



APPLICATION FOR FINANCIAL ASSISTANCE WITH BREAST RECONSTRUCTION

Date: _____
Name: _____ Age: _____
Home address: _____
City, State, Zip: _____
Contact Phone: _____ Cell Phone: _____
Email address: _____ Age: _____
Household income: _____ Are you insured? _____ Yes _____ No

Please tell us about your breast cancer journey and why you want reconstruction. (Limit answer to 250 words or less. Add additional pages if necessary.)

In addition, please provide all documentation listed in the Client Agreement.

Please send Application, Client Agreement, and all supporting documents to:

Evelyn's BFF
1221 W 243rd St
Harbor City, CA 90710

Documents can also be submitted via e-mail to evelynsbff@gmail.com.