



SEYMOUR PINK
A COMMUNITY'S FIGHT AGAINST BREAST CANCER®

Mission Statement

The mission of Seymour Pink, Inc. is to unite a community in the fight against breast cancer. Through fundraising efforts, our goal is to fund breast cancer research, provide education and to empower and assist breast cancer victims and their families. Seymour Pink, Inc. assists breast cancer patients regardless of age, gender, race or religion.

How We Help

Financial assistance is granted to patients who meet Seymour Pink’s criteria. These funds are used to offset expenses associated with breast cancer. Seymour Pink believes that by easing the burden of debt, the breast cancer patient can focus on recovery. Seymour Pink Inc. is a 501c(3) nonprofit breast cancer organization located in Seymour, CT. Maximum awards may be up to \$2,000.00 per year.

To be eligible for financial assistance you **MUST** be a breast cancer patient currently receiving treatment, and a resident of Seymour, CT or surrounding towns.(For a list of supported towns see page 5)

****Please note: An application is NOT a guarantee of receiving financial assistance. Funds are limited and based on eligibility and availability. ****

Please send your request form and copies of outstanding bills to: Seymour Pink Inc.
P.O. Box 333
Seymour, CT 06483

All applications **MUST** be received by the 20th of the month in order to be considered at the following Seymour Pink board meeting which is usually the 1st Tuesday of each month. You will receive a response indicating whether your request has been approved or denied.

****Incomplete forms or those missing vital document copies may delay the processing of your application. ****

Seymour Pink, Inc. is required by law to protect your health information. By signing this document, you authorize Seymour Pink, Inc. to use your health information for the sole purpose of determining eligibility for financial assistance. Seymour Pink, Inc. needs these records to show we are fair and ethical in our application process and to legally make sure you meet the criteria of our mission statement.

I have read and understand the above statement.

Signature: _____ Date: _____



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APPLICATION FOR FINANCIAL ASSISTANCE

<u>PATIENT INFORMATION</u>	(please print clearly)	Date: _____
First name: _____	Last name: _____	
Address: _____	City, State, Zip: _____	
Phone number: Home() _____	Work:() _____	
Cell:() _____	Email Address: _____	
Date of birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
If patient is a minor (under18), name of parent/guardian: _____		
Signature of parent/guardian: _____		
<u>MEDICAL INFORMATION</u>	*** THIS SECTION MUST BE COMPLETED BY YOUR ONCOLOGIST ***	
Diagnosis: _____	Date of Diagnosis _____	Current Stage _____
Is patient in active treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
To be eligible for financial assistance patient MUST be a breast cancer patient currently receiving treatment and a resident of Seymour, CT or surrounding towns.		
<u>Treatment Plan</u>		
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Radiation	<input type="checkbox"/> Surgery <input type="checkbox"/> Other _____
PLEASE COMPLETE ALL FIELDS ABOVE		
HEALTH CARE PROFESSIONAL INFORMATION (please print):		
Oncologist name: _____	Hospital/clinic: _____	
Address: _____	City, State, Zip: _____	
Phone: () _____	Fax: () _____	
Signature of Oncologist: _____		

INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED



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APPLICANT'S NAME: _____

DOB: _____

**THIS PAGE TO BE COMPLETED BY THE PATIENT/PERSON REQUESTING
FINANCIAL ASSISTANCE**

HEALTH INSURANCE INFORMATION

Does the patient have health insurance? Yes No

If yes, please indicate type of insurance (check all that apply):

Private insurance Medicaid Medicare Secondary Ins.

Other _____

Are prescription drugs covered? Yes No Copay Amount: _____

HOUSEHOLD FINANCIAL INFORMATION

Is patient currently employed? Yes No Number of dependents: _____

Is patient currently working? Yes No N/A

FAMILY INCOME SOURCES (please check all that apply):

- Social Security (Retirement) Salary Pension
- Public assistance Short-term disability SSD (Disability)
- Family/friends provide support Unemployment SSI
- Other –specify _____

****Acceptable Proof of Income: ****

First two pages of signed copy of Income tax return (please blacken social security number)

OR

Copies of most recent pay check, unemployment check, or SSI, SSD, public assistance benefit notification

TOTAL ANNUAL FAMILY INCOME:** _____

****Application will not be processed if this information is not provided****

Please be aware that funds are limited and based on availability as well as on meeting Seymour Pinks eligibility requirements. An application is NOT a guarantee of receiving financial assistance.



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APPLICANT'S NAME: _____

DOB: _____

FINANCIAL NEEDS:

Please list below, in order of priority, your financial needs. Seymour Pink, Inc. will make every effort to approve your request or a portion of your request. If your request is approved, Seymour Pink, Inc. will make the check payable directly to the provider. Please send **CURRENT** copies of outstanding bills with application and retain the originals for your file. Once a decision is made, you will receive notification as to whether your request was approved or denied.

Financial Need	Amount Requested	Check Payable to:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I certify that the above information is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Seymour Pink, Inc. will assist individuals who are currently receiving treatment for breast cancer. The decision on the course of treatment is the sole responsibility of the individual with breast cancer and his or her medical team. Seymour Pink, Inc. bears no responsibility for a patient's decision regarding treatment options.



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Town of Seymour

Immediate Towns:

Ansonia

Naugatuck

Beacon Falls

Oxford

Derby

Shelton

Next Level of Towns:

Bethany

Newtown

Cheshire

Orange

Hamden

Prospect

Middlebury

Southbury

Milford

Trumbull

Monroe

Woodbridge

New Haven

Next Level of Towns:

Branford

Wallingford

East Haven

Waterbury

North Branford

Watertown

North Haven

West Haven

Southington

Wolcott