



# 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 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 \$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.

**Fax to:**

(888) 519-9185

**Email to:**

curemommy@gmail.com

**Mail to:**

Cure Mommy's Breast Cancer, P.O. Box 585, N. Bellmore, NY 11710

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: <input type="checkbox"/> Single <input type="checkbox"/> Married	
No. of Children (if any): _____	
How did you hear about us?: <input type="checkbox"/> Doctor <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Internet <input type="checkbox"/> 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:

Rec'd: \_\_\_\_\_ By: \_\_\_\_\_ Contacted: \_\_\_\_\_ Follow-up: \_\_\_\_\_