

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 the 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 Guidelines

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 form.
- 2) Submit verification of all income, including one or more of the following:
 - a. A current copy of documentation from your federal assistance program. For example, Supplemental Security Income (SSI) or Social Security Administration (SSA).
 - b. A copy of your most recent Tax Return and W-2.
 - c. If unemployed, a copy of payment/benefit documentation from the Employment Development Department (EDD).
 - d. Any other income sources. A list of possible income sources is included on the next page.

Please allow at least two weeks for the processing of your application. If you have questions regarding the assistance program or eligibility, please call 415-353-7720 and ask to speak to the Practice Manager.

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Please select application type:

- ☐ New application
☐ Renewal application

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

Please check sources of current, verifiable income (supporting documentation required):

- | | | |
|---|---|---|
| ☐ Alimony | ☐ Retirement/Pension | ☐ State Disability |
| ☐ Child Support | ☐ Salary | ☐ Tax Return |
| ☐ Public Assistance | ☐ Social Security Administration (SSA) | ☐ Unemployment |
| ☐ Private Disability | ☐ Supplemental Security Income (SSI) | |

_____ (initials): I understand my CCF application will be reviewed on an annual basis for income eligibility.
My lead clinician will evaluate and discuss the best use of CCF funds for my treatment plan with me.

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

Patient Signature

Date

Office Use Only	
Received (date):	Received by:
Lead Clinician:	Recommended Treatment:
Approval Status: ☐ Awarded ☐ 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
 - ☐ Other; 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
 - ☐ Other; 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
- ☐ Other: 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
- ☐ Other: 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.

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Frequently Asked Questions (FAQs)

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. This fund was established solely for the use of clinical services and treatment plans provided in the Osher Center clinic. We raise funds annually from foundations and private donations. Patients receive CCF support based on documented financial needs.

Who qualifies to apply for CCF assistance?

Individuals who most likely qualify are within the Federal Poverty guidelines and receive documented public assistance for themselves. Individuals must complete the application and provide current proof of income and public assistance.

Am I eligible for CCF if the Osher Center is out-of-network with my insurance?

We are committed to ensuring economically disadvantaged individuals can access Integrative Health services. If the Osher Center clinical practice is out-of-network with your insurance, our dedicated team members will provide specialized guidance on the best way to find a practitioner within your network.

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

Individuals can expect to receive a response about their award status via the United States Postal Service (USPS) within two weeks of submitting their application. Delays may occur if an application submitted for review is incomplete or awaiting verification of documented income.

If I qualify for CCF (confirmed by award letter), how do I schedule appointments?

Please call the clinic front desk at 415-353-7720 to schedule your appointments

How many appointments may I schedule?

The type, frequency, and duration of treatment components and services will be determined by the Lead Clinician. They will review your response and the effectiveness of treatment.

Will my treatment plan include multiple treatment modalities/services?

Based on your condition and previous treatments, your lead clinician will review your current treatment plan to determine which modality/service you could benefit from most with use of CCF assistance. Our team wants the patients to have the best outcomes.

What services may be covered?

Your CCF award may cover one or more of the following treatment modalities/services: acupuncture, biofeedback, and massage. The CCF award may also cover courses such as Mindfulness Based Stress Reduction (MBSR) and/or cover supplements/botanicals.

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What is the role of the lead clinician?

The lead clinician evaluates and assesses the patient to determine which treatment modality/service is most appropriate. The Lead clinician will communicate with practitioner(s) during treatment to ensure continuity of care.

What is the role of the treating practitioner(s)?

The treating practitioner(s) directly offer specific treatment modalities or services to the patient (e.g., acupuncture, biofeedback, massage therapy, mindfulness-based stress reduction)

What if I cannot make an appointment?

Patients are expected to contact the front desk staff at least twenty-four (24) hours prior to the scheduled appointment if there is a need to reschedule. If the patient does not give the required advanced notice, the appointment will be deducted from the award. Patients who have two (2) consecutive missed appointments and/or late cancellations OR three (3) total missed appointments and/or late cancellations over the course of the award year, excluding extreme situations, will void remaining award funding.

Does the award expire?

Awards are valid for one year from the date of the award notice.

What if I do not use my entire award before the expiration date? Will the award rollover?

Awards do not roll over to the next year. Patients who do not use their entire award within the award year will void the remaining award funding. As treatment plans have a prescribed timeline, it is unlikely patients will lose their award in this manner.

Is the award renewable?

While patients can apply for renewal annually, renewals are not guaranteed as they are dependent upon multiple factors, including but not limited to: the patient's response to treatment, adherence to recommendations, and available funding.

If I have previously loss my award due to missed appointments, may I apply for a renewal?

Patients who lose their award due to missed appointments are not eligible to apply for a renewal.

How soon may I apply for a renewal?

Patients are eligible to apply for a renewal at the conclusion of the current award year.

Additional Questions?

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