

THE JILL FOUNDATION

2821 East Chapman Avenue • Orange, CA 92869

Ph. 714-639-5611 • www.thejillfoundation.org

FINANCIAL ASSISTANCE APPLICATION

Thank you for your interest in The Jill Foundation's financial assistance program. Our mission is to provide financial assistance to hairstylists working in Orange, California who are affected by breast cancer. Awards will range from \$500 to \$1,000 and may be used for any financial need, including health care, rent, groceries, childcare, transportation, etc.

To be considered for assistance, applicants must:

- Be a hairstylist working in a salon located in the City of Orange, California and
- Have been diagnosed with a form of breast cancer within the past year or have on-going breast cancer, which is subject to verification by your doctor

Submit your completed application to The Jill Foundation at the mailing address above. If an application is incomplete, it will be returned so that you may have an opportunity to complete the information and resubmit it for consideration. Please allow at least two weeks for your application to be considered.

PATIENT INFORMATION

LAST NAME			FIRST NAME			MIDDLE INITIAL		
STREET ADDRESS			CITY			ZIP CODE		

HOME PHONE				CELL PHONE			
EMAIL ADDRESS							
DATE OF BIRTH		PLACE OF BIRTH		SOCIAL SECURITY #		GENDER	

MEDICAL INFORMATION

TO BE COMPLETED BY YOUR PHYSICIAN: CURRENT BREAST CANCER DIAGNOSIS & STAGE						DATE OF DIAGNOSIS	
REOCCURENCE? YES NO							

DOCTOR INFORMATION (HIPAA Release) [45 C.F.R. § 164.508 (c)(ii) & Civ. Code § 56.11 (c)]	
MEDICAL ONCOLOGIST (CANCER DOCTOR)	<u>DIRECT</u> OFFICE PHONE
MEDICAL ONCOLOGIST'S SIGNATURE	DATE OF SIGNATURE
PATIENT'S SIGNATURE (authorizes release of medical information)	DATE OF SIGNATURE

Description of each purpose for the use or release of the information
[45 C.F.R. § 164.508 (c)(iv)]

This information will be used for the sole purpose of evaluating the above patient for support services offered by The Jill Foundation. This HIPAA release is valid for a 180-day period from the patient's signature date shown above and only if signed by both the patient and oncologist's office.

WORK HISTORY	
SALON NAME	
STREET ADDRESS	CITY
SALON OWNER/MANAGER	PHONE
COSMOTOLOGIST LICENSE NUMBER	EXPIRATION DATE

How did you find out about The Jill Foundation?

Please add any comments or information you would like The Jill Foundation to know:

For administrative purposes, organizations involved with your case may be contacted to verify the information you have provided on this application. With your signature, you acknowledge and agree to the above stipulations.

APPLICANT'S SIGNATURE	DATE OF SIGNATURE
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You MUST provide proof of all above items (as they apply to you) to complete your application.

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