pink practicalities
We've got you covered

Application Date: _____

Please Read Prior to Completing the Form Below to Apply.

Pink Practicalities is Pink Lemonade Project's financial aid and assistance program. The program is designed for those who are experiencing financial hardships while in treatment or recovery for breast cancer. We offer financial assistance for essential items that are not necessarily covered by health insurance or that may be needed for important quality of life issues. Focusing on those who live and/or receive care in Clark County, Washington, we will consider requests from the Portland metro area. With the generosity of some local funders, we have new grant dollars to expand this program for those impacted by COVID-19. We require you to work with your healthcare provider to submit a request. See below for all the details and application.

Items that are frequently approved include: grocery store gift cards, lymphedema compression sleeves, neuropathy treatment, wigs, and co-insurance for prostheses and surgical bras.

Pink Lemonade Project is open to reviewing other requests for other needs during breast cancer treatment and recovery. Please include other details of your needs, the approximate cost, and the situation in the application form.

COVID-19 Program Expansion:
Specific to the COVID-19 pandemic, Pink Lemonade Project has received some recent additional financial support from some generous local foundations and donors to help expand Pink Practicalities support for those going through breast cancer right now. We are currently considering requests for assistance in covering health insurance premiums and co-pays, and home-technology (like Zoom, Uber Conference, or GoTo Meeting, etc), or other urgent needs.

Other Guidelines:
- All requests will be reviewed.
- Requests will focus on those who live and/or receive care in Clark County, Washington. We will consider requests from the Portland metro area.
- The maximum request considered will be approximately $1,000.
- Participation in this program does not affect eligibility for Pink Lemonade Project's Holiday Glow.
- In some cases payments will be made directly to vendors, and in some cases to the patients.

Process:
- Requests must be submitted by a healthcare professional and will be considered based on financial need of the patient.
- Requests are reviewed by the Pink Lemonade Project Program Committee, typically monthly, although, we are prepared to review applications more regularly during the remainder of 2020.
- Communications to individuals receiving assistance will be limited but will include a survey within 30 days of allocation.

PATIENT INFORMATION

Patient First Name * _____ Patient Last Name * _____

Email * _____ Phone * _____

Address 1 * _____ City* _____

Address 2 _____ State * _____

Zip * _____ County * _____ # of Total People in Household * _____ Of that total, # Under Age 18 * _____

Patient Health Insurance Carrier * _____ Date of diagnosis (mm/yy) * _____

Briefly describe your diagnosis and treatment. * _____

CARE PROVIDER INFORMATION

Select Provider Referral * ❍ Physician ❍ PA ❍ Nurse/Nurse Navigator ❍ Social Worker ❍ Other

Provider #1 Name * _____ Provider #1 Clinic * _____

Provider #1 Phone * _____ Provider #1 Email * _____

Provider #2 Name _____ Provider #2 Clinic _____

Provider #2 Phone _____ Provider #2 Email _____

PATIENT NEEDS

Assistance is needed with *

❍ Groceries ❍ Utilities ❍ Prosthesis/bra
❍ Lymphedema sleeve ❍ Wigs ❍ Neuropathy treatment
❍ Heath Insurance/co-pay ❍ Other * (details below)

Briefly describe your other needs, the approximate cost and your situation. *

_____

_____

_____

Has the patient received other Financial Aid? * ❍ Yes ❍ No

Please describe any other program(s) from which the patient has received financial assistance.

_____

_____

_____

Has the patient/patient's employment status been directly related to COVID-19? * ❍ Yes ❍ No

Has the patient's health insurance status been directly affected by COVID-19? * ❍ Yes ❍ No

Disclosure

❍ I have discussed this program with my patient they have agreed to submission of this application. The patient is aware that Pink Lemonade Project is not HIPAA compliant, but commits to the confidentiality of patient information.

Email questions and/or invoices for payment to admin@pinklemonadeproject.org
Mailing address: 1207 Washington Street, Suite 125, Vancouver WA, 98660

This application form was completed by:

Name: _____ Signature _____

Date: _____