

# Berkshire Taconic Community Foundation

## WOMEN'S CANCER WELLNESS FUND

### Guidelines & Application

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The Women's Cancer Wellness Fund of the Berkshire Taconic Community Foundation supports Berkshire Taconic\* women residents who have had a cancer diagnosis and are seeking support in their search for integrative health care modalities including financial aid for those who qualify.

The selection process is overseen by a committee of community residents with knowledge and compassion about the needs of women seeking treatment for cancer. You may be contacted by a member of the committee or foundation staff member to discuss your application before a final decision is made. You will be notified of the decision on your application within four weeks.

#### **Awards:**

Grants will generally range up to \$500. Payments will be made directly to the service provider.

#### **Award Criteria:**

- Preference will be given to women lacking family and/or community support.
- Demonstrated financial need.
- Impact of requested service on the applicant's quality of life.

Name of Applicant:

Address of Applicant:

Town of Applicant's Residency:

Email Address:

Telephone #:

Description of Applicant's Circumstances:

Berkshire Taconic Community Foundation

800 North Main Street, PO Box 400, Sheffield, MA 01257-0400

T: 413.229.0370 F: 413.229.0329 [info@berkshiretaconic.org](mailto:info@berkshiretaconic.org) [www.berkshiretaconic.org](http://www.berkshiretaconic.org)

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What Level of Support do you Have From Your Family, Friends, and Community?:

What Type of Integrative Health Care Services are You Seeking (For Example: Acupuncture, Body Work, Energy Work, Massage, Craniofacial, Hypnotherapy, Physical Therapy, and Nutritional Counseling)? Please Include Information About Service Provider and Cost of Service, if Known:

**Attachments:**

Please Attach the Following to this Application:

- A note from your doctor indicating your diagnosis.
- A letter indicating how your request meets the fund criteria.
- A copy of your most recent tax return for evidence of financial need. This information will be kept in confidence. You may add a letter to be shared with the committee if you feel that the information on the tax return does not accurately reflect your financial need. If you do not have a tax return, please indicate your financial circumstances and provide evidence as appropriate.

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#### Other Berkshire Taconic Community Foundation Resources for Basic Living Expenses:

**Neighbor to Neighbor Fund:** This is a flexible resource to provide immediate assistance to individuals and families, who are residents of Berkshire County, in difficult financial circumstances and in need of an emergency financial boost in a particular area of their lives that will help stabilize their situation and help avert a deeper crisis.

Berkshire: [www.bcacinc.org/n2n](http://www.bcacinc.org/n2n)

Litchfield: Contact your town's municipal social service agent.

Dutchess: [www.dutchesscap.org](http://www.dutchesscap.org)

Columbia: [www.columbiaopportunities.org](http://www.columbiaopportunities.org)

**Jane Lloyd Fund** supports the daily living costs for people with cancer who are residents of the Northwest Corner of Connecticut up to \$2,500 per person. To apply, please contact your town's municipal social service agent.

**\*Berkshire Taconic Region:** Berkshire County, MA; Columbia County and northeast Dutchess County, NY; and northwest Litchfield County, CT

Northwest Litchfield County: Bantam, Canaan, Colebrook, Cornwall, Cornwall Bridge, Falls Village, Kent, Lakeville, Lime Rock, Litchfield, Norfolk, Salisbury, Sharon, Taconic, West Cornwall and Winsted, CT.)

Northeast Dutchess County: Amenia, Clinton Corners, Dover Plains, Millbrook, Millerton, North East, Pine Plains, Stanford, Washington, Wassaic, and Wingdale, NY.)

I understand that any advice offered to me by the committee reflects the opinion of those individuals and is in no way to be considered medical advice. Specific medical advice should be obtained from a licensed health care practitioner.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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