

## Application Checklist

Please review our qualifications for financial aid and apply as soon as possible if you qualify. Our major qualifications for applicants are:

- Patients must be actively undergoing treatment, as defined by The Pink Fund, for their breast cancer diagnosis.
- Patients must have been working at time of diagnosis, and are able to show a loss of income due to their breast cancer diagnosis. (IE, leave of absence, reduced hours, etc.)
- Patients must be actively undergoing treatment throughout funding.

If you meet the above qualifications, we encourage you to apply as soon as possible as it may take up to 90 days for your application to be processed. Please understand we are not an emergency fund and cannot provide immediate assistance.

All items are **required**.  
**Incomplete applications will not be accepted.**

☐ Completed Pink Fund Application

*Send all 8 pages of this application*

- ☐ Application Checklist and Forms
- ☐ Application for Financial Assistance
- ☐ Medical Information (2 pages)
- ☐ Bills Requested for Funding

- ☐ HIPAA Privacy Authorization Form
- ☐ Media Release and Waiver (*optional*)
- ☐ Financial Disclosure Form

☐ A signed and dated letter (**on letterhead**) verifying your current diagnosis and detailing your treatment plan from one of the following:

- ☐ Oncologist
- ☐ Licensed Social Worker
- ☐ Patient Navigator
- ☐ Nurse Navigator

*Please make sure you include an email address for your Social Worker, Patient Navigator or Nurse Navigator on page 4 of this application.*

☐ A signed and dated letter from your current employer (**on company letterhead**), verifying your current employment or leave status in comparison to your pre-diagnosis status

☐ A copy of your driver's license or State issued picture ID

*Please note: the address on your ID must match the address on your application form.*

☐ The first 2 pages of your federal tax return from the previous year (Please do not send originals)

*If you are married or partnered, include the return for your spouse or partner.*

☐ W-2's, 1099's or Schedule C's from the same year as your tax return (Please do not send originals)

☐ A copy of your last 2 paycheck stubs for you and your spouse or partner

☐ A complete copy of all your checking and savings account statements for the last 2 months for you and your spouse or partner

☐ **Copies** of ALL bills you wish considered for payment. **Please DO NOT send originals.**

The bills must show your name, or the name of your spouse or partner, your current address, the account number, the current balance due, and the complete address to which payments are sent.

Bills considered for payment:

- ☐ Car Insurance Premiums
- ☐ Car Loans
- ☐ Health Insurance Premiums
- ☐ Mortgage/Rent\*
- ☐ Phone Bills
- ☐ Utility Bills

*\*IF YOU RENT, you must send a complete copy of your lease/rental agreement, including the name and complete mailing address of the person or agency to which payments can be sent.*