

Hana's Hope

229 W. Littleton Blvd.

Littleton, CO 80120

Application for Free Products/Services

Date: _____

Please print clearly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

(Your personal information will not be distributed or sold to other entities.)

How did you hear about Hana's Hope? _____

Reason for hair loss (cancer, alopecia, etc.)? _____

If cancer, type of cancer? _____

In order to be in compliance with IRS, please answer the following questions:

From the following groups of people, how do you identify yourself?

☐ White ☐ African American ☐ Hispanic ☐ Asian
☐ Other (please indicate) _____

Are you currently employed? _____ If yes, name of Employer: _____

Do you have medical insurance? ☐ yes ☐ no If yes, name of insurance carrier: _____

Will your insurance benefit cover for a wig due to your health issue? ☐ yes ☐ no

Total annual family income last year: \$ _____* (We might be contacting you for proof of last year's income.) Total number of people in your household? _____

Do you expect a change in your family income this year? ☐ yes ☐ no

If yes, please explain: _____

Brief explanation of your financial hardship: _____

I hereby certify that the above answers are true.

Signature: _____

*To qualify, your family household income must be below the CO Poverty Guidelines

FOR OFFICE USE ONLY

New Wig (description): _____ Retail price: _____

☐ Refurbished Wig

☐ Only hair removal/clipping

☐ Cut/Style

☐ Scalp treatment

☐ Consulting on hair loss; wig selection

☐ Consulting on skin care

☐ Wig brought in by client (style/refurbished)

☐ Wig Care kit

WIG & HEAD ACCESSORIES

☐ _____
☐ _____

Cost: _____

Cost: _____