

Community Care Fund Application

The **Community Care Fund (CCF)** of the UCSF Osher Center for Integrative Health is a limited-assistance program developed for economically disadvantaged individuals. CCF was established solely for use of clinical services and treatment plans provided in the Osher Center clinic. We raise funds, both foundation gifts and private donations, throughout each year. Patients receive CCF support based on documented financial needs.

Income Eligibility Requirements

Number of people in a household supported by documented income	Maximum monthly household income to be eligible for CCF assistance
1	\$3,220
2	\$4,355
3	\$5,490
4	\$6,625
5	\$7,760
6	\$8,895
7	\$10,030
8	\$11,165
For households with more than 8 people, include \$4,540 for each additional person.	

Application Instructions

- 1) Complete the following application.
- 2) Attach a copy of this year's tax return.
- 3) If you do not file a tax return, submit documentation to verify income eligibility is met:
 - a. A current copy of documentation from your federal assistance program. For example, Supplemental Security Income (SSI) or Social Security Administration (SSA).
 - b. If you receive unemployment, please provide a copy of payment/benefit documentation from the Employment Development Department (EDD).
- 4) You will be notified of your award status via the United States Postal Service (USPS). Please allow at least two weeks for review and processing of your application. Delays may occur if an application is incomplete, including supporting documents to verify income eligibility.

Additional questions or need assistance completing your application?
Please call (415) 353-7720.

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Please select the application type:

- New application
 Renewal application

Applicant Name: (Last, First)	Date of Birth: (mm/dd/yyyy)
Email:	Phone Number:
Mailing Address:	
Total Monthly Income:	Number of people in household:

Before submitting this application, please check you have attached the following:

- Tax Return (Required)

If you do not file a tax return: attach documentation of current, verifiable income:

- | | | |
|---|---|---|
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Retirement/Pension | <input type="checkbox"/> State Disability |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Salary | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Private Disability | <input type="checkbox"/> Social Security Administration (SSA) | |
| <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Supplemental Security Income (SSI) | |

_____ (initials): I understand my CCF application will be reviewed on an annual basis for income eligibility.

_____ (initials): If I receive a CCF award, I understand the number of appointments I can schedule depends on each year's funding, my lead clinician's oversight of my treatment plan, and clinic service availability.

_____ (initials): I declare that the above is true and correct.

Patient Signature	Date
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Office Use Only	
Received (date):	Received by:
Lead clinician:	Treatment recommended:
Approval Status: <input type="checkbox"/> Awarded <input type="checkbox"/> Not Eligible	CCF award expires (date):

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Supplement to CCF Application: The UCSF Osher Center for Integrative Health is committed to improving the health and well-being of all people. By answering the following questions, you help us learn more about whom we currently serve so that we can continuously improve our programs. Your responses will not affect whether you receive assistance through the Community Care Fund. This information will be kept confidential and will only be reported as aggregated data (individual-level data will not be reported).

1. Which of the following racial/ethnic groups do you identify with? (Please mark all that apply).

- African American or Black
- Asian or Asian American
 - Chinese
 - Korean
 - Japanese
 - Filipino
 - East Indian, South Asian
 - Pakistani
 - Vietnamese
 - Thai
 - Cambodian/Laotian
 - If not listed, please specify: _____
- Latino/Latina or Latin American or Hispanic
 - Mexican, Chicana/o, Mexican American
 - Central American
 - Caribbean Latina/o
 - South American
 - Spanish or Spanish Origin
 - Black or Afro-Latina/o
 - If not listed, please specify: _____
- Native American, American Indian, Alaskan Native
- Pacific Islander, Samoan, Hawaiian
- White, Caucasian, or European American
- Prefer not to answer

2. Do you speak a language other than English at home?

- No
- Yes; Please specify _____

3. Where were you born (City, State, Country)? _____

4. Which of the following best represents your gender identity?

- Woman
- Man
- Non-binary
- Transgender Man
- Transgender Woman
- Intersex
- Genderqueer
- Prefer not to answer

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5. Which of the following best represent(s) your sexual orientation?

- Asexual
- Bisexual
- Gay
- Heterosexual
- Lesbian
- Queer
- Questioning
- If not listed: please specify _____
- Prefer not to answer

6. What is the highest level of education that you have completed?

- Some high school or less
- Completed high school/GED
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree (For example, PhD, EdD)
- Prefer not to answer

7. Do you have any of the following disabilities? (Please mark all that apply).

- No disabilities
- Physical disability
- Chronic disability
- Sensory disability (that is, hearing or vision loss)
- Developmental disability
- Drug or alcohol use that impact daily functioning
- Learning disability
- Mental disability
- If not listed: please specify _____
- Prefer not to answer

8. In general, would you say that your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

Thank you for taking the time to respond to these questions. We greatly value your input!
Your responses help us improve our programs at the UCSF Osher Center for Integrative Health.

Community Care Fund Application Frequently Asked Questions (FAQs)

1. What is the Community Care Fund (CCF)?

The Community Care Fund (CCF) of the UCSF Osher Center for Integrative Health is a limited-assistance program developed for economically disadvantaged individuals.

2. Am I eligible to apply for CCF?

Multiple factors are taken into consideration including CCF funding and clinic service availability. We require all applicants to verify current income eligibility annually:

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3. If the Osher Center is out-of-network with my insurance, am I eligible for CCF?

If the Osher Center clinical practice is not in-network with your insurance plan, our we will consider specialized resources to help you find a practitioner within your network.

4. When will I know if I qualify for CCF and am awarded assistance?

An award letter will be sent via the United States Postal Service (USPS) approximately two weeks after an application is received. Delays may occur if an application submitted for review is incomplete or awaiting verification of documented income.

5. If I receive a CCF award letter that confirms I qualify, how many appointments may I schedule?

We raise funds from both foundation gifts and private donations for CCF. Each year’s available funds impact the number of appointments we can provide, CCF is a limited-assistance program. Your lead Osher Center clinician and treating practitioners will determine the number of CCF appointments that can be accommodated. The clinic front desk assists you in scheduling your appointments.

6. Does the award expire? Will the award roll over to the next year? Is the award renewable?

Awards are valid one year from the date of notice and do not roll over into the next year. Patients are eligible to apply for a renewal at the conclusion of the current award year. While patients can apply for renewal annually, renewals are not guaranteed.

Additional Questions?

Please contact the Osher Center clinic at (415) 353-7720.