

Pink Ink Fund Financial Assistance Application

Pink Ink Fund is a 501(c)3 Non Profit Organization that seeks to aid people needing assistance with their post mastectomy tattoo needs as part of their Breast Reconstruction due to Breast Cancer and/or BRCA diagnosis. Pink Ink Fund is committed to providing financial support to those that cannot afford services, or those whose insurance will not cover procedures.

To apply for financial assistance please complete the following steps:

1. Fill out the attached application, including your financial needs for your mastectomy tattoo. Please specify if it is for: (check all that apply):
 Nipple and areola tattoo/repigmentation
 Decorative mastectomy tattoo
2. Provide a copy of your insurance's Explanation of Benefits and letter stating a denial of coverage.
3. Provide a signed 1040 tax return for the previous year. To protect your privacy please black out your social security number(s). We do not need that.
4. Please include any doctor/medical providers' referrals in reference to your mastectomy tattoo needs. Must include legible contact information including Name, Address, phone number and email of these referrals
5. If you are mailing your application and supporting documentation :
Mail to:

3126 w. cary st.
#248
Pink Ink Fund
Richmond, VA 23221

You can also complete these steps online by visiting www.pinkinkfund.org/applications

PLEASE NOTE: If you are chosen as a Grantee, as part of your acceptance, we ask that you agree to supply us with a testimonial of photos or visuals and/or written feedback. This will be in support of helping others looking for our help and also aid us in continuing to uphold and improve our processes for our mission! If selected, you will be asked to complete and sign a copy of our Release Form, which can be found on our website listed above.

DISCLAIMERS:

1. Pink Ink Fund does not endorse any particular medical procedure or provider. Pink Ink does not endorse any tattoo artists. If you qualify for a grant, you will be wholly responsible for securing the tattoo procedure through your chosen service provider. Pink Ink Fund is not responsible for any work performed by third party tattoo artists or medical providers.
2. Pink Ink Fund does not share any information on applicants and will hold your personal information contained within this application private.

First Name _____

Last Name _____

Address _____

City _____

State _____ Zip Code _____

Phone Number _____

Email _____

Check all that apply:

My insurance has denied coverage

I do not have insurance

I am a veteran

I am a First Responder (Fire, Police, EMT)

Additional details you would like Pink Ink Fund to consider while reviewing your application:

Signed By: _____

Date: _____