APPLICATION

Remember Betty

A 501C3 ORGANIZATION

APPLICATION FOR ASSISTANCE

Applications are accepted the 1st-7th of each month.
Incomplete applications will not be considered.
For a complete list of Guidelines & Information, click here.

PLEASE SEND A MAXIMUM OF 8 PAGES

DATE: ____/_____/_____

NAME:

_____

COMPLETE MAILING ADDRESS (INCLUDING CITY, STATE, & ZIP CODE):

_____

_____

PHONE: _____-_____-_____

EMAIL ADDRESS:

_____

BIRTHDATE: ____/_____/_____

LAST 4 DIGITS OF SSN: _____

DATE OF DIAGNOSIS: ____/_____/_____

DESCRIPTION OF DIAGNOSIS (INCLUDING YOUR STAGING, 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 OR HOSPITAL:

_____

ARE YOU CURRENTLY ACTIVELY EMPLOYED: _____ YES   _____ NO

ARE YOU CURRENTLY IN ACTIVE TREATMENT: _____ YES _____ NO

HAVE YOU RECEIVED ASSISTANCE FROM ANY OTHER ORGANIZATIONS IN THE LAST THREE MONTHS: _____ YES _____ NO

PLEASE SELECT THE CATEGORY OF ASSISTANCE YOU ARE REQUESTING: (PLEASE SELECT ONLY ONE CATEGORY)

_____ HOUSING (MORTGAGE/RENTAL; CAP OF $1500.00)

_____ MEDICAL BILLS (CAP OF $1000.00)

_____ TRANSPORTATION (CAR PAYMENT, REPAIR; CAP OF $1000.00)

_____ GENERAL USE ASSISTANCE ($500.00 VALUE)

_____ LYMPHEDIVAS GIFT CERTIFICATE (COMPRESSION GARMANTS; $250 VALUE)

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 CANCER DIAGNOSIS.

_____ A SHORT, PERSONAL STATEMENT ABOUT HOW YOUR DIAGNOSIS HAS AFFECTED YOU. PLEASE INCLUDE ANY INFORMATION THAT CAN AID OUR REVIEW COMMITTEE IN MAKING A DECISION ABOUT YOUR ASSISTANCE.

YOU MAY SUBMIT THE 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 EIGHT (8) PAGES

SIGNATURE OF APPLICANT: _____

**For questions or concerns: bethany@rememberbetty.com
Emailed applications will NOT be accepted.**