Receipt & Acknowledgement

By signing this receipt, I

_____
Applicants Name
acknowledge the following:

1. I have voluntarily furnished my completed application to the Lemuel Rhodes Cancer Foundation.
2. I am aware that this completed application contains protected health information furnished by my treating physician for the purpose of determining my eligibility for receiving benefits from the Lemuel Rhodes Cancer Foundation.
3. I understand that the Lemuel Rhodes Cancer Foundation will keep the content of my application confidential.
4. If I am selected to receive benefits from the Lemuel Rhodes Cancer Foundation, I am aware that a representative will be contacting me using the contact information that is contained in my completed application.
5. Qualification for assistance is income based.

_____
Signature Date

Physician's Verification

_____
Date

_____ has been
Patient Name

Diagnosed with _____
Type of Cancer

Cancer, and is currently receiving treatment.

Physician Signature:

_____

Physician Name:

_____

Office #:_____

Fax #:_____

Mailing Address: _____

_____

The Lemuel Rhodes Cancer Foundation Board is composed of community leaders who oversee the policies and operations of the foundation and who administer financial and other assistance to cancer patients and their families. The foundation is a 501c3 not for profit organization.

To apply for assistance, please fill out the attached form and return to:

Lemuel Rhodes Cancer Foundation
PO Box 496
Greenville, IL 62246
Phone: 618-570-7154
Fax: 618-664-9682

FUNDRAISING:

In 2014 the Lemuel Rhodes Cancer Foundation Fundraising Committee was founded by a group of Bond County citizens. The group is made up of several teams fundraising throughout the year. Closing each year of fundraising with a Dinner for Survivors and a Celebration of Life Event.

If you would be interested in helping fundraise or having a team please fill in the below contact information and a member of the Fundraising Committee will contact you.

☐ Team / Fundraising Interest

Name: _____

Contact #: ( ) _____

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PO Box 496
Greenville, IL 62246

Phone: 618-570-7154
Fax: 618-664-9682
Facebook: Lemuel Rhodes Cancer Foundation
Website: www.lemuelrhodes.org

LEMUEL RHODES CANCER FOUNDATION

Serving the People of
Bond County, Illinois

Uniting our Community Meeting the Need

THE LEMUEL RHODES CANCER FOUNDATION

The Lemuel Rhodes Cancer Foundation administers a program of support for individuals through an application process. Assistance varies according to need and availability of funds.

The Lemuel Rhodes Cancer Foundation is a community effort to support our neighbors who are battling cancer. Lemuel Rhodes, a long time Bond County resident, lost his brother to cancer and his own life to the disease in 2002. In his will, Lem provided for proceeds from part of his trust to be used to help Bond County residents suffering from cancer and to offer resources as they sought treatment. Through a confidential application process, individuals may apply for assistance to help with items such as medical bills not covered by insurance, assistance with lodging and travel for treatment, specially fitted garments, and other necessary items.

The Lemuel Rhodes Cancer Foundation fulfills the desires of its benefactor and administers the funds received from the trust. Plus, the foundation takes efforts a step further to support individuals and families affected by cancer.

The Lemuel Rhodes Cancer Foundation provides financial assistance and other resources to individuals and family members for cancer treatment and related expenses.

In 2014 the Lemuel Rhodes Cancer Foundation Fundraising Committee was founded by a group of Bond County citizens. Monies from the Rhodes Trust, supplemented by local fundraising, cover last resort financial assistance which might not otherwise be available to Bond County cancer patients. The Lemuel Rhodes Cancer Foundation was established for the benefit of the people of Bond County.

Many forms of cancer are curable, but the fight is often exhausting financially, physically, and mentally. Cancer patients and their families face many needs that often are not covered by insurances or government programs. Some of these unmet needs might include, but are not limited to:

- Transportation & Lodging
- Gas Money
- Medical Supplies & Equipment
- Medical Bills not covered by insurance
- Deductibles/Co-Insurance
- Prosthesis

The Lemuel Rhodes Cancer Foundation offers assistance to help with these needs.

Application for Assistance

Application / Patient Name

Address

City

DOB

Social Security #

Home Phone Cell Phone

"It is my expressed intent hereby to provide a form of supplemental relief for those already saddled with the heartache of cancer, and to provide some benevolence and relief to those who are so situated." - Lemuel Rhodes 1919-2002

HOUSEHOLD / FINANCES:

Employer Name

Employer Address

Employer Phone

Family Size Ages

Annual Income

Other Income Sources

Home: _____Own _____Rent _____Mortgage

Automobiles Owned: (Make/Model) _____

PATIENT INSURANCE INFORMATION:

Primary Insurance Provider

Policy #

Secondary Insurance Provider

Policy #

CANCER RELATED EXPENSES NOT COVERED BY INSURANCE:

Transportation:	$_____
DME—Medical Equipment	$_____
Cost of Medical Supplies	$_____
Prosthesis	$_____
Other	$_____
Total Expenses	$_____

I certify that the above information is true and accurate to the best of my knowledge. Further, I will make application for any other assistance (Medicaid, Medicare, Private Insurance, etc.) which may be available and will take any action reasonable necessary to obtain such assistance

Patient Signature

Date

Name of Individual Filling Out Form if Other than Patient