



UCREW

Utah Cancer Resource and Education for Women

# Needs *beyond* Medicine



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<http://www.ucrew.org>

# UTAH CANCER RESOURCE AND EDUCATION FOR WOMEN MISSION STATEMENT

Utah Cancer Resource and Education for Women (UCREW) is a group of caring Utahans who are interested in decreasing the burden of breast and cervical cancer by increasing awareness, education, and access to screening, treatment, and support for breast and cervical cancer. The members of UCREW are united in an effort to offer assistance to enhance the quality of life for those diagnosed with breast and cervical cancer through emotional, physical, and financial support.

## NEEDS BEYOND MEDICINE: PROJECT GOAL

The Needs Beyond Medicine's goal is to offer assistance to enhance the quality of life for those diagnosed with breast cancer. The Needs Beyond Medicine project will provide financial assistance to women or men who are diagnosed with breast cancer, and because of the high cost of treatment, the women/men and/or their families are faced with temporary financial difficulties.

## NEEDS BEYOND MEDICINE: PROJECT GUIDELINES

All other financial options must be exhausted before applying for the Needs Beyond Medicine funding. Funding is used for the needs that cannot be met through an individual's insurance or other resources available within their community.

- Maximum gift is \$250.00 per individual/household
- Individuals may only apply once per calendar year
- UCREW will evaluate all applications each month
- The number of awards may vary depending on available fund.

This program was initiated as a result of a grant from the Salt Lake Affiliate of the Susan G. Komen Foundation and a generous contribution from Ichiban Sushi.

# Utah Cancer Resource and Education for Women

Dedicated to Reducing the Effects of Breast and Cervical Cancer in our Community.

## Needs Beyond Medicine Application

### Applicant Information:

Name \_\_\_\_\_ Evening Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Best way and time to contact you: \_\_\_\_\_

Date diagnosed with breast cancer: \_\_\_\_\_

Name of cancer doctor: \_\_\_\_\_

Have you been through treatment? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you currently in treatment? \_\_\_\_\_ YES \_\_\_\_\_ NO

Date treatment started? \_\_\_\_\_

Where are you receiving treatment? \_\_\_\_\_

Amount Needed: \_\_\_\_\_

Please explain what the money will be used for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What other resources have you tried? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Needs Beyond Medicine?

Person and/or Health Care Office \_\_\_\_\_ Phone \_\_\_\_\_

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

Information filled out on this application will be kept confidential and will only be used by UCREW to help determine whether a gift will be awarded. If an award is made, additional information may be needed. To submit application mail to: UCREW, PO Box 521618 SLC UT 84152-1618

Office Use Only

Date Received \_\_\_\_\_ Approved \_\_\_\_\_ Applicant Contacted \_\_\_\_\_