



Support Healing

APPLICATION CHECKLIST

We encourage you to apply as soon as possible as it may take a few weeks for your application to be processed.

Please check-off below each item enclosed with your application.

All items are required - incomplete applications will not be funded.

**Mail completed application and all supporting documents to:
SUPPORT HEALING - 4924 Balboa Blvd., #547, Encino, CA 91316**

Personal Information:

- Application for Financial Assistance Form
- HIPAA Privacy Authorization Form
- A copy of your driver's license or state issued picture identification (ID)
(the address on your ID must match the address on your application form - no P.O. Boxes are accepted)
- A signed and dated letter from your employer at the time of your diagnosis
(on company letterhead), verifying your current employment or leave status

~

Medical Information:

- 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, Licensed Social Worker, Patient Advocate, or Nurse Navigator
**(please include an email address for the person completing the Form)*

~

Financial Information (please do not send originals as they will not be returned to you):

- Financial Disclosure Form
- The first 2 pages of your federal tax return (IRS Form 1040) from the previous year
(if you are married or partnered, include the return for your spouse or partner)
- W-2's, 1099's or Schedule C's from the same year as your tax return
- A copy of your last 2 paycheck stubs for you and your spouse/partner
- A complete copy of all of your checking and savings account statements for the last 2 months for you and your spouse/partner (all pages please)
- Copies of all bills you wish considered for payment as follows:
 - *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 payment is to be mailed.*
 - *If you rent/lease, you must send a complete copy of your rental/lease agreement, including the name and complete mailing address of the person or agency to which payments are to be mailed.*

Bills considered for payment are: car insurance premiums, car loans, health insurance premiums, mortgage/rent, phone bills, and utility bills

Support Healing cannot provide emergency funding or immediate assistance. While every effort is made to review and approve applications as quickly as possible, we must have **all necessary documentation in hand and legitimized** before we can approve and release funding.

We must have a **current email address at which to contact you.** If you do not have an email address, our communications will be via U.S. Mail which will significantly delay the processing of your application.