



New Hampshire Breast Cancer Coalition

New Hampshire Breast Cancer Coalition
NHBCC Support Services Fund Financial Assistance Application
P.O. Box 643, Nashua, NH 03061-0643

Please call 1-800-930-8410 if you have any questions regarding this application.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ F/M: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_, NH

Zip \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail \_\_\_\_\_

Service(s) or Expense(s) \_\_\_\_\_ Cost \_\_\_\_\_

E-mail address: \_\_\_\_\_

Enclose a copy of the order or prescription from your health care provider and/or an estimate for service(s) not yet received or expense(s) not yet incurred.

OR

Enclose a copy of the bill for service(s) received or expense(s) incurred.

Yes \_\_\_ No \_\_\_ Is all or part of this service or expense covered by your insurance, Medicaid/Medicare, hospital charity care or state/city/town programs? Please see attached Resources in New Hampshire list.

Reasons you require financial assistance: \_\_\_\_\_

Who referred you to us?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Organization: \_\_\_\_\_

How did you hear about this Fund? \_\_\_\_\_

Have you applied to the Fund in the past? No \_\_\_ Yes \_\_\_ Year \_\_\_\_\_

Have you been diagnosed with breast cancer? No \_\_\_ Yes \_\_\_

For future funding purposes, please help us by completing the following information:

Are you: Hispanic/Latina \_\_\_ White \_\_\_ Black/African American \_\_\_
American Indian \_\_\_ Asian or Pacific Islander \_\_\_ Other \_\_\_\_\_

The media frequently asks us for the personal stories of those we have helped. Would you be willing to share how the fund has helped you? Yes \_\_\_ No \_\_\_

I understand that the NHBCC Support Services Fund is available only if I have a financial need not met by other resources. I have reviewed the Resources in New Hampshire list. I understand that the NHBCC Support Services Fund Committee has final approval of this application.

Please note: All invoices must be received by the NHBCC Support Services Fund Committee within 60 days of the approval of this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_