



NEED HELP?

Request For Assistance Form

Our sole purpose is to provide financial assistance, moral support, and educational information to any man, woman or child in need of assistance while suffering the burdens of this disease as well as other forms of cancer.

Instructions:

Please complete the form below and mail, fax or email it to us. Please forward all required documentation to our mailing address listed below. (Please make sure your name is clearly written on all supporting documentations, notes, bills, etc.)

ALL APPLICANTS must attach/include doctor's documentation (i.e. note detailing diagnosis, treatment, etc.)

Long Island Breast Cancer Patients (Nassau/Suffolk Counties Only): Please attach bills for outstanding living expenses up to \$250 (pending application approval). We're sorry but at this time No Applications will be accepted from areas outside Nassau and Suffolk Counties.

PLEASE NOTE: Applications will not be considered until all documentation is received. Thank You.

Mail to:
Cure Mommy's Breast Cancer
P.O. Box 434
Long Beach, NY 11561

Fax to:
(516) 897-7548

Email to:
curemommy@optonline.net

Date of Request: _____

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: (____) _____ **Evening Phone:** (____) _____

Cellular Phone (if any): (____) _____ **Best Time To Call:** _____ **AM/PM**

Email Address: _____ **Fax (if any):** (____) _____

Marital Status: ___ Single ___ Married

No. of Children (if any): _____

How did you hear about us?: ___ Doctor ___ Friend ___ Relative ___ Internet ___ Other

If you were referred by your doctor what is his/her name?: _____

Diagnosis (Briefly describe your condition and diagnosis):

Please describe your financial difficulties related to your condition:

(Use Back or Additional Sheets if needed) _____

We DO NOT to discriminate based on age, race, sex, religion, national origin, language, education, income, marital status, sexual orientation, gender expression, gender identity, HIV status or disabilities.

For Office Use Only:
 Recv'd: _____ By: _____ Contacted: _____ Follow-up: _____