

5 UNDER FORTY

THE 5 UNDER 40 FOUNDATION CORPORATION IS A 501(c)(3) ORGANIZATION. DEDICATED TO PROVIDING FUNDING FOR MEDICAL, WELLNESS & BEAUTY SERVICES TO WOMEN UNDER THE AGE OF 40 THAT HAVE BEEN DIAGNOSED WITH BREAST CANCER, OR HAVE TESTED POSITIVE FOR THE BRCA GENE, IN NEW YORK AND NEW JERSEY.

RECIPIENT APPLICATION

5 UNDER 40 GUIDELINES:

ALL QUALIFYING APPLICATIONS WILL BE SUBMITTED TO 5 UNDER 40 FOR CONSIDERED FINANCIAL ASSISTANCE. PAYMENTS WILL BE MADE DIRECTLY TO 5 UNDER 40 MEDICAL, WELLNESS AND BEAUTY SERVICE PROVIDERS.

QUALIFYING CRITERIA:

- MUST BE A FEMALE BETWEEN AGES 18 - 40 YEARS OF AGE.
- MUST LIVE IN NEW YORK OR NEW JERSEY.
- RECEIVED A FIRST BREAST CANCER OR RECURRING DIAGNOSIS ON OR AFTER JANUARY 1, 2012.
- RECEIVED A POSITIVE BRCA MUTATION GENETIC TEST RESULT, ON OR AFTER JANUARY 1, 2012. BREAST CANCER DIAGNOSIS NOT REQUIRED.
- BE, OR ARE INTERESTED IN BEING, A PATIENT OF A 5 UNDER 40 PARTICIPATING MEDICAL, WELLNESS, OR BEAUTY PROVIDER.

INSTRUCTIONS:

- POTENTIAL RECIPIENT IS TO COMPLETE SECTIONS 1-3, 5, & 6.
- SECTION 4 CAN ONLY BE COMPLETED BY A PHYSICIAN OR NURSE – NOT THE PATIENT. POTENTIAL RECIPIENT MUST HAVE THIS SECTION COMPLETED IF THEY WISH TO RECEIVE FUNDING FOR MEDICAL SERVICES.
- UPON COMPLETION, APPLICATION CAN BE SUBMITTED BY MAIL, EMAIL, OR IN PERSON

**SECTION 1:
APPLICANT INFORMATION**

APPLICANT NAME DATE OF BIRTH

STREET ADDRESS CITY STATE ZIP CODE

PRIMARY PHONE NUMBER SECONDARY PHONE NUMBER

EMAIL ADDRESS

OCCUPATION

NAME OF EMPLOYER PHONE NUMBER

HOW DID YOU HEAR ABOUT US? PLEASE CIRCLE ONE OF THE FOLLOWING:

- WEBSITE SOCIAL MEDIA FRIEND FAMILY MEMBER
SOCIAL WORKER PHYSICIAN

IF OTHER, PLEASE INDICATE BELOW

**SECTION 2:
SERVICES**

PLEASE RANK THE TOP THREE SERVICES YOU ARE INTERESTED IN RECEIVING FROM
5 UNDER 40 FOUNDATION.

MEDICAL

- MRI
- SONOGRAM
- MAMMOGRAM
- CLINICAL BREAST EXAM
- MENTAL HEALTH COUNSELING
- PHYSICAL THERAPY SESSIONS

WELLNESS

- NUTRITIONAL COUNSELING
- PRIVATE YOGA SESSIONS
- PRIVATE PERSONAL TRAINING SESSIONS
- BAR METHOD CLASSES
- FACE-TO-FACE MEET UPS

BEAUTY

- HAIR CONSULTATION POST TREATMENT WITH STYLIST
- MASTER WIG CLASS
- WIG CONSULTATION
- MAKEUP LESSON (WITH EYEBROW AND EYELASH APPLICATION)
- PROFESSIONAL MAKEUP APPLICATION

**SECTION 3:
MEDICAL INFORMATION**

DO YOU HAVE HEALTH INSURANCE? _____

IF YES, PLEASE COMPLETE THE FOLLOWING:

INSURANCE PROVIDER	POLICY #	EMPLOYER GROUP #
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CLINICAL DIAGNOSIS	DATE OF DIAGNOSIS
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HOSPITAL/TREATMENT FACILITY	CITY	STATE
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NAME OF PHYSICIAN	PHONE NUMBER
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EMAIL ADDRESS

ADDITIONAL PHYSICIAN (OPTIONAL)

NAME OF PHYSICIAN	PHONE NUMBER
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EMAIL ADDRESS

PLEASE SIGN BELOW IF YOU ARE INTERESTED IN RECEIVING MEDICAL SERVICES.

APPLICANT NAME

APPLICANT SIGNATURE	DATE
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**SECTION 4:
PHYSICIAN INFORMATION**

NOT TO BE FILLED OUT BY APPLICANT – TO BE FILLED OUT BY PHYSICIAN ONLY

PHYSICIAN NAME	SPECIALTY	TITLE
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ADDRESS	CITY	STATE	ZIP CODE
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WORK PHONE	CELL PHONE (IN CASE OF EMERGENCY ONLY)
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WEBSITE	EMAIL ADDRESS
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PLEASE ILLUSTRATE WHY THIS ELIGIBLE APPLICANT SHOULD BE CONSIDERED TO RECEIVE SERVICES AND/OR FUNDING FROM 5 UNDER 40 FOUNDATION.

PHYSICIAN NAME

PHYSICIAN SIGNATURE	DATE
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**SECTION 5:
WELLNESS SERVICES**

PLEASE SIGN BELOW IF YOU ARE INTERESTED IN RECEIVING WELLNESS SERVICES.

APPLICANT NAME

APPLICANT SIGNATURE

DATE

**SECTION 6:
BEAUTY SERVICES**

PLEASE SIGN BELOW IF YOU ARE INTERESTED IN RECEIVING BEAUTY SERVICES.

APPLICANT NAME

APPLICANT SIGNATURE

DATE

*ALL INFORMATION IS STRICTLY CONFIDENTIAL AND IS FOR 5 UNDER 40 FOUNDATION CORPORATION USE ONLY.

*ALL SERVICES SUBJECT TO APPROVAL BY 5 UNDER 40 FOUNDATION CORPORATION. SERVICES ARE FUNDED UNDER THE FINANCIAL AND GEOGRAPHIC GUIDELINES SET BY THE 5 UNDER 40 FOUNDATION CORPORATION.

*SERVICES ARE LIMITED TO A PREDETERMINED BUDGET.

*ONCE FUNDING HAS BEEN DISTRIBUTED IT CANNOT BE REALLOCATED.

*ALL SERVICES RENDERED ARE ACCEPTED BY APPLICANT ON A VOLUNTARY BASIS WITHOUT LIMITATION TO 5 UNDER 40 FOUNDATION CORPORATION.

*A CONFIRMATION EMAIL WILL BE SENT UPON RECEIPT OF YOUR APPLICATION. PLEASE ALLOW UP TO TEN (10) BUSINESS DAYS FOR APPLICATION REVIEW.