

### Assistance Request Information

Central NJ Pink Heals takes pride in helping a woman and her family when they are affected by cancer. The following information will help you understand how the request works and attached is the actual request form for you to submit back to us.

1. A letter from your oncologist is required, stating you are currently being treated for cancer.
2. You cannot receive additional help from Central NJ Pink Heals for one full year. This allows us to help several women and their family a year.
3. If you are requesting help with any type of bills, we need the bill and we pay it directly to the company and will provide you with a copy. If it is rent you need help with, a copy of the lease is required.
4. Please let us know all areas where you need assistance. While we cannot always help with every need, we do have information and have been able to obtain more assistance in other ways to help relieve some stress you and your family may be experiencing.

If you have any questions or concerns please do not hesitate to contact our office by phone or email.

Sincerely,

Raegina Hawkins  
Executive Director  
Central New Jersey Pink Heals  
501(c)3: 27-2554834  
732-238-5944 (O)  
732-771-4308 (C)



**“Raised Here Stays Here”**

# Central NJ Pink Heals Assistance Request Form

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employed? : Yes  No

Email: \_\_\_\_\_

DOB: \_\_\_\_\_

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How many live in the home?  
Ages of Children?

\_\_\_\_\_

Married/Significant Other?

\_\_\_\_\_

When were you diagnosed?

\_\_\_\_\_

What type of Cancer do you  
have?

\_\_\_\_\_

Where are you in your treatment  
plan?

\_\_\_\_\_

Oncologist Info:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

What type of help are you seeking?

(Examples: Groceries, Transportation (gas/Uber) Bills, Rent, Medication or Other)

[Click to Submit](#)