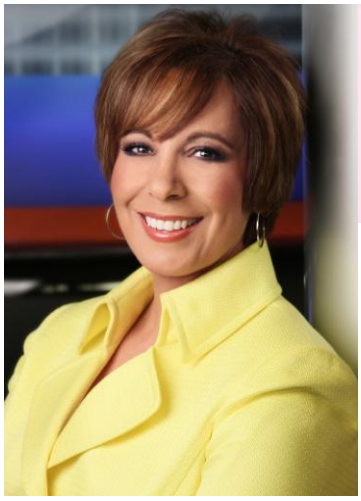

STAND with Estela

PARTNERS with CARE

Estela Casas has made a personal commitment to make a difference in the lives of women battling breast cancer. Through the Stand With Estela Fund and the El Paso Community Foundation, Estela has partnered with CARE to also help women in Las Cruces and Doña Ana County battling breast cancer. If you are a breast cancer patient currently receiving treatment, you may apply for assistance by completing this application.

More than 300,000 women in the U.S. will be diagnosed with breast cancer this year. Not all women battling breast cancer in the El Paso area have the support that they need.

The Stand With Estela Fund will provide financial support for a variety of things, like transportation to and from their chemotherapy, wigs, compression sleeves, maybe even flowers or a prayer blanket.

Donors may also target their funds for research.

I am with you. We stand together.

Estela Casas

EL PASO COMMUNITY FOUNDATION

APPLICATION FOR ASSISTANCE
STAND WITH ESTELA PARNERS WITH CARE FUND

CARE will assist breast cancer patients in active treatment with medical and nonmedical financial assistance through the Stand With Estela Fund. Patient will complete application below and will also have their surgeon or oncologist complete the Certified Medical Information Form (back page). If your application is approved, you will be provided up to $250 (cap amount) in financial assistance. Also, please submit original bills with this application. CARE will disburse payments directly to vendors. Patients will sign applicable vouchers to process payments. Patients are eligible to receive CARE's financial assistance through this fund up to the cap amount with a maximum of two awards. Please contact CARE at 575-649-0598 for consideration of your application.

Name:_____ DOB:_____ Age:_____

Address:_____

Phone Number:_____ Date of your diagnosis?:_____

What is your diagnosis?:_____ Stage?:_____

Are you in treatment?:_____ What is your current treatment?:_____

Do you have proof of residency?:_____ Examples are: utility receipt, voter card, rent/mortgage receipt

Do you have insurance?:_____ Where are you receiving treatment?:_____

Please attach a statement that explains why you have a dire financial circumstance and what would help you most to improve your quality of life. Have you applied to this fund before? (Yes)_____ (No)_____

Signature of Applicant:_____ Date:_____

CARE – Cancer Aid Resource & Education, Inc.
118 S. Water Street, Las Cruces, NM 88001
575-649-0598 ~ carelascruces.org

STAND with Estela

PARTNERS with CARE

CERTIFIED MEDICAL INFORMATION
MUST BE COMPLETED BY SURGEON OR ONCOLOGY PHYSICIAN

Your patient has applied for financial assistance to Cancer Aid Resource & Education, Inc. (CARE). This financial assistance is provided through a grant with the Stand with Estela Fund administered by the El Paso Community Foundation. CARE will provide financial assistance based on eligibility and funds availability. Cancer patients' eligibility is based on: (1) Patient has been diagnosed with breast cancer; and (2) Patient is receiving therapies to treat their cancer: surgery or receiving chemotherapy and/or radiation; and (3) Patient is needing financial support with a medical or nonmedical expense(s).

Please Print Legibly – Please Complete Sections Legibly

Patient Name: Last_____ **First**_____ **MI**_____

Patient Date of Birth:_____ **Patient Phone Number:**_____

Address:_____

Date of Diagnosis _____ **Cancer Diagnosis** _____

I, _____ **(the physician), confirm that this patient is under my treatment for their breast cancer. Patient is currently in treatment for the following (please check all that apply):**

(1) _____ **Surgery**

(2) _____ **Chemotherapy**

(3) _____ **Radiation**

Name of Surgeon or Oncology Physician (please print) _____

MD License #_____ Hospital/Clinic _____

Address _____

Phone ( ) _____ Fax ( )_____

Signature of Oncology Physician _____ Date_____

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