



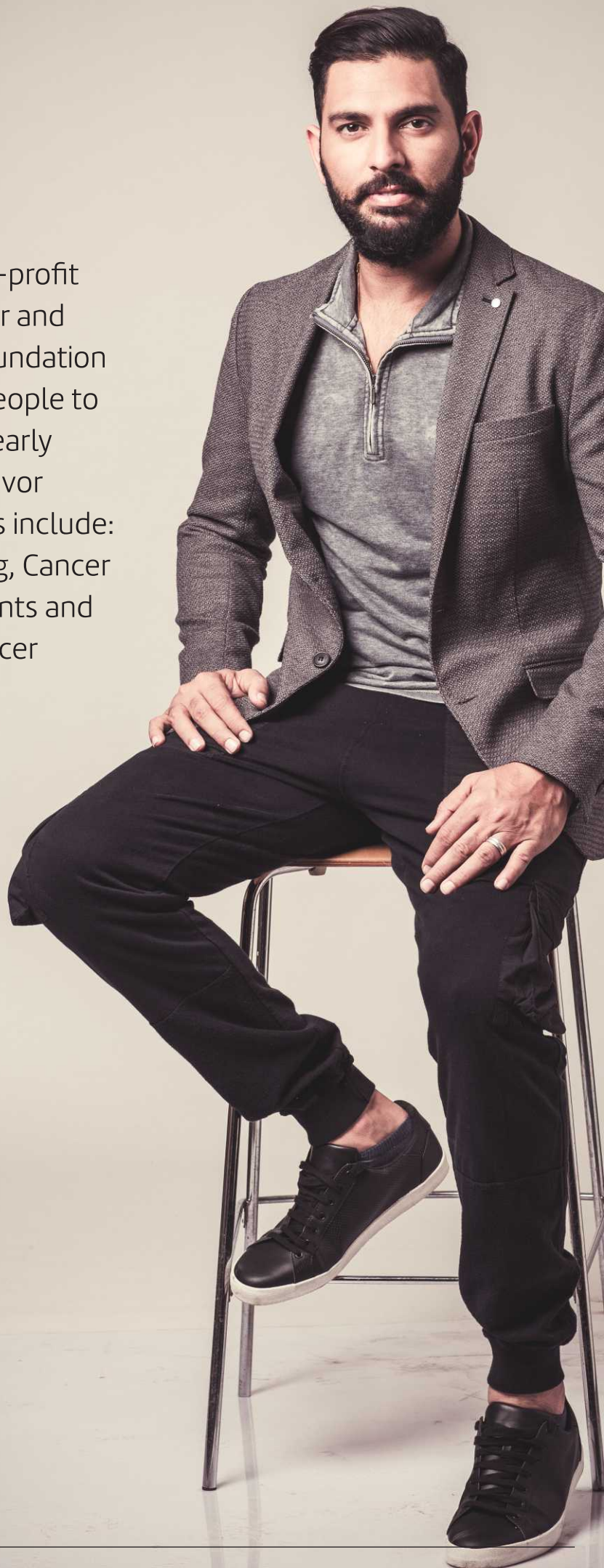
YOUWECAN
FIGHT CANCER

YouWeCan Cancer Treatment Fund for Pediatric Patients



ABOUT YOUWECAN FOUNDATION

The YouWeCan Foundation is a non-profit organisation established by cricketer and cancer survivor Yuvraj Singh. The foundation works with a mission to empower people to defeat cancer, through awareness, early detection, patient support and survivor empowerment. The major programs include: Cancer Awareness, Cancer Screening, Cancer Treatment Fund for **Pediatric** Patients and Education Scholarship Fund for Cancer Survivors.





ABOUT THE CANCER TREATMENT FUND

The YouWeCan Cancer Treatment Fund for **Pediatric** Patients provides financial assistance for the treatment of eligible cancer patients, to a maximum limit of Rs. 3,00,000.00 (rupees three lakhs) per patient. Only patients belonging to underprivileged backgrounds, who are below 16 years of age, are eligible to receive support under the fund.

The entire cost of treatment of shortlisted patients is supported, as per the treatment plan of the hospital, including (but not limited to) diagnostic tests, investigations, chemotherapy,

radiation therapy, surgery and cost of medication. All medical services related to the treatment are provided directly by the partner hospital. YouWeCan Foundation's role is limited to providing financial aid to support the cost of treatment.

Strict processes are in place for due diligence and screening of cases. To ensure transparency and to maintain strong financial control, funds are disbursed directly to hospitals and not to beneficiaries or their caregivers/family.



THE ROLE OF PARTNER HOSPITALS

The YouWeCan Foundation partners with eminent cancer hospitals across the country, which have state of the art facilities for medical oncology, surgical oncology and radiation oncology. All medical services related to the treatment of patients are provided directly by the hospitals and the foundation's role is limited to providing financial aid to support the cost of treatment. Partner hospitals further extend their support to this initiative, by providing a 100% waiver of room rent charges and doctor's consultancy fees.

After a MoU is executed between both organisations, the partner hospitals refer eligible patients to the foundation for financial support. Furthermore, patients

that directly approach the foundation and who fall under the geographical reach of the partner hospital, are referred to the hospital.

Once a patient has been approved for medical grant, the sanctioned amount is transferred directly to the partner hospital, in the name of the patient. Subsequently, the hospital shares medical records and a statement of accounts on a monthly basis with YouWeCan Foundation. A fund utilisation certificate is provided by the hospital at the end of each financial year, or once the treatment of the patient has been completed. In case any unutilised funds are remaining after the treatment is complete, the hospital refunds the amount to YouWeCan Foundation.



Cancer Treatment Fund for Pediatric Patients

PHOTO

Medical Grant Application Form

Section 1: Patient Details

| | | | |
|-----------------|--|--------|---|
| Name Of Patient | | | |
| Address | | | |
| | | | |
| Date Of Birth | | Gender | <input type="checkbox"/> Female <input type="checkbox"/> Male |

Section 2: Details Of Guardian/ Caregiver

| | | | |
|---------------------------|---|---------------------------|--|
| Name | | | |
| Relationship With Patient | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (please specify) | | |
| Contact Number | | Alternate Contact Number: | |
| Address | <input type="checkbox"/> Same as above <input type="checkbox"/> Other | | |
| | | | |

Section 3: Income Details

| Total Annual Family Income | | | | | |
|----------------------------|-----------------------|-----|---------------------------|------------|---------------|
| Family Details | | | | | |
| | Name Of Family Member | Age | Relationship With Patient | Occupation | Annual Income |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

Section 4: Treatment Details

| | | | |
|---|--|----------------|--|
| Name of Hospital | | | |
| Patient Registration Number at Hospital | | | |
| Type of Cancer | | | |
| Treatment Plan | | | |
| Name of Doctor | | Contact Number | |
| Name of Social Medical Worker | | Contact Number | |
| Estimated Duration of Treatment | | | |
| Estimated Cost of Treatment | | | |
| Financial Assistance / Grants from other sources | | | |
| Grant Amount Requested from Yuvraj Singh Foundation | | | |

Section 5: Details of Financial Assistance/ Grants from other sources

| | | | |
|--|--|-----------------|--|
| Is the patient covered under Pradhan Mantri Jan Arogya Yojana (PMJAY)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is the patient covered under the Employees' State Insurance Scheme (ESIS)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is the patient covered under any Medclaim / Medical Insurance Policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Insurer Name | | Sum Insured | |
| Has the patient received financial assistance from any other trust/ NGO/ organisation/ individual? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, Name of organisation/ individual | | Amount Received | |
| Has the patient received financial assistance from any government agency or government scheme? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, details of Government Agency/ Scheme | | Amount Received | |

Section 6: Additional Information (if applicable)

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Document Checklist

Photocopies of the following documents must be submitted along with the application form, in order to be eligible for grants under the YouWeCan Cancer Treatment Fund for Paediatric Patients.

Patient ID & Address Proof Documents

- ☐ Aadhar Card
- ☐ Birth Certificate

Family Member's ID & Address Proof Documents

- ☐ Aadhar Card of Father
- ☐ Aadhar Card of Mother

Other Requirements

- ☐ Ration Card
- ☐ 4 Passport Size Photographs Of Patient

Latest Income Certificate of All Earning Members

- ☐ Income certificate issued by any of the following government authorities:
Tehsildar/ District Magistrate/ District Collector/ Revenue Circle Officer/ Sub-Divisional Magistrate

Medical Documents

- ☐ Hospital Evaluation Summary & Treatment Plan
- ☐ Treatment Cost Estimate Certificate from Hospital
- ☐ Copy of Diagnosis Report
- ☐ Copy of Medical Records

Application Guidelines

- Medical grant under YouWeCan Cancer Treatment Fund for Paediatric Patients, is open for cancer patients only.
- Patient should be an Indian citizen residing in India.
- Patient should be below the age of 16 years.
- Application forms should be submitted along with scanned copies of supporting documents, via email to info@youwecan.org.
- Patients with an annual family income exceeding Rs. 200,000/- (Rupees two lakh only) will not be considered eligible for medical grant under this fund.
- Patients who are covered under the Pradhan Mantri Jan Arogya Yojana (PMJAY) will not be considered eligible for medical grant under this fund.
- Patients with immediate family members who are government employees covered under the Central Government Health Scheme (CGHS), or are employees who are covered under the Employees State Insurance Scheme (ESIS), or are employees who are eligible for aid from their employers, will not be considered eligible for medical grant under this fund.
- The final decision of accepting the Application Form shall solely vest with Yuvraj Singh Foundation.
- Yuvraj Singh Foundation shall not be held liable or responsible for any liability arising out of the treatment provided to the Patient including but not limited to any medico-legal liability.
- Any dispute arising out of this Application Form shall be governed by the laws of India subject to the exclusive jurisdiction of the courts of Delhi.

Declaration

I agree to the terms of this application form. I further declare that the information provided by me on the above form is true and correct to the best of my knowledge and belief.

| | | | |
|-----------|--|---------------------------|--|
| Name | | Relationship with Patient | |
| Signature | | Date | |