

## LOCAL & NATIONAL INSURANCE, FINANCIAL, INFORMATION & LEGAL RESOURCES FOR CANCER PATIENTS

A diagnosis of cancer can be a tremendous burden to cancer patients and their families. Besides hospital bills, cancer treatment can include many expenses that insurance doesn't cover, such as medications, transportation, or child care. If lost wages compound this situation, then the diagnosis of cancer can also become a financial crisis.

Breast Cancer Options has compiled this resource list to help you find options. The list will be posted on our website and updated periodically.

Contact us if you need more help: 845/339-4673

[hopenemiroff@yahoo.com](mailto:hopenemiroff@yahoo.com)

### INSURANCE RESOURCES

#### HMO's and INSURANCE

If your insurance company or HMO turns down your claim for treatment, you don't have to take no for an answer. You can appeal the carrier's decision. If the answer is still no, in many states you can file what's known as an external appeal. The following organizations can help if your claim for cancer treatment has been turned down.

#### NEW YORK STATE ATTORNEY GENERAL'S HEALTH CARE BUREAU

Protects and advocates for the rights of all health care consumers in NYS. The staff at the toll-free Hotline will assist with individual problems. There is an online complaint form.

800/428-9071 or fax a complaint to: 518-402-2163.

[www.ag.ny.gov/bureau/health-care-bureau](http://www.ag.ny.gov/bureau/health-care-bureau)

#### NEW YORK STATE INSURANCE DEPARTMENT

The New York State Insurance Department supervises and regulates all insurance business in NY State and investigates complaints about insurance company problems including violations of the NYS Prompt Pay Law (which requires health insurers & HMOs to pay undisputed health insurance claims within 45 days of receipt and levies fines for delayed payment). The insurance company has 35 days to respond to the NYSID's letter, a copy of which will be sent to the complainant.

800-358-9260 [www.dfs.ny.gov/consumer/fileacomplaint.htm](http://www.dfs.ny.gov/consumer/fileacomplaint.htm)

### OTHER RESOURCES

**PATIENT ADVOCATE FOUNDATION:** [www.patientadvocate.org](http://www.patientadvocate.org)

800-532-5274

**MEDICARE RIGHTS CENTER:** [www.medicarerights.org](http://www.medicarerights.org)

800-333-4114

**HEALTH INSURANCE PROGRAMS IN NEW YORK STATE:** [www.health.ny.gov/health\\_care](http://www.health.ny.gov/health_care)

Health Insurance Programs information for New Yorkers.

### DRUG REIMBURSEMENT HOTLINES/PATIENT ASSISTANCE PROGRAMS

#### Pharmaceuticals and Biologicals

[www.accc-cancer.org/cancer\\_care/patients/Hotlines.asp](http://www.accc-cancer.org/cancer_care/patients/Hotlines.asp)

A listing of reimbursement assistance programs for oncology-related drugs and services. Many companies have developed programs for physicians, their office staff, and, in some cases, patients.

**RxASSIST:** The Web's most current and comprehensive directory of Patient Assistance Programs  
Drug Reimbursement & Patient Assistance Programs

[www.rxassist.org](http://www.rxassist.org)

## FINANCIAL RESOURCES: LOCAL & NATIONAL

If you do not have health insurance or are in need of financial assistance to cover health care costs, the resources listed below may be of help. Cancer patients and their families should discuss any concerns they may have about health care costs with their physician, medical social worker, or the business office of their hospital or clinic.

### LOCAL FINANCIAL RESOURCES

#### **THE GREENE COUNTY WOMEN'S LEAGUE- Cancer Patient Aide**

Anyone living in Greene County that is NOT on Medicaid is eligible for help with the costs of fighting cancer. PO Box 341, Round Top, NY 12473 518 965-2166.

#### **COLUMBIA HEALTHCARE CONSORTIUM**

*Community Cancer Fund. c*

Available for Columbia and Greene county residents who are in financial hardship and need financial assistance due to a cancer diagnosis as well as uninsured residents in need of diagnostic testing for cancer. 518-822-8741. *Medical Transportation Service.* Provides non-emergency medical transportation to Columbia County residents who lack the means of getting to a medical appointment. 518-822-8020

#### **MILES OF HOPE BREAST CANCER FOUNDATION**

PO Box 405, LaGrangeville, NY 12540- [www.milesofhopebcf.org](http://www.milesofhopebcf.org) 845-264-2005 or 845-464-6882

- *College or Trade School Scholarships* for high school seniors whose lives have been affected by breast cancer. Must reside within NY counties of Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Ulster, Westchester.
- *Medical Gap Care Fund* for individuals who are faced with life emergencies and/or costs not covered by health insurance while they are undergoing treatment for breast cancer.

#### ***Where to apply:***

Columbia	Community Action Partnership of Dutchess County	845-452-5104 x103
Dutchess	Community Action Partnership of Dutchess County	845-452-5104 x103
Greene	Family of Woodstock	845-331-7080 x131
Orange	Greater Hudson Valley Family Health Centers	845-220-3152
Putnam	Putnam Community Action Partnership	845-278-8021 X19
Rockland	Greater Hudson Valley Family Health Centers	845-220-3152
Ulster	Family of Woodstock	845-331-7080 x131
Westchester	Cancer Support Team	914-777-2777

**ROSEMARY D. GRUNER MEMORIAL FUND:** Provides financial assistance to eligible cancer patients who are in need and receiving treatment in Ulster County. The Benedictine Health Foundation at (845) 334-3186

### OTHER FINANCIAL RESOURCES

#### **AMERICAN BREAST CANCER ASSISTANCE PROGRAM-** [www.abcf.org/programs/breast-cancer-assistance-program](http://www.abcf.org/programs/breast-cancer-assistance-program)

A national Breast Cancer Assistance Program that provides financial assistance for breast cancer screenings and diagnostic tests for uninsured and underserved individuals, regardless of age or gender who otherwise would have no other means of access. ABCF hopes to improve the chances of ruling out breast cancer, or diagnosing the disease at an early stage so that it may be treated successfully and increase survivorship. More than 50 % of ABCF callers already have symptoms of the disease.

Bilingual Program Specialists are also on staff and available to be of assistance or you can email [info@abcf.org](mailto:info@abcf.org). There is an application process in which proof of residency and income qualification are required. ABCF does not disclose income qualifications to the public, but almost everyone that is uninsured and meets each state's poverty guideline level, qualifies. **ABCF's Breast Cancer Assistance Program hours are Monday - Thursday 9am to 6pm, and Friday's 9am to 1:00pm, EST.** Applications are on a first-come-first-served basis and, due to the high demand of requests, there is no guarantee that at the time of your call, applications will be available. **If you are in need of assistance and would like to know if you qualify for the program, please call the toll free number at 844-219-ABCF (2223) or our main office phone 410-730-5105 (ask or leave a message for Christina)**

**ANGELA ANDRADE FOUNDATION-** <https://angelaandrdefoundation.blogspot.com>

The Angela Andrade Foundation is devoted to assisting metastatic breast cancer patients and their families to enjoy Angela's "silver linings." The Foundation enables patients to improve their quality of life from a grant of financial assistance. You are eligible to apply to the Angela Andrade Foundation if:

- You are a patient with metastatic breast cancer
- You are receiving treatment within the United States
- You are a permanent resident of the United States

To apply for a grant, an applicant must mail a completed application to the address indicated below. Grants will be given in \$1,800 increments. Grants will be given on an as needed basis. Recipients will be selected quarterly and must wait a year before applying for another grant. Applicants must submit a completed application including confirmation from a healthcare provider. When possible, all grant payments will be made directly to service providers on behalf of the individual recipient. In some instances recipients may be eligible for reimbursement, but they must provide receipts prior to expense reimbursement. Please forward your application and required documents to [angelaandrdefoundation@gmail.com](mailto:angelaandrdefoundation@gmail.com)

**BREAST CANCER ASSISTANCE FUND.** <https://breastcanceraf.org/request-assistance>

Do you know of a woman or family who could benefit from our assistance? We have made this easy for you. Download, complete, and submit the forms on our website and mail them to the address found on the form. We look forward to reviewing your request and will be in contact. 866-413-5789

**BREAST CANCER CHARITIES OF AMERICA:** [www.thebreastcancercharities.org](http://www.thebreastcancercharities.org)

936-231-8460. [info@TheBreastCancerCharities.org](mailto:info@TheBreastCancerCharities.org)

Provides one-time emergency financial assistance of \$500. We help with past-due utility bills, rent eviction notices. Applications **MUST** be submitted by social worker, doctor or nurse for verification purposes. Applications can be **faxed** to 936.231.8462 or **emailed** to [helpnow@igopink.org](mailto:helpnow@igopink.org)

**BRIELLE GRACE BREAST CANCER FOUNDATION**

**845-500-6228** [www.briellegracebreastcancerfoundation.com](http://www.briellegracebreastcancerfoundation.com)

Provide financial support for breast cancer patient's medical bills. Fund mammograms for early breast cancer detection. For grant approval the patient must currently be in treatment and will need to provide medical documentation with diagnosis and treatment from the medical facility where they are receiving care. Patient must currently reside in New York State. If approved, documentation will have to be provided by the patients treating physician. We accept only accept and review applications from April - September  
[www.briellegracebreastcancerfoundation.com/grant-application-recipients](http://www.briellegracebreastcancerfoundation.com/grant-application-recipients)

**CANCERCARE:** [www.cancercare.org/financial/information](http://www.cancercare.org/financial/information)

800-813-HOPE (4673) Specific Grants for Breast Cancer Financial Assistance

*AVONCares*- Limited financial assistance for homecare, childcare and transportation. In partnership with the Avon Foundation.

*CancerCare Get You There*- CancerCare has launched a new program to provide financial help for transportation costs to women coping with metastatic (stage 4) breast cancer.

*Linking A.R.M.S.™*-Limited financial assistance for hormonal and oral chemotherapy, pain and anti-nausea medication, lymphedema supplies and durable

**CANCERCARE CO-PAYMENT ASSISTANCE FOUNDATION:** [www.cancercarecopay.org](http://www.cancercarecopay.org)

212-601-9750; 866-552-6729

A not-for-profit organization established in 2007 to address the needs of individuals who cannot afford their insurance co-payments to cover the cost of medications for treating cancer.

**CANCER FINANCIAL ASSISTANCE COALITION (CFAC):** [www.cancerfac.org](http://www.cancerfac.org)

A directory of financial assistance resources by diagnosis and type.

**DONNA SAUNDERS FOUNDATION-** <https://dmsfinc.com/about.html>

The foundation was created to honor a remarkable daughter, sister, aunt and friend, who lost her battle with breast cancer. The goals of the foundation are to provide educational awareness to the public about the disease and financial support to breast cancer patients. It is our hope to provide support to those in need as they receive treatment for breast cancer and to ensure that people are educated about the disease to assist in prevention and provide financial support to breast cancer patients

**JOE ANDRUZZI FOUNDATION:** <http://joelandruzzifoundation.org>

Office: 508-261-0630 [info@joelandruzzifoundation.org](mailto:info@joelandruzzifoundation.org)

The Joe Andruzzi Foundation is committed to providing financial and emotional assistance to the broad community of cancer patients and families throughout New England, New York and New Jersey.

## **KOMEN UPSTATE NEW YORK TREATMENT ASSISTANCE PROGRAM**

<https://komenupstatenewyork.org/communityimpact/treatmentassistance>

Financial hardships shouldn't keep patients from getting the treatments they need. To see if you or a loved one qualifies for Komen Upstate New York's Treatment Assistance Program, call the **Komen Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) and press #2 for the breast care helpline or email [helpline@komen.org](mailto:helpline@komen.org).**

**Financial assistance is available for breast cancer treatment expenses such as:**

- Oral pain medication
- Anti-nausea medication
- Oral chemotherapy/hormone therapy
- Child care/elder care
- Transportation to and from treatment
- Lymphedema care and supplies
- Durable medical equipment.

At this time, the Treatment Assistance Program does not cover costs associated with screening or diagnostics.

**Funding can help patients of any age who have been diagnosed with breast cancer, at any stage of the disease.** Financial assistance is granted to patients who meet predetermined eligibility criteria, including proof of active treatment and an income at or below 250% of the Federal Poverty Level. Patients in active treatment are eligible to receive funds via the program every twelve months. Patients should expect to receive documents to verify diagnosis/treatment. Once documents are returned, award packets are typically sent within one week of eligibility verification.

**MODESTNEEDS.ORG:** <http://modestneeds.org>

Modest Needs works to promote the self-sufficiency of the 'working poor' - the hard-working but low-income individuals and families that conventional philanthropy has otherwise forgotten. This gap leaves low-income but generally self-sufficient individuals and families without access to small amounts of short-term, emergency assistance in favor of providing significant amounts of long-term assistance to these same individuals and families once they've fallen deeply into the cycle of poverty. Register online/ (844) 667-3776.

**MY HOPE CHEST-** [www.myhopechest.org](http://www.myhopechest.org)

My Hope Chest provides funding for uninsured women who desire reconstruction to have it. Its goal is to enable these women to return to a normal life with feelings of hope, self-worth and completeness.

Client/Patient Navigator – [navigator@myhopechest.org](mailto:navigator@myhopechest.org)/ Phone: (727) 488-0320

**NEEDYMEDS.COM:** [www.needymeds.com](http://www.needymeds.com)

Lists pharmaceutical companies that have patient assistance programs.

**NEW YORK PRESCRIPTION SAVER:** <http://nyprescriptionsaver.fhsc.com>

Toll-free: 800-788-6917. TTY 800-290-9138. A representative will complete the application over the phone.

A free drug discount card that saves New Yorkers as much as 60% on generic, 30 % on brand name drugs. Must be age 50-64 or determined by the Social Security Administration to be disabled. Income limits are: \$35,000 per year for a single person; \$50,000 for married couples. Those receiving full Medicaid benefits are not eligible.

**PAN FOUNDATION-** [www.panfoundation.org](http://www.panfoundation.org)

Funds cover metastatic breast cancer. PAN provides grants of \$500 to \$10,000 per year to qualified patients to help pay for medications for these diseases. PAN has provided more than \$186 million in assistance for out-of-pocket expenses to more than 130,000 patients in need. [866-316-7263](tel:866-316-7263)

**PARTNERSHIP FOR PRESCRIPTION ASSISTANCE:** [www.pparxny.org](http://www.pparxny.org)

888-477-2669. Designed to help low-income, uninsured New York residents get access to patient assistance programs where they may qualify for free, or nearly free, prescription medicines.

**PATIENT ACCESS NETWORK FOUNDATION (PANF)** [www.PANfoundation.org](http://www.PANfoundation.org)

866-316-7263. Help with co-pays. PO Box 221858, Charlotte, NC 28222

**PATIENT ADVOCATE FOUNDATION'S CO-PAY RELIEF PROGRAM:** [www.copays.org](http://www.copays.org)

800-532-5274. Spanish 866-512-3861.

Provides direct co-payment assistance for pharmaceutical products to insured Americans including Medicare Part D beneficiaries who financially and medically qualify. Counselors offer personal service to guide patients through the enrollment process.

**PATIENT SERVICES INC:** [www.patientservicesinc.org](http://www.patientservicesinc.org)

800-366-7741. Patient Services provides peace of mind to patients living with specific chronic illnesses by:

- Locating health insurance in all 50 states
- Assisting with Medicare Part D Co-insurance
- Subsidizing the cost of health insurance premiums
- Helping with advocacy for Social Security Disability
- Providing pharmacy and treatment co-payment assistance

**Covered Illnesses and Conditions** [https://www.patientservicesinc.org/files/Illnesses\\_And\\_Conditions.pdf](https://www.patientservicesinc.org/files/Illnesses_And_Conditions.pdf)

**-Breast Cancer-** Together with Right Action for Women ([www.rightactionforwomen.org](http://www.rightactionforwomen.org)) and Cancer Support Community, PSI offers an Incidental Medical Expense (IME) program for women who are 45 years of age or younger, with a family history of Breast Cancer, or have tested positive for the BRCA gene mutation. The financial support program can assist with the costs of the MRI screening associated with diagnosing Breast Cancer. Patients are eligible to apply regardless of insurance or financial status.

**-Bone Metastases-** PSI offers a co-payment program to address the needs of persons needing medical treatment of bone metastases from solid tumors or bone lesions from multiple myeloma to prevent skeletal related events.

**-Breast Cancer Screening-** Together with Right Action for Women, [www.rightactionforwomen.org](http://www.rightactionforwomen.org), the Entertainment Industry Foundation (EIF), and Cancer Support Community (CSC), PSI offers an Incidental Medical Expense (IME) program for women with a family history of Breast Cancer, or have tested positive for the BRCA gene mutation. The national financial assistance program assists women at high risk for breast cancer, in gaining access to Magnetic Resonance Imaging (MRI) screening. This program is accepting new applications.

**REMEMBER BETTY.** <http://rememberbetty.com>

Our mission is to help minimize the financial burden associated with breast cancer for patients & survivors by providing direct financial support to them so that they can focus on recovery and quality of life. An application is required. Our completed application: [Download Here](#) **\*\* Applications are accepted from the 1st through the 7th of each month only. Mail of fax application.** Assistance categories and caps are listed on our application. *Please note that you may only select one category.*

Mail: Remember Betty-Attn: Review Committee, 100 Andover Park W, Suite 150 PBM 375, Tukwila, WA 98188  
Fax: 615-634-1220

**THE PINK FUND:** [www.thepinkfund.org](http://www.thepinkfund.org)

877-234-PINK (7465)

The Pink Fund distributes short-term financial aid, for basic living expenses, on behalf of breast cancer patients *who have lost all or a part of their income* during active treatment. Payments are made directly to the patient's creditors. Aid may be available for patients during recovery, up to 90 days post active treatment.

-Short term is defined as a period of up to 3 consecutive months of non-medical financial assistance with a cap of \$3,000, based on available funding.

-Basic living expenses considered are health insurance premiums, mortgage or rent payments, car payments, car insurance, or utilities. *The Pink Fund does not make payments for any medical treatments, prescription drugs (including hormone therapy), medical co-pays, insurance deductibles, prostheses, wigs, food, gasoline, or car repairs.*

-Active treatment is defined as the period after a positive diagnosis of breast cancer has been made (with a diagnostic biopsy), and during which therapies are being administered, including surgical procedures (e.g., single or bi-lateral mastectomy, lumpectomy, axillary dissection or sentinel node biopsy), chemotherapy or radiation.

**PLEASE NOTE: Active treatment does not include long-term hormonal therapies (including Tamoxifen, Fareston, Arimidex, Aromasin, Femara, Zoladex/Lupron, Megace, and Halotestin). Recovery is defined as a time period determined by your physician and includes a return-to-work date.**

**SHARSHERET.** <https://sharsheret.org>

Sharsheret provides culturally sensitive support to young Jewish women who are newly diagnosed with breast cancer as well as to those facing the risk of developing breast cancer. Best Face Forward 2.0 is the latest addition to services for women facing breast and ovarian cancer and provides subsidies for non-medical services to eligible callers that are critical to a woman's quality of life and body image and are not traditionally fully covered by most health insurance plans. 866.474.2774

**SISTERS NETWORK, INC.** [www.sistersnetworkinc.org](http://www.sistersnetworkinc.org)

Sisters Network Inc. is committed to increasing local and national attention to the devastating impact that breast cancer has in the African American community. It addresses the breast health needs of African American women through its affiliate chapters and partnerships with existing service providers. Sisters Network has a breast cancer assistance program (B-CAP) that provides assistance to women facing financial challenges after diagnosis. The program provides financial assistance for mammograms, copays, office visits, prescriptions, and medical-related lodging and transportation. Also a Covid-19 assistance program. To apply for assistance call or send in a request via e-mail. 866.781.1808/ [inonet@sistersnetworkinc.org](mailto:inonet@sistersnetworkinc.org)

**TRIPLE STEP TOWARD THE CURE-** [www.triplestepowardthecure.org/how.php](http://www.triplestepowardthecure.org/how.php)

Triple Step Toward the Cure provides support to women as they undergo treatment for triple negative breast cancer. We understand that the financial aspects of life can be a heavy burden when facing treatment. We have established a financial support program for women diagnosed with triple negative breast cancer. [Application Form](#) (includes Physician Verification form) (424) 258-0313, (510) 562-1889

- Meal Delivery Services

- Emergency Funds for Rent, Groceries, Utilities
- Transportation related to treatment
- Housekeeping Services
- Childcare
- Selected Co-pay Assistance
- Prosthetics & Wigs

**UNITED BREAST CANCER FOUNDATION (UBCF)- [www.ubcf.org](http://www.ubcf.org)**

877-UBC-4CURE [info@ubcf.info](mailto:info@ubcf.info) [www.ubcf.org/programs](http://www.ubcf.org/programs)

UBCF assists with a free or low cost breast screening regardless of age, income, gender, race, ethnicity or health insurance coverage. UBCF funds a variety of breast screening technologies, from mammography and ultrasound to breast thermography and MRI.

1. Open to women and men.
2. UBCF covers 1 screening per 12 months per applicant.
3. Applicants may receive a screening of their choice from a provider of their choice.
4. UBCF assists with base-line thermography, however, the 2nd screening of a baseline is covered at a lesser amount.
5. UBCF will not pay for screenings that have taken place prior to an application being submitted, approved and a Breast Screening Grant Award provided to the applicant.
6. UBCF pays providers directly OR reimburses the applicant for the cost of the screening (payment is no greater than the Breast Screening Grant Award).
7. 60-day approval period – Once awarded a Breast Screening Grant, the applicant has sixty (60) days from the date of the Grant Award to have their breast screening completed AND to submit the original invoice/receipt to UBCF for payment/reimbursement. If UBCF receives the invoice/receipt after the 60-day approval period, the Grant Award will expire.

The Individual Grant Program provides financial support for the following types of expenses: medical procedures, reconstructive surgery, prescription medications, COBRA insurance coverage, housing expenses, utilities, prosthetic devices, therapeutic treatments, transportation expenses, vehicle insurance, healthy and nutritious foods, housekeeping services and holiday gifts.

## INFORMATION WEBSITES

**AFRICAN AMERICAN BREAST CANCER ALLIANCE- <https://aabcainc.org>**

Assists African Americans diagnosed and treated for breast cancer at any time in their lives. Offers patients and survivors peer support that includes encouragement, knowledge, trust and understanding to help them in their fight and recovery.

**FACING OUR RISK OF CANCER EMPOWERED (FORCE)- <https://www.facingourrisk.org>**

A nonprofit organization for women who are at high risk of getting breast and ovarian cancer due to their family history and genetic status, and for members of families in which a BRCA mutation may be present. FORCE's web site can be a helpful resource for anyone who knows she is at risk, who wonders whether she might be at risk, or who cares about the issues and concerns that women at risk face.

**MALE BREAST CANCER COALITION- <https://malebreastcancercoalition.org>**

The Male Breast Cancer Coalition has provided an online space for men with breast cancer to share their stories and read the stories of others. The site includes a list of resources about male breast cancer. MBCC's mission is to ensure no man feels alone when he hears the words "You have breast cancer."

**METASTATIC BREAST CANCER NETWORK- <http://mbcn.org>**

MBCN is a national, independent, non-profit, all volunteer, patient-led advocacy organization dedicated to the unique concerns of the women and men living with metastatic breast cancer, also known as Stage IV or advanced breast cancer.

**MOTHERS SUPPORTING DAUGHTERS WITH BREAST CANCER- [www.mothersdaughters.org](http://www.mothersdaughters.org)**

Unique resource for mothers looking for support and guidance in helping their daughters deal with breast cancer. The site provides a way to connect with other mothers who have been there.

**NATIONAL BREAST CANCER COALITION (NBCC)- [www.stopbreastcancer.org](http://www.stopbreastcancer.org)**

A grassroots advocacy organization, whose mission is to eradicate breast cancer through action and advocacy. The goal of NBCC's web site is to help those interested to join the fight against breast cancer. It provides access to

information about NBCC's history, goals and accomplishments, how to become a member, their legislative agenda and political campaign, and current programs, including Project LEAD and Clinical Trials Project.

**SHARE-** [www.sharecancersupport.org](http://www.sharecancersupport.org)

SHARE supports, educates, and empowers women affected by breast, ovarian, uterine or metastatic breast cancer, with a special focus on medically underserved communities.. Services are free of charge and include:

- [support groups](#)
- expert-led [educational programs](#)
- national [breast cancer helpline](#), [ovarian cancer helpline](#), [uterine cancer helpline](#), and [metastatic breast cancer helpline](#)
- [online communities](#)
- [educational tools](#)
- [clinical trial assistance](#)
- [outreach](#) to medically underserved communities
- [survivor-patient navigation](#)

Call toll-free [844.ASK.SHARE](tel:844.ASK.SHARE) (844.275.7427) to talk to someone about breast or ovarian cancer in English, Spanish, and 17 other languages.

## LEGAL ASSISTANCE

**LEGAL SERVICES OF THE HUDSON VALLEY:** <http://www.lshv.org>

The organization provides free civil legal services to lower income individuals and families in Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester Counties. It helps local residents resolve non-criminal but urgent legal problems.

*Intake number- 877- LSHV-LAW (877-574-8529)*

Hours: 9am - 4 pm, Monday through Thursday. 1-3pm on Friday

**LEGAL AID SOCIETY OF NORTHEASTERN NEW YORK, INC**

Serving: Albany, Columbia, Greene, Rensselaer, Schenectady Counties

518 462 6765/ Fax 518 427 8352 800 462 2282 email: [lasny@att.net](mailto:lasny@att.net)

**ALBANY LAW CLINIC & JUSTICE CENTER** [www.albanylaw.edu/cjc/Pages/cjc-home.aspx](http://www.albanylaw.edu/cjc/Pages/cjc-home.aspx)  
**518-445-2311**

Law interns represent real clients in actual cases under the close supervision of faculty members and attorneys. Serving Columbia and Greene Counties.

**NEW YORK SENIORS LEGAL ASSISTANCE PROJECT (NYSLA)**

Free legal assistance to New Yorkers aged 60 and older in areas most commonly affecting low-income seniors but there are no income or resource requirements. Health care issues (including Medicaid, Medicare and Medicare Part D); income security issues (Social Security and other benefits); advance directives (living wills, other wills, health care proxies, and powers of attorney); consumer issues (debt collection and bankruptcy); nursing home transition issues and guardianship issues. NYSLA offers advice, brief services, limited representation, and referrals to other legal services providers or volunteer attorneys.

Within New York City: 646-442-3333; Outside the five boroughs: 866-382-7955.

Mondays, Wednesdays and Thursdays: 10 am and 1 pm, Tuesdays: 5 pm and 8 pm.

**LIVING WILLS AND HEALTH CARE PROXY FORMS:** [www.nysba.org](http://www.nysba.org)

*For the Community* section has downloadable forms as well as other resources for the public Living Wills available in English and Spanish. Health Care Proxy Forms in English, Spanish, Russian, and Chinese.

**RESOURCES IN OTHER LANGUAGES:** [www.lawhelp.org/NY](http://www.lawhelp.org/NY)