



Application for Financial Assistance Form (Page 1 of 2)

Name: _____ Date of Birth: _____

Street Address: _____ Ethnicity: _____

(Optional)

City: _____ State: _____ Zip: _____ County: _____

Phone: _____

Educational Level: ☐ Post-Graduate ☐ College Degree ☐ High School ☐ Grade School

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Please list all the people living in your household:

Name:	Relationship:	Wage Earner: (yes/no)	Age:

How did you hear about Support Healing? _____

Employment Information:

Company Name and Address: _____



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Employment Status before your breast cancer diagnosis:

☐ Full-time ☐ Part-time ☐ Unemployed

Date you last worked: _____

Current Employment Status:

☐ Full-time ☐ Part-time ☐ Unemployed

☐ FMLA ☐ Disability/sick leave

If on disability/sick leave, are you receiving any compensation? Yes / No
(Please circle one)

Health Insurance: ☐ None ☐ Medicare ☐ Provided by Employer/Spouse's Employer
 ☐ Private ☐ Medicaid ☐ COBRA ☐ Other: _____

If you have been diagnosed with metastatic breast cancer, have you applied for Social Security Disability (SSD) Yes / No

Have you included the verification letter from SSD with your application? Yes / No

Are you receiving Social Security Disability Insurance (SSDI)? Yes / No

SSDI start date: _____

Is there any other information we should know?
