MISSION
LINC eases the burden of cancer by providing assistance, education, and referral to legal resources, financial guidance, and community services.

VISION
A community where no cancer patient goes without needed support services.

CUSTOMERS
- CANCER PATIENTS
  - Anyone within 5 years of a diagnosis or a recurrence or in active treatment in Greater RVA
  - Greater Richmond area defines residency and/or place of treatment (see policy document for specifics)
- FAMILY MEMBERS

SERVICES
- Assistance
  - Legal advice
  - Legal representation
- Education
  - Seminars
  - Brochures
  - Pamphlets
- Referral
  - Legal
  - Financial

VALUES

COMPASSIONATE SERVICE
- We treat people with dignity.
- We are sensitive to and aware of the needs of the cancer community.
- We link people to the resources they need regardless of their financial position.
- We inspire hope and empower people to advocate for themselves.
- We provide professionals with an opportunity to give back to the community.

INTEGRITY
- We advocate for fairness and equality.
- We maintain confidentiality and create trust.
- We do what we say.

ACCOUNTABILITY
- We are fiscally responsible.
- We manage grants and donated funds responsibly.
- We strive to provide professional, high quality services.
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LINC helped me out and assured me everything was going to be OK. LINC empathized with the situation that I was dealing with in the rehab facility. I think that LINC takes the brunt of the anxiety that we as cancer patients feel and that is very much appreciated.

– Lisa
INTRODUCTION
INTRODUCTION

In the United States, one in three women and one in two men will be diagnosed with cancer during their lifetime. More than 1.7 million Americans will be diagnosed with cancer this year. Almost 14 million Americans are currently living with cancer.

For patients and their loved ones, receiving a cancer diagnosis may be a frightening and overwhelming experience. While receiving the proper medical care is the most immediate need, you may have other concerns that arise during treatment.

In an effort to address some of these concerns and to identify available resources, the Legal Information Network for Cancer (LINC) has partnered with Richmond-area attorneys and financial planners and the Virginia State Bar Young Lawyers Conference to bring you this handbook.

The information contained in this Handbook is general legal information for informational purposes only. It is not intended to be a precise statement of law. It does not establish an attorney-client relationship and should not be construed as a legal opinion or legal advice. If you have questions about how the information in this handbook applies to you or to a specific factual situation, you should consult with an attorney.
LINC is a non-profit organization founded by cancer survivors. LINC is dedicated to assisting cancer survivors in navigating the various systems of public and private benefits, working through their employment and debt issues, and most of all, helping them find the means to provide food and shelter while in treatment. LINC also has a network of attorneys and financial counselors who volunteer their services to low-income cancer survivors. These attorneys are familiar with the legal issues those individuals with cancer have to confront. You pay nothing for LINC’s referral services and, if you qualify, will pay nothing for attorney services in LINC’s volunteer network. If you or someone you know needs LINC’s help, please call (804) 562-0371 or toll-free (877) 644-5462.

Although each cancer survivor is likely to have different concerns, you may find the following tips helpful as you begin your journey through cancer treatment.

- Remember that you are not alone. There are community resources, support groups, and social services designed specifically for cancer survivors. An appendix containing sample forms and documents as well as a list of helpful resources may be found at the back of this handbook.

- Accept help when necessary. Allowing others to assist you with chores or projects may help you maintain a sense of normalcy during treatment.

- Establish a filing system for important documents. Save copies of medical records, bills, insurance information, and employment benefit program handbooks. Identify a trustworthy family member or friend and inform them where to find these documents.
Before discussing the diagnosis with your employer, consider having a frank discussion with your health care providers about what limitations, if any, you may experience during treatment. Knowing what to expect may help you communicate your needs more clearly with your supervisor or your employer’s human resources manager.

Consider contingency plans for children or others for whom you are a caretaker, as well as pets. Regardless of your prognosis, there may be days during treatment that you need assistance. Planning in advance who can pick up your children or walk your dog may help to alleviate anxiety and allow you to focus on your health needs.

Review, and update as necessary, your future planning documents. These documents may include advance medical directives, powers of attorney, and estate plans.

Treatment for cancer can be expensive and some treatments or tests may not be covered under all insurance policies. Regardless of whether you have health insurance, discuss any financial concerns with your health care providers. Many hospitals or health care providers’ practices may be able to make payment arrangements.

If you have health insurance, review your policy to confirm what treatment costs will be covered. Ask your health care provider about treatment costs.
Establish a monthly budget and review current debts. It can be difficult to plan for the expense of cancer treatment, and financial stress may impair your ability to focus on your health. Contact the Virginia Department of Social Services to discuss what programs or services the Commonwealth of Virginia may be able to provide in your situation.

When it comes to your needs during this time, no question is insignificant. If you do not understand the answer to a question, whether it is about your medical treatment, insurance coverage, employment benefits, or any other issue, keep asking until you receive an answer that you understand. Take notes during appointments for later reference. Understanding your options may prevent these issues from interfering in your recovery.

It is our sincere hope that this handbook will assist you during your journey through cancer treatment.
My insurance was canceled in the middle of my cancer treatment. I was told that if I couldn’t afford the treatment for my cancer, I’d be in a box. It was a battle until LINC helped me and I got insurance coverage through the Affordable Care Act.

– Greg
PAYING FOR MEDICAL CARE
Paying for medical care is one of the most obvious, yet most complex hurdles faced by cancer survivors. This issue continues during treatment and even years later for follow-up care and monitoring. This section addresses the various ways to pay for medical care, and explains both government-provided and private health insurance programs.

**HOW TO PAY IF YOU DO NOT HAVE INSURANCE**

Receiving a cancer diagnosis is always frightening. But, it is even scarier when you do not have health insurance. However, there are various options available, including finding insurance coverage or receiving financial assistance for your medical bills. To take advantage of these options, you need to act as quickly as possible to seek out the available resources. The sooner you do so, the greater your chance of receiving assistance.
If you are uninsured and receive a cancer diagnosis, you should immediately attempt to find coverage. This may be a challenge, but there are a number of possibilities. You should consider getting health insurance coverage by: obtaining continuation coverage through COBRA (as discussed below); obtaining an individual policy on your own or through the Health Insurance Marketplace; or locating group health plan coverage through community organizations, such as religious, civic, fraternal, or professional organizations. Medicare and Medicaid are also options for those who qualify. If you are married and fear you may become unemployed or otherwise ineligible to continue receiving health insurance through your employer, investigate opportunities for you to become insured through the plan offered by your spouse’s employer. Thanks to the Affordable Care Act, an insurer can no longer refuse or terminate coverage due to a pre-existing condition for newly-acquired plans.

If you are uninsured, you should tell your health care providers as soon as possible. Many health care providers and hospitals have support systems in place for patients struggling to pay for medical care. Hospital social workers may know resources that can help ease the burden of paying for cancer treatments. Hospitals often can establish payment plans or, in some cases, they may be willing to provide your care at a reduced rate. Prescription drug companies and some pharmacies have programs that allow individuals to receive the medication they need at reduced cost. The sooner you discuss your insurance situation with your health care providers, the sooner you may discover – and be in a position to make use of – these invaluable resources.
Medicare and Medicaid are government-provided insurance plans that supply coverage to individuals meeting certain established criteria. This section addresses the basic criteria for participation in each, the benefits provided under each, and the application process for each. Because both Medicare and Medicaid are very complicated programs with many specific eligibility requirements, you may want to seek advice and assistance in applying for either program. You can also ask individuals employed by the agencies who administer these programs for help.

MEDICARE

Medicare is a national health insurance program. Eligibility for participation in Medicare is not based on financial need, but is based upon age, disability, or medical condition. There are three categories of individuals who are eligible to participate in the Medicare program:

(1) Those aged 65 or older are eligible if they fall into one of the following categories:
   (a) entitled to Social Security Retirement Benefits or Railroad Retirement Benefits;
   (b) government employees who have paid Medicare taxes for a sufficient period of time;
   (c) not within categories (a) or (b) but who elect to pay monthly premiums to secure coverage.

(2) Disabled individuals are also entitled to Medicare coverage if they have been entitled to Social Security Disability or Railroad Retirement Disability Benefits for 24 months.

(3) Individuals with end stage renal disease or Lou Gehrig’s disease are eligible upon meeting certain criteria.
The Medicare program is administered by the Centers on Medicare and Medicaid Services (“CMS”), with the assistance of insurance companies who serve as go-betweens for those receiving program benefits and for CMS. There is no state agency responsible for any part of the Medicare program.

Medicare provides four types of coverage to eligible individuals. Each serves a separate function:

- **Part A** – Hospital insurance that covers inpatient hospital services, services received in skilled nursing facilities, home health services, and hospice care. This coverage is free for many people. If an individual does not have enough Social Security work quarters to be eligible for free coverage, it is possible to enroll in Part A coverage by paying a monthly premium.

- **Part B** – Voluntary additional medical insurance that helps defray the costs of physician services, outpatient hospital services, medical equipment, supplies, and other health services. *Anyone* electing to enroll in Part B coverage *must* pay a monthly premium for that coverage.

- **Part C** – Medicare Advantage Plans, such as HMOs and PPOs, are made available to Medicare beneficiaries as an alternative to traditional Medicare Parts A and B.

- **Part D** – Voluntary prescription drug insurance. Most individuals must pay a premium for enrollment in Part D, but there are *low income subsidies* available for those who qualify.

Applications for Medicare are available at the local *Social Security Administration* (“SSA”) office or online at SSA’s website. To avoid delays in processing due to application errors, it is advisable to contact the local office to make an appointment to apply for Medicare coverage. At the same time you call to ask for an appointment, be sure to ask for a list of items to bring with you to complete the application process.
MEDICAID

Medicaid is a joint federal-state program that provides health insurance to individuals who satisfy established income criteria. Individuals who receive Medicaid benefits may not be billed for any amounts other than Medicaid-allowed co-payments; otherwise, Medicaid payment to a provider must be considered to be payment in full. The Medicaid program covers services that are medical necessities, including prescription drugs.

In Virginia, the Medicaid program offers coverage to individuals who are disabled, blind, or elderly (over 65), children, pregnant women, and very low income parents. In addition, the Virginia Medicaid Program can provide benefits to some people who need treatment for breast or cervical cancer, but you need to be diagnosed with either of these diseases while enrolled in the program. Each category of coverage is subject to different financial eligibility requirements.

The Virginia Medicaid Program is administered by the Virginia Department of Medical Assistance Services ("DMAS"). DMAS is also responsible for handling any appeals that involve Medicaid coverage.

Individuals who are applying for Social Security Disability benefits or for Supplemental Security Income (SSI) must still file a separate application for Medicaid at the local Department of Social Services office. Medicaid can retroactively cover medical services you received in the three months before applying, if you were eligible for Medicaid during those prior months.

Because the eligibility criteria for Medicaid are much more complicated than for the Medicare program, it is not possible to provide a comprehensive list of criteria here. However, there are a number of items that apply to most adults who have cancer and who seek to enroll in Virginia’s Medicaid Program:
Individuals must have less than $2000 in countable resources—such as bank accounts, property, or investments. For couples, the countable resource limit is $3000. The Program does not count some assets such as a car, home, some life insurance or burial funds, or property that cannot be sold.

Generally, monthly income for individuals or couples must be under 80% of the Federal Poverty Line to qualify. However, if an individual has income that exceeds this amount, he may qualify under a spend-down if he has incurred high medical bills.

Individuals with incomes up to 135% of the Federal Poverty Line who are also on Medicare can qualify for limited Medicaid assistance to help defray the costs of Medicare out-of-pocket expenses, such as premiums, deductibles, and co-insurance.

Different eligibility rules apply to the Virginia Medicaid Program for breast and cervical cancer. To qualify for this program, individuals must:

- Be screened by specific medical providers operating under the Center for Disease Control and Prevention’s Breast and Cervical Cancer Early Detection Program;
- Be age 18 through 64;
- Have income under 200% of the Federal Poverty Line; and
- Have no health insurance that covers the necessary treatment.

There are other categories Medicaid coverage for children under 19, pregnant women, foster care and adoption assistance, children parent/caretaker relatives of children under 18, and those seeking family planning services. Eligibility for these groups follow different Medicaid rules which do not have an asset test and which apply tax rules to
determine income and household size. However, eligibility for most cancer patients is likely to be determined under the “old” Medicaid rules set out above.

Because of the complexity involved in determining Medicaid eligibility, you should contact the local Social Services office for assistance in completing the necessary application forms.

UNDERSTANDING PRIVATE HEALTH INSURANCE

When faced with a cancer diagnosis, it is essential to become fully acquainted with the specifics of your insurance policy. Each plan will define certain terms differently, including “medical necessity” and “experimental,” which are terms that frequently come into play in the world of cancer treatment. Before deciding on a treatment or service, you should review the plan carefully to avoid pitfalls that could result in a coverage denial. Read the plan, and then call your provider to determine if the recommended treatment is covered. If it is not, talk to your physician about other treatment options.

There are a number of essential elements of private health insurance that should be understood: the distinction between common types of plans, how to handle denials, and how to avoid exclusions.

COMMON HEALTH INSURANCE PLANS

Health Maintenance Organizations

A Health Maintenance Organization (“HMO”) offers many kinds of health care services to its members in exchange for payment, generally in the form of co-payments and/or a yearly deductible, from its members. A co-pay is a set amount due to the provider (generally at
the time of service), while a yearly deductible is an amount the HMO requires members to pay each year before the HMO will pay for any services.

Members of an HMO must get their care from the health care providers in their plan’s network. Members generally select a primary care physician from the network who will coordinate the patient’s care. If needed, the primary care physician will refer the patient to a specialist in the HMO’s network.

HMOs usually only pay for treatments or procedures that they can show to be effective. They may require their members to try less expensive tests or treatments before they will cover more expensive tests or treatments. HMOs require members to get a referral from their primary care physicians or approval from the HMO before the HMO will pay for some services and treatments. Receiving services without a referral or approval may result in the member having to pay for the service out-of-pocket.

**Point of Service Plans and Preferred Provider Organizations**

A Point of Service Plan (“POS”) and a Preferred Provider Organization (“PPO”) give individuals greater flexibility in deciding such things as which doctors will treat them, which tests will be performed, and the type of treatment they will receive. These plans are offered by Managed Care Companies, but due to the greater flexibility afforded under them, they usually cost more than a traditional HMO.

A POS allows its members to be treated either by doctors who are in the health plan network or doctors who are not in the network (generally at a higher cost). Members in a POS are typically required to have a primary care physician who is in the health plan network, but they may select specialists from outside the network to provide care and treatment for specific conditions.
Paying for Medical Care

PPO members usually have a bigger network of doctors and hospitals they can select from for treatment. These members are not required to have a primary care physician, and may elect to receive care from health care providers who are not in their network. But, as with a POS, if members see health care providers outside of the network, they usually must pay more for those services.

ERISA Plans

The Employee Retirement Income Security Act of 1974 (“ERISA”) is a federal law that sets minimum standards for most self-insured health plans. It preempts any state laws requiring health insurance plans to provide certain benefits to their members, and sets out its own requirements for these self-insured plans. ERISA plans are not regulated by the Virginia Bureau of Insurance.

In general, ERISA does not cover group health plans established or maintained by governmental entities or by churches for their employees, or plans which are maintained solely to comply with applicable workers compensation, unemployment, or disability laws. ERISA also does not cover plans maintained outside the United States primarily for the benefit of nonresident aliens or unfunded excess benefit plans.

Health Insurance Marketplace

You may be eligible for private health insurance through the Health Insurance Marketplace established under the Affordable Care Act. People and families with income between 100% and 400% of the Federal Poverty Line can qualify for federal tax credits to help to pay for their health insurance premiums. Open enrollment for the Health Insurance Marketplace has so far taken place from November of one year to February of the next; however, a special enrollment period may allow you to enroll at other times when you experience certain life changes, such as the birth of a child, a marriage or divorce, or the loss of other health insurance. You can apply online at www.healthcare.gov
or www.commonhelp.virginia.gov. You can also call Cover Virginia at 1-855-242-8282 or the Marketplace Call Center at 1-800-318-2596 for more information, to apply, or to find navigators and other assisters to help you directly.

HANDLING DENIALS

At the outset, your best strategy is to avoid situations that are likely to lead to denials. Most importantly, before treatments or procedures are performed, ask your physician to contact your health plan for official approval and confirmation of coverage for the treatment or procedure. Doing so can help you avoid denial of coverage, and, it can also help ensure that you have satisfied any requirements regarding pre-approval of treatments or procedures.

If you receive a denial, your first step is to thoroughly examine the “Explanation of Benefits” statement received from your plan. This statement will provide the reasons for the denial. After reviewing the Explanation of Benefits, contact the plan to find out as much information as possible about the basis for the denial, including the billing code used by the physician in submitting the claim. It is possible that a simple coding error resulted in the denial; if so, knowing the code that was actually used is essential to having the error fixed as quickly as possible. Check with your physician’s office or hospital billing office to make sure that the code the provider submitted is the correct code for the type of service for which they have billed. If not, ask that the physician’s office or hospital submit a corrected claim to the insurance company.

If the denial was not simply a coding error, you must follow your plan’s appeal process. Generally, appeals must be filed within a specific time period (often 30 days). The steps in the appeal process will be set out in your plan documents and/or on the plan’s website. It is crucial that you review and carefully follow the appeal steps and that you meet any deadlines for an appeal.
An initial appeal is often informal—a simple letter asking that the plan reconsider or review its denial decision. (An example of such a letter can be found in the back of this book in the Appendix on Page B.) You may submit additional or corrected information for the plan to consider in its review. Be sure to request your appeal within the timeframe required by the plan’s appeal process; you could then request an extension of time to compile all relevant information that will support your request: e.g., letters from physicians, medical literature, and records detailing your diagnosis and treatment plan. Whenever you communicate with a plan representative regarding your appeal, ask that confirmation of that discussion be sent to you in writing. When communicating with your plan by mail, always use certified or registered mail or another form of delivery that will provide you with a receipt of delivery.

When appealing a decision from your health insurance plan, utilize all of the resources available to you. Your health care providers can provide you with additional information about your health history and the effectiveness of the treatment they are recommending. The agent or plan administrator for your health insurance plan can provide you with useful assistance and can also advocate on your behalf. The Consumer Services Unit of the Virginia Bureau of Insurance is available to assist members of the public with the denial of health insurance coverage. Depending on the urgency of your appeal and/or the cost associated with the treatment or procedure, you may also want to enlist the help of an attorney who can help you compile additional information to include in your appeal request and draft a clear statement of why your treatment should be covered.

If you proceed through all levels of appeal offered by your plan and are still unsuccessful, you may want to consult an attorney regarding other available avenues for relief. Generally, two remaining options are (1) to file a lawsuit against the plan challenging the decision or (2) to use the Independent External Appeals process established by the Virginia Bureau of Insurance. The second option is available only if the denial was premised on the notion that the service or treatment was not a
“medical necessity” or is “experimental/investigative.” This process is not available to those insured through self-insured ERISA plans, Medicare, Medicaid, or federal or state employee health plans, though each program has its own appeals process.

Decisions reached through the Independent External Appeals process are binding and usually cannot be challenged in court. In order to qualify for this process, the claim at issue must exceed $300. The appeal must be filed within 30 days of the final decision reached by the health plan. In a medical emergency, you can request an expedited review using the Independent External Appeals process without having to go through all of the steps associated with appealing your denial with your plan provider.

AVOIDING EXCLUSIONS

Under the Consolidated Omnibus Budget Reconciliation Act ("COBRA"), former employees, their spouses, and their dependent children may continue to participate in the employer’s health plan for 18 months (or longer depending upon the circumstances) after a qualifying event occurs. Qualifying events are events that result in the loss of eligibility for participation in the employer’s health insurance plan, including voluntary or involuntary termination, reduction of work hours, or death of the covered employee. COBRA does not apply to all employers, but only those employers with 20 or more employees.

COBRA coverage can be expensive. You will be responsible for paying the cost of the continuation of coverage. However, the law limits this cost to 102% of the employer’s cost. This cost can be well worth the peace of mind that comes with knowing that you are covered. After group coverage ends—whether initially or after the COBRA period concludes—you will receive a Certificate of Creditable Coverage that will allow you to enroll in another health insurance plan or convert to an individual policy.
PAYING FOR MEDICAL CARE

You may be able to enroll in a spouse's group health plan. If you have lost coverage that was previously available to you under another plan, it is not necessary to wait until the open enrollment period. You must, however, request enrollment within 30 days after your prior coverage terminates.

Quite simply, the easiest way to avoid exclusions is to be aware of them in advance. It is far easier to learn up-front which exclusions are contained in your health plan than to appeal a denial after treatment has already been provided. As soon as you receive your diagnosis—or as soon as your physician suggests that you should receive tests to determine whether you have cancer—read your plan documents. Call for an interpretation of anything you do not understand. And, be sure you and your health care providers follow all necessary rules. It is much easier to ask permission than to beg forgiveness in the case of health insurance coverage.

OTHER CONSIDERATIONS

Although individual health insurance plans may not be required to comply with some laws that apply to group coverage plans, Virginia law requires that individual health insurance plans and small employer health insurance plans provide coverage for certain treatments and procedures. With respect to cancer survivors, these include reconstruction screening, clinical drug trials, hospice care, and hospital stays for mastectomies, among many others. If you have questions about the benefits that the law requires your plan to provide, contact the Bureau of Insurance for guidance and assistance.

Virginia law does not permit health insurance plans to treat breast cancer as a preexisting condition if you have been cancer free for five years.

Many of the Virginia laws that apply to private health plans do not apply to health plans that are provided to state or local government employees. The Commonwealth of Virginia’s employee benefit
plan is not regulated by Virginia’s insurance laws because it is a self-funded plan. For questions regarding this plan, contact the Virginia Department of Human Resource Management.

PROVIDER RESOURCES

Many providers have options to help patients who are unable to pay their medical bills. The provider may be able to put you on an affordable payment plan so the bill can be paid down over time. Additionally, many hospitals and treatment facilities have financial counselors and financial assistance available in the form of indigent care and charity care available to qualified patients.

The Patient Protection and Affordable Care Act’s rules for nonprofit hospitals require that these healthcare institutions establish and widely publicize their financial assistance policies (FAPs). The new regulations are codified in Internal Revenue Code Section 501(r) and take effect on January 1, 2016, although the rules have been in place since 2010. In addition to creating and publicizing its FAPs, nonprofit hospitals must clearly describe eligibility criteria and the method for applying for assistance. The rules also prohibit nonprofit hospitals from charging individuals eligible for financial assistance more for emergency or other medically necessary care than amounts generally billed to patients with Medicare, Medicaid or commercial insurance. Many nonprofit and for profit hospitals already follow these guidelines, but patients must contact their provider and apply to take advantage of these programs.

Regardless of your ability to pay, it will serve you well to open your medical bills when they arrive. This will allow you to identify errors on your bill and take action to get them corrected in a timely manner. If you owe the amount listed on the bill but are unable to pay, contact your provider immediately to inquire about options. Often times the bill will contain important numbers you can call to inquire about the provider’s financial assistance policies and payment plan options. Although you cannot be criminally prosecuted for failing to pay a bill,
delays in responding to your bills may result in penalties and collection activity causing further financial hardship. See the Financial Issues section below for more information on dealing with bills and debt.

Remember that the best way to ensure that you are able to pay for the care and treatment related to your cancer diagnosis is to be proactive and to act quickly. There are a number of avenues available to help cancer survivors achieve the care they need, but it is up to you to contact them and take the first steps toward receiving assistance. Please take advantage of the list of resources in the back of this book.
LINC really helped me when I needed it.

My wife and I walked away feeling awesome, good and relieved. I wasn’t anxious anymore. The entire experience of cancer has been a blessing in disguise. The drama of my medical bills has opened me and my family’s eyes to what is really important in life.

– Reed
Unfortunately, when you are going through cancer treatment, money issues tend to arise. The financial impact of cancer treatment varies for cancer survivors.

Often, there are significant medical debts, costly medications, a reduction or loss of income, accumulation of credit card debt, and/or late or unpaid rent, mortgage, or vehicle payments. Some cancer survivors may be forced to obtain expensive sub-prime credit to cover expenses. These issues can create stress that hurts or delays recovery. But there is hope; help is available if you need it.

If you are having financial troubles, you should first contact your local office of the Virginia Department of Social Services to determine if income subsidy and support benefits may be available. An eligibility worker will review your circumstances to determine what services the Commonwealth of Virginia may be able to provide. You may also have access to a social worker through your hospital who can help you determine what forms of assistance may be available to you.

The types of loans discussed in this section consist of both secured and unsecured loans. Secured loans are backed by something the lender may take if the borrower fails to make payments on the loan or to pay it back in full. The asset used to “back” the loan is called the collateral. Car loans and mortgages are examples of secured loans. If you fail to pay your mortgage, the bank can take your house; if you fail to make car payments, the bank or the car dealer (whoever holds the loan) can
repossess your car. Unsecured loans are not “backed” by anything. Credit cards loans are an example of unsecured loans. If you fail to pay a credit card bill, you will incur fees and interest, but nothing will be immediately taken from you. A bank is often willing to lend money at a lower interest rate for secured loans than for unsecured loans. However, while it is generally less expensive to borrow on a secured loan, the risk is that you may lose your collateral if you cannot make payments on the debt. In some cases, a bank may refuse to loan to a person on an unsecured basis.

BUDGETING

When facing financial challenges, such as cancer treatment, you should understand where your money goes each month. To help with this, you should create a monthly budget. The budget should show your monthly income as well as your monthly expenses. This can help you prioritize your expenses and identify any shortfalls you may have. Please refer to the appendix for a sample budget. Financial counselors can also help you prepare a budget.

FINANCIAL PLANNING

Financial Planning is an ongoing process to help you make sensible decisions about money that can help you achieve your life goals. It helps you determine your lifestyle’s needs and then helps you determine the necessary products to help you and your family achieve your financial goals. By planning in advance of your financial need, you will achieve greater confidence and reduced stress in your current lifestyle.

Creating a financial plan involves putting appropriate insurance, investments, and wills or trusts in place to protect you and your family. Each lifestyle plan is different; it can be simple or very complex depending on a family’s needs.
**FINANCIAL ISSUES**

**Step One: Create a sound financial lifestyle plan**

1. **Establish your goals.** This will help you determine how much income you will need to plan for retirement and future expenses.

2. **Work out assets and liabilities** using a budget or a personal financial statement. (Samples of both can be found in the Appendix.)

3. **Use a financial planner** to help develop your “lifestyle plan” to achieve your goals. The job of a financial planner is to create an income stream for you that your family cannot outlive.

**Step Two: Monitor and review your plan at least quarterly** with your financial planner to make adjustments as needed to your portfolio’s investment and insurance needs.

**MAINTAINING YOUR HOUSING**

Maintaining shelter is critical during your cancer treatments. Rent or mortgage payments are often the largest single monthly expense that people face.

**RENTERS**

Because rental companies can move quickly to evict tenants who do not pay on time, your rent payments need to be a priority. You should make your rent payments if at all possible. However, if you find that you cannot pay rent, there are a few things you can do. First, talk to your landlord. Explain your situation and discuss setting up payment arrangements, including payments to cure any arrearage you may have. The sooner you are able to talk to your landlord, the better. It is much easier to negotiate an arrangement before your landlord has initiated legal proceedings against you. Try to get whatever new arrangement you make with your landlord in writing. If you cannot
reach an agreement with your landlord, you should contact a local non-profit organization that can provide rental assistance. You may also want to contact the Virginia Department of Housing and Community Development for information on their Homelessness Intervention Program (HIP). HIP provides temporary rental and mortgage assistance to low-income households at risk of homelessness due to a crisis situation.

**HOME OWNERS**

If you have missed mortgage payments, you should address your missed payments with your mortgage company immediately. The more quickly you act, the more options you are likely to have and the cheaper and easier your problems will be to resolve. You should contact your mortgage provider as soon as possible to discuss the situation. You should also contact a foreclosure counselor to help you learn more about your options. The U.S. Department of Housing and Urban Development has a list of approved housing counseling agencies available at http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm. You should also be on the lookout for “foreclosure rescue scams.”

To avoid default on your mortgage, you should consider the following options:

**Reinstatement**: Pay the mortgage company the total amount by which you are behind on your mortgage.

**Repayment plan**: Set up an agreement with the mortgage company wherein the company agrees to allow you to maintain your regular mortgage payment, plus pay an additional amount for a set number of months to repay what you owe. (These plans generally last for one year or less.)

**Forbearance**: Set up a plan with the mortgage company to accept lower or no monthly payments for a specific time frame. Typically, at the end of the forbearance period, you must pay all that you owe at once.
FINANCIAL ISSUES

**Modification:** Ask the mortgage company to change the terms of your initial agreement. These changes may include extending the term of the payback period or providing for the back payments to be added to the *principal unpaid balance*.

**Short sale:** The mortgage company and any other *lien holder* may agree to accept less than the total amount owed on the loan and foreclosure is avoided. However, this process can take a long time. Contact a real estate agent with experience representing short sale sellers.

**Refinance:** Obtain a new loan to pay off existing liens against the property. Be careful of predatory lenders who will charge high fees and interest rates. Note: If you are currently behind on your mortgage, it is unlikely that a reputable mortgage company will give you a new mortgage. To take advantage of this option, you must act as soon as possible after diagnosis if you anticipate that paying your monthly mortgage may be a problem for your budget. Your current mortgage company may be willing to make you a new loan.

**Deed in Lieu of Foreclosure:** Give the property back to the mortgage company. This option requires the cooperation of your mortgage company.

**Private Mortgage Insurance (PMI):** A PMI company will be responsible for paying a claim to the mortgage company if the mortgage company would need to foreclose on the property. To avoid paying a high claim, your PMI company may assist you in bringing the mortgage current by providing you with a loan.

**Bankruptcy:** Bankruptcy can be an effective way of protecting your real estate and providing for late mortgage payments. Please see the section in this book on Bankruptcy for more information.
PAYING FOR LONG-TERM CARE

WHAT IS LONG-TERM CARE (LTC)?

Long-term care is the assistance needed when an individual is no longer able to function independently due to illness, injury, cognitive impairment, or the frailties of aging. There are two types of LTC: custodial care and skilled care.

Custodial care assists with daily living activities like bathing, eating, dressing, toileting, transferring from one location from another, and continence.

Skilled care involves daily nursing and rehabilitative care that can be done only by, or under the supervision of, skilled medical personnel. Skilled care is normally provided in a nursing home but can be provided in other care settings.

Long-term care can be performed in a number of different settings: at home, in the community (adult daycare facilities, Meals on Wheels, transportation services), at an assisted living facility, or in a nursing home.

Care needs can last from a short period of time for recovery after a major illness, injury or surgery, or for many months or years, depending on individual needs.

HOW MUCH WILL LONG-TERM CARE COST?

Currently, the national median cost for home health aid services is $20 per hour; adult daycare costs $65 per day; assisted living costs are $3,500 a month; and a semi-private room in a nursing home is $212 a day.

Adjusting for inflation, those costs could increase to $30 an hour; $101 a day; $6,200 a month; and $330 a day, respectively, over the coming years.
FINANCIAL ISSUES

HOW WILL I PAY FOR CARE?

While private and group health insurance may provide limited benefits for short periods when skilled care is a necessity, most insurance will not cover custodial care. Personal assets are the main source of payment for custodial care, which puts stress on savings and checking accounts, investments, and real property.

Medicare is sometimes an option to help offset the costs of long-term care. To be eligible, the person needing the care must:

- Have a minimum of three days in the hospital
- Require skilled care
- Be treated in a Medicare approved facility
- Demonstrate progress in treatment

Even under Medicare, long-term care is just partially covered. Up to 20 days of care is fully covered, but any day from 21-100 is covered only after a daily co-pay of $152 (2014 number). None of the costs of care are covered after 100 days. Medicaid is even more limited. The person receiving long-term care must be eligible for Medicaid by demonstrating extremely limited income and assets ($2,000 total for an individual in 2014).

Partnership Long-Term Care Plans offer a solution to the limited reach of Medicaid coverage. If an individual purchases a Partnership Qualified policy that covers future long-term care costs, then the individual who has that plan will be able to disregard assets up to the amount the insurance company pays for long-term care costs. This may allow individuals who otherwise would not be eligible for Medicaid to qualify.
HOW DO I PLAN FOR LONG-TERM CARE NEEDS?

Long-term care planning should be a part of your other financial and retirement plans. In making a long-term care plan, you should consider:

- Who do you want to provide your care?
- Where do you want to receive care?
- How will you pay for care?
- What would be the impact on you, your spouse or partner, your family and your retirement income if you needed care?

Our volunteer financial planners recommend purchasing stand-alone long-term care insurance. This kind of insurance has a flexible plan design, may include inflation protection and spousal discounts, and has guaranteed renewability.

DEALING WITH CREDITORS

The key to addressing financial issues is communication. You should contact your creditors before any legal actions have been started. Explain to them your situation and attempt to set up arrangements for minimum payments to be made temporarily until you are back on your feet.

MEDICAL DEBTS

Ask your insurance company what services are covered under your insurance plan and what you need to do to qualify for payment of those services. To handle medical creditors, you should consider the following options:
FINANCIAL ISSUES

- **Ask your health care provider for assistance.** Some hospitals and pharmaceutical companies provide free or low-cost care and medicines, but these are available only through your provider. Under the new IRS rules established by the ACA, nonprofit hospitals are prohibited from engaging in certain extraordinary collection methods — such as reporting debt to a credit agency, filing a lawsuit, or garnishing wages — until they make a reasonable effort to determine whether an individual is eligible for financial assistance under the hospital’s policy. If a nonprofit hospital sends your unpaid bill to collection before you are screened for financial assistance, contact the hospital immediately to apply. Collection activity must stop while your application is pending. If you are prohibited from applying or collection activity does not cease while your application is pending, contact a consumer lawyer for assistance.

- **Ask your hospital’s social worker** or look into community and government resources that may be able to help you with co-payments, medical equipment, and transportation.

- **Speak with your health insurance company’s billing department.** If you are not having success with the representatives you speak to, ask to speak with the supervisor. You need to speak with someone who has the authority to set up feasible payment arrangements. Be prepared when you call by having your budget and other supporting documents such as your last pay stub, most recent bank statement, and tax return available. Explain to them that you would like to work with them, but you only have a certain amount of money available. If you have a short-term reduction in income, explain to them that you will be able to increase payments in the future.

- If you have health insurance through your employment, **ask your employer’s human resources department for assistance.**
Contact a credit counseling organization to help you set up a payment plan. These companies can analyze your financial situation and discuss with the creditors if repayment is an option, and if so, under what terms. You should be careful when selecting a credit counseling organization to find one that is reputable.

Bankruptcy may be an option to gain relief from your medical creditors. Please see the section in this book on Bankruptcy for more information.

CREDIT CARDS

Credit card debt is similar to medical debt, as both are unsecured debts. The difference is that credit card companies are more likely to participate in plans set up by credit counseling organizations. To deal with credit card debt, you should consider the following options:

Communicate with the creditor directly to set up a payment plan. Be sure to get an agreement in writing and then comply exactly as stated in the agreement. Be sure to pay by a method that allows you to provide proof that the payments were made according to your agreement (i.e. Western Union Payments or sending the payments by Certified Mail).

If possible, roll over your current credit card balances to cards with lower rates. Always make the minimum payment to avoid costly late fees.

Credit counseling organizations offer programs called debt management plans. These plans allow you to reduce the interest you pay on your credit card debt. These plans generally are successful for people who have good income, but would like to pay the debt off in a quicker time frame than if they continued to maintain minimum payments.
Credit counseling organizations may offer debt settlement plans. The credit counseling organization will negotiate with the creditors to reach a lump-sum settlement with them, and then collect funds from you to settle the debt. These plans are risky because no payments will be made during the negotiations until the lump-sum payment is made. So, you will continue to be delinquent on your credit cards and receive late payment fines. Meanwhile, the creditors can continue to make reports to credit reporting agencies, and may even take legal action against you.

Bankruptcy may be a way for you to gain relief from your credit card debt. Please see the section in this book on Bankruptcy for more information.

Use the equity in your home or other assets to pay your debts. This will allow you to consolidate the debt under one loan that will be paid back over a longer period of time. This can reduce your regular monthly expense on the debt. This is a risky alternative and should only be used after much consideration. Although it provides easier access to cash, there are consequences because it changes the nature of the debt from unsecured to secured by your real estate. If you fail to make regular payments, you could lose your home. Borrowing against your home should be your last resort.

**AUTOMOBILE LOANS**

Your car is probably essential in getting to work and to treatments. Unless you own your car outright, you should pay attention to your car loan payments. If you miss payments, the automobile financing company can repossess your vehicle and sell it at auction. After the vehicle is sold, you would be held liable for any unpaid portion of the balance owed on the vehicle. This is known as the deficiency balance. To avoid the repossession of your car, you should consider the following options:
• **Forbearance:** The financing company may agree to accept regular payments, plus an additional amount to settle the amount by which you are behind on your loan.

• **Refinance:** Obtain a loan to pay off your current auto loan. These can be difficult to obtain if you currently are behind on your loan for your vehicle. Avoid high fees and interest rates.

• **Sale:** Prior to repossession, you can sell your vehicle. You must pay off the loan in full to pass title to the purchaser.

• **Deferment:** Request that payments be moved to the end of your loan.

• **Bankruptcy:** Bankruptcy can sometimes be an effective way to keep your car. Please see the next section on Bankruptcy for more information.

**BANKRUPTCY**

Financial stresses caused by a cancer diagnosis and treatment can negatively impact a patient’s focus on recovery. This added stress can inhibit healing.

Bankruptcy may be an option to gain relief from your creditors and to reduce your overall stress. It should be done only with legal advice and as a last resort. However, in order to protect your assets, you should get advice as soon as you know that you will be unable to pay all your debts. Many debtors make the mistake of waiting too long to file for bankruptcy. You cannot protect your home, car, and other assets if you’ve already liquidated them to pay bills.

There are two types of bankruptcy proceedings for individual debtors: Chapter 7 (liquidation) and Chapter 13 (reorganization). Both types of bankruptcy proceedings bring all of your creditors together into a single proceeding in which you may have to pay some, but not
all of your debt to each creditor. The Bankruptcy court will grant exemptions from collection for certain amounts of equity in your home, car, and personal belongings. This prevents your creditors from taking everything, allows you to make a fresh start, and may allow you to keep your home, car, and other belongings.

The differences between the two types of Bankruptcy lie in how the cases are administered and how long the process takes. In Chapter 7 Bankruptcy, all of the debtor’s assets, except those protected by exemptions, are sold and the money is split among the creditors. After this, the remaining debts are **discharged** and the creditors no longer have any claim on the debtor. In Chapter 13 Bankruptcy, the debtor formulates a three to five-year payment plan, where he pays a portion of the total amount owed. Upon the completion of the bankruptcy, any unpaid portion of the debt is **discharged**. When filing a Chapter 13, no assets are sold; instead the debtor makes a good faith effort to pay what the debtor can afford towards his debts through the Chapter 13 plan.

Bankruptcy is a powerful but often unforgiving process that should only be handled by an attorney who specializes in the process. While bankruptcy offers the opportunity for a fresh start, there are many aspects of the process that must be handled correctly or you could end up right where you started, but without the option of performing a bankruptcy correctly.

Before taking this step, you should contact a local legal aid agency or an attorney who specializes in bankruptcy. LINC can provide referrals for clients needing bankruptcy help, but there will always be a fee involved due to the court costs associated with filing for bankruptcy. Attorneys are not allowed to provide bankruptcy assistance completely free of charge.
AVOIDING PREDATORY LENDING AND FORECLOSURE RESCUE SCAMS

Because of the dire situations arising out of a cancer diagnosis, some cancer survivors may be forced to obtain expensive sub-prime lending such as payday loans, title loans, short-term high interest rate line of credit loans, or high rate home equity loans to finance their treatment. In addition, homeowners who are facing foreclosure are often the target of foreclosure rescue scams.

PREDATORY LENDING

While they appear to make credit easily available, payday loans, title loans, and other short-term high interest loans are often an expensive mistake. Payday loans are an especially expensive way to borrow money. The Federal Trade Commission (FTC) has noted that borrowing just $100 for two weeks at the standard $15 “finance fee” is the equivalent of paying 391% annual interest.¹ Most payday lenders also allow the borrower to “roll over” their loans, adding a new finance fee each time, which results in ever larger interest rates.

When the high interest rates are allowed to multiply when loans are rolled over, borrowers may find themselves trapped. The FTC suggests that borrowers consider small loans from a credit union or small loan company, shop for credit offers to see who can offer the lowest rates, and contact their other creditors before resorting to payday loans.

If you absolutely must use a payday loan or other expensive form of credit, be sure to pay the loan off as soon as possible to avoid being swamped by the high interest rate.

Also, be mindful that Internet payday loans are illegal in Virginia and should always be avoided.

FORECLOSURE RESCUE SCAMS

Many advertisements promising to save homeowners from foreclosure are really just invitations to enter agreements with scam artists. These scams use straightforward messages like “Stop Foreclosure Now!” and “We guarantee to stop your foreclosure!” The scammers prey on people worried about losing their homes and take their money through a variety of methods. These scams include:

- Phony counseling, where the scammer pockets the fees;
- Bait-and-switch scams, where the scammer has the homeowner sign documents to turn over the house;
- Rent-to-buy schemes, where the homeowner sells the home to the scammer, who then rents it back to the homeowner for much higher rates and evicts the homeowner when they can no longer pay.
- Some scammers even file bankruptcy on behalf of the homeowner, but pocket their fees and do not represent the homeowner, who can then lose the ability to file a real bankruptcy petition.

The most important thing to do to avoid these scams is to use a legitimate credit or foreclosure counseling service. The U.S. Department of Housing and Urban Development (HUD) has a list of approved housing counseling agencies: http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm.
You should also be wary of any foreclosure service that guarantees to stop the foreclosure process, charges a large amount of money for their service, or recommends that you not contact your lender, a lawyer, or a credit or housing counselor. You should always read and understand any paperwork before signing it, and be wary if a counselor tries to pressure you into signing something. Make sure you talk to an attorney before signing anything that transfers title of your home.

The Federal Trade Commission (FTC) has a brochure that describes these scams and their warning signs in more depth at http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre42.pdf.
I was diagnosed with breast cancer in February of 2009. I am a single mother of two and the sole breadwinner in my household. I requested a transfer to a smaller [work] facility that would only be 20 minutes from my home. I spoke with Human Resources and learned that I met all requirements for a transfer, but it was to no avail. I feared I would lose my job and I didn't know where to turn until someone told me to call LINC.

[LINC referred me to an] attorney [who] spoke with my employer, sent a letter, and that same day, I got a call from my Superintendent with an offer for a transfer to the smaller, safer facility that was closer to my home. I was relieved, grateful, and thankful for LINC and my volunteer attorney. I know I would never have received a response or a transfer without LINC's help, let alone been able to afford an attorney.

– Stephanie
EMPLOYMENT ISSUES
Cancer survivors often face employment issues as they seek treatment. This section outlines the various options for handling employment problems and explains the laws that can help those fighting cancer.

Treatment for cancer may involve hospital stays, frequent and/or lengthy appointments, or side effects that make it difficult, if not impossible, to continue to work. On the other hand, you may be able to continue to work while undergoing cancer treatment. Whether you can or want to continue working is a difficult and personal decision. You should consult with your health care providers regarding your treatment options and the anticipated effects of any treatment. Cancer treatment affects people differently, so you should consider what is best for you at each stage in your journey.

As you consider whether you can or want to continue working during cancer treatment, here are some questions to consider:

- Do you enjoy your work?
- Do you find your work to be a welcome distraction?
- Will you miss the interaction with your coworkers if you stop working?
• Can you perform all or part of your work functions while undergoing cancer treatment?

• What do your health care providers recommend?

• What accommodation(s), if any, do you need to continue working?

• Are you eligible for leave under the Family and Medical Leave Act (FMLA)?

• How much paid time off do you have available to you?

• If you stop working for a period of time, how will it affect your income?

• Do you have private disability benefits (either short-term disability benefits or long-term disability benefits)?

• Are you eligible for public disability benefits?

• If you stop working, what will you need to do to maintain your health insurance?

WORKING DURING CANCER TREATMENT

REASONABLE ACCOMMODATION

If you decide to work during cancer treatment, you may be entitled to reasonable accommodations under the Americans with Disabilities Act (ADA), the Rehabilitation Act, the Virginians with Disabilities Act, or a similar local law. To be legally entitled to a reasonable accommodation, you need to answer “yes” to the following two questions:
EMPLOYMENT ISSUES

Is Your Employer Covered by a Law Requiring Reasonable Accommodation(s)?

In Virginia, the answer to this question is usually “yes.” The ADA applies to companies with 15 or more employees as well as state and local government employers. The Rehabilitation Act applies to the federal government as an employer, programs/organizations receiving federal financial assistance, or companies that contract with the federal government. The Virginians with Disabilities Act applies to all employers in Virginia, except those covered by the Rehabilitation Act. In addition, some local jurisdictions have ordinances or codes requiring employers to provide reasonable accommodation.

Are You Entitled to Reasonable Accommodation?

The answer to this question will depend on your own circumstances, the type of accommodation you are seeking, and your employer’s circumstances. The ADA, the Rehabilitation Act, and the Virginians with Disabilities Act require employers to provide reasonable accommodation to qualified employees and applicants with a disability unless such accommodations would pose an undue hardship to the employer.

Cancer is usually considered to be a disability because it “substantially limits one or more major life activities.”\(^2\) However, even though you have cancer, you still must be able to perform the essential functions of the job with or without a reasonable accommodation in order to be considered a “qualified” employee or applicant.\(^3\)

\(^2\) 42 U.S.C. § 12102(2)(A)-(B)
\(^3\) 42 U.S.C. § 12102(8)
Reasonable accommodations may include:

- Leave for doctor’s appointments, treatments, or recuperation;
- Adjustments to your work schedule (changes to your work hours, a reduction in work hours, etc.);
- Periodic breaks for rest or to take medication;
- Redistribution of marginal/non-essential functions to another employee;
- Telecommuting/permission to work at home;
- Permission to use the work telephone to call doctors;
- Equipment to assist with difficult physical tasks;
- Reassignment to another position.

Please note that your employer does not have to provide the accommodation that you ask for or even what your doctor recommends, as long as the accommodation offered is reasonable and effective. The employer does not have to assign essential functions to another employee. Please also note that your employer does not have to provide an accommodation that is unreasonable or would result in undue hardship. (Undue hardship means that providing the accommodation would result in significant difficulty, disruption, or expense to the employer.) If the accommodation that you request is too difficult or expensive, you should ask your employer to determine whether there is an easier or less costly accommodation that may work for you.

\[4\] 42 U.S.C. § 12102(10)
If you need an accommodation, the first step is to ask your employer to grant you one. There are no “magic words” that you must use to request an accommodation. Rather, you simply have to tell your employer that you have a disability and need an accommodation. Your accommodation request does not have to be in writing, but it is advisable to do so in order to document when you made your request and what you requested. Please refer to the Appendix for a sample accommodation request letter.

If you request an accommodation, your employer may request documentation from your health care provider showing that you have a disability and explaining why an accommodation is needed. An employer cannot, however, request your entire medical file. Your employer must keep your medical information confidential. Your employer may, however, disclose your medical information to supervisors/managers if necessary in order to provide you with a reasonable accommodation.

If you believe that you have been discriminated against because of your disability, or if your employer will not reasonably accommodate your cancer diagnosis and resulting treatment, you can file a charge of discrimination with the Equal Employment Opportunity Commission (EEOC), the Office of the Attorney General, Division of Human Rights, or a local human rights agency. For your charge to be timely, it must be filed within 180 days of the alleged discriminatory act or denial of reasonable accommodation or within 300 days of being discharged from your place of employment. If you are a federal employee and you want to file a charge of disability discrimination, you must contact an EEO counselor at your agency within 45 days of the alleged discriminatory act or denial of reasonable accommodation.
INTERMITTENT FMLA LEAVE

The Family and Medical Leave Act (FMLA) may allow you to take short periods of time off from work for cancer treatment (including medical appointments) or the side effects caused by cancer treatment. A more detailed discussion of the FMLA and its eligibility requirements is below. When medically necessary, FMLA leave may be taken intermittently. If your employer requires a medical certification for you to take FMLA leave and you need intermittent FMLA leave, you should make sure that the medical certification documents the medical necessity for intermittent FMLA leave and identifies the expected schedule and duration of that leave. If you are requesting intermittent FMLA leave, you need to make a reasonable effort to schedule medical treatments and appointments in a way that causes minimal disruption of your employer’s operations. So, to the extent that you have control over your medical appointments and treatments, you should consult with your supervisor/manager to arrange a mutually acceptable time. Please note that if you request intermittent FMLA leave, your employer may temporarily transfer you to an alternative position with equivalent pay and benefits that is better suited to recurring work interruptions.

HOW TO KEEP YOUR JOB IF YOU CANNOT WORK

If you are unable to work, you may have several options to keep your job.

EMPLOYER LEAVE POLICIES

Many employers offer a variety of paid and unpaid leave benefits. Check your employee handbook and benefits plans, and contact human resources to explore your options. Be aware, however, that even if your employer allows you to take paid or unpaid leave, with the exception of FMLA leave described below, that does not necessarily mean that you are legally entitled to return to your job. So before you
EMPLOYMENT ISSUES

take leave, you should try to reach an agreement with your employer about your return to work.

FAMILY AND MEDICAL LEAVE ACT

FMLA may allow you to take up to 12 weeks of job-protected, unpaid leave during any 12-month period while you are undergoing cancer treatment.

To qualify for FMLA leave, you must:

- Have worked for your employer for at least 12 months (not necessarily consecutively) within the past 7 years;
- Have worked at least 1250 hours in the past 12 months; and
- Work for an employer that has 50 or more employees located at your workplace or within 75 miles of your workplace.

If you are eligible for FMLA leave, you need to take the following steps to take that leave:

- Tell your employer that you are requesting time off under FMLA;
- Give notice of your need for FMLA leave at least 30 days in advance if possible or as soon as possible under the circumstances; and
- Complete and return any paperwork required by your employer. Typically, your employer will require you to submit a medical certification from your health care provider. Please refer to the Appendix for a copy of the medical certification form used by most employers.
FMLA leave is unpaid, unless you take it together with paid time off (such as vacation or sick leave) or you are covered under a short-term disability policy. Your employer may require you to use up all of your paid time off while on FMLA leave. Even if your employer does not require it, you may choose to use any paid leave available in conjunction with FMLA leave to continue income. It is important to note, however, that your employer cannot require you to use more FMLA leave time than you need.

While on FMLA leave, you may continue to receive the same health insurance benefits that you would be entitled to if you were an active employee. To continue your health insurance benefits, you must continue to make any required employee contributions. If you are taking paid leave at the same time as FMLA, your employee contributions for your health insurance benefits will continue to be deducted from your paycheck. Otherwise, because FMLA is unpaid, you must make arrangements to pay your employer for the required employee contributions. You should pay careful attention to the timing of any required payments, so that you continue to receive health insurance benefits. If you choose to discontinue health insurance benefits while on FMLA or you fail to make the required payments such that you lose your health insurance benefits while on FMLA, your health insurance benefits will resume (without having to re-qualify) when you return to work.

To return to work from approved FMLA leave, you may be required to provide your employer with documentation from your treating health care provider that certifies that you are able to return to work and that you are able to perform the essential functions of your job with or without a reasonable accommodation. If you need a reasonable accommodation to return to work, the documentation should specify the exact nature of the accommodation that you need. This documentation is usually called a Fitness for Duty Certification.

When you return to work after FMLA leave, you must be put back in your original job (or an equivalent position) with the same pay and benefits that you had before you took FMLA leave. There are also
EMPLOYMENT ISSUES

limited business circumstances, such as a location closing or reduction in force, which could result in a loss of your position while you are on FMLA leave.

The FMLA may also allow your spouse, parents, or children to take up to 12 weeks of job-protected, unpaid leave during any 12-month period to care for you as you undergo cancer treatment. The same rules discussed above would apply.

If your employer denies you FMLA leave that you believe you are entitled to or discriminates against you because of a leave, by failing to reinstate you for example, you have a couple of options. You may file a complaint with the United States Department of Labor’s Wage and Hour Division. You may also file a lawsuit under the FMLA before the statute of limitations expires, which is generally two years from the alleged violation.

UNPAID LEAVE AS A REASONABLE ACCOMMODATION

If you are unable to work, you may be entitled to unpaid leave as a reasonable accommodation. As discussed above, the ADA, the Rehabilitation Act, and the Virginians with Disabilities Act require employers to provide reasonable accommodation to qualified employees and applicants with a disability unless such accommodations would pose an undue hardship. Unpaid leave can be a reasonable accommodation depending on the length of leave needed, your position, and the employer’s operational circumstances. Therefore, you should request that your employer provide you with an accommodation of unpaid leave. Please note that unpaid leave of an indefinite duration generally does not qualify as a reasonable accommodation. So if you expect to return to work on a certain date, you should provide that date to your employer along with your accommodation request of unpaid leave.
FINANCIAL ASSISTANCE IF YOU CANNOT WORK

If you are unable to work, you may be eligible to receive financial assistance through various disability benefits. There are two types of disability benefits: private and public. Private disability benefits are paid by: (a) an insurance company under a policy that has been purchased either by the individual or the individual’s employer; or (b) an employer under a benefit plan. Public disability benefits are paid by the federal government through the Social Security Administration.

To receive private or public disability benefits, you must submit a written application for benefits. You will be required to submit medical documentation showing that you have a disability and how your work skills and your ability to work are limited. Each plan has a different definition of “disability.”

SHORT-TERM DISABILITY BENEFITS, LONG-TERM DISABILITY BENEFITS, AND OTHER PRIVATE DISABILITY BENEFITS

Private disability benefits come in a variety of different forms. They can be short- or long-term disability benefits. Both may be purchased through an insurance carrier. You may also have short-term or long-term disability benefits through your employer (because your employer either has purchased group insurance plans or provides those benefits through a self-funded benefit plan). To qualify for private disability benefits, you must meet the specific disability criteria under the insurance agreement or your employer’s benefit plan. To request private disability benefits (whether short-term or long-term), you must follow the specific application procedure detailed in the insurance agreement or in your employer’s benefit plan. If you are denied, you can appeal. You must, however, carefully follow the appeals process set forth in the benefit plan documents or the insurance contract. You must meet all time deadlines.
EMPLOYMENT ISSUES

If you have short-term or long-term disability benefits that you have purchased through an insurance carrier, you should contact your insurance agent for additional information and assistance with the application process. If you have short-term or long-term disability benefits from your employer, you may find additional information about the benefits in your employee handbook. In addition, you should contact the human resources department for additional information and assistance with the application process.

GOVERNMENT-PROVIDED DISABILITY BENEFITS (“SSI” AND “SSDI”)

There are two main types of public disability benefits available through the Social Security Administration: Supplemental Security Income (SSI) and Social Security Disability Income (SSDI). A disabled widow or widower and the spouse (or divorced spouse) of a disabled worker may qualify for other disability benefits in limited circumstances.

To qualify for either SSI or SSDI, you must:

- Be unable to perform any kind of work for which you are otherwise qualified; and

- Have a condition or combination of conditions that will last for at least one year or will eventually result in death.

In addition, to qualify for SSI, you must have minimal income and few assets, and to qualify for SSDI, you must have worked and made Social Security contributions for a specified period of time. You can apply for and receive both SSI and SSDI, provided that you meet all of the eligibility criteria.

You can apply for SSI or SSDI via the internet at www.ssa.gov or in person by obtaining an application from your local Social Security Administration office. You should complete the entire application. You should include your complete medical records and a statement
from your treating physician detailing your diagnosis, your prognosis, how your condition limits your personal activities and work-related activities, what treatment you have received, and any side effects of the treatment. During the application process, you will be asked to identify your limitations on the Initial Application, the Functional Report, and/or the Daily Activities Questionnaire. On each of these documents, be sure to accurately represent your limitations. You should include details about your condition and its effects on your daily life functioning. Specifically, you should identify how often you take breaks to rest, highlight tasks that you are unable to perform, and explain how your activities have changed because of your disability. For example, if you still clean your house but can only clean one room a day because of the need for rest breaks and the effects of treatment, make that clear in the application.

Applying for and receiving public disability benefits can be challenging. Because the process may take a while, patience is the key. Please consider the following suggestions:

- Keep a record of each conversation that you have with Social Security personnel (including the date of the conversation, the name of the person you spoke with, the contact information for the person you spoke with, and the substance of the conversation);

- Save all notices, documents, and other papers that you receive from or submit to the Social Security Administration;

- Write down and keep track of all deadlines, including appeal deadlines;

- Keep a list of all of your health care providers and their contact information;
EMPLOYMENT ISSUES

- Keep a record of all hospitalizations, medical appointments, treatments, etc. as well as all medications and changes in medications; and

- Keep a diary of daily activities, side effects of treatment (such as pain and fatigue) and details about your conditions and specific limitations. If you suffer with seizures, migraines, nausea or another condition of an episodic nature, make a note each time you suffer an episode, how long it lasts and how it affects you.

If your application for SSI and/or SSDI is denied, you may appeal within 60 days of your receipt of the denial letter. You should ask for reconsideration or a hearing, depending on the appeal level. If your claim is still denied at the hearing level, you can request an Appeals Council review. If your claim is denied by the Appeals Council, you can appeal to Federal court.

While public disability benefits are not typically available on a short-term basis, public disability benefits are available for non-permanent conditions in a closed period of disability. To qualify for a closed period of public disability benefits, you must have a disability that prevents employment and lasts a minimum of 12 months but that also has an anticipated ending time. In other words, a closed period would be appropriate when an individual is disabled for more than 12 months because of cancer treatment but expects to eventually recover enough to return to work. In a closed period of disability, benefits are paid only for the period of time the person is unable to work even if the person becomes able to work prior to receiving a decision on the disability claim.
When you are diagnosed with cancer you have a lot to worry about and LINC can help take some of those worries from you.

– Winnie
PLANNING FOR THE FUTURE
Facing cancer is challenging, but you can make decisions now to have some certainty about the future. The law allows for you to make decisions about future events regarding your health care, financial and personal matters, estate distribution and funeral arrangements and who will care for your children in the event you cannot make those decisions later.
HEALTH CARE DECISIONS

WHAT IS AN ADVANCE DIRECTIVE?

An advance directive is a written document that allows you to explain the type of health care you want or do not want in case in the future you cannot make those decisions on your own. In an advance directive, you can designate an agent to make health care decisions for you if you cannot speak for yourself. You may also provide written instructions about the health care you do or do not want to receive, as well as direct what organs and other parts of your body may be donated after your death if organ donation is part of your end of life wishes, or choose any one of those items to address in your advance directive.

Your agent will make health care decisions for you in the event your doctor and another physician determine that you cannot make decisions for yourself. Once you can speak for yourself again, decision-making authority is restored to you. You can appoint any adult (18 years or older) to serve as your agent in the event you cannot speak for yourself. The agent does not have to live in Virginia, but should be someone who knows you well enough to make potentially difficult decisions about your health care. In addition, you should choose an alternate agent in case your first choice for agent is unavailable when needed.

An advance directive allows you to provide written instruction about all forms of health care. These include decisions about what hospital or other facility you may want to be admitted to, what sort of medications you may or may not take, and what chemotherapy or radiation therapy you will receive. In addition, an advance directive allows you to specify what sort of life-prolonging procedures you may or may not want utilized in terminal situations. This part of an advance directive is frequently referred to as a “living will.”
Your wishes regarding organ donation and other anatomical gifts can also be specified in an advance directive. If you desire any of your organs to be donated after death, you can specify which organs and any person to whom you wish to make an anatomical gift. You can also specify if you wish any of your organs or other anatomical parts to be donated for research.

Your advance directive should be included in your medical record. You should provide a copy of your advance directive to your physician to include in your official medical record and bring a copy every time you go to the hospital. In addition, you should provide copies to a designated agent, family members, and close friends to ensure your wishes are honored. Copies of advance directives are as effective as the original document.

HOW DO I MAKE AN ADVANCE DIRECTIVE, AND HOW DO I AMEND IT OR REVOKE IT?

To be effective, an advance directive needs only to be signed by its creator and two adult witnesses, neither of whom may be your spouse or a blood relative. While no particular form is required, a model advance directive form prepared by the Virginia State Bar is provided in the Appendix.

You can amend your advance directive at any time by creating a new advance directive. Be sure that you provide a new copy to your doctor, the hospital, and friends and family members so that the most current directive is used. In addition, it is a good idea to make sure you date all of your advance directives so that it is clear which one is the most current.

If you no longer want an advance medical directive to be effective, you can revoke it in several ways. First, you can make a signed and dated written document revoking the advance directive. Second, you can orally express your intent to revoke the advance directive. Finally, you can physically destroy the advance directive.
IF I DO NOT HAVE AN ADVANCE MEDICAL DIRECTIVE, WHO WILL MAKE HEALTH CARE DECISIONS FOR ME?

If you do not have an advance medical directive, a judge can appoint a court-supervised individual called a guardian to serve as your medical decision-maker. A judge will appoint a guardian if your doctor determines that you are no longer capable of making decisions about your health care. You and your immediate family members must receive notice that a guardian will be appointed and you will have the opportunity to be present and represented before the judge. The judge will usually appoint a family member or close friend to serve as your guardian. However, if a family member or close friend is not available, an independent attorney will be appointed.

Payment for the guardian will come from your assets, so appointing an agent in an advance directive is preferable, both economically and practically.

FINANCIAL DECISIONS

It can be difficult when you are sick to take care of day-to-day chores like paying bills, filing your taxes or even selling your home. It is therefore important to consider who will handle these tasks for you if you are unable to do so yourself.

POWER OF ATTORNEY

With a power of attorney, you may designate one or more individuals to make financial and certain legal decisions for you and to otherwise deal with your property during your lifetime. It relieves your loved ones from the burden of having to ask a court to appoint someone if you become incapacitated.
PLANNING FOR THE FUTURE

What Type of Power of Attorney do I Need?

Almost all modern powers of attorney are durable. That is, they will continue to be effective even if you are later incapacitated. If you would like to have the power automatically terminate upon your incapacity, after a specified period of time, or upon some other condition, you will need to sign a non-durable power of attorney expressly providing that. Both durable and non-durable powers of attorney terminate immediately at your death.

There are several types of durable/non-durable powers of attorney. The proper choice, or combination, of these will depend on your particular circumstances:

- A general power grants your agent the broadest possible powers to deal with any financial matter and all property you may own.
- A special power grants your agent only limited power to deal with a very specific issue, such as handling the sale of your house or signing your tax returns.
- A springing power will become effective only upon your incapacity or some other triggering event. (If it may be important for your agent to act quickly, a springing power is not usually recommended because proving that the triggering event has occurred can often cause a delay.)
- A non-springing power is immediately effective from the moment you sign it.

Most people choose to use a power of attorney that is durable, general and non-springing.
Who Should I Name?

Because a power of attorney normally gives the agent very broad powers over your assets at a time when you may not be able to monitor that agent's actions, you should only name someone you completely trust to handle this responsibility. Your agent does not need to be a financial or legal expert, but he or she should be someone who is responsible, organized and willing to seek advice when needed.

Should I Name More Than One Person?

The answer to this question will depend on your circumstances. For example, many people with more than one child believe they should name all of their children to serve together. While this may be appropriate in some families, it can create unnecessary problems in others. Before deciding who to name, you should ask yourself:

- Do my children have problems getting along or communicating with each other?
- Are any of my children uncomfortable dealing with financial matters?
- Do any of my children live outside of the local area?
- Do any of them travel frequently, have extremely busy lives or might often be otherwise unable to sign documents on a timely basis?
- Would any of my children consider the appointment to be a burden?

If the answer to any of these questions is “yes” with respect to a particular child, it might be best not to include him or her as an agent in your power of attorney. However, it is always a good idea to name someone to serve as a back-up agent if your first choice is unable
to act for any reason. It may be appropriate (depending on your circumstances) to name a child who was omitted as a primary agent because of one of the factors above to be the back-up agent.

**How do I Make a Power of Attorney?**

Although you may be able to obtain a form power of attorney online or from a software package, a store or a friend, there is no guarantee that such a document will be effective for your intended purposes. It is much better, therefore, to contact a qualified attorney for assistance. Your attorney will be better able to draft an appropriate power of attorney for your circumstances. He or she will also be able to ensure that your document will satisfy any particular state recording requirements if there is a possibility your agent will need to deal with the purchase or sale of real estate.

**What Will Happen if I do not have a Power of Attorney?**

In the absence of a valid power of attorney, your loved ones will need to go to court to have a conservator appointed to handle your property and financial and legal affairs if you become incapacitated. Even if you are married, your spouse will not have this authority unless it is expressly granted by a judge.

**CONSERVATORSHIP**

Your conservator’s actions and decisions will be subject to ongoing court supervision. He or she will be required to prepare and submit formal annual reports to the local Commissioner of Accounts each year. His or her ability to make investment and distribution decisions may also be limited by a very conservative standard. The cost of preparing and reviewing these annual reports can be substantial and will be paid from your assets.

Your conservator may take an annual fee of up to 1% of your assets and 5% of your non-investment income. In addition, the court will usually
require your conservator to purchase a surety bond (which is like an insurance policy that will protect you if the conservator runs off with your money). The annual premium for the surety bond, as well as the conservator’s annual fee, is also payable from your assets.

**What is the Process for Naming a Conservator?**

If someone wishes to take over your financial and legal affairs, he or she will need to file a petition with the court to start the process. This usually requires an attorney’s assistance.

After the petition is filed, the judge will appoint an independent attorney experienced in guardianship situations (known as a *guardian ad litem*) to review your medical records, interview both you and the person who is seeking appointment, and then submit a written report of his or her findings to the court. The guardian *ad litem’s fees* will be paid from your funds.

The judge will then set a court date and hear testimony in open court. If the judge determines from the evidence presented that you are incapacitated, he or she will sign an order granting the petitioning individual the right to make legal and financial decisions for you.

The newly appointed conservator must then take an oath that he or she will act in your best interests.

**Will the Court Ask Me What I Want?**

Anyone who wishes to file a petition for conservatorship must notify you and certain close family members in writing that he or she is doing so. You have the right to be present in court when the judge hears evidence, to have an attorney represent you in front of the judge, to present your own evidence, and to have the case heard by a jury instead of a judge. Of course, if you are truly incapacitated, your role will be minimal.
Who May Serve as My Conservator?

The qualities of a good conservator are the same as those for a good agent under a power of attorney: trustworthiness, reliability, responsibility, and organization. Typically, the court will prefer to name a family member or a close friend to serve as your conservator. But, if a suitable family member or close friend is not available, the court may appoint an independent attorney.

How Long Does the Appointment Process Take?

Usually, four to six weeks, but it may take longer if the petition is contested. On the other hand, in emergency situations a temporary appointment may be obtained in a matter of days.

How Much Does it Cost to Appoint a Conservator?

The legal fees and court costs associated with a conservatorship proceeding will vary widely, depending on the circumstances. For example, will you or anyone else contest the appointment? It is not unusual for total costs to be in the range of $5,000-$10,000, even for an uncontested appointment. This is one of the main reasons powers of attorney are preferred over conservatorships.

DECISIONS FOR AFTER YOUR DEATH

DISPOSITION OF YOUR BODY

In the hours immediately following a person’s death, priority is given to determining the cause of death, issuing the death certificate and transporting the body to a funeral home or crematory.
Who Should be Contacted After I Die?

If you die at home, your next of kin should immediately contact your primary physician, the police or the local coroner, who will issue the death certificate and, if circumstances require, order an autopsy. If you die in a hospital, these matters will be handled by their staff.

Of course, your family and friends will also need to be notified. In most cases, the family members and friends who remained near to you in your final days will take care of this. However, in the case of an unexpected death when family and friends are not present, there may be a delay while authorities attempt to identify and contact your family.

Who Will Decide what Happens to My Body?

Once they are cleared to do so by the authorities, any of your next of kin (that is, a spouse or any blood relative) may direct a funeral home or crematory to collect your body. Generally speaking, your next of kin may select the service provider and the manner of disposition (burial vs. cremation), as well as make any funeral or memorial service arrangements. If you have made your own arrangements prior to death and/or if you are a member of a group that may entitle you to certain burial honors (such as the military), be sure to make your next of kin aware of those arrangements and to provide them with a copy of any related documentation.

FUNERAL/MEMORIAL ARRANGEMENTS

In most cases, your family members will agree as to who (for example, the surviving spouse) should make decisions regarding your burial or cremation. Unfortunately, this is not always the case. For example, if you have children from a prior marriage, they may disagree with your current spouse as to how your remains will be handled or where your funeral or memorial service will be held.
PLANNING FOR THE FUTURE

Such disagreements can be very disruptive because, by law, your next of kin is not just the person you would normally consider to be your closest relative. Rather, the term includes your spouse and essentially all of your blood relatives, any one of whom is entitled to make final arrangements for you. In the case of a conflict, it will often be the funeral home or crematory, or even a court, who decides which relative will be allowed to make the arrangements.

How Can I Designate Someone to Make Final Arrangements?

If you believe your family will argue over these matters after your death, or if you would prefer to give a friend or other third party the right to make decisions, you should discuss your concerns with an attorney. He or she may advise you to purchase a preneed contract and/or to formally designate your preferred choice to make final arrangements for you. Although under current law this designation will not necessarily prevent all conflicts, your family and the funeral home or crematory (or as a last resort, the court) will likely give it significant weight in resolving them.

The designation must be in writing and signed by both you and the person you are naming. Your signature must be notarized. It is also a good idea to provide a copy of the designation to your primary physician and, if you have purchased a preneed contract, to the contracting funeral home or crematory.

SETTLEMENT OF YOUR ESTATE

After your remains have been put to rest, attention will turn to settling your estate. This process will include securing your property and protecting it from waste, paying your debts and final expenses and, finally, distributing any remaining assets to your heirs or beneficiaries.

Because of the many rules governing the administration of a decedent’s estate and the potential personal liability for anyone who does not follow them, your family should consult a qualified attorney for advice.
before doing anything other than cleaning out your refrigerator or otherwise protecting your assets from theft or waste.

**Who will Settle My Affairs after I have Died?**

You may name someone in your will to be your executor and handle your estate. This person is not required to accept your appointment, though, so it is a good idea to ask beforehand if he or she would be willing to serve. If he or she declines to serve and you have not named an alternate, or if you die without a will, a family member, friend or other individual may request appointment by the court.

**Should I have a Will?**

It is always a good idea to have a will. A will allows you to:

- **Decide who will handle the settlement of your estate.** Without a will, the final choice will be left to the court.

- **Decide who gets your property.** Without a will, your property will pass as provided by state law. This may not be what you want especially if you have children other than by your present spouse. Be assured, though, that the state will not receive any of your property unless you (and your predeceased spouse, if any) have absolutely no living relatives, including extremely distant cousins several times removed.

- **Decide how and/or when your beneficiaries will receive your property.** Without a will, your heirs will receive your property outright, except that any property passing to a minor or incapacitated heir may be subject to continuing court supervision through a conservatorship.

- **Designate who you would like to care for your children** and possibly avoid a custody battle.
PLANNING FOR THE FUTURE

- Decide how much compensation, if any, your executor will receive for his or her services. Unless your will provides otherwise, State law may allow your executor to claim a significant fee.

- Avoid or reduce court fees and costs charged to your estate.

Is all of My Property Controlled by My Will?

No. Any assets that have a beneficiary or payable-on-death designation, are jointly held with rights of survivorship, or are held in a trust will be distributed as provided in the designation paperwork, title documents or trust agreement. Any instructions in your will to distribute those assets otherwise will be ignored.

When do I Make a Will?

You may make (or amend) your will at any time. However, individuals who are of unsound mind, subject to undue influence or under the age of 18 may not make a valid will.

How do I make a Will?

It is always best to have a lawyer write your will in order to ensure that your intentions will, in fact, be carried out. Too often home-made wills and internet obtained forms are improperly executed or lead to unintended consequences due to poor wording or unfamiliarity with State law. These problems may trigger family disputes and unnecessary costs.

But, if you must write your own will, you may do so in either of two ways:
Write out your wishes entirely in your own handwriting and clearly indicate that the document is your last will. Be sure to date and sign the document at the very bottom. It is also a good idea to have two witnesses sign, but it is not required.

Type out your wishes and clearly indicate that the document is your last will. Note, any handwriting on the document (other than a signature) will, at best, be ignored or, at worst, invalidate the will entirely. Date and sign the document at the bottom in the presence of two adult witnesses (who must also sign the document while all three of you are together) and, if possible, a notary public. The notary should complete a self-proving affidavit to notarize your signature and the witnesses’ signatures and confirm that the will was executed properly. If this notarization is not done, one or both of your witnesses will be required to appear before the court after your death to attest to the circumstances surrounding the will’s execution.

DECISIONS REGARDING CARE AND CUSTODY OF CHILDREN

Providing for your child’s care and custody may become of highest concern during your treatment. Often when the child’s other parent is not available, family members or friends may offer to provide child care. In those situations, you may want to sign a temporary power of attorney to allow the caretaker to authorize medical treatment or sign school forms on your behalf for your child(ren). If longer term care is necessary, it may be wise to consider more lasting legal arrangements. Legal documentation of a custody transfer is often required for children to receive health benefits under a caretaker’s policy, to attend a school in another district, or to have survivor’s benefits paid to a designated caretaker. You will also want to make sure that you have appointed a guardian for the child under your will to provide for your child’s needs should your treatment not be successful.
When Your Child’s Custody Requires Determination

You may consider finding a relative to share joint legal and physical custody of a child while you are undergoing treatment. Voluntary and uncontested transfer of the custody of your child can easily be accomplished through the Juvenile and Domestic Relations Court where your child lives. You may wish to consult with an attorney to guide you through this process. Alternatively, you might make an appointment with the Court Service Unit, and an intake officer might assist you. Options such as sharing joint legal and physical custody of your child with a chosen caretaker provide for flexibility when unexpected problems arise.

Standby Guardianship

Another option is to file a petition requesting the Juvenile and Domestic Relations District Court to approve a standby guardian. A standby guardianship can also be obtained if a parent designates (in writing) a person to assume the duties of a guardian upon the occurrence of a triggering event. The written designation must state:

- The name, address, and birth date of the child affected;
- The triggering event or circumstances (e.g. hospice care); and
- The name and address of the person designated as standby guardian.

After the triggering event has occurred, the standby guardian must petition the court for approval as the standby guardian.

Whether the designation is first obtained by petitioning the court or by a written designation, the court will consider the rights of the child’s other parent or the interests of other relatives who solicit the court. A guardian ad litem may also be appointed to investigate and make recommendations to the court regarding the child’s best interest.
Adoption Options

Adoption provides a permanent solution for the care of a child by making the child a legal member of a new family. A single person or a couple may adopt, and the law will treat the child as if he or she was born to the adoptive parents. Adoption permanently terminates parental rights. Extreme caution should be used, and legal counsel should be sought as to the consequences of the loss of parental rights in terms of the child's legal right to inherit from the estate of the placing parent's estate and to social security benefits. Adoption is a specialized area of the law and a resource for finding an experienced adoption attorney in your area is www.adoptionattorneys.org.

There are three adoption possibilities, described below, all of which involve the temporary or permanent loss of parental rights. In most instances, the other parent, a family member, or a friend will care for the child while the parent is undergoing treatment. The ill parent would then retain some control over the child's living and financial arrangements. However, if the parent does not have a relative or family member ready to assume this responsibility, it is possible to make use of one of these arrangements.

- Parental Placement Adoption

You may choose the adoptive parents, which can include relatives, friends, or even strangers. This type of adoption is called a parental placement in that custody is legally transferred from you to the family that you choose. When a child is placed with a close relative, there are special procedures to make the process quicker and less expensive. Close relatives include the child's grandparents, great grandparents, aunts and uncles, great aunts and uncles, and adult brother and sisters. If the child has lived with this close relative for a period of three years or more at any point during his or her life, additional special procedures are allowed. These parental placement adoptions originate in the Juvenile and Domestic Relations District Court. The family
must go through an investigation called a **home study** and an adoption agency supervises to ensure the child transitions into the new family. A home study is a lengthy process which requires clearances, references, visits, and background checks of the adoptive parent(s) and anyone else living in the new home. A home study of the adoptive home must be completed by a licensed child-placing agency prior to the Juvenile Court’s consideration of the case. The rights of any non-consenting parent will be addressed by the Juvenile Court, and, if all goes well, the prospective adoptive parents will receive custody. Finally, a petition for adoption is filed in the Circuit Court.

### Adoption Through Entrustment Agreements

Parents who cannot identify a family member or friend to accept responsibility for their child can temporarily entrust their children to the care of the local **Department of Social Services**. The Department of Social Services will place your child in a licensed foster home temporarily, for up to 90 days, prior to petitioning the court for approval of the **temporary entrustment agreement.**

Another type of adoption agency is the private licensed child-placing agency. These can be a religiously-based or a non-sectarian agency that is licensed and regulated by the state. A child may be permanently placed by the birth parent executing an entrustment agreement. Agencies allow a birth parent to place a child without meeting or exchanging identifying information if the parties desire. Most agencies allow the birth parent to select a family from their pre-approved clients.

If a child is considered hard to adopt because of mental or physical conditions, the child is older, or a sibling group is being kept together, there may be federal and state money available, known as an **adoption subsidy**. If the child is placed through an adoption agency and certain qualifications are met, the subsidy
would provide monthly payments to the adoptive parents during the child's minor years—equivalent to what foster parents would receive in the same situation.

Adoptive parents, including relatives, are often reimbursed for all of their expenses connected to this type of adoption by means of a federal tax credit. A dollar-for-dollar (nonrefundable) credit of adoption expenses up to $12,970 (2013 limit) is allowed for families with adjusted gross incomes under $194,480, and in partial amount for families making between $194,480 and $234,580 (2013 figures).

It is customary that adoptive parents hire an independent attorney for a birth parent to educate and assist in placing a child for adoption.

### Relief of Care and Custody of Children

Parents can also permanently place their children for adoption through the local Department of Social Services. However, the parental rights of a non-consenting or non-present parent must be terminated prior to placing the child up for adoption. During this process the Juvenile and Domestic Relations District Court will appoint a guardian *ad litem* for your child. This will result in the loss of parental rights to the child and may affect the child’s ability to inherit from the placing parent’s estate and social security benefits. While these public agencies have the authority to accept a child for adoption, their efforts are primarily aimed at finding homes for children removed from homes by courts for abuse or neglect.
My daughter passed from cancer. I was made guardian of my granddaughter. I met some important people in her life and mine. The people were from LINC. If it wasn’t for those people, Cris Gantz at LINC and Mr. Flax, I wouldn’t be as far advanced in this process with my granddaughter and keeping her out of a bad situation. I appreciate Ms. Gantz and her associates. I’ve never met people that take their time and offer their help for people like me and my granddaughter. I remember when we met you came out to my car because I was lost and you helped me find my way to [LINC’s] office. It was at that moment that I knew you would make a difference. I didn’t have anything before I met you. If I hadn’t met you and the people that work with you I wouldn’t have a foot to stand on. I wouldn’t know what to do.

– Philip Richardson & Granddaughter
APPENDIX
A. Sample Letter to Appeal Health Care Denial

Your Name
Your Address
Your Telephone Number
Your E-Mail Address (if you have one)

Date
Re: Your Name
   Type of Coverage
   Group number/Policy number

Dear (Name of contact person at insurance company),

Please accept this letter as my appeal to (insurance company name) decision to deny coverage for (state the name of the specific procedure denied). It is my understanding based on your letter of denial dated (insert date) that this procedure has been denied because:
(Quote the specific reason for the denial stated in denial letter)

I have been a member of your (state name of PPO, HMO, etc.) since (date). During that time I have participated within the network of physicians listed by the plan. However, my primary care physician, Dr. (name) believes that the best care for me at this time would be (state procedure name). At this time there is not a physician within the network who has extensive knowledge of this procedure. Dr. (name of primary care physician), a plan provider, has recommended that I have the procedure done outside the network by Dr. (name of specialist) at (name of treating facility).

I have enclosed a letter from Dr. (name of primary care physician) explaining why he recommends (name of procedure). I have also enclosed a letter from Dr. (name of specialist) explaining the procedure in detail, his qualifications and experience, and several articles that discuss the procedure.

Based on this information, I am asking that you reconsider your previous decision and allow me to go out of network to Dr. (name) for (name of specific procedure). The procedure is scheduled to begin on (date). Should you require additional information, please do not hesitate to contact me at (phone number). I look forward to hearing from you in the near future.

Sincerely,

Your Signature
Your Printed Name

*You should keep a copy of the letter that you send.
### Sample Budget

**Name:**

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<tr>
<td>Groceries</td>
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<tr>
<td>Work Lunches</td>
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<tr>
<td>School Lunches</td>
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<tr>
<td>Eating Out</td>
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</tr>
<tr>
<td>Toiletries / Cleaning Products</td>
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### Other > 18yrs

<table>
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<tr>
<th>Income source</th>
<th>Monthly net income</th>
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</thead>
<tbody>
<tr>
<td>Wages/salary</td>
<td>$ -</td>
<td></td>
</tr>
<tr>
<td>Benefits</td>
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<td></td>
</tr>
<tr>
<td>Food Stamps</td>
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<tr>
<td>Child support</td>
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</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ -</td>
<td></td>
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</tbody>
</table>

### Summary

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<table>
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<tbody>
<tr>
<td><strong>Total Income</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Total Expense</strong></td>
<td></td>
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<tr>
<td><strong>Debt Payment</strong></td>
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<tr>
<td><strong>Deficit/Surplus</strong></td>
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<td></td>
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<tr>
<td><strong>Total</strong></td>
<td>$ -</td>
<td></td>
</tr>
</tbody>
</table>
C. **Sample Accommodation Request Letter**

Your Name  
Your Address  
Your Telephone Number  
Your E-Mail Address (if you have one)  

Date  
Your Employer’s Name  
Your Employer’s Address  

Dear [Name of Supervisor/Manager or Address to Human Resources]:

- Identify yourself as a person with a disability  
- State that you are requesting accommodation under the ADA, Rehabilitation Act, or the Virginians with Disabilities Act  
- Specify the job tasks or functions that you are having difficulty performing or that create problems for you  
- State your accommodation ideas  
- Ask your employer for accommodation ideas  
- Refer to attached medical documentation. You should consider attaching a letter from your health care provider that establishes that you are a person with a disability and documents your need for accommodation  
- Ask that your employer respond to your request in writing within a reasonable, but specified period of time.

Sincerely,

Your Signature  
Your Printed Name  

*You should keep a copy of the letter that you send.*
APPENDIX

---page 1 of 3---

VIRGINIA ADVANCE DIRECTIVE FOR HEALTH CARE

1. ____________________________________________________________________________________, willingly and voluntarily make known my wishes in the event that I am incapable of making an informed decision about my health care, as follows:

(YOU MAY INCLUDE ANY OR ALL OF THE PROVISIONS IN SECTIONS I, II AND III BELOW.)

SECTION I: APPOINTMENT AND POWERS OF MY AGENT

(A CROSS THROUGH THIS SECTION I IF YOU DO NOT WANT TO APPOINT AN AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU.)

A. Appointment of My Agent

I hereby appoint _________________________________________________________________________________________________________ 
________________________________________________________________________________________________________________________ 
as my agent to make health care decisions on my behalf as authorized in this document.

If the primary agent named above is not reasonably available or is unable or unwilling to act as my agent, then I appoint as successor agent to serve in that capacity:

<table>
<thead>
<tr>
<th>Name of Successor Agent</th>
<th>E-mail Address</th>
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</table>

I grant to my agent full authority to make health care decisions on my behalf as described below. My agent shall have this authority whenever and for as long as I have been determined to be incapable of making an informed decision.

In making health care decisions on my behalf, I want my agent to follow my desires and preferences as stated in this document or as otherwise known to him or her. If my agent cannot determine what health care choice I would have made on my own behalf, then I want my agent to make a choice for me based upon what he or she believes to be in my best interests.

B. Powers of My Agent

(IF YOU APPOINTED AN AGENT ABOVE, YOU MAY GIVE HIM/her THE POWERS SUGGESTED BELOW. YOU MAY CROSS THROUGH ANY POWERS LISTED BELOW THAT YOU DO NOT WANT TO GIVE YOUR AGENT AND ADD ANY ADDITIONAL POWERS YOU DO WANT TO GIVE YOUR AGENT.)

The powers of my agent shall include the following:

1. To consent to or refuse or withdraw consent to any type of health care, including, but not limited to, artificial respiration (breathing machine), artificially administered nutrition (tube feeding) and hydration (IV fluids), and cardiopulmonary resuscitation (CPR). This authorization specifically includes the power to consent to dosages of pain-relieving medication in excess of recommended dosages in an amount sufficient to relieve pain. This applies even if this medication carries the risk of addiction or of inadvertently hastening my death.

2. To request, receive and review any oral or written information regarding my physical or mental health, including but not limited to medical and hospital records, and to consent to the disclosure of this information as necessary to carry out my directions as stated in this advance directive.

3. To employ and discharge my health care providers.

4. To authorize my admission, transfer, or discharge to or from a hospital, hospice, nursing home, assisted living facility or other medical care facility.

5. To authorize my admission to a health care facility for treatment of mental illness as permitted by law. (If I have other instructions for my agent regarding treatment for mental illness, they are stated in a supplemental document.)

6. To continue to serve as my agent if I object to the agent’s authority after I have been determined to be incapable of making an informed decision.

7. To authorize my participation in any health care study approved by an institutional review board or research review committee according to applicable federal or state law if the study offers the prospect of direct therapeutic benefit to me.

8. To authorize my participation in any health care study approved by an institutional review board or research review committee according to applicable federal or state law that aims to increase scientific understanding of any condition that I may have or otherwise to promote human well-being, even though it offers no prospect of direct benefit to me.
9. To make decisions regarding visitation during any time that I am admitted to any health care facility, consistent with the following directions:

10. To take any lawful actions that may be necessary to carry out these decisions, including the granting of releases of liability to medical providers.

ADDITIONAL POWERS OR LIMITATIONS, IF ANY:

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

SECTION II: MY HEALTH CARE INSTRUCTIONS

YOU MAY USE ANY OR ALL OF PARTS 1, 2, OR 3 IN THIS SECTION TO DIRECT YOUR HEALTH CARE EVEN IF YOU DO NOT HAVE AN AGENT. IF YOU CHOOSE NOT TO PROVIDE WRITTEN INSTRUCTIONS, DECISIONS WILL BE BASED ON YOUR VALUES AND WISHES, IF KNOWN, AND OTHERWISE ON YOUR BEST INTERESTS. IF YOU ARE AN EYE, ORGAN OR TISSUE DONOR, YOUR INSTRUCTIONS WILL BE APPLIED SO AS TO ENSURE THE MEDICAL SUITABILITY OF YOUR ORGANS, EYES AND TISSUE FOR DONATION.

1. I provide the following instructions in the event my attending physician determines that my death is imminent (very close) and medical treatment will not help me recover:

[CHECK ONLY 1 BOX IN THIS PART 1.]

☐ I do not want any treatments to prolong my life. This includes tube feeding, IV fluids, cardiopulmonary resuscitation (CPR), ventilator/respirator (breathing machine), kidney dialysis or antibiotics. I understand that I still will receive treatment to relieve pain and make me comfortable. (OR)

☐ I want all treatments to prolong my life as long as possible within the limits of generally accepted health care standards. I understand that I will receive treatment to relieve pain and make me comfortable. (OR)

☐ [YOU MAY WRITE HERE YOUR OWN INSTRUCTIONS ABOUT YOUR CARE WHEN YOU ARE DYING, INCLUDING SPECIFIC INSTRUCTIONS ABOUT TREATMENTS THAT YOU DO WANT, IF MEDICALLY APPROPRIATE, OR DON'T WANT. IT IS IMPORTANT THAT YOUR INSTRUCTIONS HERE DO NOT CONFLICT WITH OTHER INSTRUCTIONS YOU HAVE GIVEN IN THIS ADVANCE DIRECTIVE.]

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

2. I provide the following instructions if my condition makes me unaware of myself or my surroundings or unable to interact with others, and it is reasonably certain that I will never recover this awareness or ability even with medical treatment:

[CHECK ONLY 1 BOX IN THIS PART 2.]

☐ I do not want any treatments to prolong my life. This includes tube feeding, IV fluids, cardiopulmonary resuscitation (CPR), ventilator/respirator (breathing machine), kidney dialysis or antibiotics. I understand that I still will receive treatment to relieve pain and make me comfortable. (OR)

☐ I want all treatments to prolong my life as long as possible within the limits of generally accepted health care standards. I understand that I will receive treatment to relieve pain and make me comfortable. (OR)

☐ [YOU MAY WRITE HERE YOUR OWN INSTRUCTIONS ABOUT YOUR CARE WHEN YOU ARE UNABLE TO INTERACT WITH OTHERS AND ARE NOT EXPECTED TO RECOVER THIS ABILITY. THIS INCLUDES SPECIFIC INSTRUCTIONS ABOUT TREATMENTS YOU DO WANT, IF MEDICALLY APPROPRIATE, OR DON'T WANT. IT IS IMPORTANT THAT YOUR INSTRUCTIONS HERE DO NOT CONFLICT WITH OTHER INSTRUCTIONS YOU HAVE GIVEN IN THIS ADVANCE DIRECTIVE.]

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________
3. I provide the following other instructions concerning my health care:

[YOU MAY WRITE HERE STATEMENTS AND INSTRUCTIONS ABOUT TREATMENTS THAT YOU DO WANT, IF MEDICALLY APPROPRIATE, OR ABOUT TREATMENTS YOU DO NOT WANT UNDER SPECIFIC CIRCUMSTANCES OR ANY CIRCUMSTANCES. IT IS IMPORTANT YOUR INSTRUCTIONS HERE DO NOT CONFLICT WITH OTHER INSTRUCTIONS YOU HAVE GIVEN IN THIS ADVANCE DIRECTIVE.]

_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

SECTION III: ANATOMICAL GIFTS

(YOU MAY USE THIS DOCUMENT TO RECORD YOUR DECISION TO DONATE YOUR ORGANS, EYES AND TISSUES OR YOUR WHOLE BODY AFTER YOUR DEATH. IF YOU DO NOT MAKE THIS DECISION HERE OR IN ANY OTHER DOCUMENT, YOUR AGENT CAN MAKE THE DECISION FOR YOU UNLESS YOU SPECIFICALLY PROHIBIT HIM/HER FROM DOING SO, WHICH YOU MAY DO IN THIS OR SOME OTHER DOCUMENT. CHECK ONE OF THE BOXES BELOW IF YOU WISH TO USE THIS SECTION TO MAKE YOUR DONATION DECISION.)

☐ I donate my organs, eyes and tissues for use in transplantation, therapy, research and education. I direct that all necessary measures be taken to ensure the medical suitability of my organs, eyes or tissues for donation. I understand that I may register my directions at the Department of Motor Vehicles or directly on the donor registry, www.DonatedLifeVirginia.org, and that I may use the donor registry to amend or revoke my directions; OR

☐ I donate my whole body for research and education.

[Write here any specific instructions you wish to give about anatomical gifts.]

_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

AFFIRMATION AND RIGHT TO REVOKE: By signing below, I indicate that I understand this document and that I am willingly and voluntarily executing it. I also understand that I may revoke all or any part of it at any time as provided by law.

Date Signature of Declarant

The declarant signed the foregoing advance directive in my presence. [TWO ADULT WITNESSES NEEDED]

Witness Signature Witness Printed

Witness Signature Witness Printed

This form satisfies the requirements of Virginia’s Health Care Decisions Act. If you have legal questions about this form or would like to develop a different form to meet your particular needs, you should talk with an attorney. It is your responsibility to provide a copy of your advance directive to your treating physician. You also should provide copies to your agent, close relatives and/or friends. For information on storing this advance directive in the free Virginia Advance Health Directive Registry, go to http://www.VirginiaRegistry.org. This form is provided by the Virginia Hospital & Healthcare Association as a service to its members and the public. [June 2012, vhha.com]
When faced with the adversity of having to cope with cancer, having an organization like LINC behind you to take care of the necessary documents that you need just in case things go south is invaluable and enables you to focus more on the fight with cancer, recover and that little extra time to be with those who are very dear to you.

– Keith Chantree
Adoption subsidy: a monthly federal or state-funded stipend given to an adoptive family who takes in a special needs child. Special needs children are determined by state agencies but usually fall into one of the following categories: sibling group of three or more children adopted together, individual children with mental or physical disabilities, or a child of an older age.

Advance directive: a legal document that specifies what health care actions can and should be taken in the event a person is unable to make health care decisions for him- or herself because he or she is either too ill to communicate or is incapacitated.

Agent: a person legally designated to make decisions on another’s behalf

Amend: to change or alter; in amending a will, you must be careful that the changes you make do not invalidate the entire will. This should be accomplished with the help of an attorney. You may need to have an entirely new will drafted to help you achieve your amended wishes, or you may have to write and execute a codicil (additional document) that goes with your will to be probated. Writing on your will, or making changes to the original document without an attorney’s help may cause your will to be completely unusable in court.

Americans with Disabilities Act (ADA): legislation designed to protect individuals with disabilities from discrimination in public spaces and in public access such as employment

Anatomical gifts: parts, or the entirety, of a human body donated for the purpose of transplantation or scientific study after death.

Arrearage: unpaid and overdue costs (what is owed)

Assisted living facility: a care facility in which the resident still maintains a good degree of independence
Beneficiary: an individual who receives property (known as a bequest) from another after that person's death because the person who passed away included the individual in his or her will.

Certificate of Creditable Coverage: written certificate issued by a health insurance issuer that documents prior health care coverage. This certificate must be issued automatically and for free when you lose coverage, elect COBRA coverage or lose COBRA continuation coverage.

Child's best interest standard: the concept that the court uses to determine who should have physical and legal custody of a child; what is best for the child(ren) will trump what is best for one or both legal guardians.

Closed period of benefits: when the claimant was disabled for longer than 12 months but is able to return to work by the time the Social Security Administration makes a decision on his or her benefits claim, a judge will usually recommend that the claimant receive disability benefits that would have covered the time between the definite start and end date of the disability but not payments going forward now that the disability has ended.

COBRA (Consolidated Omnibus Budget Reconciliation Act): this legislation provides workers and families of workers the right to choose to continue health benefits provided by a group health plan. The continuation of benefits is temporary and is only available for certain life events: voluntary or involuntary job loss, reduction in work hours, transition from one job to another, death or divorce. Workers must pay the full premiums for the insurance, and are usually only eligible if they worked for companies with 20 or more employees.

Cognitive impairment: a loss of short- or long-term memory; difficulty knowing people, places, or the time or season; loss of ability to make good decisions; or loss of safety awareness.
**Conservator:** a guardian or protector of another’s rights and physical and financial well-being who is appointed by a court

**Consumer Complaints/Injuries – Life and Health Insurance:**
(804) 371-9691 • 1-877-310-6560 (toll free)
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218-1157

**Court Service Unit:** a special group of court personal that investigates complaints about domestic situations and processes intake and paperwork for conducting those investigations and advising the court based on the results of those investigations.

**Custody transfer:** a deliberate change of guardianship rights by a parent or guardian to ensure that a child’s physical and financial needs are able to be met.

**Decedent:** the legal term for a person who has died

**Discharged:** released from personally having to pay a debt

**Durable POA:** a power of attorney document that continues to give authorization to an agent to act on another’s behalf even after the person being acted for has returned to the necessary capacity to make decisions.

**Equal Employment Opportunity Commission (EEOC)**
http://www.eeoc.gov/ • 1-800-669-4000
info@eeoc.gov

Richmond Office:
400 N. Eight Street
Suite 350
Richmond, VA 23219

Norfolk Office:
Federal Building
200 Granby Street
Suite 739
Norfolk, VA 23510
**Execute**: to make valid; in executing a will, you and at least two witnesses need to sign the document in front of a notary. Many attorneys will include a self-proving affidavit of execution that is also signed by the person whose will is being executed as well as the witnesses to avoid having to call the witnesses to testify when the will is probated.

**Executor**: the legal term for a person named in a will as responsible for bringing the will to probate and handling other directions as listed in the will.

**Expedited**: sped-up or accomplished more quickly

**Experimental treatment**: while the particular definition is established by each insurance company and policy, generally an experimental treatment falls into one of the following categories: undergoing clinical trials, lacking in peer-reviewed feedback, lacking support by the majority of the medical community, being used for an alternate use than for which it was originally intended, being used in a different part of the body than for which it was originally intended.

**Family and Medical Leave Act (FMLA)**: legislation allowing employees of many employers to take up to 12 weeks of unpaid leave per 12-month period either for personal medical reasons that constitute a serious health condition, to care for a spouse, child or parent with a serious health condition, or to bond with and care for a newborn or newly-adopted child. While this leave is unpaid, it does allow for group health insurance coverage to continue uninterrupted and ensure that the employee’s job or similar job is available to him or her upon returning to work.

**Foreclosure rescue scams**: tactics designed to take money from homeowners in danger of losing their homes by requiring an up-front fee before negotiating with lenders to either reduce mortgage payments or to save the home
**Form POA:** a basic POA document that does not take special, individual circumstances into consideration

**General POA:** a power of attorney that gives decision-making authority in a broad range for the acting agent.

**Guardian ad litem (GAL):** an officer of the court who represents the voice of the child in a court proceeding involving family law and custody matters; this attorney may also represent mentally ill or disabled individuals in court.

**Heir:** an individual who inherits or has the right to inherit the property of another person after that person passes. Heirs benefit from intestacy (when a person dies without a will) and are awarded parts of a deceased person’s estate based upon a state-determined pattern (closest relatives first, distant cousins last, if at all).

**Home study:** a written document prepared by an adoption agency or social worker with recommendations for a court based on interviews with family and friends of the potential adopting parent(s) as well as home visits and information gathered from third parties.

**Incapacitated:** lacking legal ability, competence or certain qualifications (like age) to perform a specific task (like create or destroy a document or contract)

**JDR Court:** Juvenile and Domestic Relations Court, a general district court not of record where most decisions involving families and their relationships with one another are determined (custody, child support, spousal support)

**Jointly held with rights of survivorship:** otherwise known as joint tenancy, this type of ownership allows for property owners who outlive the other(s) to acquire the rights of the deceased owner.
Legal custody: control over a child’s major life decisions such as where he or she attends school, what religious tradition he or she is raised in—if any—and which doctors to see.

Lien holder: the person who controls the right to a particular piece of property until the debt on that property has been repaid

Life-prolonging procedures: mechanical or other artificial means of sustaining life such as artificial hydration, nutrition, CPR/ventilation

Liquidated: sold and/or converted to cash

Liquidation: the settlement of a business’s or individual’s financial affairs through the sale of assets. The money from the sale of those assets gets distributed to those with legal claim to the money—especially heirs and creditors.

Low income subsidy: financial assistance (also known as “Extra Help”) that offsets some of the costs associated with Medicare Part D like premiums, deductibles and co-pays. To qualify, you may not have more than $26,860 (if you are married and live with your spouse) or $13,440 if you are not currently married or not living with your spouse) in combined savings, investments and real estate. You can exclude your home, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payment from Social Security or SSI when calculating your assets.

Medical necessity: while the particular definition will vary slightly from one insurance policy to another, the general meaning is treatment, medicine, or other health care services essential for evaluating, diagnosing or treating a disease in line with generally accepted medical standards.

Navigator: a federally-certified individual who is specially trained to assist consumers in applying for and purchasing health care plans through the Marketplace under the Affordable Care Act.
GLOSSARY

Non-durable POA: a power of attorney document that gives an agent control over another’s decisions or assets only during a period when the person being acted for is unable to act for him- or herself.

Non-springing POA: a power of attorney that goes into effect immediately upon execution.

Notarized: legalized by a state officer known as a notary. The notary performs a series of steps, including checking ID and verifying signatures.

Nursing home: a facility in which residents require either skilled or custodial care and have access to that care 24-hours a day.

Parental placement: the process of placing a child with a family or an individual for adoption, as occurs when the biological parent or custodial guardian puts the child up for adoption.

Parental rights: the basic privileges parents receive by law at the birth of their child such as the right to make decisions affecting their child's well-being, the right to pass property to a child via inheritance, the right to custody, and the right to enter into contracts or other legal matters on behalf of a minor child.

Payable on death: a type of asset, usually involving financial accounts or insurance, that automatically transfers to a named individual when the main beneficiary or owner passes away.

Personal liability: a financial obligation (debt) for which a person is responsible and for which a creditor may require assets to be sold in order to collect payment.

Physical custody: control over a child's day-to-day living arrangement; where the child lives and for how long.
**Placing parent**: the biological parent or other custodial guardian who is putting a child up for adoption.

**Power of attorney**: a legal document authorizing one person to act on behalf of another regarding business, monetary, private matter when a specific set of circumstances occurs

**Preempt**: to take preventative action against the occurrence of an event

**Pre-existing condition**: a medical condition that was present before a person enrolls in a new insurance policy. Each insurer defines “present” uniquely, but commonly, a condition was present if the person was diagnosed with, treated for, or given medical advice about it before the new policy took effect.

**Preneed contract**: an agreement entered into with a specific funeral home in which an individual preplans and prepays for burial services prior to his or her passing. Usually a third party, known as a trustee, will take care of managing the funds until the individual’s death.

**Reasonable Accommodation**: modification or adjustment to a job or to a work environment that will allow a qualified applicant to complete an application or an employee to perform essential job functions. Examples of this include the modification of work schedules, changing equipment or facilities used on the job, and even reassigning employees to vacant positions within a department that better fit their needs during cancer treatment or recovery.

**Rehabilitation Act**: federal legislation designed to increase state funding for vocational training and occupation projects for individuals living with severe disabilities as well as to increase access to government services like welfare and education

**Revoke**: to end the validity of; to cancel or override
GLOSSARY

**Roll-over:** the extension or transfer of a debt; giving borrowers more time for repayment during which interest continues to add up on what was initially borrowed.

**Self-proving affidavit:** a document that is separate from but often connected with a person’s will. The affidavit states that your will was witnessed and executed on a specific date and time and that the person whose will was executed was of sound mind when the document was executed. This affidavit is signed in the presence of a notary who vouches for the proper execution of the will when he or she signs the affidavit.

**Social Security Administration:**
www.ssa.gov/

**Social Security Disability Insurance (SSDI):** this benefit is handled through the Social Security Administration and can be paid to workers and their families so long as those workers have worked for long enough and have paid social security taxes throughout their work histories.

**Special POA:** a power of attorney that gives decision-making authority only for certain matters in another’s life.

**Springing POA:** a power of attorney that takes effect only when a certain event or circumstance occurs such as incapacitation or deployment or physical illness.

**Standby guardian:** a person appointed by a child’s parent or guardian to take custody of that child in the event that one or both parents are unable to care for the child due to life-threatening illness or other emergency. This standby guardian only has custody for a specified period of time after the triggering event that creates the custody occurs.
Statute of limitations: a law restricting the time within which claims can be brought to court or under investigation.

Subprime lending: giving loans to people who will likely face difficulty maintaining a repayment schedule, usually because of unemployment or medical emergencies. Historically, subprime borrowers had credit scores below 640, but this has been fluctuating since 2008.

Supplemental Security Income (SSI): this is a benefit handled by the Social Security Administration and paid to disabled adults and children who have limited income and resources as well as to those 65 years of age and older who fall within certain financial limits.

Temporary entrustment agreement: a document through which a parent agrees to give temporary legal and physical custody to an agency such as the Department of Social Services or a private group that then places the child in foster care for up to 90 days.

Terminal situation: illness or medical condition expected to end in death as determined by a medical professional.

Triggering event: an occurrence that causes one or both custodial parents or guardians to be incapable of caring for a child due to illness, emergency, or death.

Trust: a legal relationship by which one person holds property for the benefit of another.

Undue influence: persuasion that comes about when one person who is in a position of power over another uses that power to create an outcome that would not have occurred without that power.
GLOSSARY

**United States Department of Labor’s Wage and Hour Division:**
http://www.dol.gov/whd/  
1-866-4-USWAGE  
Richmond District Office  
400 N. 8th Street, Room 416  
Richmond, VA 23219  
(804) 771-2995

**Unpaid principal balance:** the portion of a loan that has not yet been repaid to the lender by the borrower. The formula for calculating this balance is: Original loan amount – total of loan payments made to date + total interest paid to date

**Unsound mind:** not capable to go to trial, execute documents, or sign contracts due to a lack of mental capacity

**Virginia Bureau of Insurance**
(804) 371-9741  
Bureau of Insurance  
P.O. Box 1157  
Richmond, VA 23218-1157

**Virginia Department of Housing and Community Development**
HSNH@dhcd.virginia.gov  
(804) 371-7100

**Virginia Department of Human Resource Management:**
http://www.dhrm.virginia.gov/genlbenefits/leavesofabsence.html  
101 North 14th Street  
12th Floor  
Richmond, VA 23219  
(804) 225-2131
Virginia Department of Medical Assistance Services:  
www.dmas.virginia.gov/  
(804) 786-7933  
600 East Broad Street  
Richmond, VA 23219

Virginia Department of Social Services: To find your local branch, please visit http://www.dss.virginia.gov/localagency/ or contact the main Virginia branch:  
801 E. Main Street  
Richmond VA 23219  
1-800-552-3431  
citizen.services@dss.virginia.gov

For information about specific benefits please visit http://www.dss.virginia.gov/localagency/or contact your local office.

Virginians with Disabilities Act: state legislation extending coverage of the federal Rehabilitation Act to those employees and individuals who were not initially covered under the federal act

Waste: a change of condition in real property that destroys the value of that property (letting it fall into disrepair or failing to keep up with maintenance or purposefully breaking or damaging)
I stumbled upon LINC by accident as I went to return to work, still undergoing treatment. LINC had the most generous and kind lawyer help me, which preserved my benefits, and job. The stress during this time paralleled the stress of going through chemotherapy, and my heart goes out to anyone that must go through such a difficult event. I am blessed to have wonderful friends, a fabulous daughter, and support all around me. And this includes LINC. I am forever grateful to LINC and the services they provide.

– Carol
RESOURCE LIST
RESOURCES FOR CHAPTER 1: PAYING FOR MEDICAL CARE

ASSISTANCE PROGRAMS

American Cancer Society

- May provide free wigs, head coverings, financial referrals and resources to patients in need. 1-800-ACS-2345 or local chapter (see below under General Resources).
- *Medically Indigent Drug Assistance Information Booklet* – published by the American Cancer Society, lists companies with indigence programs and the drugs available as well as guidelines of procedures. Booklet available free to health care providers. Call American Cancer Society. 1-800-ACS-2345 or local chapter (see below under General Resources).

Patient Advocate Foundation

Provides direct co-payment assistance for pharmaceutical products to insured patients who financially and medically qualify. Assistance only offered for specific cancers. See website for online application: http://www.copays.org/help@patientadvocate.org
421 Butler Farm Road
Hampton, VA 23666
(800) 532-5274
Virginia Department of Social Services
Provides qualified individuals with insurance for a variety of medical services, including prescription drugs, doctor visits, nursing facility care and hospital care. Local offices may provide you with copies of a written application. To locate the nearest Social Services office call 1-800-552-3431 or visit http://www.dss.virginia.gov/benefit/

The Leukemia & Lymphoma Society – Virginia Patient Services
Provides grants up to $500 a year for some uncovered expenses including prescriptions, certain medical tests and transportation costs.

www.lls.org
http://www.lls.org/#/diseaseinformation/getinformationsupport/financialmatters/copayassistance/patients/
(877) 577-2672
INDIGENT PATIENT ASSISTANCE PROGRAMS

Adria Patient Assistance Plan
Provides chemotherapy drugs to patients with financial need.
(614) 764-8000

Bristol-Meyers Indigent Patient Assistance Program
Provides Cytoxan to patients with financial need.
(812) 429-5000

ICI Pharmaceutical Novaldex (tamoxifen) Patient Assistance Program
Provides tamoxifen to patients with financial need.
1-800-456-5678

Pharmaceutical Research and Manufacturing Association Directory
Provides financial assistance for medicines.
1-800-PMA-INFO

Searle Pharmaceutical Company
Provides certain medicines to enrolled physicians. Any physician can enroll. Physician is provided coupons to be redeemed for medicines by qualified patients. 1-800-542-2526

Champus at Oncolink
Coverage for BMT and other general financial issues http://www.oncolink.com

Genentech - Patient Assistance Program
Financial help for cancer patients http://www.genentech.com

Needymeds
Information regarding financial assistance for pharmaceuticals, including a listing by drug name as well as pharmaceutical company name. http://www.needymeds.com

Corporate Angel Network, Inc.
Free air transportation on corporate aircraft
Westchester Co. Airport, Building 1, White Plains, NY 10604
(914) 328-1313

AirLifeLine (USA)
Free air transportation for those in need of medical treatment who cannot afford commercial travel
(800) 446-1231
MEDICARE, MEDICAID, AND SOCIAL SECURITY

Medicare
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850
http://www.medicare.gov/
1-800-MEDICARE (1-800-633-4227)

Medicaid
Contact info same as for Medicare
http://www.medicaid.gov/

Virginia Department of Social Services
Provides qualified individuals with insurance for a variety of medical services, including prescription drugs, doctor visits, nursing facility care and hospital care.

Local offices may provide you with copies of a written application. To locate the nearest Social Services office call 1-800-552-3431 or visit http://www.dss.virginia.gov/benefit/

Social Security Administration
• Social Security Disability Insurance (SSDI) program pays benefits to eligible individuals and certain family members if you worked long enough and paid Social Security taxes while you worked.
• Supplemental Security Income (SSI) program pays benefits to disabled adults and children who have limited income and resources.
• You can complete the application online at www.ssa.gov, or by calling 1-800-772-1213 to request an appointment at your nearest Social Security Administration office.
OVERVIEW OF HMOS AND PPOS

Insurelane
Website devoted to navigating health care insurance

INSURANCE DENIALS

LINC can help with this; please call (804) 562-0371 or toll free (877) 644-5642 for assistance.

Patient Advocate Foundation
421 Butler Farm Road
Hampton, VA 23666
http://www.patientadvocate.org
1-800-532-5274

Wall Street Journal Article
Addresses appealing insurance denials
http://guides.wsj.com/health/
health-costs/how-to-appeal-a-health-insurance-denial/
RESOURCES FOR CHAPTER 2: FINANCIAL ISSUES

BUDGETING

Cancer Care – Sources of Financial Assistance Overview
info@cancercare.org
1-800-813-HOPE

Clearpoint Credit Counseling Solutions
http://www.clearpointcreditcounselingsolutions.org/
1-800-750-2227

Kiplinger’s Budgeting Calculators
http://www.kiplinger.com/tools/budget/

HOUSING

Cancer Care
http://www.cancercare.org/get_help/assistance/tips_assist.php

Virginia Department of Housing and Community Development
HSNH@dhcd.virginia.gov
(804) 371-7100

Homeownership Preservation Foundation
http://www.995hope.org/
(888) 995-HOPE

Hospital Hospitality House
612 East Marshall Street
Richmond, VA 23219
http://www.hhhrichmond.org/hhh/
(804) 828-6901

Ronald McDonald House
http://rmhc.org/
2330 Monument Ave
Richmond, VA 23220
(804) 355-6517

2224 South Jefferson Street
Roanoke, VA 24014
(540) 857-0770

American Cancer Society – Hope Lodges
Housing during treatment

DEALING WITH CREDITORS

Legal Services of Northern Virginia – Debtor’s Rights and Bankruptcy Clinic
4080 Chain Bridge Road
First Floor
Fairfax, Virginia 22030
(703) 778-6800
U.S. Government Publication on the Fair Debt Collection Practices Act

Clear Point Credit Counseling
http://www.clearpointcreditcounselingsolutions.org/
(800) 750-2227

BANKRUPTCY

Legal Information Network for Cancer (LINC)
cancerlinc.org
(804) 562-0371

Legal Services of Northern Virginia – Debtor’s Rights and Bankruptcy Clinic
4080 Chain Bridge Road
First Floor
Fairfax, Virginia 22030
(703) 778-6800

U.S. Eastern District of Virginia Bankruptcy Court
http://www.vaeb.uscourts.gov/
General information at: http://www.vaeb.uscourts.gov/geninfo.htm

PREDATORY LENDING

Center for Responsible Lending
http://www.responsiblelending.org/

Virginia Department of Agriculture and Consumer Services – Office of Consumer Affairs
102 Governor Street
Richmond, Virginia 23219
Consumer Protection HOTLINE
(804) 786-3523
webmaster.vdacs@vdacs.virginia.gov
RESOURCES FOR CHAPTER 3: EMPLOYMENT ISSUES

GENERAL INFORMATION

LINC can help connect you with resources; please call (804) 562-0371 or toll free (877) 644-5642 for assistance.

Cancer and Careers
http://www.cancerandcareers.org

REASONABLE ACCOMMODATION AND DISABILITY DISCRIMINATION

LINC can help with these issues; please call (804) 562-0371 or toll free (877) 644-5642 for assistance.

Equal Employment Opportunity Commission
400 North Eight Street
Suite 350
Richmond, VA 23219
http://www.eeoc.gov
Cancer and the workplace: http://www.eeoc.gov/laws/types/cancer.cfm
(800) 669-4000

disAbility Law center of Virginia (formerly Virginia Office of Protection and Advocacy)
1910 Byrd Avenue
Suite 5
Richmond, VA 23230
http://disabilitylawva.org/
info@dlcv.org
(804) 225-2042
(800) 552-3962 (in Virginia, voice, or TDD)

Office of the Attorney General, Division of Human Rights (formerly Virginia Human Rights Council)
http://oag.state.va.us/index.php/programs-initiatives/human-rights
900 East Main Street
Richmond, VA 23219
(804) 225-2292
human_rights@oag.state.va.us

The Job Accommodation Network
http://www.jan.wvu.edu/
indiv/index.htm
(800) 526-7234
(877) 781-9403 (TTY)

Americans with Disabilities Act Guide to Disability Rights Laws
http://www.ada.gov/cguide.htm#anchor62335
Virginia Department of Human Resource Management
http://www.dhrm.virginia.gov/genlbenefits/leavesofabsence.html
101 North 14th Street
12th Floor
Richmond, VA 23219
(804) 225-2131

FAMILY AND MEDICAL LEAVE ACT

LINC can help with this; please call (804) 562-0371 or toll free (877) 644-5642 for assistance.

U.S. Department of Labor – Wage and Hour Division
Frances Perkins Building
200 Constitution Avenue, N.W.
Washington, D.C. 20210
1-866-4-USA-DOL
1-877-4-US-WAGE (TTY)

DISABILITY BENEFITS

LINC can help with these issues; please call (804) 562-0371 or toll free (877) 644-5642 for assistance.

Social Security Administration
http://www.ssa.gov/pgm/links_disability.htm
1-800-772-1213

Virginia Department of Rehabilitative Services
http://www.vadrs.org/DDS.htm
8004 Franklin Farms Drive
Richmond, VA 23229
(804) 662-7000
RESOURCES FOR CHAPTER 4: PLANNING FOR THE FUTURE

ADVANCE MEDICAL DIRECTIVES

LINC can help with this; please call (804) 562-0371 or toll free (877) 644-5642 for assistance.

Virginia.gov Information
http://www.vda.virginia.gov/advmedir.asp

Prince William County Bar Association Lawyer Referral Service
http://www.pwcba.org/Find/referral.php
9311 Lee Ave., 3rd Floor
Manassas, VA 20110
(703) 393-2306

Virginia Lawyer Referral Service
(800) 552-7977

POWER OF ATTORNEY

LINC can help with this; please call (804) 562-0371 or toll free (877) 644-5642 for assistance.

Fairfax Bar Association Lawyer Referral & Information Service
4110 Chain Bridge Road
Fairfax, VA 22030
(703) 246-3780

Alexandria Bar Lawyer Referral Service
520 King Street #202
Alexandria, VA 22314
(703) 548-1106

Arlington Bar Lawyer Referral
https://arlington.barlrs.com/

GENETIC INFORMATION
NON-DISCRIMINATION ACT

Information from National Human Genome Research Institute
http://www.genome.gov/24519851

GUARDIANSHIP,
ENTRUSTMENT, ADOPTIONS

LINC can help with these issues; please call (804) 562-0371 or toll free (877) 644-5642 for assistance.

Fairfax Bar Association Lawyer Referral & Information Service
4110 Chain Bridge Road
Fairfax, VA 22030
(703) 246-3780
RESOURCE LIST

Alexandria Bar Lawyer Referral Service
520 King Street #202
Alexandria, VA 22314
(703) 548-1105

Arlington Bar Lawyer Referral
1425 N Courthouse Road #1800
Arlington, VA 22201
(703) 228-3390

Prince William County Bar Association Lawyer Referral Service
9311 Lee Ave., 3rd Floor
Manassas, VA 20110
(703) 393-2306

Virginia Lawyer Referral Service
(800) 552-7977

GENERAL RESOURCES FOR CANCER SURVIVORS

American Brain Tumor Association
(800) 886-2282
www.abta.org

American Cancer Society
http://www.cancer.org

Local Chapters

Northern Virginia – Vienna Office
124 Park Street SE
Vienna, VA 22180
Phone: (703) 938-5550

Richmond – Glen Allen Office
4240 Park Place Ct.
Glen Allen, VA 23060
Phone: (804) 527-3700

American Childhood Cancer Organization (formerly Candlelighters Childhood Cancer Foundation)
(855) 858-2226
(301) 962-3520
http://www.acco.org/

Aplastic Anemia & MDS International Foundation
(800) 747-2820
www(aplastic.org)
Bloch Cancer Foundation - National Cancer Hotline  
(800) 433-0464  
www.blochcancer.org

Breast Cancer Option  
(845) 339-HOPE  
hope@breastcanceroptions.org  
www.breastcanceroptions.org

Cancer Information Service, National Cancer Institute at the National Institute for Health  
(800) 4-CANCER  
www.cancer.gov

Cancer Legal Resource Center  
http://www.cancerlegalresourcecenter.org/

Cancer Survivors Online  
http://www.cancersurvivors.org/

The Carcinoid Cancer Foundation  
(888) 722-3132  
www.carcinoid.org

Caregivers Blog: Senior Care Support  
www.caregivers.com

Colon Cancer Alliance  
(877) 422-2030  
www.ccalliance.org

Colorectal Cancer Network  
www.colorectal-cancer.net

Family Caregiver Alliance  
(802) 445-8106  
www.caregiver.org

Foundation for Women’s Cancer  
(formerly Gynecologic Cancer Foundation)  
(800) 444-4441  
http://www.thegcf.org/

Greater Washington Coalition for Cancer Survivorship Internet Hotline  
(202) 364-6422  
www.gwccs.org

Hope for Two (formerly Pregnant with Cancer Support Group)  
(800) 743-4471  
info@hopefortwo.org  
www.pregnantwithcancer.org

International Myeloma Foundation  
(800) 452-CURE  
www.myeloma.org

Kidney Cancer Association  
(800) 850-9132  
www.kidneycancerassociation.org

Legal Information  
Network for Cancer  
www.cancerlinc.org
RESOURCE LIST

Leukemia & Lymphoma Society
(800) 955-4572
www.lls.org

Life with Cancer
http://www.lifewithcancer.org/
8411 Pennell Street
Fairfax, Virginia 22031
(703) 698-2526

Livestrong Foundation
(855) 220-7777 (Cancer Navigation Services)
(877) 236-8820 (General Information)
www.Livestrong.org

Livestrong Foundation: Fertility (formerly Fertile Hope)
http://www.livestrong.org/we-can-help/fertility-services/

Lung Cancer Alliance
(800) 298-2436
www.lungcanceralliance.org

Lymphoma Foundation of America
(800) 385-1060
www.lymphomahelp.org

Lymphoma Research Foundation
(800) 500-9976
www.lymphoma.org

Mautner Project of Whitman-Walker Health (Women who partner with Women -- Lesbian, Bisexual, transgender individuals)
(202) 797-3570
http://www.whitman-walker.org/mautnerproject

Melanoma Research Foundation
(877) 673-6460
www.melanoma.org

Multiple Myeloma Research Foundation
(203) 229-0464
www.themmrf.org

National Bone Marrow Transplant Link
(800) 546-5268
info@nbmtlink.org
www.nbmtlink.org

National Brain Tumor Society
(617) 924-9997
http://www.braintumor.org/

National Center for Complementary & Alternative Medicine
(888) 644-6226
www.nccam.nih.gov
National Coalition for Cancer Survivorship  
(800) NCCS-YES  
infor@canceradvocacy.org  
www.canceradvocacy.org

National Marrow Donor Program  
800-627-7692  
www.marrow.org

National Ovarian Cancer Coalition  
(888) 682-7426  
www.ovarian.org

Nueva Vida (Latinas with Cancer)  
(866) 986-8432  
www.nueva-vida.org

OncoLink - University of Pennsylvania Cancer Center Resource  
Comprehensive site for cancer and cancer news: http://www.oncolink.upenn.edu/

Ovarian & Gynecological Cancer Coalition/Rhonda's Club  
(703) 346-3893  
www.cancer-ovarian.org

Ovarian Cancer National Alliance  
(866) 399-2292  
www.ovariancancer.org

The Pancreatic Cancer Action Network  
(877) 272-6226  
www.pancan.org

Patient Advocate Foundation, Hampton, VA  
(800) 532-5274  
www.patientadvocate.org

Prostate Cancer Foundation  
(800) 757-2873  
www.pcf.org

SHARE: Self-Help for Women with Breast or Ovarian Cancer  
(212) 719-0364  
www.sharecancersupport.org

Skin Cancer Foundation  
(212) 725-5176  
www.skincancer.org

Support for People with Oral and Head and Neck Cancer  
(800) 377-0928  
www.spohnc.org

Susan G. Komen for the Cure – Central Virginia Affiliate  
Breast Cancer Resource and fundraising site  
http://www.komencentralva.org/  
1433 Johnston Willis Drive  
Richmond, VA 23235  
(804) 320-1772
The Testicular Cancer Resource Center
http://tcrc.acor.org/

ThyCa: Thyroid Cancer Survivors’ Association
(877) 588-7904
www.thyca.org

United Ostomy Associations of America
http://www.ostomy.org/

Urology Care Foundation
(800) 828-7866
www.urologyhealth.org

Vital Options International
www.vitaloptions.org

Young Survival Coalition – Breast Cancer
(877) 972-1011
www.youngsurvival.org

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