

5 UNDER FORTY

THE 5 UNDER 40 FOUNDATION CORPORATION ("5 UNDER 40" OR "5 UNDER 40 FOUNDATION") IS A 501(c)(3) ORGANIZATION. DEDICATED TO PROVIDING FUNDING FOR MEDICAL, WELLNESS, BEAUTY AND EDUCATIONAL SERVICES TO WOMEN UNDER THE AGE OF 40 THAT HAVE BEEN DIAGNOSED WITH BREAST CANCER, OR HAVE A BRCA MUTATION.

RECIPIENT APPLICATION

5 UNDER 40 GUIDELINES:

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

QUALIFYING CRITERIA:

- MUST BE A FEMALE DIAGNOSED BETWEEN AGES 18 AND 39 YEARS OF AGE; AND
- RECEIVED A FIRST BREAST CANCER OR RECURRING DIAGNOSIS ON OR AFTER JANUARY 1, 2019; OR
- RECEIVED A POSITIVE BRCA MUTATION GENETIC TEST RESULT, ON OR AFTER JANUARY 1, 2019. BREAST CANCER DIAGNOSIS NOT REQUIRED; AND
- 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**

TODAY'S DATE _____

FIRST NAME MIDDLE INITIAL LAST NAME DATE OF BIRTH

STREET ADDRESS CITY STATE ZIP CODE

PRIMARY PHONE NUMBER SECONDARY PHONE NUMBER

EMAIL ADDRESS

MARITAL STATUS

OCCUPATION

NAME OF EMPLOYER PHONE NUMBER

ANNUAL HOUSEHOLD INCOME (OPTIONAL)

NAME OF EMERGENCY CONTACT MOBILE NUMBER

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

WEBSITE INSTAGRAM FACEBOOK PRESS

FAMILY MEMBER FRIEND 5 UNDER 40 RECIPIENT

PHYSICIAN PA NURSE SOCIAL WORKER

IF OTHER, PLEASE INDICATE BELOW:

**SECTION 2:
SERVICES**

PLEASE RANK THE TOP THREE SERVICES TOTAL (NOT IN EACH SECTION) YOU ARE INTERESTED IN RECEIVING FROM 5 UNDER 40 FOUNDATION:

MEDICAL

- 3D MAMMOGRAM
- BREAST MRI
- BREAST SONOGRAM
- CLINICAL BREAST EXAM
- 3D NIPPLE TATTOOS
- LYMPHEDEMA THERAPY SESSIONS
- MEDICAL MASSAGE THERAPY
- MENTAL HEALTH COUNSELING
- PHYSICAL THERAPY SESSIONS
- THERAPEUTIC YOGA SESSIONS

WELLNESS

- BARRE METHOD CLASSES
- BREATHWORK SESSIONS
- CHINESE ACUPUNCTURE SESSIONS
- NUTRITIONAL COUNSELING
- PERSONAL TRAINING SESSIONS
- PILATES SESSIONS

BEAUTY

- BEAUTY TOOL KIT
- HAIR ACCESSORIES
- HAIR COLOR POST TREATMENT
- HAIR CUTTING PRE + POST TREATMENT
- HAIR EXTENSIONS (POST - TREATMENT)
- PROFESSIONAL MAKEUP APPLICATION
- MASTER WIG CLASS
- PROFESSIONAL MAKEUP APPLICATION
- WIG (HUMAN HAIR OR SYNTHETIC)

EDUCATIONAL

- ANNUAL SYMPOSIUM
- CELEBRITY EXPERT MAKEUP LESSON
- FACE-TO-FACE MEETUPS
- METASTATIC MEETUPS
- ONE - ON - ONE MEETUPS

**SECTION 3:
MEDICAL INFORMATION**

DO YOU HAVE HEALTH INSURANCE? _____

IF YES, PLEASE COMPLETE THE FOLLOWING:

INSURANCE PROVIDER POLICY # EMPLOYER GROUP #

DATE OF DIAGNOSIS CLINICAL DIAGNOSIS CURRENT STAGE AGE AT DIAGNOSIS

HOSPITAL/TREATMENT FACILITY CITY STATE

NAME OF PHYSICIAN PHONE NUMBER

EMAIL ADDRESS

ADDITIONAL PHYSICIAN (OPTIONAL):

NAME OF PHYSICIAN PHONE NUMBER

EMAIL ADDRESS

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

APPLICANT NAME

APPLICANT SIGNATURE

DATE

**SECTION 4:
PHYSICIAN INFORMATION**

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

PHYSICIAN NAME	SPECIALTY	TITLE	
ADDRESS	CITY	STATE	ZIP CODE
WORK PHONE	CELL PHONE (IN CASE OF EMERGENCY ONLY)		
WEBSITE	EMAIL ADDRESS		

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

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

**SECTION 7:
EDUCATIONAL SERVICES**

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

APPLICANT NAME

APPLICANT SIGNATURE DATE

SECTION 7:**LEGAL DISCLAIMER**

5 Under 40 does not provide medical advice. 5 Under 40 does not recommend medical, wellness or beauty providers; rather, if you choose to receive financial assistance for services from 5 under 40 you must go through our agreed upon service providers.

Potential Recipient(s) and Recipient(s) (anyone who receives services from 5 Under 40, whether funded or not) shall hold harmless 5 Under 40 against any and all damages, suits, actions, claims, liabilities, losses, judgments, costs and expenses arising out of or relating to (i) personal or bodily injury (including death) or property damage to the extent arising out of Service Provider's rendition of services hereunder, whether Service Provider was negligent or not, including but not limited to any unforeseen complications, medical device malfunction, or other unanticipated cause and (ii) breach of confidentiality.

PLEASE SIGN BELOW

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.