Applicant's Name:____________________________

SECTION 1: Personal and Financial Information

First Name:______________________________Last Name:____

Date of Birth:____ Social Security#:______________________

Please note: if you are approved for financial aid, and The Pink Fund writes checks that total over $600, the IRS mandates that a 1099 be issued at year end for this additional miscellaneous income.
Please initial here ______________ if you understand and accept this.

Street Address: ____

City, State, Zip code ____

E-Mail address: __________________Home Phone:_________________Work Phone:____________________

Cell Phone:______________________ Best time to reach you? ___________ Circle best number to reach you.

Name, **email address**, and phone number of Social Worker, Case Manager, Patient Advocate, Nurse Navigator or Physician with whom we may discuss your application if we can't reach you or need further information:_

____

____

Employment Status ***before*** your breast cancer diagnosis: (circle one)

full-time part-time on disability sick leave self-employed retired unemployed

Please indicate the Name and address of your Employer, including a primary contact person and their phone number or email address.

____

____

Employment Status **after** your breast cancer diagnosis: (circle one)

full-time part-time on disability sick leave self-employed retired unemployed

Month/Date/Year you last worked:____

Marital Status, (circle one) Single Married Divorced

Number of Wage Earners in Household:____

Number and Ages of Dependents in Household: ____

Please mail your application and/or any additional confidential financial information you may be sharing with us by next day air through the US Post Office, United Parcel Service or Federal Express. This will protect both you and The Pink Fund.
The address is: **The Pink Fund, 22122 Metamora, Beverly Hills, MI 48025**

Applicant's Name:______________________________

Total number of People Living in Household:____

Disability Insurance, (circle one): Yes No If Yes, state waiting period, and how much is paid per week or

month and for how many months ____

Type of Health Insurance, (circle one): None Medicare Medicaid Private

Supplied by employer Supplied by spouse's employer Other ______________________________

Please indicate what type of assistance you need immediately:

Direct Bill Pay Type	Payable to:	for Month of	Amount
Mortgage/Rent:	______________________	__________	__________
Utility Bill(s):	______________________	__________	__________
Car payment:	______________________	__________	__________
Car Insurance:	______________________	__________	__________
Health Insurance:	______________________	__________	__________
Other:	______________________	__________	__________
Other:	______________________	__________	__________

SECTION 2: Personal/Financial Information

Ethnicity: (*this info is required for State and National Grant Approvals*): ________________________________

Please indicate what Language(s) you speak: ________________________________

Highest Educational Level, (circle one): Grade School High School Some College Grad Degree Post-Grad

How did you hear about The Pink Fund? ________________________________

Name, e-mail address and telephone number of person who referred you? ______________________

____

Applicant's Name:_____________________________

Please check the following boxes

- ◻ I understand The Pink Fund does not pay for medical expenses of any kind.
- ◻ I live in the State of Michigan.
- ◻ I am currently a breast cancer patient either recovering from a mastectomy/lumpectomy/cancer-related surgery, and/or I am currently undergoing chemotherapy, radiation or biological therapy.
- ◻ By checking this box, I am giving my full authorization and permission to The Pink Fund to obtain the necessary medical information to process my application.
- ◻ I understand The Pink Fund may ask personal questions about my treatment and financial status if needed. I agree to provide accurate answers.

Applicant's Signature: ____Date:____________________

The PINK FUND™

Applicant's Name:______________________________

SECTION 3: Medical Information - Breast Cancer History

Current Diagnosis

Date Diagnosed:___________________ Stage/Grade: ___________________ Type (if known, circle one):

In-Situ   Invasive Ductal Carcinoma   Inflammatory   Paget's Disease of the Nipple   Recurrent/Metastatic

Surgery Date:

Lumpectomy   Date:______________________

Mastectomy   Date:______________________

Sentinel Node Biopsy   Date:______________________

Axillary's Dissection   Date: ____________________

Chemotherapy: Start Date: ______________________ End Date:______________________

Radiation: Start Date: ______________________ End Date:______________________

Other therapy or treatment details: ____

____

____

Are you being treated for a recurrence, (circle one):   Yes   No

Please supply the following contact information:

Name   City and State of Medical Facility   Phone

Surgeon:____

Oncologist/ Oncology Nurse:____

Social Worker/Case Manager:____

Other: ____

Applicant's Name:_______________________________

I understand The Pink Fund provides services that are free and all awards are made at the sole discretion of The Pink Fund. The information provided in this application is true. I release The Pink Fund of all liabilities or claims whatsoever arising out of the donation of money provided. I authorize The Pink Fund to release any information including my name, address and type of assistance provided to any other social service agency at its discretion. I also authorize the release of any medical information and documentation required by The Pink Fund for the purpose of verifying this application and I agree to assign any additional authorizations that may be required.

Applicant's Signature: ____Date:_____________________

Print Name: ____

Please mail your application and/or any additional confidential financial information you may be sharing with us by next day air through the US Post Office, United Parcel Service or Federal Express. This will protect both you and The Pink Fund. The address is:
The Pink Fund
22122 Metamora
Beverly Hills, MI 48025