

Columbia County Resources, Inc.

**Tough Enough to Wear Pink
Medical Relief Fund**

Application Manual

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I. Introduction

Columbia County Resources' Inc. (CCR) Tough Enough to Wear Pink Medical Relief Fund was created in response to the need to provide assistance to residents of Columbia, Suwannee and Hamilton County.

Initially, Tough Enough to Wear Pink (TETWP) originated as a form of bringing awareness to Breast Cancer, which remains a top priority. We, however, have expanded our outreach to include assistance to those in need, without other recourse, due to a medical condition.

The purpose of the fund is to assist in filling some financial voids as related to medical crisis, once all additional resources have been exhausted. Although TETWP Crisis Fund cannot distribute monies directly to an individual recipient, we do assist by way of third party.

All requests for assistance will be considered on an individual basis and must be medically related such as prescriptions, specialty equipment or medical services. Additionally, housing, living expenses and transportation will be considered if determined that such incurred expenses are directly associated with a medical condition.

**Columbia County Resources, Inc.
Tough Enough to Wear Pink Medical Relief Fund
P.O. Box 1376
Lake City, Fl. 32025
(386) 752-8822**

II. Release of Information

- **You must have a release of information signed, notarized and attached with application.**
- **The release of information will be kept on file along with application by CCR.**
- **The release provides the staff and volunteers with permission to access additional agencies, medical personnel and/or individuals in an effort to verify all information provided.**
- **The release of information further provides and allows the staff and appointed volunteers of Columbia County Resources, Inc. TETWP Crisis Fund to discuss the case along with all information provided, in group or committee discussions.**
- **All information provided will be protected and secure by federal and state government standards. Although we are able to discuss an individual's case and personal information, we maintain high regards to the privacy of each.**

III. Fund Use Guidelines

- **All requests for relief funds must be medically related.**
- **Each applicant may be awarded a maximum of \$1000.00 in medical related assistance relief annually.**
- **Uninsured applicants will be given priority.**
- **No funds will be paid directly to a recipient. Once request is honored, CCR's TETWP Crisis Fund will make arrangements to pay directly to third party on behalf of applicant.**
- **Each applicant is responsible for furnishing correct and accurate information. Any application that is deemed unverifiable will be denied.**
- **As stated, all requests for relief funds must be medical related as determined by a 5 member committee appointed by CCR Board of Directors.**

IV. Initiating an Application

- **Applications are available to the public and may be obtained by contacting CCR at the Columbia County Fairgrounds Office or on line at www.columbiacountyfair.org.**
- **Completed applications, along with a release of information form must be submitted in person to the CCR office.**
- **No application will be submitted to committee for consideration until completed in its entirety and verification process is successful.**
- **You will receive a reply within (14) days upon receipt of the completed application. We will notify you of our determination by letter.**
- **Special consideration will be given for emergency requests. (“Emergency” request will be determined by TETWP Crisis Fund Committee)**

V. Consideration of Application

Factors to consider with each submitted application.

- **Are there other resources that could be used to meet the request?**
- **Can other resources be used to meet the request within the timeframe dictated by the emergency?**
- **Do you consider the situation an “emergency / crisis / imminent risk”?**
- **Is the current situation a one time matter or on going?**
- **If this is an on going situation and if this request is paid, how will the household meet their expenses in the future?**
- **Are there any complicating factors that should be taken into consideration?**

VI. Participating Agencies

- **Which of the following agencies have you applied for assistance?**

American Cancer Society

United Way

Christian Service Center

Catholic Charities
