

# APPLICATION CHECKLIST

Please apply as soon as possible as it may take up to 90 days for your application to be processed, and patients must be in active treatment throughout funding. **All items are required. Incomplete applications will not be funded.** Applications sent by email will not be accepted.

**Mail completed application & all documents to: Pink Fund, PO Box 607, Southfield, MI 48037**

Need help? Visit [www.pinkfund.org/application-faqs](http://www.pinkfund.org/application-faqs) for our detailed instructional videos, which are available for each page of the application and for each document we require. If you have questions, please email us at [grants@thepinkfund.org](mailto:grants@thepinkfund.org).

## Personal Information



Pages  
1, 2 & 3

Optional  
Page 7

- Application checklist (*this page*)
- Application for Financial Assistance Form
- HIPAA Privacy Authorization Form
- A copy of your driver's license or state issued picture ID
- A signed and dated letter from all employer(s) you had at the time of your diagnosis (*on company letterhead*), verifying your current employment or leave status compared to your pre-diagnosis status
- OPTIONAL – Media Release Waiver

## Financial Information - Please DO NOT send originals



Page 4

- Financial Disclosure Form
- The first 2 pages of your federal tax return from the previous year
- A copy of your last 2 paycheck stubs from when you last worked
- Copies of ALL bills you wish considered for payment.

*The bills must show your name, or the name of a listed household member, your current address, the account number, the current balance due, and the complete address to which payments are mailed. If you would like us to consider rental assistance, you must send a complete copy of your lease/rental agreement, including the complete name and mailing address of the person or agency to which payments can be mailed.*

Bills considered for payment: Mortgage, Rent, Home/Renter's Insurance, Car Loans, Car Insurance Premiums, Phone Bills, Utility Bills, Health Insurance Premiums

## Medical Information



Pages  
5 & 6

- Medical Information Form (*Cannot be self-completed*)
- Medical Team Contact Information Form
- A signed and dated letter (on letterhead) verifying your diagnosis and detailing your current and upcoming treatment plan from one of the following: Oncologist, Social Worker, Professional Patient Navigator, or Nurse Navigator  
*Please include an email address for your medical support team.*

## The Mary Herczog Fund



- To apply for The Mary Herczog Fund for Metastatic Breast Cancer, please also include:
- Social Security Benefit Verification Letter

## If you have a spouse or partner, please also include



- A copy of your spouse/partner's driver's license or state issued picture ID
- A signed and dated letter from all employer(s) your spouse/partner had at the time of your diagnosis (*on company letterhead*), verifying their current employment or leave status compared to their status before your diagnosis
- If you filed your taxes separately - the first 2 pages of your spouse/partner's federal tax return from the previous year
- A copy of your spouse/partner's last 2 paycheck stubs from when they last worked



Application mailed



Email / Mail notification of received application with timeline



Application reviewed (up to 90 days)



Applicant will be notified of missing documentation, incomplete application, or not eligible for funding



Complete & eligible applications presented to Qualification Committee for consideration (monthly)



Applicant notified of Qualification Committee's decision

**Pink Fund is not an emergency fund and cannot provide immediate assistance. We must have a current email address at which to contact you. If you do not have an email address, our communications will be through U.S. Mail which will delay processing your application.**