



Taylor County Moving For A Cure

Treatment Access Grant Application – (Employed within Taylor County)

Dear Cancer Survivor,

This application is for employees working within Taylor County. We would like to thank you for your interest in the Treatment Access Grant. Our organization is pleased to provide you with the opportunity to offset expenses as you move forward with the treatment and survivorship from your cancer diagnosis. There is no age requirement for this grant. We encourage all individuals regardless of age to apply for this grant.

To apply for this grant, the following requirements must be met:

- 1) A current employee of a Taylor County business for at least one year (must provide letter from employer Human Resources department stating how many years you have worked for them).
- 2) Surgery in the last year for cancer with no treatment required*, received or currently receiving chemotherapy, radiation and/or other treatment from a licensed/certified oncology healthcare provider diagnosed **as of May 2023**.
- 3) Provide a letter from a licensed/certified oncologist stating you have received or currently receiving treatment **as of May 2023 or**
- 4) If you required surgery but no treatment for your cancer, you must submit a letter from a certified/licensed surgeon or physician confirming surgery and cancer diagnosis **as of May 2023**.

We will provide a one-time stipend of \$1,000.00. There are no requirements on how this money must be spent. Our hope is this funding will provide you with some financial relief with paying costs toward such items as personal bills, gas for travel to appointments, groceries, and deductibles towards your costs associated with treatment or childcare.

This fund is made possible from the monies raised during our annual Taylor County Moving for a Cure Stepping Strong walk event. Once funds are depleted for the term (6/1/24 through 2/15/25), we cannot award any additional funding until the next term begins. You can only apply one time per term for this fund. Karen Kropp-Mueller will review the applications to ensure all requirements have been met.

Applications can be accessed on our website: <http://tcmoving4cure.com/> or be picked up at the Taylor County Health Department (224 South Second Street, Medford). Applications will be available starting **June 1, 2024**. **We will not accept applications prior to this date. We will continue to accept applications until all funds have been distributed.**

*skin cancer diagnosis other than melanoma will be reviewed by the committee.



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Treatment Access Grant Application –(Employed within Taylor County)

CONFIDENTIAL

Applications will be available on June 1,2024 and accepted until all funds have been distributed. We will not accept applications prior to June 1, 2024. All ages are accepted for this grant who meet the requirements.

To apply for this grant, the following requirements must be met:

- 1) A current employee of a Taylor County business for at least one year (must provide a letter from your employer stating how many years you have worked for them).
- 2) Received or currently receiving chemotherapy, radiation and/or other treatment from a state licensed/certified oncology healthcare provider as of May 2023.
- 3) Provide a letter from a licensed/certified oncologist stating you have received or currently receiving treatment as of May 2023 **or**
- 4) If you required surgery but no treatment for your cancer*, a letter from a certified/licensed surgeon or physician confirming surgery and cancer diagnosis as of May 2023.

We will provide a one-time stipend of \$1,000.00. There are no requirements on how this money must be spent. Our hope is this funding will provide you with some financial relief paying costs toward such items as personal bills, gas for travel to appointments, groceries, and deductibles towards your costs associated with treatment or childcare.

Please make sure that all sections of this application are complete and have original signatures. We will not accept the applications until June 1,2024 and all requirements are met.

Application should be mailed to:

**Taylor County Moving for a Cure
ATTN: Karen Kropp-Mueller
P.O. BOX 204
Medford, Wi. 54451**

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PERSONAL INFORMATION

First and Last Name Printed: _____

Date of Birth: _____(mm/dd/yyyy) Phone number: _____

Date of cancer diagnosis & type of cancer: _____

Address: _____

City, State, Zip: _____

Current Employer & Employer’s Address: _____

How long have you been employed at the Taylor County Business? _____ Years

ONCOLOGY HEALTH CARE PROVIDER

Physicians Name: _____

Hospital/Clinic: _____

Address: _____

City, State, Zip: _____

(Please check one) Received or Currently Receiving Treatment as of May 2023.

Radiation: _____ Chemotherapy: _____ Surgery Date: _____

Other (please list type of treatment) _____

Surgeon/Physician Provider if no treatment required for your cancer as of May 2023.

Physicians Name: _____

Hospital/Clinic: _____

Address: _____

City, State, Zip: _____

How did you hear about this fund? _____

Have you received money from this fund in the past? Yes____ (Year____) No_____

I certify that the above information is true and complete to the best of my knowledge.

Applicant’s Signature: _____ Date _____

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