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: ____ Age:_____ F/M: _____

Street: ______________________________________ City: _____________________, NH, Zip _________

Phone Number: ____

E-mail Address:____

1. Have you been diagnosed with breast cancer? YES____NO_____YEAR_______

2. Are you currently under treatment for breast cancer? YES____ NO____

3. Describe Service(s) or Expense(s) for which you are seeking assistance.
____

____ COST__________________________

4. Enclose a copy of the bill that needs to be paid or an estimate of the service not yet received. Be sure to include the address of where the bill's payment must be sent. **We do not send checks directly to applicant.**

5. Is all or part of this service or expense covered by your insurance, Medicaid/Medicare, hospital charity care or state/city/town programs? YES____ NO____

6. Reason you require assistance. Use the back of this application if you need more space.
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7. Name of your Social Worker **(required)**: Name ____

Phone: _______________ Email: _____________________ Organization: ___________________________

8. How did you hear about this Fund? ____

9. Have you applied to the Fund in the past? No______ Yes ______ Year ___________ Not sure ____________________

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 Support Services 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 understand that the NHBCC Support Services Fund Committee has final approval of this application and reviews each application on an individual basis.

Signature: ____ Date: ______________________________

Revised: 7/5/2018