



Friends of Pink – Patient Assistance Fund Application

Our mission: Cattleman's Days Tough Enough to Wear Pink (TETWP) is dedicated to providing local funding for breast cancer awareness, prevention, education, support, breast screenings and equipment.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (W): _____ (M): _____

Date Of Birth: _____ SSN: _____

Marital Status: Single Married Divorced Widow

Health Insurance Provider: _____

Employer: _____ Occupation: _____

Please List Your Dependents:

Name	Age	Relationship

Living Arrangements: ___ Own ___ Rent ___ Residing with Family/Friends

Amount Requested: \$ _____

What will the funds be used towards?

Average Monthly Income: \$ _____

Source Of Income: Employment Social Security Retired

Other/Explain: _____

Average Monthly Expenses: \$ _____

Please Detail Expenses:

Mortgage/Rent: _____ Utilities: _____ Groceries: _____

Insurance: _____ Loans: _____ Medical: _____

Other/Explain:

Other Resources for Assistance: (Check resources listed below that you have sought assistance)

Veterans Benefits Social Security Department of Social Services

Social Services Church Living Journeys

Other/Explain: _____

Please Describe Assistance Given:

Please state the reason for which funds are needed:

Please list the physicians involved in your care:

Please describe your current medical condition:

Signature of Applicant: _____

I verify that the above information is true and correct to the best of my knowledge, and agree Tough Enough to Wear Pink may use my information as necessary for data analysis, reporting, grant writing purposes, and as required to be disclosed by applicable laws.

Please have representation from referring agency, or doctor's office, complete the information below:

Referral made by: _____ Phone: _____

Patient Evaluation by: _____ Date: _____

Recommendations: _____

Signature of Physician:

Please attach a copy of proof of citizenship: Birth Certificate, SSN with Driver's License or Passport.

Please Mail To: Tough Enough to Wear Pink

P.O. Box 1203

Gunnison, CO 81230

Please contact Heidi Bogart – TETWP Executive Director with any questions.

Email: heidi.interiorvisions@gmail.com Phone: 970 209-6332