



Office Use Only:

Verification Date: _____

Scan Date: _____

Sisters Network Inc. ® Nashville, TN

2024 BREAST CANCER ASSISTANCE PROGRAM APPLICATION

The program provides up to \$500.00 in financial assistance for the following:

- **Utilities: Electric, Gas, Water**
- **Housing: Rent or Mortgage**
- **NOT ELIGIBLE: Cable, Cell Phone, Transportation or Medical co-pays**
***Applicant name must be on any utility bill, lease agreement or mortgage statement) Payments are made directly to the provider. No payments will be sent to applicants.*

Financial Assistance Qualifications:

- Patients must be currently receiving treatment during the application period.
- Eligible treatments: IV and port chemotherapy, radiation and completed a surgical procedure to remove the cancer.
- Not covered: Oral pills, Immunotherapy, Hormonal therapies, Breast Reconstruction, or scheduled surgery.
- Notification: Applicants should expect up to 30 days for review and decision notification.

Required Documentation:

- Patients must provide all required supporting documentation
- Current utility bill, mortgage statement or full copy of lease agreement with applicant name
- Copy of current treatment plan (on letterhead, signed and dated) verifying diagnosis and detailing treatment plan from one of the following: (Oncologist, Licensed Social Worker, Nurse Navigator or Patient Navigator)



PERSONAL INFORMATION

Date: _____

First Name: _____ Last Name: _____

Date of birth (MM/DD/YYYY): _____

Cell Phone: _____

Email: _____

Current address: _____

City: _____ State: _____ Zip

Code: _____ (not required to be considered)

Are you a member of a Sisters Network Affiliate Chapter? Yes No

If Yes, what chapter? _____

RACE/ETHNICITY INFORMATION (Check one): African American Asian

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White

Hispanic or Latino

ASSISTANCE REQUESTED: Do you have medical insurance? Yes No

Are you currently employed? Yes No If Yes, please name occupation: _____

If No, state reason _____

Annual Household Income: under \$25K \$25K-\$49,999 \$50K-\$69,999K \$70K+

Head of Household: Yes No Number in Household: ____

**Email Application to nashvilletn@sistersnetworkinc.org Or
Mail to: Sisters Network Nashville, P.O. Box 280465, Nashville, TN 37228**