WINDOM
AREA HEALTH
FOUNDATION

WOMEN'S HEALTH FUND APPLICATION

Name: _____

Home phone #: _____ Cell phone #: _____

Address (include city, state, zip code):_____
_____

Dependents, if any, and their ages: _____
_____

Marital status: (circle one) Single Married Separated Divorced Widowed

Have you filed bankruptcy within the last seven years? Yes or No

Have you applied for funds through the Breast/Women's Health Fund in the past? Yes or No
If so, what was the date/year? _____ Amount?_____

Primary Healthcare Provider: _____

Please describe your course of cancer health treatment (mammogram, lumpectomy, chemo, etc.):
_____
_____
_____

Please list detailed reason for need of financial assistance, the total dollar amount requested, and an explanation of what those funds would be allocated to: (Attach extra sheet if needed)
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I attest that this information is accurate. I have granted permission for members of the Windom Area Health Foundation to review the information I have provided.

I hereby authorize use or disclosure of my protected health information, as described in this application, to be given to the Windom Area Health Foundation for the use of considering my application for financial assistance from the Women's Health Fund.

Applicant Signature _____ Date: _____

WINDOM AREA HEALTH FOUNDATION

WOMEN'S HEALTH FUND DISCLOSURE OF FINANCIAL STATUS

Name _____ Date _____

ASSETS

Monthly Wages: $_____ Cash on Hand: $ _____ Checking Account Balance: $_____

Savings Account Balance: $ _____ Other Income: $ _____ (Child Support, etc.)

What were your total earnings last year: $ _____ Spouse's? (if applicable) $ _____

LIABILITIES

1. Amount of Hospital Bills: $ _____ Name of Hospital: _____

2. Amount of Other Medical Bills:

$ _____ Name of Clinic/Facility _____
$ _____ Name of Clinic/Facility _____
$ _____ Name of Clinic/Facility _____
$ _____ Name of Clinic/Facility _____
$ _____ Name of Clinic/Facility _____

3. Monthly Bills: Mortgage / Rent $ _____ $ _____ (Amount Overdue)

Home Owner/Renters Insurance	$ _____	$ _____	(Amount Overdue)
Property Tax	$ _____	$ _____	(Amount Overdue)
Day Care	$ _____	$ _____	(Amount Overdue)
Telephone	$ _____	$ _____	(Amount Overdue)
Cell Phone	$ _____	$ _____	(Amount Overdue)
Gas / Utilities	$ _____	$ _____	(Amount Overdue)
Electricity	$ _____	$ _____	(Amount Overdue)
TV	$ _____	$ _____	(Amount Overdue)
Internet	$ _____	$ _____	(Amount Overdue)

4. Transportation:

Car Payment	$ _____	$_____	(Year and Model)
Car Payment	$ _____	$_____	(Year and Model)
Car Payment	$ _____	$_____	(Year and Model)
Insurance	$ _____	$ _____	(Amount Overdue)
Travel Expense	$ _____	$ _____	(Amount Overdue)

5. Miscellaneous:

Credit Card	$ _____	$ _____	(Total Amount Due)
Credit Card	$ _____	$ _____	(Total Amount Due)
Credit Card	$ _____	$ _____	(Total Amount Due)
Loan Centers	$ _____	$ _____	(Total Amount Due)
Student Loans	$ _____	$ _____	(Total Amount Due)
Other Loans	$ _____	$ _____	(Total Amount Due)
Other Loans	$ _____	$ _____	(Total Amount Due)

Applicant Signature _____Date: _____