

Moms on the Run
P.O. Box 10994
Reno, NV 89510
(775) 826-8117

Financial Assistance Policy

Criteria for Acceptance:

1) Northern Nevada Resident

Residency is determined by where a person primarily resides. Persons living in the Northern Nevada area are eligible for assistance.

2) Active breast cancer at time of application

Medical records will be reviewed to verify the diagnosis of breast cancer.

3) Severe financial need

Each person's financial situation is reviewed on an individual basis.

Due to limited funds, we are not able to help on a permanent basis, but only for a specified period.

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Name: _____

Address: _____

Telephone: _____

Age: _____ Birth Date: _____ Social Security #: _____

Spouse Name: _____ Social Security #: _____

Children: _____

Employer Self: _____ Employer Spouse: _____

Date Diagnosed: _____ Type of Cancer: _____

Hospital: _____ Oncologist/Surgeon: _____

Treatment: _____

Pharmaceutical/Prescription: _____

Pharmacy: _____ Phone #: _____

Estimated Cost: \$ _____

Agencies Applied to: _____

Insurance: _____

Monthly Income: _____

Monthly Expenses: _____

Rent/Mortgage: _____ Food: _____

Space/Lot: _____ Car Payment: _____

Electricity: _____ Car Expenses: _____

Heating: _____ Car Make & Year: _____

Telephone: _____ Insurance: _____

Other: _____ Other: _____

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FINANCIAL RESOURCES STATEMENT

Please List All Sources of Family Income:

Employment Earnings: \$ _____

Unemployment Benefits: \$ _____

Social Security (SSI or SSD): \$ _____

Welfare/Public Assistance/Food Stamps: \$ _____

Veterans' Benefits: \$ _____

Retirement or Pension: \$ _____

Child Support/Alimony: \$ _____

Interest/Dividends: \$ _____

Other: \$ _____

Please List Current Assets:

Checking Accounts: \$ _____

Savings Accounts: \$ _____

Retirement Funds: \$ _____

Cash: \$ _____

Other: \$ _____

I hereby declare the above to be a true and actual statement of my finances.

Date: _____ Signature: _____

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CONSENT STATEMENT:

I hereby authorize Moms on the Run to contact any third party, organization or agency in order to secure any type of evidence needed to establish my eligibility for the type of benefits for which I am applying.

Name: _____

Address: _____

Social Security #: _____

Signature: _____ Date: _____

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GENERAL RELEASE OF LIABILITY

The undersigned has requested aid from Mom on the Run, a non-profit charitable organization. In making such request, the undersigned recognizes that the granting of financial aid is entirely discretionary, and Moms on the Run may deny such aid for any reason at any time.

In applying for financial aid, the undersigned and his/her family hereby agree to waive and release Moms on the Run from any and all present or future liability which may arise from Moms on the Run's conduct of its affairs.

Signed: _____

Date: _____