



## **Financial Request Form**

The mission of Ribbon of Hope is to be a financial, informational, and emotional resource for individuals with breast cancer in Northeastern Wisconsin. Ribbon of Hope assists breast cancer patients regardless of age, gender, race, or religion.

To be eligible for financial assistance you must be a breast cancer patient currently receiving treatment. You also need to live or receive your treatment in Brown or Kewaunee County.

**Please check here if you have received a grant from ROH in the past** \_\_\_\_\_

*Awards range from \$2,000 for breast cancer patients and up to \$3000 for metastatic breast cancer patients.*

No more than one request every thirty days will be processed.

Send your request form, itemized bill and/or receipts to: Ribbon of Hope Foundation, P.O. Box 148, De Pere, WI 54115  
Or email the request form to [admin@ribbonofhope.com](mailto:admin@ribbonofhope.com)

Applicant's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Insurance Carrier: \_\_\_\_\_ Secondary Insurance Carrier: \_\_\_\_\_

Person completing the form: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

I authorize a representative from Ribbon of Hope to verify with my physician that I am in treatment for breast cancer.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **This Section to be Completed by Oncologist/Surgeon**

(Name) \_\_\_\_\_ is a patient of mine and is currently receiving treatment for breast cancer.

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's name (print): \_\_\_\_\_ Doctor's phone number: \_\_\_\_\_

**Location of Treatment (Clinic & City)** \_\_\_\_\_

Stage of Breast Cancer: \_\_\_ Stage I \_\_\_ Stage II \_\_\_ Stage III \_\_\_ Stage IV \_\_\_ Other

Date of Diagnosis and Treatment Type: \_\_\_\_\_

Other Information (Optional): \_\_\_\_\_

\_\_\_\_\_

**This Section to be Completed by Breast Cancer Patient**

**\*\*Request\*\***

**(Minimum Request is \$25 per item)**

**Amount  
Requested      Check Payable to**

<b>Rent/Mortgage</b> ( Brown, Kewaunee, Oconto Cty only) (Must provide a legal rental agreement)		
<b>Utilities</b> (gas, electric, water only)(above counties only)		
<b>Kwik Trip Gas Cards</b> (\$200 per request \$500 limit)		
<b>Festival Food Cards</b> (\$200 per request \$500 limit)		
<b>Lodging</b> (during treatment/up to \$75/night; \$500 cap)		
<b>Medical fees</b> (incurred in Brown/Kewaunee Cty only- after insurance is cleared)		
<b>Prosthesis/Prosthetic Bras</b> (purchased in Brown/Kewaunee County)		
<b>Wigs, wig care products and head coverings</b> (up to \$500 and purchased in Brown/Kewaunee Cty)		

**Total Amount Requested** \_\_\_\_\_

- ✓ **Copies of the bills/receipts must be attached to the application to receive payment.**
- ✓ **Please send copies only and retain the original bills/receipts for your file.**
- ✓ **Requests for personal reimbursements must include copies of checks and/or credit card receipts.**
- ✓ **When your request is approved, the Ribbon of Hope Foundation will make the check payable to the clinic, hospital, utility, etc.**
- ✓ **The checks will be mailed to you, and it is your responsibility to distribute the checks to the appropriate places.**
- ✓ **You are eligible for additional gas or food cards only when receipts for the cards you received are returned in another request.**
- ✓ **Always submit a new Request Form along with itemized bills and/or receipts.**
- ✓ **EOBs from insurance companies are not appropriate documentation.**

Briefly add any other information that you think would be helpful for the committee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions, please call Ribbon of Hope at 920.676.HOPE (676.4673).

The Ribbon of Hope Foundation will assist individuals who are diagnosed with breast cancer. The decision on the course of treatment is the sole responsibility of the individual with breast cancer. The Ribbon of Hope Foundation bears no responsibility to seek or not to seek any treatment options.