



## Application For Assistance

Applications are accepted from the 1<sup>st</sup> through the 7<sup>th</sup> of every month.

Incomplete applications will not be considered

PLEASE SEND A MAXIMUM OF 8 PAGES

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_

Description of Diagnosis (please include your staging and any oncotype information, such as Triple Negative, ER+, etc.)

\_\_\_\_\_

Current Average Household **Monthly** Income: \_\_\_\_\_

If you are being assisted by a social worker or patient navigator with your application, please provide their name and the name of their facility/hospital:

\_\_\_\_\_

Are you currently actively employed: \_\_\_Y \_\_\_N

Are you financially responsible for any minor children: \_\_\_Y \_\_\_N

Are you the sole income provider for the household: \_\_\_Y \_\_\_N

Are you currently in active treatment: \_\_\_Y \_\_\_N

Have you received assistance from any other organization in the last 3 months: \_\_\_Y \_\_\_N

**Please select the category of assistance you are requesting:  
(Please select only ONE category.)**

\_\_\_\_\_ Housing (mortgage/rental; **cap of \$1,500**)

\_\_\_\_\_ Medical Bills (**cap of \$1,000**)

\_\_\_\_\_ Transportation (car payment, repair; **cap of \$750**)

\_\_\_\_\_ General Use assistance (value of **\$500**)

\_\_\_\_\_ Lymphedivas Gift Certificate (compression garments; \$250 value)

\_\_\_\_\_ A World Of Pink Gift Certificate (Good for one bra and two prosthetics)

**You MUST include the following supporting documents with your application. Incomplete applications will not be considered:**

\_\_\_\_\_ A letter from your oncologist or surgeon that confirms your diagnosis of breast cancer OR the first page of your pathology report.

\_\_\_\_\_ A personal letter that tells us about your current situation and diagnosis. Please include any information you feel will help us make a decision about your assistance.

You may submit your application and supporting documents in one of the following ways:

1. Fax a copy to 615-634-1220, ATTN: Review Committee
2. Mail a copy to Remember Betty, Attn: Review Committee, 100 Andover Park W, Suite 150, Box 375, Tukwila, WA 98188

**PLEASE SEND A MAXIMUM OF 8 PAGES**

Signature of Applicant: \_\_\_\_\_

**APPLICATION FAQ:**

Applications are **ONLY** accepted from the 1<sup>st</sup> through the 7<sup>th</sup> of every month, funding permitting.

Applications received before the 1<sup>st</sup> or after the 7<sup>th</sup> will not be considered and will not be held over to the next month.

Applications will be reviewed no later than the 20<sup>th</sup> of the month.

Applicants who are accepted will be notified no later than the 25<sup>th</sup> of the month.

Assistance for those applicants will be disbursed no later than the end of the month.

Applicants may receive assistance that is less than the cap of a category based on the level of need shown.

Due to the volume of applications received, we cannot provide confirmations of receipt.

Applicants who receive assistance may reapply in fifteen (15) months. Applicants who do not receive assistance may reapply after three (3) months time.

Please note that Remember Betty receives, on average, upwards of 200 applications per month. Our current funding allows us to accept between 5 – 8 applicants per month to assist. While we would love to assist every applicant who qualifies, it is simply not within our power to do so at this time. We are happy to suggest other organizations and resources to those applicants that we unfortunately cannot provide financial assistance to.

For additional information or questions, please email [Bethany@rememberbetty.com](mailto:Bethany@rememberbetty.com)