

Caring and Comfort

Financial Assistance Application

Matching Needs with Resources for Wig Purchases

Caring and Comfort LLC
1747 Ford Parkway
St Paul, Minnesota 55116 USA
651-690-4100 | 866-573-0663
www.CaringAndComfort.com



Section 1

First Name: _____ MI: _____

Age: _____ Date of Birth: ___ / ___ / _____

Last Name: _____

Social Security #: _____

Address: _____

Single / Married / Seperated / Divorced / Widow

Condition/Diagnosis: _____

Timeline: The most I can wait for my wig is...

Tel: _____

2-3 weeks 4-6 weeks 8-10 weeks 11-12 weeks

Home or Work

You will be notified if your request cannot be met within this time. (Times listed begin when you have placed an order and sent materials/payment, etc.)

Cell/Mobile: _____

Email: _____

Section 2

The type and style of the wig being requested:

Wig Length: Shorter Chin Length (10-12") On the Shoulder (14") Below the Shoulder (16") Long (18") Extra Long

Hair Texture: Straight Straight with Body Wavy Small Curls Big Curls Other _____

Hair Color: 1st Choice Color # _____ 2nd Choice Color # _____ (See www.savvysheitels.com/color_chart.shtml)

Please describe your preferred hair color: _____

Will you be sending your own hair (or donated hair) to be used to make this wig? Yes No

Your head size: Extra Small Small Small to Average Average Average to Large Large Extra Large

(See www.savvysheitels.com/fit.shtml)

Preferences:

Have you seen any specific styles you prefer? _____

Indicate the Style Name: _____ Brand: _____ Model #: _____

Please describe any other details of your preferred wig: _____

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Section 3

Insurance Coverage: Will your insurance company pay for any of the cost of an Extra-cranial Prosthesis (that's a wig).

Yes No If yes, how much will they pay? _____

Caring and Comfort does not contact your insurance company or submit any claims. We will provide a medical receipt that you may submit to your insurance company for reimbursement.

Your contribution: In most cases Caring and Comfort can help cover part (but not all) of the cost of a wig from one of our participating providers. How much of the cost do you feel you would be able to pay? \$ _____

Section 4

Sometimes we may look for additional funding by posting requests for donors on the Internet. Do you grant permission for us to mention your general situation without identifying you? Yes No

By signing below, I certify that all information submitted is true. I understand that any incorrect, incomplete or false information that I provide or someone else provides for me could cancel this application for financial assistance. All information provided will remain confidential under the provisions of HIPAA federal regulations.

Print Name

Signature

Date

PLEASE INCLUDE **copies (NOT originals)** of these items with your application:

- 1) **A brief essay** about your situation (including your official medical diagnosis) and any circumstances that you would like us to know about
- 2) **Photos of yourself** and of your preferred hairstyle
- 3) **Proof of medical diagnosis:** (a) A note from your doctor; or (b) Prescription for wig/prosthesis; or c) bill or statement from you physician, hospital or insurance
- 4) **Proof of income:** (a) Your most recent Federal Income Tax Return (front and back of 1st page); or (b) last year's W2 Forms; or (c) two recent paycheck stubs; or (d) unemployment notice

Fax the completed application to:
651-690-4100 During Business Hours
Please call (the same number 651-690-4100) first
to make sure someone is available to receive the fax.

Mail the completed application to:
Caring and Comfort Assistance Program
1747 Ford Parkway, St Paul, Minnesota 55116 USA