Tennessee Breast Cancer Coalition

Eligibility

Individuals must be Tennessee residents for no less than one year.

Individuals must be a US Citizen or US Resident Alien.

Individual must be in active treatment for Breast Cancer.

o Surgery, radiation therapy, chemotherapy

o Immunotherapy (up to 1 year)

o Targeted Therapy (up to 1 year for stage 1-3 only)

Excluded treatment

o Alternative medicines/ Palliative Care

o Long-term Hormone Therapy

If no treatment (chemo or radiation) after mastectomy, request for assistance must be within four (4) weeks post-surgery.

Emergency Access Funds will be approved to cover the following expenses only:

The below expenses must be in the patient &/or spouse's name.

Utilities: gas, including propane, electric, water, phone, trash, sewer

Mortgage/Rent: Mortgages in Default will not be considered

Medical Expenses: will only be considered for patients without insurance for the expenses that pertain to the treatment of Breast Cancer

Insurance: Monthly premiums for self-insured/self-pay policyholders (not co-pays)

Lymphedema Sleeves/Gloves: TBCC can purchase with Invoice if Insurance does not cover. For this service only, patient does not have to be in active treatment.

Uncovered treatment expenses that only pertain to Breast Cancer

Service providers will be paid directly within 10 -15 business days upon receipt of completed application with valid documentation and after committee approval.

Assistance will be limited to one-time (once in a lifetime) and an individual shall not receive funds in excess of $1500. In extreme circumstances, TBCC will consider a special request, however, such requests must be approved by the EAF Committee as well as the complete Board of Directors. Payments for these types of circumstances may be delayed and will be dependent on annual EAF budget and number of requests we have received within that calendar year. Approval of assistance is at the discretion of the EAF Committee.

2026 Federal Poverty Guidelines Chart by Annual Income

Household size:

1…… $39,900

2…… $54,100

3…… $68,300

4…… $82,500

5…… $96,700

6…… $110,900

7…… $125,100

8…… $139,300

$5,500 for each additional family member

Tennessee Breast Cancer Coalition
1457 Elm Hill Pike, Ste 108, Nashville, TN. 37210

Tennessee Breast Cancer Coalition (TBCC) financial assistance is at the discretion of the EAF Committee. To be considered, individuals must; be in active treatment for breast cancer, Tennessee residents, US Citizen, and met our criteria. Assistance may be awarded, if approved, for rent, mortgage payments, utilities, insurance, medical and hospital bills.
Contact Janet, if you have questions or need more information: phone 615-377-8777 or email eaf@tbcc.org

Patient Information:
Full Name:_____Email_____

Address: _____City: _____ State: _____

Zip: _____ County: _____ Phone:_____
If less than one year give previous address below

Previous Address: _____City: _____ State: _____ Zip: _____

U. S. Citizen: circle one Yes No Name & Phone of person / how you learned Fund_____

Insurance: _____ (circle one) Employer TennCare BlueCare Medicare Medicaid

Patient's Date of Birth: _____/_____/_____Marital Status: _____

Number of Dependent Children at home: _____ Ages: _____

Patient's Employer: _____Employer's Phone with Area Code:_____

Patient's Date of last employment: _____ Patient's Income: _____

Spouse's Income: _____ Spouse's Date of last employment: _____

Are You or Spouse receiving Unemployment? Provide dollar amount and how long _____ _
Total Household Income (must provide proof): $_____

Do you receive Disability: YES or No Have you applied for Disability: Yes or No

List any other assistance you receive and the amount, including Child Support, Food Stamps, Families First or any other

_____

Requesting assistance for: (circle all that apply) Provide Proof of Invoice/Bill, Mortgage Statement/ Lease Agreement
Rent, Mortgage and Utilities must be in the name of Patient or Spouse

Maximum Assistance is limited to $1500

Mortgage Rent Utilities Medical/Hospital Bills Insurance Premium Lymph Sleeve
Uninsured patients only

Attach Proof of Income, copies of Mortgage Statement or Rental Agreement, Utility bill(s) or Medical bill you are requesting TBCC to pay. We cannot pay without this information!
Billing/Payment information for Request: Please provide a copy of each statements/invoices/rental agreement first and last page only with name, address, phone and specific person to contact for: Mortgage Company (mortgages in default do not qualify), Landlord, Utilities Companies and Dr/Medical entity that you are requesting assistance for. You can, scan and email to eaf@tbcc.org, text or email photos or fax copies to 615-541-1923 or send copies with application in the mail.

*Patient is required to contact service providers and give permission for TBCC to inquire about account(s) before you return this application

Clinical Information

IMPORTANT: Before submitting application, Applicant must contact physician(s) and give permission to discuss Applicant's treatment with TBCC representative.

Date of Diagnosis: _____/_____/_____ If recurrence, Date of Original Diagnosis: _____/_____/_____

Breast Cancer Stage _____

Surgery (Indicate NA if not applicable)	
	Date
Mastectomy	
Lumpectomy	

Other Treatment (Indicate NA if not applicable)		
	Start Date	End Date
Radiation		
Chemo		
Immunotherapy		
Targeted Therapy		

For SURGERY confirmation:
Surgeon Name, Address & Phone Number:

Name, Phone Number &/or email address of Staff Person to Confirm Treatment:

OTHER TREATMENT(S) confirmation:
Oncologist Name, Address & Phone Number:

Name, Phone Number &/or email address of Staff Person to Confirm Treatment:

I have contacted applicable physicians listed above and given permission for TBCC to access any relevant medical information needed to process my application.

Signed by Applicant _____ Date _____

☐ By checking this box, applicant agrees to receive application status notifications and customer service messages from Tennessee Breast Cancer Coalition. Message frequency may vary. Message and data rates may apply. You can opt out at any time by replying STOP. For help, email info@tbcc.org. Review our Privacy Policy.