



HARVEY ASSISTANCE APPLICATION

Dear Applicant,

Reconstruction of a Survivor emphasizes with you as you travel this journey of rebuilding your lives and homes as a result of Hurricane Harvey. We are honored to be a recipient of the Susan G. Komen Small Grant Program to assist local area women.

To apply, you must:

- have been impacted by Hurricane Harvey and need diagnostic tests or be in active treatment for breast cancer or have metastatic breast cancer
- be medically underserved, uninsured, underinsured and low-income
- have household income that meets federal guidelines
- reside in Brazoria, Harris, Galveston, Fort Bend, Liberty or Montgomery counties

Required documents:

- A completed application
- Proof of impact from Hurricane Harvey (i.e. hotel voucher, SNAP card, proof of residency, FEMA assistance or approval letter)
- Proof of breast cancer treatment plan
- Physician's statement of Need for diagnostic tests
- Proof of income
- Proof of insurance or statement of no insurance

Incomplete application packets will NOT be processed. Submission deadline is February 9, 2018.



HARVEY ASSISTANCE APPLICATION

APPLICANT INFORMATION

Today's Date: _____

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ (Home) _____ (Work) _____ (Cell)

Primary Email Address: _____ DOB: _____

Race/Ethnicity: Caucasian African-American Hispanic/Latino Asian Other

Gender: Male Female

MEDICAL INFORMATION (To be completed by: Oncology Physician, Nurse or Social Worker)

Date Of Diagnosis: _____ Type: _____ Stage: _____

Is Patient in active treatment? Yes No **If No, Do Not Continue Application**

Please indicate type of treatment(s) receiving (check all that apply):

Chemotherapy Radiation Surgery Hormonal Palliative Care

Physician's Name: _____ Hospital/Clinic: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____

Name of person completing form, if different than above: _____

Phone: _____ Relationship to Applicant:

Doctor Nurse Social Worker Oncology Nurse Navigator

Signature: _____



HARVEY ASSISTANCE APPLICATION

HEALTH INSURANCE INFORMATION

Do you have health insurance? Yes No If yes, what type?

(Check All That Apply) Private Insurance Medicaid Medicare Medicare Plus

VA Benefits Charity Care Employer Benefit

Are Prescription Drugs Covered? Yes No

HOUSEHOLD INFORMATION

Number of people in your household: _____ Are you employed? Yes No

Marital Status: Single Married Divorced If Married, Spouse Employed? Yes No

SOURCE OF FAMILY INCOME (check all that apply; proof must be submitted):

Employer Disability Social Security Pension (Retirement)

VA Benefits Unemployment Public Assistance Friends/Family

Monthly Net Income: _____

I NEED FINANCIAL ASSISTANCE FOR

Medical Expenses: Diagnostic tests or treatment Co-Pays Deductible Assistance

Daily Living Expenses: Rent/Mortgage Car Note Car Insurance

Utilities Child Care Expenses Transportation Expenses

I attest that the above information is true and correct to the best of my knowledge.

Print Name: _____ Date: _____

Signature: _____



HARVEY ASSISTANCE APPLICATION

On a separate sheet, to accompany this application, the applicant must provide a 1-page explanation of their personal impact from Hurricane Harvey. Two documents to show evidence of impact must also be attached to the application. Photos maybe included. Application packet must not exceed six pages

Reconstruction of a Survivor will review this information to determine eligibility and contact the applicant. Do not contact Reconstruction of a Survivor to inquire about the status of your application. We will do all that we can to process applications in a timely manner.

IMPORTANT TO NOTE: Incomplete applications will not be processed.

Applications should be returned by February 9, 2018 by either of the following options:

- Email: roasurvivor@gmail.com
- Fax: 713.741.4142
- Postal Mail: Reconstruction of a Survivor
2617C W. Holcombe Blvd. #224
Houston, TX 77025