MyHopeChest™
BREAST RECONSTRUCTION for Uninsured Survivors

# APPLICATION

| **Last Name** | **First** | **Middle Initial** | **Social Security Number** |
|---|---|---|---|
| | | | |

| Street Address | Apt# | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Mailing Address / P.O. Box | Apt# | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Home Phone Number | Cell Phone Number | Date Of Birth | Sex | Email Address |
|---|---|---|---|---|
| ( ) | ( ) | | ☐ F ☐ M | |

Which of the following groups do you feel you belong to? (Response optional) ☐ American Indian ☐ Black ☐ Hispanic ☐ White ☐ Pacific Islander ☐ Chinese ☐ Japanese ☐ Filipino ☐ Other: _____

**Marital Status**
☐ Single ☐ Married

| **Emergency Contact** (Name) | Home Phone Number | Cell (or Work) Phone Number |
|---|---|---|
| | ( ) | ( ) |

**REFERRED FROM:** ☐ FRIEND ☐ American Cancer Society ☐ S.G.Komen ☐ FLYER ☐ INTERNET ☐ HOSPITAL: _____
☐ OTHER: _____

| **Employer's Name** (if unemployed, for how long and why) | Annual Income/ Source of Income |
|---|---|
| | |
| **Employer's Address** (street address, city and state) | Employer's Phone Number ( ) |
| | |

## ADDITIONAL INFORMATION

**Do you have Medical Insurance?** ☐ NO ☐ YES If Yes, What? : _____
**If travel expenses were covered, would you travel *out of state* for your reconstruction?** ☐ NO ☐ YES

**What was your procedure?** ☐ **Lumpectomy** ☐ **Single Mastectomy** ☐ **Double Mastectomy** **When**? _____

**Have you had radiation?** ☐ NO ☐YES When?_____

**Have you had a consultation with a plastic surgeon about breast reconstruction**? ☐ NO ☐ YES
When?_____

**What type of reconstruction did your doctor or consulting plastic surgeon recommend?**

☐ Tissue Expander ☐ Latissimus ☐ Tram/Diep Flap **(see website for information describing the various types of reconstruction)**

**If you already have seen a plastic surgeon, what is his/ her name and phone number?**

_____

**Have you started your reconstruction?** ☐ NO ☐YES When?_____

**Have you applied for:** ☐ **Medicaid?** ☐ **Social Service Program?** **Which program, when & status?**_____

**YOUR STORY**

**On a separate sheet,** please provide a brief explanation of your journey through breast cancer, your need and why you want to have reconstruction. **Please limit your explanation to *between 250 and 500 words.***

By signing below, I attest that all the information I have provided My Hope Chest is accurate and true to the best of my knowledge. I understand that if I have falsified anything on this application or supporting documents, I will be disqualified from participation in My Hope Chest's programs.

_____ _____
Signature of Applicant Date

NOTE: You must complete the Client Agreement Form, Media Release and submit all financial documents for your application to be complete and considered. Remember to check with us to make sure all documents were received.