



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: \_\_\_\_\_

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

Race/Ethnicity (circle all that apply): Caucasian (non-Hispanic) Latina/Hispanic African American Asian
American Indian/Alaska Native Native Hawaiian/Pacific Islander Other \_\_\_\_\_

Health Insurance: None \_\_\_\_\_ Medicare \_\_\_\_\_ Medicaid \_\_\_\_\_ 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: \_\_\_\_\_
(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 Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

To begin approval process please mail or email application to:

Gabbi DeWitt
Black Hawk County Public Health
1407 Independence Avenue, 5th Floor
Waterloo, IA 50703
Email: gdewitt@blackhawkcounty.iowa.gov
Phone: (319) 292-2225

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: \_\_\_\_\_