



## Application for assistance checklist and forms

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Email your completed application and all required documents to: [vricherson@murraystate.edu](mailto:vricherson@murraystate.edu)

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Please check off each item enclosed with your application. ***All items are required.***

- \*  Application for financial assistance
- \*  HIPAA Privacy Authorization form
- \*  Copies of all bills requested for funding
- Media release and waiver (Optional)

\*These items are required.

\*\*Bills must be the most recent statement with your name or your spouse/partners name, current address and account number. Full, legible statements of accounts which funds are being requested for are required for consideration.

\*\*HIPAA Privacy Authorization form is required to verify current diagnosis only.

Bills considered for payment are:

- Mortgage/rent
- Utility bills
- Auto loans
- Auto repairs

If you rent, we will need the complete name, address and phone number of the person or agency to which payments are made.

If there are other bills you would like to be considered for payment, please let us know and include them with the application.

***NOTE: This is an application only. Applicant authorizes the use and disclosure of the information contained in this application for purposes of the evaluation. Submission of this application does NOT guarantee that applicant will receive financial assistance from Fore Her, Inc.***



**Request for Financial Assistance**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Physicians Name & City \_\_\_\_\_

Tell us a about yourself and your diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount requesting \_\_\_\_\_

Tell us what you would like the funds requested to be used for

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you find us? \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Please send completed request to:

Fore Her

PO Box 1033

Santa Rosa Beach, FL 32459

Or

**[vricherson@murraystate.edu](mailto:vricherson@murraystate.edu)**



## HIPAA Privacy Authorization Form

Authorization for use or disclosure of protected health information (required by the Health Insurance Portability and Accountability Act, 45C.F.R., Parts 160 and 164).

### AUTHORIZATION

I \_\_\_\_\_ (print name) hereby authorize \_\_\_\_\_  
(your treating physician or hospital) to disclose the protected health information  
described below to **Fore Her, Inc.**

### EXTENT OF AUTHORIZATION

I authorize the release of my protected health information only to confirm my breast cancer diagnosis and treatment.

This medical information may be used by **Fore Her, Inc.** for the purpose of evaluating my eligibility for financial aid according to its guidelines or for other purposes as I may direct in writing.

This authorization shall be in force and effect until \_\_\_\_\_ (**DATE**), at which time this authorization expires.

I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.

I understand that any information used or disclosed pursuant to this authorization may be disclosed by the recipient and its confidentiality may no longer be protected by federal or state law.

Signature of (*check one*):  Patient  Personal Representative Signature Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Patient or Personal Representative



## OPTIONAL

### APPLICANT MEDIA RELEASE AND WAIVER (Referred to herein as the "Release")

I, \_\_\_\_\_ hereby grant Fore Her, Inc., its agents, philanthropic, community and business partners, subsidiaries and affiliates, and their respective licensees, successors and assigns (referred to collectively herein as "Fore Her") the right to use, disclose, maintain, copy, publish, transmit, copyright and permit others to use my image, likeness, name, and personal information, including my story about Fore Her and the grant that I received (the "Content"), for commercial or noncommercial purposes, including advertising, public relations, fundraising, promotion of Fore Her, its products and services and its partners or affiliates. This right shall be perpetual throughout the world, and extend to any medium or format whatsoever (existing or yet-to-be created), including without limitation, in and on magazines, brochures, and other print publications, content displayed in Fore Her's corporate offices, press releases, electronic media, and the internet (including the website and social media sites of Fore Her and its partners).

I transfer and assign to Fore Her my entire right, title and interest in the Content and agree that all Content used by Fore Her in any manner is owned by Fore Her. I agree that I have no right to review or approve Content before it is used by Fore Her and Fore Her shall be without liability to me for any editing, distortion or illusionary effect resulting from the publication of the Content. Fore Her has no obligation to use the Content or to contact me prior to release of any of the Content. I further agree and do hereby release and hold harmless Fore Her from any and all claims, actions, suits, liabilities or damages arising from use of the Content, and whether resulting from the negligence of Fore Her or any other person. I waive any right I may have to make or bring any claim against Fore Her relating to its use of the Content. I understand and agree that I will not be compensated in any way for providing the Content to Fore Her or authorizing its use in the manner detailed herein. I acknowledge this authorization shall continue until terminated in writing.

**I HAVE CAREFULLY READ, CLEARLY UNDERSTAND AND VOLUNTARILY ACKNOWLEDGE THE INFORMATION SET FORTH IN THIS RELEASE. I UNDERSTAND THAT THIS FORM PROVIDES FORE HER WITH MY ABSOLUTE AND UNCONDITIONAL CONSENT, WAIVER AND RELEASE OF LIABILITY, ALLOWING FORE HER TO PUBLICIZE PRIVATE INFORMATION ABOUT ME. BY SIGNING THIS RELEASE FORM, I UNDERSTAND IT HAS NO BEARING ON ANY DECISIONS MADE BY FORE HER REGARDING FINANCIAL ASSISTANCE.**

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

**Applicant Name**

**Witness Name**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip