



COACH KILL CANCER FUND APPLICATION GUIDELINES

PROGRAM DESCRIPTION

Eligibility Requirements: Any person or family throughout the southern 16 Illinois counties (Randolph, Perry, Franklin, Hamilton, White, Jackson, Williamson, Saline, Gallatin, Union, Johnson, Pope, Hardin Alexander, Pulaski, and Massac) facing a financial burden resulting from the medical treatment of cancer or childhood diseases. Financial assistance will be provided solely for the purpose of offsetting direct medical costs or for those expenses incurred in seeking medical care.

Applications: Applications are available at the SIH System Office, the SIH Cancer Institute or online at www.sih.net/coachkillcancerfund. Applicants may request assistance for themselves only, however Coach Jerry Kill, Rebecca Kill, and/or the Director of the SIH Foundation may also request assistance for a family, individual or charitable institution in need. Applications must be handwritten and filled out completely including a signature in order to be considered. **Completed applications should be placed in a sealed envelope and mailed to the Coach Kill Cancer Fund, P.O. Box 3988, Carbondale, IL 62902-3988 or delivered to SIH System Office at 1239 E. Main St., University Mall, Carbondale, IL 62901.** The SIHF Fund Development Coordinator or the Director of the SIH Foundation may contact the applicant if additional information is needed.

Approval/Disapproval of Applications: The fund will only cover expenses related to the medical care of cancer treatments (e.g., medical bills, prescriptions, transportation or fuel expenses, groceries and lodging). The fund does not cover non-medical related payments (e.g., utility payments, rent/loan payments, car repairs/payments).

Payments will be made directly to the institution or vendor requesting payment for services. If other arrangements are needed, additional approval must be obtained. Adequate documentation will be necessary to process payment of funds. In being the best stewards of this fund, an attempt will be made to help as many individuals as possible; therefore all requests may not receive full funding. Only one application per individual will be considered within a 12-month period. Amendments to an application at a later date within the 12-month period may be considered, but will be evaluated on a case-by-case basis. Submission of an amendment does not guarantee additional assistance.

All applications will be reviewed on their individual merit and awards will be based solely on need and not on the identity of the applicant's medical provider or based upon any donor's contributions. Assistance to applicants of the fund will be awarded independent of donor contributions and all eligibility determinations will be determined on a first-come, first-served basis using objective criteria.

Applicants may select their medical provider and will not be prohibited from changing providers even while receiving assistance from the fund. Applicants or recipients of fund proceeds will not

be referred to any specific medical provider. The program will expand, rather than limit, a patient's access to care and freedom of choice for providers. Coach Jerry Kill and/or Rebecca Kill, the SIHF Fund Development Coordinator, the Director of the SIH Foundation, and the Vice President of Community Affairs at SIH, or his/her designee will make final approval/disapproval.

Confidentiality: Only Coach Jerry Kill and/or Rebecca Kill, the SIHF Fund Development Coordinator, the Director of the SIH Foundation, the Vice President of Community Affairs, the Coach Kill Cancer Fund Approval Committee and/or the SIH Cancer Institute Financial Navigators will be aware of the name of applicant, and at no time will this information be revealed to anyone privately or publicly without the consent of the applicant.

CONTRIBUTIONS

The Coach Kill Cancer Fund is funded solely on donations made by generous contributors and fundraising efforts. Contributions can be made online at www.sih.net/coachkillcancerfund or by mail to Coach Kill Cancer Fund, P.O. Box 3988, Carbondale, IL 62902-3988. No donor will exert control over the fund or its use of donor contributions. Individuals will be awarded assistance without regard to any donor's interests, without regard to any applicant's choice of medical providers, and based upon reasonable, verifiable, and uniform criteria. Donors will not be provided information that would allow them to correlate contributions with the use of medical services obtained by the applicant to the fund. To ensure proper stewardship of the fund, utilization of the fund's resources will be monitored in order to maximize the impact to fund beneficiaries and the community.

REPORTING AND ACCOUNTABILITY

Maintenance of Records: Since contributions are made to the fund, it is important that proper reporting and accountability be assured. Completed applications are retained in a confidential and secure manner by the Director of the SIH Foundation and/or his/her designee at SIH.

Monthly Reporting: An accounting of funds received and disbursed is reported by the SIH accounting department and monitored monthly by Coach Jerry Kill and/or Rebecca Kill, the SIHF Fund Development Coordinator, the Director of the SIH Foundation, and the Vice President of Community Affairs. At no time, unless authorized by the applicant, are the names of the applicants or recipients revealed.

CONTACT

If you have any questions, please contact the Coach Kill Cancer Fund at **618.457.5200 ext 67841** or sihfoundation@sih.net.

Applicant Information (please print):

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Birthdate: ____ / ____ / ____

Marital Status: Single Married Widowed Number in Household: _____

Insurance: Yes No Type of Insurance: Medicaid Medicare Private

Family Income: \$0-\$20,000 \$20,001-\$30,000 \$30,001-\$40,000 \$40,001 - ABOVE

Diagnosis: _____ Year of Diagnosis: _____

Name of Doctor: _____ Treatment Facility: _____

Total number of treatments or trips to doctor's office / hospital / treatment facility: _____

Describe in detail your need of assistance. If requesting help with medical bills, please attach related bill(s).

Release of information – I give permission to SIH/Coach Kill Cancer Fund to disclose, consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPPA) Privacy Rules and Regulations, all or any part of my medical record for treatment, payment or healthcare operations. This permission includes the release of medical information relating to my diagnosis, treatment and/or hospitalization for cancer, mental health, development, disability, sexually transmitted diseases, alcohol and/or drug abuse services, and HIV/AIDS. In addition, I allow any healthcare provider, including any physicians and facilities to which I may be transferred, to provide information to SIH/Coach Kill Cancer Fund upon request, concerning my care, condition, and treatment, for quality improvement, risk management or verification purposes.

I understand that the information (excluding mental health information) being disclosed under this authorization may be subject to re-disclosure by the recipient and no longer be protected under HIPPA. I acknowledge that my authorization is voluntary. I need not sign this form to ensure healthcare treatment. I agree that a photocopy of this authorization is as valid as the original. Purpose of Disclosure - *application to Coach Kill Cancer Fund*

Signatures

Applicant/Legal Guardian: _____ Date: ____ / ____ / ____

Preparer: _____ Date: ____ / ____ / ____
(Application filled out by someone other than patient)

Send completed application to Coach Kill Cancer Fund, P.O. Box 3988, Carbondale, IL 62902-3988 or deliver to SIH System Office, University Mall, 1239 E. Main St., Carbondale, IL 62901. **Questions?** Call the Coach Kill Cancer Fund at 618.457.5200 ext 67841.