



Weathering the Medical Storm with You

Navigating your financial
medical crisis journey



CBT FAMILY
APPLICATION

WHO WE ARE

THE LORD CALLS US TO HELP THE SICK, THE LOST AND HUNGRY AND TO BE A REFLECTION OF HIS COMPASSION. CBT REFLECTS THE COMPASSION OF JESUS CHRIST AND THE HOPE THAT IS IN HIM. CBT RECOGNIZES THAT THE DIRECTION OF OUR ORGANIZATION IS LED BY OUR FAITH IN GOD, THAT HE IS ULTIMATELY IN CONTROL OF OUR ORGANIZATION AND WILL PROVIDE THE FINANCIAL MEANS TO GO IN THE DIRECTION IN WHICH HE LEADS US IN.

COMMUNITY BENEFIT TREE (CBT)

CBT is a 501(c) (3) non-profit organization that is governed by Christian values. We are a medical debt support center assisting families & their supporters by equipping them with the right tools such as financial assistance, fundraising, education, resources and emotional support to empower them to be financially sustainable during their medical crisis!

HISTORY

CBT was established in June of 2004. It was started as a labor of love after hosting the Larry Wolfinger Charity Golf Outing in memory of Lawrence (Larry) Wolfinger who passed away at the age of 54 from a heart attack. The committee of the first golf outing decided to give the proceeds from that event to a family whose daughter was a diabetic and needed a glass eye which the family could not afford. After the first golf outing, the committee decided to continue giving the proceeds of the event to more individuals and their families that were struggling financially because of a medical crisis. After 12 years of planning the golf outing, Heidi Frederickson (daughter of Larry Wolfinger) and Karla Wolfinger (wife of Larry Wolfinger) saw the increasing need in the community and were led by the grace of God to help out more families struggling with a medical crisis. This was the beginning of CBT.

MISSION

To empower individuals and families to effectively navigate a medical crisis, encompassing finances, health resources and spiritual well-being.

VISION

The vision of the CBT is to enable a community to come together to support those struggling through a medical crisis.

WE BELIEVE

Families should not have to decide between treatment and medicine verses basic needs such as food, utilities and a roof over their heads. No family should go without lifesaving treatments, medicine or medical help because of their inability to be able to pay or because health insurance does not cover it.



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MEDICAL CRISIS SUPPORT CENTER

BUILDING A GOOD SUPPORT SYSTEM WHEN GOING THROUGH A MEDICAL CRISIS IS THE KEY TO SURVIVING THAT CRISIS FINANCIALLY AND EMOTIONALLY.

COMMUNITY BENEFIT TREE'S SUPPORT

+ **Financial Support:**

Funding: Impact funds help with immediate financial assistance. Not able to plan a fundraiser event or just need a little financial assistance? Whether the assistance is with paying medical bills or living expenses such as rent, mortgage, grocery bills, gas, etc.

Financial Sustainability Plan: This plan will guide you and give you direction regarding what support you might need and how to establish a medical crisis budget. When you are in the midst of a medical crisis having a game plan gives you relief and hope!

+ **Emotional Support:**

Sympathetic Ear: Sometimes we can help by simply lending an ear to listen and a hug for comfort, or giving support and wisdom to help you to emotionally survive your crisis. We know facing a medical crisis can be such a burden but knowing we are here for you and that you are not going through it on your own can ease your burden.

+ **Fundraiser Support:**

Celebration of Support: A benefit fundraiser/Website Donation page or what we like to call a Celebration of Support Event/Fund that celebrates the person's life and the families support. Community Benefit Tree, family supporters save TIME and MONEY, and raise an average of 30% MORE than they would on their own. Doing a good deed shouldn't be a hard thing... let us make it easier for you. Don't cut corners let us help make this a successful event with the guidance and tools of success.

Resale Program: Help raise funds with those items you don't need or want. We will sell items from you, your friends and family and that will help support your medical debt support.

+ **Education/Resource Support:**

Medical Crisis Kits: We have developed a FREE educational kit that empowers you with key educational information you need to fight your medical crisis.

Classes/Lunch n Learns: Those that educate about their medical crisis have a greater chance of themselves surviving their medical crisis than those who do not. Educating our families and the community is important to CBT so we offer classes and educational blogs and materials.

Resources Database: Knowing what resources are available to you and your family is very important when going through a medical crisis. Educating our families about the resources that are available to them is important to us.

OUR IMPACT

HEAR HOW OUR IMPACT HELPED THESE FAMILIES

"It has really taken the financial stress off the treatments for my wife Katy, without the financial support it would be a LOT more stressful and we would not be getting the lifesaving treatments that will help her."

BRENT, recipient

"Without working with Community Benefit Tree we would not have had the successful event, we did for Rachel and her family."

ADELE, Team Rachel

"CBT is a very kind, loving, compassionate, lifesaving group of people, they are like family, To know my event has helped me with a mount of medical debt and what relief that has given me."

DAN, recipient

"Without your organization's help this would never have been possible, but with the money that we made from the benefit and bargaining with the hospitals and the doctors my brother is now debt free with no medical bill left to pay. Isn't that the best news you have ever heard, I just thought that you would once in a while like to hear something positive and know that what you are doing really does help people. Again thank you so much from the bottom of my heart."

KAREN GROTENHUIS, sister of Dave Garrow

" Dear Heidi & Community Benefit Tree Members, We don't even know where to begin to thank all of you for all you've done. When our family members and friends presented their idea of a benefit to us we were so shocked. Why would all these people want to help us? WOW, were we surprised, and needless to say, very overwhelmed. The benefit was such a success and will take a tremendous financial burden away from our family. Without your organization and all your help this would not have been possible. You people are the GREATEST!!! From the bottom of our hearts thank you very, very much. The world is a better place because of beautiful people like you. God bless you all!"

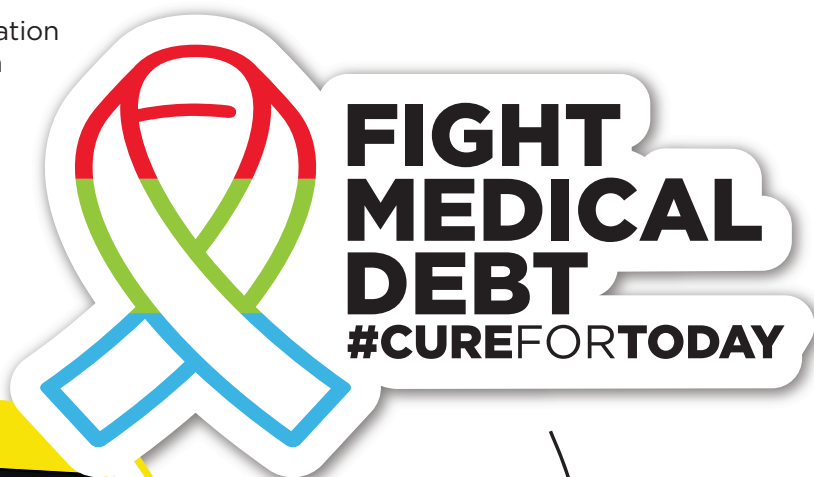
FRASSETTO FAMILY



CURE FOR HOPE RIBBON

TOGETHER WE CAN HELP FAMILIES FIGHT MEDICAL DEBT!

Display this ribbon and start a conversation about your thoughts or experiences on medical debt. When we start talking about it those who are experiencing it will not feel alone, ashamed, embarrassed or prideful in their battle and will seek the help they so desperately need. **Together we can be the Cure for Today in helping them ask for the financial help they need.**



*Be STRONG enough to stand
alone,
SMART enough
to know when
you need help,
and BRAVE
enough to
ask for help.*



**We look forward in
working with you!**

CBT APPLICATION FORM

NOTE: All questions **MUST** be completed. An incomplete application will be rejected and will delay the approval process. For any questions or help filling out the application please call **920.422.1919** or email **info@communitybenefitree.org**

SECTION 1 - General Information

Recipient Information (If child both parents **MUST** completely fill out and sign application.)

Name (please include middle name): Russell J Kaas Date of Birth: 08/06/1970

Please provide your SSN or copy of a certified birth certificate: 388-90-3238

Street Address: 1318 Elmwood Ave City: Oshkosh

State: Wisconsin Zip: 54901 County: Winnebago

Phone 1: 9206360651 Phone 2: 9208415195 Email: Fbrulette89@gmail.com

Employer Name: Self employed construction

☐ Yes, I am a veteran or in the military (Please submit your DD214 Form)

Spouse Information

Name: N/A

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

Phone 1: _____ Phone 2: _____ Email: _____

Parent/Guardian Information

Name 1: N/A

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

Phone 1: _____ Phone 2: _____ Email: _____

Name 2: N/A

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

Phone 1: _____ Phone 2: _____ Email: _____

How did you hear about Community Benefit Tree (ex: Facebook, 211, family member, friend, past recipient, etc...):

Health and Human Services _____

Have you ever been convicted or have charges pending of a crime (felony or misdemeanor): ☐ Yes ☒ No

If yes, please fill out the following:

State in which convicted: _____

Date of conviction: _____

Nature of the crime: _____

We conduct criminal record checks on all of our recipients. Convictions are not an automatic bar to being approved. However, failure to provide complete and accurate information relating to criminal convictions will result in immediate removal of assistance. If you are unsure how to complete this information, please contact us.

SECTION 2 - Medical Information

What is your medical condition: Type 2 Diabetes, Injury to finger, and Covid

Please describe what you are looking at needing the funds for (ex: medical bills, prescription, equipment, basic needs: rent, groceries, utilities, etc...):

Rent

Please list any Prayer Requests you may have:

For families that are struggling financially and emotionally.

For strength and endurance.

SECTION 3 - Recipient & Caregivers Terms and Conditions

I hereby give permission to Community Benefit Tree, Inc. to use, publicly disclose and publish the name, photograph, medical condition and other information about myself or the recipient that I am acting on behalf of. I agree that this information may be used, publicly disclosed and published for the purposes of planning, conducting, advertising, communicating information about the recipient's event and for any CBT use. This information about the recipient may be disclosed by any means, including, but not limited to the Internet.

I hereby agree that everything I have stated in this application is true and accurate to the best of my knowledge, to abide by all the rules and regulations and that Community Benefit Tree, Inc. is relying on this application to make its decision in helping to assist me. I understand that this application can be rejected for incomplete information. Furthermore, I understand that Community Benefit Tree, Inc. is not obligated to accept my application for assistance.

NOTE: If recipient is under 18 both parents or legal guardian must sign:

Recipient Name (please print): Russell J Kaas Date: 05/21/2024

Recipient Signature: 

Parent/Guardian Name (please print): _____ Date: _____

Parent/Guardian Signature: _____ Relationship: _____

Parent/Guardian Name (please print): _____ Date: _____

Parent/Guardian Signature: _____ Relationship: _____

SECTION 4 - Verification Information

Please submit the following attached forms:

- 1. Medical Provider Verification Form (which needs to be completed by one of your medical providers)**
- 2. Personal Referral Form (which needs to be completed by a friend, co-worker or non-immediate family member).**

NOTE: Referrals will be contacted prior to approval of your application.

CBT Contact Information:

Email: info@communitybenefittree.org

Phone: 920.422.1919

Fax: 920.462.4664

Address: 1734 Ken Dale Dr.
Kaukauna, WI 54130



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MEDICAL PROVIDER VERIFICATION FORM

Thank You for taking the time to fill out the referral letter in verifying the medical diagnosis. Please fill in each area and let us know if you have any questions or concerns at 920.422.1919.

Patient's Name (please include middle name): Russell J Kaas Date of Birth: 08/06/1970

Medical Diagnosis: _____

Medical Provider Name: _____

Medical Provider's Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Email: _____

I hereby agree that everything I have stated in this application is true and accurate to the best of my knowledge. And I understand I will be contacted for verification of this form.

Medical Provider Signature: _____ Date: _____

Return the referral letter to the patient or mail/fax it to CBT:

CBT
1734 Ken Dale Dr
Kaukauna, WI 54130
fax: 920.462.4664.

SUPPORTER REFERRAL LETTER

Thank You for taking the time to fill out the referral letter and in recognizing that the family is in need of assistance. Please fill each area and let us know if you have any questions at 920.422.1919.

Family's Name : _____

Testimonial of why you feel the family could use support *(for more space write on back side)*: _____

Your Name: _____

Your Relationship to the Family: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Email: _____

I hereby agree that everything I have stated in this application is true and accurate to the best of my knowledge. And I understand I will be contacted for verification of the referral letter.

Your Signature: _____ Date: _____

Return the referral letter to the patient or mail/email it to CBT:

CBT
1734 Ken Dale Dr
Kaukauna, WI 54130
Email: office@communitybenefitree.org