



Cedar Valley Cancer Committee – Beyond Pink TEAM
Beyond Pink Fund – Financial Assistance Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_, Iowa Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Race/Ethnicity (check all that apply): Caucasian (non-Hispanic) \_\_\_\_\_ Latina/Hispanic \_\_\_\_\_ African American \_\_\_\_\_

Asian \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

Health Insurance: None \_\_\_\_\_ Medicare Part A \_\_\_\_\_ Part B \_\_\_\_\_ Medicaid \_\_\_\_\_ Other \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Insurance Carrier \_\_\_\_\_ Annual Deductible \_\_\_\_\_

Information to be shared with Approval Committee:

Total Household Monthly Income (net income/after taxes) \_\_\_\_\_
# of people living in the home that are dependent on this income? \_\_\_\_\_
Is monthly income affected by new cancer diagnosis? If yes, Explain \_\_\_\_\_
Are you currently receiving treatment for breast cancer? YES/NO – type of treatment \_\_\_\_\_
Is this your first request this calendar year? YES/NO – date of previous request \_\_\_\_\_
Services requested:
[ ] Compression Garments [ ] Post Surgical Bra/Breast Prosthesis [ ] Medical Bills/Pharmacy/Dr. Visits
[ ] Basic Living Expenses (groceries, utilities, rent, water, phone, etc). [ ] Wig(s) [ ] Transportation/Gas
[ ] Other (please be specific) \_\_\_\_\_
Total \$ Amount Requested: \_\_\_\_\_
(For medical requests: include estimate of expense to be incurred or copy of the bill from the health care provider)
Date Assistance needed (if applicable) \_\_\_\_\_
Statement of Need (why does this person need assistance – please be specific):
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

\*The Beyond Pink TEAM cannot accept out of state applications. Please do not apply if you live outside of Northeast Iowa.

Signature of Enroller: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

To begin approval process please mail or email application to BOTH of the contacts listed below:

Jeanne Olson, BPT Treasurer
3453 Kingswood Place
Waterloo, IA 50701
Email: jeanne.beyondpink@gmail.com
Phone: 319-239-3706

Angela Hamilton, Approval Committee
5408 Carey Drive
Cedar Falls, IA 50613
Email: a.hamilton@cfu.net
Phone: 319-231-3143

For Office Use Only:
Duplicate Request [ ]Yes [ ]No Amount of this request: \_\_\_\_\_
Signed NOD on File: [ ]Yes [ ]No Amount Prior Approved: \_\_\_\_\_ Difference \_\_\_\_\_
Amount Approved: \_\_\_\_\_ To: \_\_\_\_\_
Date of Check Request: \_\_\_\_\_ By: \_\_\_\_\_