

APPLICATION CHECKLIST

Please apply as soon as possible as it may take up to 90 days for your application to be processed, and patients must be in active treatment throughout funding. **All items are required. Incomplete applications will not be funded.** Applications sent by email will not be accepted.

Mail completed application & all documents to: Pink Fund, PO Box 607, Southfield, MI 48037

Need help? Visit www.pinkfund.org/application-faq for our detailed instructional videos, which are available for each page of the application and for each document we require. If you have questions, please email us at grants@thepinkfund.org.

Personal Information



Pages
1, 2 & 3

Optional
Pages
4, 8

- ☐ Application checklist (*this page*)
- ☐ Application for Financial Assistance Form
- ☐ HIPAA Privacy Authorization Form
- ☐ A copy of your driver's license or state issued picture ID (front and back)
- ☐ A signed and dated letter from all employer(s) you had at the time of your diagnosis (*on company letterhead*), verifying your current employment or leave status compared to your pre-diagnosis status **OR** Verification of Employment form completed by all employer(s) you had at the time of your diagnosis
- ☐ **OPTIONAL** – Media Release Waiver

Financial Information - Please DO NOT send originals



Page 5

- ☐ Financial Disclosure Form
- ☐ The first 2 pages of your federal tax return (1040 forms) from the previous year
- ☐ A copy of your last 2 paycheck stubs from when you last worked (not from PTO, vacation, or disability)
- ☐ Copies of ALL bills you wish considered for payment.
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 payments are mailed. If you would like us to consider rental assistance, you must send a complete copy of your lease/rental agreement, including the complete name and mailing address of the person or agency to which payments can be mailed.
- ☐ Bills considered for payment: Mortgage, Rent, Home/Renter's Insurance, Car Loans, Car Insurance Premiums, Phone Bills, Utility Bills, Health Insurance Premiums



Pages
6 & 7

Medical Information

- ☐ Medical Information Form (*Cannot be self-completed*)
- ☐ Medical Team Contact Information Form
Please include an email address for your medical support team.

The Mary Herczog Fund



- To apply for The Mary Herczog Fund for Metastatic Breast Cancer, please also include:
- ☐ Social Security Benefit Verification Letter

If you have a spouse or partner, please also include



- ☐ A copy of your spouse/partner's driver's license or state issued picture ID (front and back)
- ☐ A signed and dated letter from all employer(s) your spouse/partner had at the time of your diagnosis (*on company letterhead*), verifying their current employment or leave status compared to their status before your diagnosis **OR** Verification of Employment form completed by all employer(s) your spouse/partner had at the time of your diagnosis
- ☐ If you filed your taxes separately - the first 2 pages of your spouse/partner's federal tax return (1040 forms) from the previous year
- ☐ A copy of your spouse/partner's last 2 paycheck stubs from when they last worked



Application mailed to
Pink Fund



Email notification of
received application
with timeline



Application reviewed
(up to 90 days)



Applicant will be notified
of missing documentation,
incomplete application, or
not eligible for funding



Complete & eligible
applications presented to
Qualification Committee
for consideration
(monthly)



Applicant notified
of Qualification
Committee's
decision

Pink Fund is not an emergency fund and cannot provide immediate assistance.

We must have a current email address at which to contact you. If you do not have an email address, our communications will be through email with the contacts listed on the Medical Team Contact Information Form.