

## Hana's Hope

### 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 (chemotherapy, 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: \_\_\_\_\_

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

**\*\*\*FOR OFFICE USE ONLY\*\*\***

Description of wig: \_\_\_\_\_ Retail price: \_\_\_\_\_

Number of hours with customers: \_\_\_\_\_

List other products and/or services:

\_\_\_\_\_  
\_\_\_\_\_