



Our Mission

Cancer Response Team, Inc. is a 501(c)(3) nonprofit organization dedicated to helping children get supportive cancer care. We do so by providing their families with financial assistance for integrative and complementary cancer therapies from time of diagnosis up to six months post treatment.

Why We Are Here

We exist to support families who choose to pursue a truly integrative approach to cancer treatment - one that combines the best that conventional medicine and natural medicine have to offer. An evidence based integrative approach to cancer has the potential to reduce side effects and improve effectiveness; ultimately improving both quality of life and prognosis. Unfortunately, some complementary therapies and treatments are not covered by traditional insurance policies.

Cancer Response Team Benefits the Following

Children who have been diagnosed with cancer and are in need of financial support associated with their treatment plans, such as (but not limited to): naturopathic visits, supplements, IV-nutrition, oncology massage, child life services, chiropractic care, nutritional counseling and travel expenses.

Our organization is designed to provide financial assistance for:

- Children who are currently being treated with traditional medicine and are in need of or seeking integrative/complementary treatment(s) along with traditional medicine
 - Children who are 0-6 months post treatment
 - Children who are no longer in remission

In order to qualify for our services:

- You must be a resident of the United States
- Your child must be currently diagnosed with cancer or be 0-6 months post treatment
 - Your child must be under the age of 18 years old
- You must be the parent or legal guardian of the child you are requesting assistance for



A personal note from Stefan Moore, Founder/CEO of Cancer Response Team

I want to personally thank you for reaching out to Cancer Response Team.

As a father who lost his 13-year-old daughter to brain cancer, I understand the emotional and physical pain that is experienced by the entire family when a child is diagnosed with cancer. Every individual deals with circumstances and situations in different ways, but experiencing that moment of terrifying shock, feeling of helplessness and disbelief that comes with a cancer diagnosis is indescribable, and something that no family should have to endure.

I promised my daughter that I would fight against cancer, for her, and for other families. That is why I started Cancer Response Team. We are fighting so that other families don't have to feel the pain and suffering that cancer causes.

CRT is doing its part to inform the public that integrative and complementary treatments are available and effective. Everyone deserves to know that options are available when being diagnosed with cancer. Take your time and make an informed decision when facing a cancer diagnosis. This is some of the best advice I can give you. Slow down, do your research, and decide, as a family, what the best option is for your child.

Cancer Response Team is honored to be able to help your family and we are here to support you during this difficult time.

Blessings to you and your entire family.

Stefan Moore
Founder/ CEO



DISCLAIMER and RELEASE

Cancer Response Team, Inc. is not providing any medical advice and has no direct affiliation with any treatment organizations/clinics nor treatment practices. All articles, links, media and associated content are offered strictly as an open resource through the freedom of information.

All treatment plans are determined solely by the recipient(s) and/or legal guardian(s) along with their selected medical practitioner(s). CRT does not guarantee any results. It is highly recommended that Recipient/Legal Guardian prior to commencing or terminating any treatment discuss such with Recipient’s medical providers.

Recipient/ Legal Guardian agrees to indemnify, defend and hold harmless CRT, its officers, directors, employees and volunteers against any and all claims, causes of action, damages, judgments, cost or expenses, including attorney fees and other litigation costs, which may in any way arise from recipient’s treatment plan.

Recipient/ Legal Guardian hereby grants CRT the right to use Recipient’s name, medical diagnosis, likeness, image, appearance, and performance as embodied in any such material whether recorded on or transferred to film, videotape, video files, film, slides, photographs, or other media, now known or later developed.

This grant includes without limitation the right to edit, mix or duplicate and to use or re-use the Product such in whole or part as CRT may elect.

CRT shall have complete ownership of any material in which Recipient appears, including copyright interests, and hereby acknowledges that Recipient shall have no interest or ownership in it or its copyright.

Recipient/ Legal Guardian hereby confirms that the undersigned has the right to enter into this Agreement.

Legal Guardian Name _____

Phone/Cell Phone _____

Physical Address _____

Mailing Address _____

(if diff from above) _____

Email Address _____

Child’s Name _____

Child’s DOB _____

Parent/Guardian Signature _____

Date of Signature _____

QUALIFYING QUESTIONS

1. Do you currently reside in the United States?

Yes * No

* If you answered yes to #1, please provide a photo copy of your driver's license or state issued ID showing your current address.

2. Is your child under the age of 18?

Yes No

3. Has your child been diagnosed with cancer by a licensed healthcare professional? *

Yes * No

* If you answered yes to #3,

Diagnosis given? _____

When was the diagnosis given? _____

Name of the physician that gave the diagnosis? _____

Physician address / contact info _____

4. Are you the child's parent/legal guardian?

Yes No

5. Are you currently receiving any other financial assistance (including insurance) for your child's cancer treatment(s)? *

Yes No

6. Are you currently using integrative/complementary treatments for your child? *

Yes No

* If you answered yes to #6, please briefly explain _____

7. Were you referred to CRT by someone? _____ If yes, name? _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____



FINANCIAL ASSISTANCE

How Does Cancer Response Team Provide Financial Assistance?

Option 1

If you are taking your child to a specific clinic to receive integrative/complementary cancer treatment(s), let us know and we will contact the clinic directly and pay a balance that is owed by you, if approved, up to \$2,500.

Option 2

Email (preferred option) or mail us your invoice and/or receipt and we will reimburse you for any related integrative/complementary cancer treatment(s), if approved, up to \$2,500.

Please note that we may ask you for additional information in order to qualify for our assistance or during the time of receiving our services.

Please note we reserve the right to provide assistance in Cancer Response Team's sole discretion. We do NOT reimburse uninsured portions of Standard of Care (SOC) treatment expenses.

**Submit your application to:
RequestService@CancerResponseTeam.org**

Mailing Address:
Cancer Response Team
20235 N. Cave Creek Road
Suite 104 - 184
Phoenix, AZ 85024

Website:
www.CancerResponseTeam.org

UNDERSTANDING CANCER RESPONSE TEAM'S SERVICE

I, _____ (Parent/Guardian First Name/ Last Name) have read and signed all required pages on _____ (Date) and understand the terms under which Cancer Response Team, Inc. will assist my child, _____ (Child's First Name/ Last Name).

I also understand that not all treatments will be covered by Cancer Response Team, Inc. and will need to be approved. I further understand that Cancer Response Team is not a healthcare organization and that Cancer Response Team is not providing any medical or healthcare advice.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

