Stepping Out in Faith 21st Century

There's always hope beyond what you see.

Breast Cancer Patient Resource Application

Support Assistance Program

Please complete this application and email a copy of the bill that needs to be paid. Our Treasurer will review your request and follow up with you.

Patient Information

Full Name

Phone Number

Email Address

Social Worker Information

Social Worker Name

Contact Number

Medical Information

Doctor's Name

Doctor's Contact Information

Current Diagnosis & Stage

Financial Assistance Request

We do not provide direct cash payments to patients. All payments are made directly to the service provider for legitimate bills.

Total yearly assistance is up to $400 per calendar year — available in full ($400) or in two parts ($200 now, with the remaining $200 accessible later in the same calendar year).

Requested Payment Amount ($, max $400/year)

Bill Type (Rent, Utilities, Medical, Medication)

Billing Company Name

Billing Company Contact

Billing Company Address

Submission Requirements

- Email a copy of the bill requiring payment to Rosetta@steppingoutinfaith21century.org.
- The Treasurer will review and contact you regarding the status and approval of each request.
- Additional assistance up to $400 may be requested within the calendar year, based on previous disbursements.

Disclaimer & Terms of Assistance

Please read carefully before submitting.

No guarantee of funds: Submitting this application does not guarantee approval. All assistance is subject to available funds, eligibility, and our review team's discretion.

Direct payment policy: We do not provide cash, checks, or deposits to individuals. Approved assistance is paid directly to the verified biller, vendor, or landlord on your behalf.

Privacy & confidentiality: Your medical and financial information is kept strictly confidential, used only to verify and process your request, and never sold, shared, or published without your written consent.

Verification consent: By submitting, you authorize us to contact the biller, landlord, or medical professional listed solely to verify your account status and treatment.

Release of liability: We provide assistance as a community service and are not a medical or legal provider. By accepting assistance, you agree to hold Stepping Out in Faith 21st Century harmless from claims arising from the processing or payment of these bills.

☐ I have read, understand, and agree to the Disclaimer & Terms of Assistance stated above.

Acknowledgement & Signatures

I acknowledge that all information provided is accurate and that I understand the terms of financial assistance through Stepping Out in Faith 21st Century.

Patient Signature _____ **Date** _____

Social Worker Signature _____ **Date** _____