

### 2022 Pink Practicalities Application

See attached "Submission Instructions" for details on how healthcare providers may apply for patient assistance.

Email [programs@pinklemonadeproject.org](mailto: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](mailto:programs@pinklemonadeproject.org)

PATIENT INFORMATION—PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS. MISSING INFORMATION WILL DELAY REQUEST.						
Name			Best Phone to Reach with Questions <input type="checkbox"/> Cell <input type="checkbox"/> HM <input type="checkbox"/> WK			
Mailing Address for financial aid			Email <input type="checkbox"/> HM <input type="checkbox"/> WK			
City	State	Zip	County	Age	Primary Language	Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Answer
Race / Ethnicity: <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian / Pacific-Islander <input type="checkbox"/> Other: <input type="checkbox"/> 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: <input type="checkbox"/> 0 <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV			
Planned Treatment Includes: <input type="checkbox"/> Surgery <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation <input type="checkbox"/> Other (briefly describe)						
Hospital (where receiving treatment):			County (where receiving treatment):			
REQUEST						
<b>PATIENT NEEDS (Check as needed)</b> <input type="checkbox"/> Groceries <input type="checkbox"/> Lymphedema sleeve <input type="checkbox"/> Utilities <input type="checkbox"/> Prosthesis/Bra <input type="checkbox"/> Neuropathy treatment <input type="checkbox"/> Other* <b>For patients living in Clark Co., WA:</b> <input type="checkbox"/> One-day C-TRAN pass – How many: <input type="checkbox"/> Monthly C-TRAN pass – For which month(s):			<b>*NEEDS DESCRIPTION (briefly describe other needs, the cost, and current patient situation)</b>			
ELIGIBILITY						
<b>Eligibility</b> is as reported by the patient to the medical provider/team; documentation is not necessary. There are no gender restrictions. <b>Has the patient previously received PLP financial aid:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, which program(s) and when?</b> <input type="checkbox"/> Holiday Glow: <input type="checkbox"/> Pink Practicalities: <input type="checkbox"/> Treatment Access Program: <b>Has the patient received other financial aid:</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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):  <b>Check boxes</b> to confirm the patient: <input type="checkbox"/> Is actively receiving breast cancer treatment <input type="checkbox"/> Lives or receives treatment in Clackamas, Multnomah, or Washington County, Oregon or Clark County, Washington <input type="checkbox"/> Experiencing financial hardship during treatment or recovery <b>Distribution Per Fiscal Year (1/1/22-11/30/22):</b> approximate \$800 limit per application, yearly limits apply and are subject to fund availability. <b>Reapplication is allowed, during active treatment as funding allows. Funds are limited. Priority must be given to patients experiencing extreme financial hardship.</b>						
PATIENT CONSENT & APPLICATION VERIFICATION						
<b>Patient Consent:</b> 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.						
<b>Provider Verification:</b> All requests must be verified by an external medical provider (navigator, social worker, etc.). <i>"I certify that this patient has met all of the criteria outlined above and requires transportation assistance."</i>						
Printed Provider Name:			Date Verified:			
Provider Title & Health System:						
Provider Email:			Provider Phone Number:			



## Submission Instructions

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

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### 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

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### Assistance

Eligible people may receive up to \$800 per application, as funds are available. Annual limits apply, between Jan. 1 and November 30, and are subject to availability. Reapplication via a health professional is allowed, during active treatment, up to the annual limit and as funding allows. Funds are limited. Priority must be given to patients experiencing extreme financial hardship.

For patients living in Clark County, WA, we are now able to purchase daily and monthly C-TRAN passes at a discounted honored citizen rate. If your patient utilizes C-TRAN and would benefit from a pass, please note that on the application. The daily passes are paper and cover unlimited transportation on any one day. The monthly passes are loaded on a plastic card and are valid from the first to the last day of a given month; please specify which month(s) the patient will need the card. The monthly cards can be reloaded, if necessary. These passes are valid for all local and regional C-TRAN lines but **are not** valid for Express lines.

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### 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 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/](http://www.pinklemonadeproject.org/ways-we-can-help/pink-practicalities/)) or email it to [programs@pinklemonadeproject.org](mailto:programs@pinklemonadeproject.org).
- Pink Lemonade Project will process the complete application and mail a check directly to the patient on approval status.

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### How to Contact Pink Lemonade Project’s Programs Department

Direct line: 360-952-3814    Email: [programs@pinklemonadeproject.org](mailto:programs@pinklemonadeproject.org)    [www.pinklemonadeproject.org](http://www.pinklemonadeproject.org)