



# 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 Breast Cancer.*

**Instructions:**

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

**ALL APPLICANTS** must 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 \$500 (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.

Cure Mommy's Breast Cancer

**Fax to:**  
(516) 897-7309

**Email to:**  
curemommy@gmail.com

**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: \_\_\_\_\_