

REQUIRED Documentation for Financial Assistance Application

- **A signed letter from doctor on his/her letterhead confirming breast cancer diagnosis including date of latest treatment**
- **A signed letter from a Nurse Navigator, Hospital Social Worker or 501c3 Administrator verifying the patient has been screened and qualifies for financial assistance.**
- **A current and accurate billing statement/invoice that supports the month being requested for funding and the complete address to which payments are sent.**
- **Bill requested must be for the patient's place of residence ONLY**
- **If requesting a rent payment, we require and prefer a current lease. If a lease is not available, please provide proof of residency**