



Dollars Allocated to Assist (DATA) Program

A Financial Assistance Program Made Available from the generous donations received from supporters.

Christians Overcoming Cancer (COC) is honored you contacted us requesting financial relief services during your cancer journey. We understand the financial hardship many experience as a direct result of being in active treatment. It is our desire to help relieve this financial burden through the services of our DATA program. Our program is first designed to put you in touch with potential resources from organizations currently providing services to cancer patients in your area and then if funds are available to offer financial assistance through our program.

Should there not be an organization in your area to assist with your need, COC will work to meet it through our general DATA fund or if eligible through the Mark Hudson II fund which is restricted to families with a cancer diagnosed child. We exist to assist you in navigating through the financial hardships you are experiencing as a result of being in active treatment for cancer and if/when possible provide financial assistance.

Completion of our program intake form does not guarantee your request will be approved. Initially COC will search your local area to locate other organizations that might be able to assist in fulfilling your request. Should none exist, COC will then consider your request through our DATA program. ***Please note:*** COCs ability to offer financial assistance is solely based on our fund raising activities and financial support from the community; therefore we cannot guarantee your request for assistance will be approved. A lack of available DATA Program funds to meet your request will prohibit us from fulfilling your request for assistance.

Assistance requests are completed on a first come first served basis. Our ability to assist is solely based on our ability to raise money. If the DATA program does not have funds available to meet your request for assistance COC will not be able to assist. As a result we do not and cannot guarantee that we will be able to assist, what the time frame of assistance would be if able to assist nor what the dollar amount of the assistance would be in the event we are able to assist.

To be income eligible for our services you must complete application, verify date of birth, and provide current address, cancer diagnosis, and proof of income. Our income eligibility standard is based on the 2009 Federal Poverty Guidelines at 200% poverty level or less. See Chart Below.

Household	Total Household Income Twelve Months
1	up to \$21,660
2	\$29,140.00
3	\$36,620.00
4	\$44,100.00
5	\$51,580.00
6	\$59,060.00
7	\$66,540.00
8	\$74,020.00

NOTE: Exceptions for service may be made on a case by case review of need and financial position.

They overcome him by the blood of the Lamb and by the word of their testimony... Revelation 12:11

Services are given with respect, compassion, and are available to all cancer patients while in active treatment.



Client Intake Form

Patient Name:						SSIN:			
If child, give parent Name:						Is Child In Hospital:			
Address:						Phone:			
City:		ST:	County:		Zip:	Email:			
Age:		Sex:	Birth Date:		Ethnicity/Race:				
Marital Status:		Children under 18:		If yes age(s):					
Spouse Name:		Religion*:		Referred by:					
Employed:		If yes, where:							
How Long:		Phone:		Permission to Contact:					
Emergency Contact:				Phone:					

Medical History/Treatment Information

Official Diagnosis:						Diagnosis Date:			
Physician:			Phone:		Permission to call:				
Active Treatment:		If yes, location:							
Last Appointment:		Next Appointment:							
Time in Treatment:		Length in treatment plan:		Physician Verified:					

Program Service Request

Awareness:	Cancer Information		Care Giver Information		Gender Cancer Information	
Emotional Support:	Overcoming Care (Columbus OH only)		Overcomer's Cuisine (Columbus OH only)		Overcomer's Travel Program	
Financial Relief:	Resource Database		Dollars Allocated to Assist Financial Support Program			
Emotional:	support network volunteer assigned:					

*: for demographics only, not required, has no bearing on service eligibility

**: all financial requests require assignment of a support network volunteer

Note: services do not apply to any pass due amounts incurred prior to the start of treatment.

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Bill and Amount Owed:		Creditor Information		* For COC Use *		
Car Payment:		Name: Address: Phone: Acct #:		Verified:	Approved:	Y N
Rent/Mortgage:		Name: Address: Phone: Acct #:		Verified:	Approved:	Y N
Electricity:		Name: Address: Phone: Acct #:		Verified:	Approved:	Y N
Gas (heating):		Name: Address: Phone: Acct #:		Verified:	Approved:	Y N
Water:		Name: Address: Phone: Acct #:		Verified:	Approved:	Y N
Ins (car)		Name: Address: Phone: Acct #:		Verified:	Approved:	Y N
Ins (life)		Name: Address: Phone: Acct #:		Verified:	Approved:	Y N
Ins (medical)		Name: Address: Phone: Acct #:		Verified:	Approved:	Y N

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Bill and Amount Owed:		Creditor Information		* For COC Use *		
Other _____:		Name:		Verified:	Approved:	Y N
		Address:				
		Phone:				
		Acct #:				
Other _____:		Name:		Verified:	Approved:	Y N
		Address:				
		Phone:				
		Acct #:				
Other _____:		Name:		Verified:	Approved:	Y N
		Address:				
		Phone:				
		Acct #:				
Other _____:		Name:		Verified:	Approved:	Y N
		Address:				
		Phone:				
		Acct #:				

Additional Notes:

Number of Times Served

1	2	3	4	5	6	7	8	9	10	11	12
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For Office Use Only Date Received: _____ Outsourced to: _____ Date of Service: _____

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