



ABOUT THE BLUE FUND

The Blue Fund is a program offered by MIU Men's Health Foundation, providing limited short-term financial assistance to Prostate Cancer patients during active treatment easing financial stress so men can focus on healing.

We know from recent studies that the financial stress resulting from the high costs of cancer treatments were nearly as deadly as the cancer itself. Nearly 3 percent of cancer patients go bankrupt, and cancer patients who go bankrupt are 80 percent more likely to die. Prostate cancer patients in particular are two times more likely to die if they've filed for bankruptcy.

A prostate cancer diagnosis on its own evokes stress and worry, not just for the man diagnosed, but his family as well. When the family is facing financial turmoil, it intensifies stress and can have a negative effect on his survival. The Blue Fund was created to help ease some of that financial burden so men can focus first and foremost on healing.

Financial assistance will be available for qualified men undergoing active treatment for prostate cancer, providing up to \$1,000 per month for up to three months, based on available funds and need. Men must be able to demonstrate need, based upon Federal poverty guidelines, debt to income ratio and/or recent hardship.

To be considered, submitted bills must be able to be paid in full at the time of submission. Among the types of debts that will be considered are utility bills, mortgage or rent payments, car or car insurance payments, license plate renewal, health insurance premiums, prescription co-pays and phone cards to ensure regular communication with physicians.

GUIDELINES

- Financial assistance available for qualified men undergoing active treatment of prostate cancer. (Does not include active surveillance.)
- Amount of assistance given on short term basis (up to 3 months) with a financial cap of \$1,000 per month per patient based on acceptance into program, available program funds and need.
- Includes possible direct bill payment of utility bills, mortgage or rent, car or car insurance payment, license plate tabs, health insurance premiums, prescription co-pays, phone cards to keep in contact with doctors may be considered.

- Bill must be able to be paid in full to be considered. No partial payments will be made. Bills in the process of collection will not be considered.
- The Blue Fund is not an emergency fund and cannot provide immediate assistance.
- Funding will be based on discretionary guidelines as determined by MIU Men's Health Foundation and fund availability.
- No funds can be paid to Michigan Institute of Urology, P.C.
- No one associated with the Foundation is eligible for the benefit.
- The Blue Fund does not discriminate on the basis of race, religion, age, national origin, marital status, disability, or sexual orientation.

Click [here](#) for applications and submission checklist.

HOW TO APPLY:

Submissions cannot be accepted online. Download applications [here](#), fill out and return via USPS to:

MIU Men's Health Foundation
 Attn: Karen Gilcher
 6900 Orchard Lake Road
 Suite 101
 West Bloomfield, MI 48322

Be sure to enclose all required forms:

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- Completed application
 - Signed letter from your urologist/oncologist or nurse/social worker verifying current diagnosis and detailing treatment plan. (Medical Information form)
 - Completed financial disclosure form
 - Signed Release Form
 - Completed HIPAA form to verify medical status
 - If employed and on leave, a letter from employer specifying leave status
 - Copy of driver's license with current address
 - The federal tax returns for past 2 years, for you and spouse/partner
 - A copy of checking and savings account statements for past 2 months, for you and spouse/partner
 - Copies of all bills you wish considered for payment.
-



APPLICATION FOR FINANCIAL ASSISTANCE

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Email _____ Last 4 of Social Security # _____

Phone (home): _____ (cell): _____

Insurance Coverage: None Medicare Medicaid VA Private: _____

Employment Status (circle one): Full-time Part-time Disability/Sick leave Unemployed Retired

Employer: _____

Disabled? Total / Partial Permanent / Temporary

From which other agencies have you asked for help, if any? _____

Please list all household members residing with you.

Name	Relationship	Age	Dependent?
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no

How did you hear about The Blue Fund? _____

APPLICANT RELEASE AND ACKNOWLEDGMENT

- I attest that I am a prostate cancer survivor, undergoing active treatment.
- I attest all information provided is accurate and complete to the best of my knowledge.
- I will allow The Blue Fund to do a follow-up survey.

Signature _____ Date _____

MEDICAL INFORMATION



(To be filled out by urologist, oncologist, licensed social worker, or nurse navigator)

Name _____ DOB _____

Date diagnosed with Prostate Cancer _____

Stage / Grade _____

Procedure type and date(s) _____

Treatment type and date(s) _____

Urologist _____ Office phone _____

Oncologist _____ Office phone _____

Social Worker _____ Facility _____ Phone _____

Nurse Navigator _____ Facility _____ Phone _____

Form completed by:

Signature: _____

Name: _____

Title: _____

Phone: _____

Office address: _____

FINANCIAL DISCLOSURE



Name _____ DOB _____

ASSETS	SELF	HOUSEHOLD MEMBER(S)
401(K), IRA, STOCKS-BONDS, ETC.		
SAVINGS/CHECKING ACCOUNT TOTALS		

INCOME	SELF	HOUSEHOLD MEMBER(S)	Change after diagnosis?
SALARY			
SOCIAL SECURITY			
MEDICAID SUPPLEMENTS			
MEDICARE SUPPLEMENTS			
DISABILITY INCOME			
VETERAN'S BENEFITS			
RENTAL INCOME			
OTHER INCOME (specify)			
TOTAL MONTHLY INCOME			

EXPENSES	MONTHLY AMOUNT	DUE DATE
MORTGAGE/RENT		
HOMEOWNERS INSURANCE		
AUTO LOAN/LEASE		

EXPENSES	MONTHLY AMOUNT	DUE DATE
AUTO INSURANCE		
HEALTH INSURANCE PREMIUM		
GAS/ELECTRIC		
TELEPHONE		
WATER		
MEDICATION COPAYS		
OTHER EXPENSES (specify)		

RECENT HARDSHIP? (explain)

BILL(S) SUBMITTED FOR CONSIDERATION FOR PAYMENT	AMOUNT	DUE DATE

APPLICANT RELEASE AND ACKNOWLEDGMENT

- I attest all information provided is accurate and complete to the best of my knowledge.
- I will allow The Blue Fund to further assess my financial need and agree to provide accurate information to the best of my knowledge.

Signature _____ Date _____

RELEASE FORM



- I, _____, give and forever grant to MIU Men’s Health Foundation, a not-for-profit corporation, and its successors, assigns, or licensees (the “Foundation”) the right to use, publish and copyright throughout the world in perpetuity any photograph of me, in whole or part (the “Work”), including alterations, modifications, derivations and composites of the Work, in advertising and promotion of the Foundation. This right shall include the right to combine the Work, in whole or in part, with other images, and to alter the Work, by digital means or otherwise, so long as the use is for a lawful purpose.

I agree that I shall have no right, title or interest in or to the Work, or any material included in or as part of the Work, or in combination with the Work, and that I shall have no claim of any kind or nature against the Foundation, its officers, directors, agents, attorneys, or employees based on its exercise of any rights I have granted in this Release. In addition, I waive any and all rights I may have to inspect or approve of the Work, whether or not it is used in any final product. Finally, all rights that I grant to the Foundation are irrevocable and not subject to rescission, restraint or injunction under any circumstances.

- I further consent to the publication of any personal information to explain my personal involvement with prostate cancer and the assistance that I have received from the Foundation in conjunction with the Work or separate from the Work.
- I further agree to defend, indemnify, and hold the Foundation harmless from any claims of any kind brought against the Foundation or any of its officers, directors, employees, or agents as a result of any information provided to the Foundation by the undersigned which information the Foundation publishes.
- I, _____, do not give MIU Men’s Health Foundation, a not-for-profit corporation, and its successors, assigns, or licensees (the “Foundation”) the right to use, publish and copyright throughout the world in perpetuity any photograph of me.
- I, _____, do not give MIU Men’s Health Foundation, a not-for-profit corporation, and its successors, assigns, or licensees (the “Foundation”) the right to use, publish and copyright throughout the world in perpetuity my personal information explaining the assistance I have received.
- I certify that I am at least eighteen years of age and otherwise meet the age of majority requirements in the State of Michigan, where I am a resident.

Signature: _____

Print Name: _____

Address: _____

City/State/Zip _____

Telephone: _____ Date: _____



HIPAA RELEASE OF PATIENT INFORMATION

TO: _____
Name of Healthcare Provider/Physician/Facility

Street Address

City, State and Zip Code

RE: Patient Name: _____

Date of Birth: _____ Social Security Number (Last 4 Digits): _____

I authorize and request the disclosure of all protected health information related to any prostate cancer diagnosis and treatment to MIU Men’s Health Foundation (“Foundation”) needed for its use and disclosure relative to my participation in its program (“The Blue Fund”) and/or Foundation’s marketing activities to promote Foundation’s charitable purposes. I expressly request that the designated record custodian of all covered entities identified above disclose full and complete protected medical information, **as needed during qualification process**, including the following.

- All medical records
- All disability, Medicaid or Medicare records including claim forms and record of denial of benefits.
- All laboratory, pathology and radiology records and films
- All pharmacy/prescription records

I understand the information to be released or disclosed may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), and alcohol and drug abuse. I authorize the release or disclosure of this type of information.

This protected health information is disclosed for the following Purposes: **For eligibility determinations regarding my request for grants and other offered Foundation services [and to assist Foundation in the promotion of its charitable purposes.]**

This authorization is given in compliance with the federal consent requirements for release of alcohol or substance abuse records of 42 CFR 2.31, the restrictions of which have been specifically considered and expressly waived.

You are authorized to release the above records to **MIU Men’s Health Foundation**, whose address is: **20952 E. Twelve Mile Road, Ste. 200, St. Clair Shores, MI 48081-3203**. Foundation agrees to pay reasonable charges incurred by you to supply copies of such records.

I understand the following:

- I have a right to revoke this authorization in writing at any time, except to the extent information has been released in reliance upon this authorization.
- The information released in response to this authorization may be re-disclosed to other parties.
- My treatment or payment for my treatment cannot be conditioned on the signing of this authorization.

Any facsimile, copy or photocopy of this authorization shall authorize you to release the records requested herein. This authorization shall be in force and effect until the undersigned delivers to you a signed and dated written revocation of this Authorization.

Signature of Patient or Legally Authorized Representative

Date

Name of Legally Authorized Representative to Patient

Relationship to Patient

FAQ

What does The Blue Fund do?

The Blue Fund provides limited short-term financial assistance to Prostate Cancer patients during active treatment, easing financial stress, so men can focus on healing.

How much can the The Blue Fund provide to me?

The Blue Fund provides assistance short term (up to three months) with a maximum of \$1000 per month.

Will I receive the money directly?

No. The Blue Fund provides payment to the creditors directly.

What bills can The Blue Fund cover?

The Blue Fund can pay for utility bills, mortgage or rent, car or car insurance payment, license plate tabs, health insurance premiums, prescription co-pays, etc.; no partial payments of bills will be made and assistance can't exceed \$1000 per month.

How can I qualify for this assistance?

The Blue Fund uses 2015 Federal Poverty Guidelines as a guide. Each case will be considered on an individual basis, taking into consideration recent hardships incurred and debt to income ratios.

How can I submit my application for assistance?

Applications and accompanying paperwork can only be accepted through the USPS. Our mailing address is

MIU Men's Health Foundation
Attn: Karen Gilcher
6900 Orchard Lake Road
Suite 101
West Bloomfield, MI 48322

Do you have an email for other communication?

Yes! You may reach us via email (TheBlueFund@MIUMensHealthFoundation.org) or you can call our toll-free number: 855-66-HELP-MEN.

Where does The Blue Fund money come from?

The Blue Fund is a program offered by MIU Men's Health Foundation. The Foundation raises funds at its signature events: Run for the Ribbon 5k Run/ Walk & Gala in June and The Men's Health Event each fall. People also make gifts in celebration of a loved one.

Are my donations tax-deductible?

Yes! Any funds donated to MIU Men's Health Foundation are tax deductible under section 501(c)(3). Funds can be designated to The Blue Fund or any other program offered. Click [here](#) to visit our donation page!

ELIGIBILITY

2015 Federal Poverty Guidelines		
Persons in Family/Household	Actual level	250% of level
1	\$11,770	\$29,475
2	15,930	\$39,525
3	20,990	\$52,475
4	24,250	\$60,625
5	28,410	\$71,025
6	32,570	\$81,425

Other factors to consider:

- debt to income ratio (43% is the ratio used in lending)
- recent hardship