pinklemonadeproject™

pink practicalities™ We've got you covered

2022 Pink Lemonade Project (PLP) Pink Practicalities Application

See attached "Submission Instructions" for details on how healthcare providers may apply for patient assistance.
Email programs@pinklemonadeproject.org or call 360-952-3814 with any questions about form submission.
Mail **fully completed** request to 1207 Washington St. Suite 125 Vancouver, WA 98660 or
Email programs@pinklemonadeproject.org

PATIENT INFORMATION—PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS. MISSING INFORMATION WILL DELAY REQUEST.						
Name				**Best Phone to Reach with Questions** ☐Cell ☐HM ☐WK		
Mailing Address for financial aid				**Email** ☐HM ☐WK		
City	**State**	**Zip**	**County**	**Age**	**Primary Language**	**Gender** ☐ F ☐M ☐ Other ☐ Prefer Not to Answer
Race / Ethnicity: ☐ African American / Black ☐ Asian ☐ White ☐ Hispanic / Latino ☐ American Indian/Alaska Native ☐ Native Hawaiian / Pacific-Islander ☐ Other: ☐Prefer Not to Answer						
How many individuals in the household? **How many under the age of 18?**						
Breast Cancer Diagnosis Date (month and year):				**Breast Cancer Stage**: ☐ 0 ☐ I ☐ II ☐ III ☐ IV		
Planned Treatment Includes: ☐ Surgery ☐ Chemotherapy ☐ Radiation ☐ Other (briefly describe)						
Hospital (where receiving treatment):				**County** (where receiving treatment):		

REQUEST	
PATIENT NEEDS (Check as needed) ☐ Groceries ☐ Lymphedema sleeve ☐ Utilities ☐ Prosthesis/Bra ☐ Neuropathy treatment ☐ Other*	***NEEDS DESCRIPTION *(briefly describe other needs, the cost, and current patient situation)***

ELIGIBILITY

Eligibility is as reported by the patient to the medical provider/team; documentation is not necessary. There are no gender restrictions.

Has the patient previously received PLP financial aid: ☐ Yes ☐ No **If yes, which program(s) and when?**

☐ Holiday Glow: ☐ Pink Practicalities: ☐ Treatment Access Program:

Has the patient received other financial aid: ☐ Yes ☐ No

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

Please add any additional details about the patient's financial needs at this time, and include approximate cost(s):

Check boxes to confirm the patient:

☐ Is actively receiving breast cancer treatment
☐ Lives or receives treatment in Clackamas, Multnomah, or Washington County, Oregon or Clark County, Washington
☐ Experiencing financial hardship during treatment or recovery

Distribution Per Fiscal Year (1/1/22-11/30/22): approximate $800 limit per application, yearly limits apply and are subject to fund availability.
Reapplication is allowed, during active treatment as funding allows. *Funds are limited. Priority must be given to patients experiencing extreme financial hardship.*

PATIENT CONSENT & APPLICATION VERIFICATION

Patient Consent: Pink Lemonade Project (PLP) cares about the patient's privacy and protects how we use your information. By signing this form, you understand and agree you have discussed this program with your patient, they have agreed to submission of this application, and the patient is aware that PLP is not HIPPA compliant. PLP commits to the confidentiality of patient information.

Provider Verification: All requests must be verified by an external medical provider (navigator, social worker, etc.).
"I certify that this patient has met all of the criteria outlined above and requires transportation assistance."

Printed Provider Name:	**Date Verified:**
Provider Title & Health System:	
Provider Email:	**Provider Phone Number:**

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Submission Instructions

The Pink Practicalities Program aims to reduce barriers for people in treatment for breast cancer. The program is administered by and funded by Pink Lemonade Project (www.pinklemonadeproject.org).

Criteria

A person is eligible if they meet each of the following requirements:

- They are actively receiving breast cancer treatment.
- They live or receive treatment in Clackamas, Multnomah, or Washington County in Oregon or in Clark County, Washington
- They are experiencing financial hardship during treatment

Assistance

Eligible people may receive the following, as funds are available:

- Pink Lemonade Project will process the complete application and mail correspondence directly to the patient on approval status.
- Approved applicants will receive a check by mail.
- Distribution Per Fiscal Year (1/1/22-11/30/22)
- Approximate $800 limit per application, yearly limits apply and are subject to fund availability. Reapplication is allowed, during active treatment as funding allows. Funds are limited. Priority must be given to patients experiencing extreme financial hardship. Health professionals may reapply on behalf of the patient up to the limit.

How the Pink Practicalities Program works

People in treatment **must go through their local healthcare provider / navigator** to determine if they are eligible for assistance. The navigator / healthcare provider should do the following:

- Work with the patient to verify eligibility and **complete all fields** of the "Pink Lemonade Project (PLP) Pink Practicalities Application". Please do not submit an incomplete application, as following up with you spends program resources on administrative time instead of patient assistance.
- Complete the application online (www.pinklemonadeproject.org/ways-we-can-help/pink-practicalities/) or email it to programs@pinklemonadeproject.org.
- Pink Lemonade Project will process the complete application and mail correspondence directly to the patient on approval status.

How to contact Pink Lemonade Project's programs department

Direct line: 360-952-3814 Email:programs@pinklemonadeproject.org www.pinklemonadeproject.org