



# 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 return it to us by email or fax. Be sure to include all required documentation. (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.

**Email**  
curemommy@gmail.com

**Fax**  
(888) 519-9185

**Date of Request:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mobile :** \_\_\_\_\_ **Home :** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Best Time To Call:** \_\_\_\_\_ **AM/PM** **Email:** \_\_\_\_\_

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