



# 2023 Treatment Access Program Application



See attached "Submission Instructions" for details on how healthcare providers may apply for patient assistance.  
Email [TAP@211info.org](mailto:TAP@211info.org) or call 503-499-4302 with any questions about form submission.

Fax **fully completed** request to 1-855-800-2976 or Email [TAP@211info.org](mailto:TAP@211info.org)

<b>PATIENT INFORMATION—PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS. MISSING INFORMATION WILL DELAY REQUEST.</b>						
Name			Best Phone to Reach with Questions <input type="checkbox"/> Cell <input type="checkbox"/> HM <input type="checkbox"/> WK			
Mailing Address for Card(s)			Email <input type="checkbox"/> HM <input type="checkbox"/> WK			
City	State	Zip	County	Age	Primary Language	Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other
Race / Ethnicity: <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian / Pacific-Islander <input type="checkbox"/> Other: <input type="checkbox"/> Prefer Not to Answer						
Breast Cancer Diagnosis Date (month and year):			Breast Cancer Stage: <input type="checkbox"/> 0 <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV			
Hospital (where receiving treatment):			County (where receiving treatment):			

<b>REQUEST</b>	
Check box of month(s) for which applying: <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December	
How many miles does the patient travel one-way to treatment? _____ Total miles to be travelled in this application: _____	
<b>GAS/TRANSPORTATION – Check ONE</b> <input type="checkbox"/> \$100 Card (if fewer than 1,000 total miles) <input type="checkbox"/> \$200 Card (if 1,000 or more total miles)	<b>LODGING + FOOD (only if patient requires overnight stay)– Check as needed</b> <input type="checkbox"/> \$100 Card – Lodging (if other lodging program not available for patient) <input type="checkbox"/> \$100 Card – Food (for overnight travel with any program)

<b>ELIGIBILITY</b>									
Eligibility is as reported by the patient; documentation is not necessary. There are no gender restrictions.									
Check boxes to confirm the patient:									
<input type="checkbox"/> Is actively receiving breast cancer treatment									
<input type="checkbox"/> Lives or receives treatment in Oregon or the WA counties of Clark, Cowlitz, Klickitat, Pacific, Skamania, or Wahkiakum									
<input type="checkbox"/> Travels a minimum of 25 miles, one-way, to treatment									
<input type="checkbox"/> Is at or below 250% of Federal Poverty Level. Circle One of the following incomes* & number of persons in patient's household:									
<b>Number in Household</b>	1-person	2-person family	3-person family	4-person family	5-person family	6-person family	7-person family	8-person family	Each additional person in family
<b>250% FPL* (monthly income)</b>	\$2,683	\$3,629	\$4,575	\$5,521	\$6,467	\$7,413	\$8,358	\$9,304	Add \$378 per person after 8

Definitions and Guidelines \*2021 FPL guidelines  
**"Household"** includes the applicant, applicant's legal spouse, children, unborn children of each pregnant member of the applicant's family size, and other tax dependents. **"Fiscal Year"** is January 1 – December 31. **Maximum Distribution Per Request:** \$400 per distribution **Maximum Distribution Per Fiscal Year:** \$800 per year **Reapplication is allowed, during active treatment, up to maximum limits.** Lodging & food funds are only available, as part of transportation request, if an overnight stay is required for treatment and patient is not eligible for other lodging programs. *Funds are limited. Priority must be given to patients travelling longer distances.*

<b>PATIENT CONSENT &amp; APPLICATION VERIFICATION</b>	
Patient Consent: 211info cares about your privacy and protects how we use your information. By signing this form, you understand and agree to letting 211info receive and share information about you which is necessary to help in your care (e.g. assist in finding you transportation). For more information or to view the full 211info privacy policy, please visit <a href="http://211info.org/privacy-policy">211info.org/privacy-policy</a> or call 503-499-4302. <b>Note: If the 211info patient consent policy above is read over the phone, and a patient signature is not possible, please indicate "via phone" in the signature line and write the name of the person who provided the verbal privacy policy.</b>	
Patient Signature: _____	
Provider Verification: All requests must be verified by an external medical provider (navigator, social worker, etc.). <b>"I certify that this patient has met all of the criteria outlined above and requires transportation assistance."</b>	
Printed Verifier Name: _____	Date Verified: _____
Verifier Title & Health System: _____	
Verifier Email: _____	Verifier Phone Number: _____

## Submission Instructions

The Treatment Access Program aims to reduce transportation barriers for rural people in treatment for breast cancer. The program is administered by 211info ([www.211info.org](http://www.211info.org)) and funded by Pink Lemonade Project's Toni Mountain Fund ([www.pinklemonadeproject.org](http://www.pinklemonadeproject.org)).

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### Criteria

There are no gender restrictions. Patients are eligible if they meet each of the following requirements:

1. They are actively receiving breast cancer treatment.
2. They have limited income (at or below 250% of the Federal Poverty Level).
3. They live or receive treatment in Oregon or the SW Washington counties of Clark, Cowlitz, Klickitat, Pacific, Skamania, or Wahkiakum.
4. They travel a minimum of 25 miles, one-way, to treatment.

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### Assistance

Eligible patients may receive the following, as funds are available:

1. A pre-paid gift card for travel to treatment and support services.
  - \$100 if they will travel fewer than 1,000 total miles during the application period.
  - \$200 if they will travel 1,000 or more total miles during the application period.
2. Pre-paid gift cards for lodging and food expenses if they must stay one or more nights for treatment. Lodging and food assistance is not available without transportation assistance.

The Treatment Access Program allows patients to receive up to \$400 in a disbursement and up to \$800 per fiscal year (January – December). Health professionals may reapply on behalf of the patient up to the limit.

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### How the Treatment Access Program works

Patients in treatment **must go through their local healthcare provider / navigator** to determine if they are eligible for assistance. The navigator / healthcare provider should do the following:

1. Work with the patient to verify eligibility and **complete all fields** of the "Treatment Access Program Patient Application". Please do not submit an incomplete application, as following up with you spends program resources on administrative time instead of patient assistance.
2. If the patient needs lodging assistance, please try other programs first. For example, if a patient is travelling to Clackamas, Deschutes, Lane, Multnomah, or Washington Counties for treatment, they may be able to utilize American Cancer Society's Hotel Partners Program (800-227-2345). Funding for food is still available if another lodging program is used.
3. Fax the completed application to 211info at 855-800-2976 or email it to [TAP@211info.org](mailto:TAP@211info.org).
4. Reapplication is allowed, up to \$800 in the fiscal year (January 1 – December 31), as long as the patient is in active treatment for breast cancer.

211info will process the complete application and mail at least one pre-paid gift card directly to the patient. The card(s) will come with instructions, and there is a customer service number on the back of the gift card, in the event the patient has difficulty using it. The patient should take note of the card's expiration date.

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### Tips on Maximizing the Program

- Complete all fields of the form and contact 211info with questions prior to applying. Incomplete/incorrect forms cause us to spend the program's resources on administration rather than on patient assistance.
- Choose the "Months for Which Applying" that maximizes the disbursements for your patient. For example, if your patient has appointments planned between February and September and travels 25 miles, one-way, to appointments, apply each month for \$100. The patient will reach the \$800 limit.
- If your patient travels to more than one clinic for treatment, choose one for mileage reporting purposes.
- Re-apply up to the fiscal year limit of \$800.
- Keep track of the months for which you are applying and do not overlap on future applications. See first bullet.
- Encourage your patients to apply for other assistance programs such as SNAP, TANF, WIC, and unemployment. They can dial 2-1-1 to have someone from 211info discuss options with them.

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### How to contact 211info's Treatment Access Program Specialist

Direct line: 503-499-4302

Email: [TAP@211info.org](mailto:TAP@211info.org)

Fax: 855-800-2976