate financial hardship?
- signed and dated the consent form?

STOMP  **THE MONSTER™**
APPLICATION FOR SUPPORT

Patient Information

First Name: _____ Last Name: _____

Legal guardian, if minor: _____

Street address: _____

City: _____ State: **North Carolina** Zip: _____

Phone number: _____ Email: _____

Age: _____ Male Female

Do you have a known relationship (i.e family, friend, medical provider) with any members of the board or donors of the organization? No Yes

If yes, please explain: _____

Medical Information

Diagnosis: _____ Date diagnosed: _____

Type of treatment: Radiation _____ Chemotherapy: _____

Hormonal therapy for metastatic disease: _____ Other: _____

Projected treatment start date: _____ Projected treatment stop date: _____

Applications will be processed ONLY if a signed and dated letter from your medical provider stating diagnosis and projected treatment plan with stop and start dates is included.

Medical Provider and Social Worker Information

Social Worker name: _____ Organization: _____

Phone number: _____ Email: _____

Medical Provider's Name: _____ Practice name: _____

STOMP THE MONSTER™

APPLICATION FOR SUPPORT

Financial Information

Age and employment status of everyone living in your household (include yourself, all adults and all children):

Age_____ Employed: <input type="checkbox"/> yes <input type="checkbox"/> no	Age_____ Employed: <input type="checkbox"/> yes <input type="checkbox"/> no
Age_____ Employed: <input type="checkbox"/> yes <input type="checkbox"/> no	Age_____ Employed: <input type="checkbox"/> yes <input type="checkbox"/> no
Age_____ Employed: <input type="checkbox"/> yes <input type="checkbox"/> no	Age_____ Employed: <input type="checkbox"/> yes <input type="checkbox"/> no
Age_____ Employed: <input type="checkbox"/> yes <input type="checkbox"/> no	Age_____ Employed: <input type="checkbox"/> yes <input type="checkbox"/> no

Yearly HOUSEHOLD income (include ALL income sources, such as disability, social security and food stamps):

_____ 0 to \$20,000	_____ \$40,001 to \$50,000	_____ greater than \$80,000
_____ \$20,001 to \$30,000	_____ \$50,001 to \$60,000	
_____ \$30,001 to \$40,000	_____ \$60,001 to \$80,000	

Please explain how your cancer diagnosis and treatment have impacted your financial situation. Please give a **detailed** description of your situation including current job, living circumstances, insurance and anything else that will help demonstrate financial hardship.

STOMP THE MONSTER™ APPLICATION FOR SUPPORT

Help Needed

Describe all assistance you have applied for or received:

What do you need the most help with? Please be specific as possible and **PRIORITIZE** your needs:

What (e.g., electric bill, rent)	How much (e.g., \$150.00)	Payee / Vendor (e.g., Duke Progress Energy)	Invoice with due date included? (yes / no)
1.			
2.			
3.			
4.			

Are all bills in your name? If no, please explain: _____

If you have requested help with food or gasoline please tell us which grocery store or gasoline station you would like gift cards from.

STOMP  **THE MONSTER™**
APPLICATION FOR SUPPORT

Consent Form

I, _____ (name), residing at _____
(address) hereinafter referred to as “I” or “my” have read this application and it is a true
and complete description of my situation and needs.

Applicant Signature

Date

I hereby consent to the following:

1. STOMP The Monster NC has express permission for the use of my story / image (full names will never be used). I understand that my story / image may be used in connection with charitable fundraising efforts including it being published on a website promoting a charity event, and/or in press releases, articles, news stories and/or other related media. The right to my image/story is granted worldwild and in perpetuity, but only for use as set forth herein, and not in any other manner.

Applicant Signature

Date

2. In the event that I am awarded a grant from STOMP The Monster NC, I certify, promise and affirm that I will utilize such grant for the specified intended purposes thereof, and for no other purpose. I understand that this promise is a material condition of being awarded a grant.

Applicant Signature

Date