

FY2014 – Checklist of Components for a Complete Cancer State Aid Application

Only current fiscal year forms are accepted.

Depending on individual patient circumstances, a complete CSA application includes some or all of the following items (* items are required):

Financial Eligibility (See “Application Completion Instructions_FY14”)

- ☐ *Completed FY2014 Cancer State Aid Financial Application Form (Form 3621F);
- ☐ *Supporting documentation verifying applicant family income; if no income, a patient statement or facility notes on the application describing how living expenses are being met is required;
- ☐ Supporting documentation verifying applicant family assets, ongoing, and/or outstanding medical expenses (if applicable);
- ☐ *Completed CSA Worksheet for Financial Eligibility (and only if applicable, worksheets for Financial & Property Assets are required);
- ☐ *Department of Public Health (DPH) or Facility’s Authorization for Release of Information Form
- ☐ * DPH – Verification of Residency for Public Benefits completed and signed by the applicant.
- ☐ * Copy of immigration card – A copy of both sides, magnified to be easily readable, without smudges. CSA is required to verify immigration status of legal permanent alien residents on the federal immigration web site. <http://www.dhs.gov/citizenship-and-immigration-services>
- ☐ * Copy of verifiable identification of applicant: driver’s license, passport or other with address; magnified to be easily readable, without smudges (if applicant has immigration card this is not needed – only one ID displaying their GA address is needed); see application instructions, pg 2.

Medical Eligibility (See “21.Medical Eligibility Request Forms Guidance 2014”)

- ☐ *Completed “Diagnostics Request Form 3621D” documenting needed diagnostic services or the “Treatment Request Form 3621T” describing needed treatment services (submit only one, D or T);
- *Either: ☐ Clinical information supporting the need for diagnostic testing (for cases not yet confirmed but highly suspicious for malignancy)
- *Or: ☐ Pathology report or physician notes containing the confirmed diagnosis for the reported cancer type;

Submit all supporting documents that verify the patient’s eligibility. Keep a copy for your records. (See “Assets & Income Verification Instructions 2014”.)

Submit completed applications and supporting documents by US Postal Mail only:

Mail to: Cancer State Aid Program
Two Peachtree Street, N.W., Suite 16-453
Atlanta, Georgia 30303

Please do not fax applications having several pages of supporting information.