



# Application for Assistance

PO Box 1122 Ruston, LA 71273 [www.WigginOut.org](http://www.WigginOut.org)

## Referral Source:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Patient Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Diagnosis Date: \_\_\_\_\_

*Please provide as much information as possible. If applying for someone else, know that we may contact you or them for more information*

Receiving Medical Care at: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Type of treatment at this time: \_\_\_\_\_

## Household information (Please list ALL persons who are living with the patient):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Does the Patient have:

Medicare Coverage  Medicaid Coverage  Private Insurance  Prescription Coverage

Insurance Carrier (if applicable): \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ (or) Monthly Mortgage: \_\_\_\_\_

Is the Patient Receiving help from any other organization at this time? If yes, who:

\_\_\_\_\_

Has the Patient ever received assistance from Wiggin' Out before? \_\_\_\_\_

Why should the patient receive assistance from Wiggin' Out? \_\_\_\_\_

\_\_\_\_\_

**Please indicate what assistance is needed:**  Wig  Other headwear (i.e. scarf): \_\_\_\_\_

Lymphatic Garment: \_\_\_\_\_

Prosthetic Bra:  Other: \_\_\_\_\_

**Statistical Information of Patient (to be used for statistical reports ONLY):** Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Education Completed: \_\_\_\_\_ Employment Status: \_\_\_\_\_ Marital Status: \_\_\_\_\_

If selected for assistance, the nominating party/patient agrees to defend, indemnify, and hold harmless Wiggin' Out and its officers, directors, members, and all volunteers from and against any claims, demands, causes of action, damages, or liabilities, or any cause whatsoever, including reasonable attorney's fees. This referral may be amended at any time and is limited to funds available for distribution.