

Sources of Income:	Expected:	Actual:
Salary		
SSI/SSDI		
Employment Benefits: Short-Term Disability		
Investments		
<b>Total:</b>		

Have you had stop working due to your diagnosis? Have you considered applying for [Social Security Disability Insurance](#)?

Monthly Expenses:	Expected:	Actual:
Mortgage/Rent		
Energy Bill/ Gas Bill		
Water Bill		
Groceries		
Credit Cards		
Car Payment		
Gasoline		
Loans		
Home/Cell Phone		
Cable		
Housecleaning/Landscaping		
Child Care		
Insurance Premiums (health, life, home, etc.)		
Clothing		
School		
Other Fees		
<b>Total:</b>		

To reduce these costs, have you considered:

- Are you eligible for Food Stamps?
- Are you able to get assistance with your electric bill from Low Income Heating Energy Assistance Program ([LIHEAP](#))?
- Is there a local free cleaning service in your area? (For example, [Cleaning for a Reason](#))

Contact PearlPoint Cancer Support today by phone or email:  
 (877) 467-1936 X 101 or [guidance@pearlpoint.org](mailto:guidance@pearlpoint.org)  
 Create a profile at [mypearlpoint.org](http://mypearlpoint.org).

- Do you qualify for government assistance for housing, child care, or cell phone?

Medical Expenses:	Expected:	Actual:
Insurance Deductible		
Co-Payments		
Prescriptions		
Transportation (parking fees, flights, etc.)		
Medical Supplies		
Caregiving/Home Care		
Supplements		
Mental Health Care		
Legal Services		
Travel		
Assistance Received:		

Possible sources of assistance:

- Have you considered a prescription assistance resource like [NeedyMeds](#) to reduce costs of prescriptions?
- Are you eligible for co-pay assistance based on cancer type?
- Can you reduce transportation and gas costs through resources like [Road to Recovery](#), [CancerCare](#), or [Angel Flight](#)?
- Is there a sliding scale resource in your area for mental health services?

	Expected:	Actual:
Total Income:		
Total Expenses (Monthly/Medical):		
After Expenses: (Total Income – Total Expenses = After Expenses)		

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### Financial Assistance

When applying for financial assistance, keep track of your applications (as outlined in the chart below) to make sure you submit everything and hear back from the programs in a timely manner. You may have to follow up with some programs. If a program provides reoccurring support, you will want to make note of that in the frequency column.

To learn more about finding financial assistance, visit [10 Financial Assistance Tips for Cancer Survivors](#).

Assistance Organization:	Date Applied:	Status:	Frequency:	Amount:	Need:
<i>Ex: CancerCare</i>	<i>2/11/14</i>	<i>Applied</i>	<i>One-Time</i>	<i>\$125</i>	<i>Gas</i>

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