



PINK AID'S PINK PURSE | CONNECTICUT APPLICATION FOR COMPASSIONATE ASSISTANCE

Pink Aid's Pink Purse Fund provides compassionate assistance to individuals in need due to their Breast Cancer diagnosis. Please note we can only consider and fund non-medical requests. Some examples of areas to apply for are screening/testing, food, rent, utilities, childcare, transportation, counseling, lymphedema sleeves, wigs and prosthetics.

Application requirements are listed at the end of this form. All applications must be filled out completely and legibly in order for our Pink Purse Committee to process. Applications received by 5pm each Monday will be considered within 7 days. Applications received after the weekly deadline will be considered the following week.

Date: _____

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Marital Status: Single Married Separated Divorced Widowed

Number of Children under the age of 18 living in your home: _____

Other Dependents in your home that contribute to monthly expenses: _____

This section to be completed by CURRENT NURSE NAVIGATOR/SOCIAL WORKER on behalf of the patient.

Nurse Navigator/Social Worker Name: _____

Email Address: _____ Phone Number: _____

Referring Institution: _____

Patient's Breast Cancer Doctor's Name: _____

If different from above, please list address, phone number and referring institution:

Has patient applied for Pink Purse funding in the past? Yes No If yes, when? _____

Please list, in order of priority, all bills and month requested for funding.

Note: copies of all bills should be within 30 days of the month requested.

1. _____ Amount: _____ Month: _____

2. _____ Amount: _____ Month: _____

3. _____ Amount: _____ Month: _____

Pink Aid prefers to pay bills that are in patient's name.

If bill is not in patient's name, please explain the relationship to bill holder: _____

Is the payee name, address and account number on the bill? Yes No

If no, please provide Payee's Name, Address and Account #:

Are any other organizations paying this bill? Yes No

If yes, please provide the name of the organization(s), amount and date: _____

Beyond the patient's financial needs, are there any special circumstances that our Pink Purse Committee should take into consideration when reviewing the application?

Please note that all bills will be verified prior to payment and that Pink Purse does not pay directly to individuals. Pink Aid pays up to \$1,000 per twelve month period on behalf of qualified patients.

PINK PURSE REQUIRES the following documentation to be submitted with application:

- **The patient is required to be a Connecticut resident.**
- **A signed letter from doctor on his/her letterhead confirming breast cancer diagnosis including date of latest treatment and/or screening requests.**
- **A signed letter from a Nurse Navigator, Hospital Social Worker or 501C3 Administrator verifying that applicant has been screened and qualifies for financial assistance.**
- **A current, accurate billing statement/invoice that is due within 30 days of the application date and supports the month being requested for funding.**
- **If requesting a rent payment, we require and prefer a current lease. If a lease is not available, please use our Proof of Residency Form.**

Completed application and appropriate documentation should be submitted via email to pinkpurseCT@pinkaid.org, fax to **203.291.0121**, or by mail to: **Pink Aid, Inc. Pink Purse, P.O. Box 5157, Westport, CT 06881**

Please email pinkpurseCT@pinkaid.org or call our office at **844.PINKAID** with any questions.

By signing this application, you are certifying that the information and statements contained (including any other material and information submitted) are true and correct. and that you give Pink Aid permission to contact a payee should we have additional questions.

Date: _____

Printed Name: _____

Signature: _____

Po Box 5157, Westport CT 06881 ♥ 1.844.pink.aid ♥ pinkaid.org

Pink Aid, Inc. is a registered 501(C)(3) public charity ♥ Tax ID: 47-1031835

