

APPLICATION ~ FUNDS FOR FAMILIES



Please email or mail the completed application to:

Tigerlily Foundation
11654 Plaza America Dr., #725
Reston, VA 20190

E-mail: info@tigerlilyfoundation.org

Toll Free: 1-888-580-6253

Fax: 703-663-9844

Please fill out all pages of this form. Print clearly. Use black or blue ink only.

First Name: _____

Last Name: _____

Address _____ City/State/Zip _____

County _____ Country (if military) _____

Home Phone () _____ Work or Cell Phone () _____

E-mail _____

Patient Information

Date of Birth _____ Date of Diagnosis _____

Ethnicity African American Asian Caucasian Hispanic Native American

Other (Please Specify): _____

Married Single Number of Children: _____

Employed Unemployed Independent Contractor Full-time Student

Income: _____

Do you have health insurance? Yes No

Do you have a prescription drug plan? Yes No

Do you have Medicare? Yes No

Do you have Medicaid (Title 19)? Yes No

APPLICATION ~ FUNDS FOR FAMILIES



Would you like to list another person for us to contact on your behalf?

First and Last Name _____

Phone (if different than above) _____ Email _____

If you are filling out this form on behalf of the patient, please tell us your relationship to them (check all that apply)

- Caregiver Spouse/Domestic Partner Parent Child Sibling
 Friend/Concerned Individual Other (Please Specify): _____

Please tell us what type of help you require/expect/need from the Tigerlily Foundation:

By signing this form, you confirm that you are in need of these funds for breast cancer treatment and they will be used for such treatment.

I understand that if I qualify for funding, payments will be made directly to the medical provider.

Applicant/Responsible Party _____ Date _____

APPLICATION ~ FUNDS FOR FAMILIES



SERVICE ELIGIBILITY VERIFICATION:

Diagnosis: _____

Date of diagnosis: _____

Date treatment began (or will begin): _____

Treatments you are currently undergoing: (check all that are applicable)

_____ Radiation

_____ Chemotherapy

_____ Surgery

When did/will treatments end? _____

In order for Tigerlily Foundation to provide services we must confirm diagnosis and treatment status with your physician. Please provide the following information.

Name of Physician(s):

a) Primary care provider: _____

Address: _____

Phone Number: _____

b) Oncologist: _____

Address: _____

Phone Number: _____

APPLICATION ~ FUNDS FOR FAMILIES



Along with this form, please provide us with a letter from the patient's oncologist/surgeon stating that they were diagnosed with breast cancer OR have them complete the information in the box below.

Also attach a copy of a medical report, scan and email/mail the bills you need help with.

– To be completed by patient's doctor –	
Patient Diagnosis	
Is Patient In Active Treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provider Name	Hospital/Clinic
Address	City/State/Zip
Phone	
Provider Signature	Date
Note: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Social Worker	

APPLICATION ~ FUNDS FOR FAMILIES



Applicants Statement of Understanding

I have read and understand the above and declare the information furnished by me is true and complete to the best of my knowledge. I hereby affirm that I am releasing medical information to TIGERLILY FOUNDATION. I consent to the exchange of information between TIGERLILY FOUNDATION, my physician(s) and other community agencies to provide needed services.

Applicant/Responsible Party

Date

Tigerlily Foundation does not discriminate against any person because of their race, creed, religion, sexual orientation, gender, or age.

APPLICATION ~ FUNDS FOR FAMILIES



AGREEMENT/RELEASE OF LIABILITY

Please Read Completely and Sign

1. **Granting of Support and Services.** Tigerlily Foundation agrees to pursue the fulfillment of the support and services of the person named above ("Recipient") in accordance with the terms and conditions of this agreement. Tigerlily Foundation reserves the right in its sole discretion, to decide which of the services, if any, will be granted.

2. **Permission to Disclose Medical Condition.** The recipient grants Tigerlily Foundation the right to disclose the nature of her medical condition to the extent necessary in the preparation, fulfillment and execution of the support and/or service.

Furthermore, the recipient grants Tigerlily Foundation permission to obtain all medical information about the recipient which Tigerlily Foundation may feel necessary for consideration or fulfillment of services and support, and authorize all physicians and medical care providers to provide Tigerlily Foundation with all medical information.

3. **Waiver.** The recipient and participants accompanying the recipient hereby waives any and all rights he or she may have or may hereafter acquire against Tigerlily Foundation, its officers, directors, agents, and employees arising out of any injury, harm, damages, or losses suffered by the recipient, family, friends, or any of them, arising out of or in any way related to Tigerlily Foundation preparation, execution or fulfillment of the support and services, regardless of whether such loss or harm is caused by the active, passive or gross negligence of Tigerlily Foundation or any other person.

4. **Release.** Recipient, relatives or friends, together, and each of them individually, does hereby forever release and remise Tigerlily Foundation, its officers, directors, agents, and employees from any and all claims, lawsuits, damages, or losses arising out of or in any way related to pr Tigerlily Foundation preparation, execution or fulfillment of the support and services, regardless of whether such loss or damage is caused by the active, passive or gross negligence of Tigerlily Foundation or any other person.

5. **Indemnity.** Recipient, relatives or friends, together and each of them individually, hereby agree to indemnify and hold harmless Tigerlily Foundation, its officers, directors, agents, and employees of and from any and all losses suffered by Tigerlily Foundation, its officers, directors, agents, and employees as the result of any claim, lawsuit, or action arising out of or relating in any manner to Tigerlily Foundation's preparation, execution and fulfillment of the services and/or support, or to breach by Recipient, relatives or friends of the representations and warranties contained in Paragraph 9 of this agreement. Said hold harmless and indemnity includes, but is not limited to, reasonable attorneys fees and costs incurred by Tigerlily Foundation, its officers, directors, agents, and employees in retaining attorneys of Tigerlily Foundation choice to defend any and all such claims, lawsuits, and actions.

6. **Expenses.** The expenses Tigerlily Foundation has agreed to pay for are those foreseeable and directly related to the fulfillment of the support and/or service. Recipient, relatives or friends,

APPLICATION ~ FUNDS FOR FAMILIES



together understand that they may be forced to incur substantial expenses as a result of unforeseen events or circumstances beyond Tigerlily Foundation's control, especially if fulfillment of the support and/or service involves travel. Tigerlily Foundation shall not have any responsibility or liability for expenses incurred by Recipient, relatives or friends which have not been expressly assumed by Tigerlily Foundation pursuant to the Agreement, which have been caused by unforeseen events, or circumstances beyond Tigerlily Foundation control.

7. Termination of support and/or service. Tigerlily Foundation reserves the right, in its sole and absolute discretion, to abort preparation or fulfillment of the support and/or service at any time after the signing of this Agreement, if Tigerlily Foundation should determine that (a) fulfillment of the support and/or service will endanger the health and safety of Recipient or of others, (b) the Recipient is or will be incapable of appreciating or utilizing the goods, services, or activities related to the support and/or service, (c) events or circumstances render it impractical, imprudent, or inadvisable to fulfill or continue to fulfill the support and/or service or (d) Recipient has breached any of the representations and warranties contained in this Agreement. In the event Tigerlily Foundation aborts preparation, or fulfillment of the support and/or service, Recipient, relatives and friends agree that Tigerlily Foundation shall not be held liable or responsible for any expenses which Recipient, relatives and friends may have incurred in contemplation of Tigerlily Foundation's fulfilling the support and/or service.

8. Further Assurances. Recipient, relatives and friends agree that they shall, at the request of Tigerlily Foundation, execute and deliver to Tigerlily Foundation all further documents that Tigerlily Foundation deems necessary or appropriate in order to prepare, execute and fulfill the support and/or service.

9. Counterparts. This Agreement may be executed in counterparts, any of which shall be deemed to the original.

10. Amendment. This Agreement shall not be modified, amended, or superseded, except by a writing executed by the parties.

11. Governing Law. This Agreement shall be governed by the laws of the Commonwealth of Virginia.

12. Binding Effect. This Agreement is binding on all heirs, successors, representatives, and assigns of each and all parties hereto.

13. Severability. If any portion of this Agreement shall be determined to be invalid or unenforceable, all other portions shall remain valid and enforceable.

14. Entire Agreement. This Agreement constitutes the entire Agreement and understanding of the parties with respect to the transaction contemplated hereby, and supersedes all prior agreements, arrangements and understandings related to the subject matter. No representation, promise, inducement or statement of intention has been made by any of the parties hereto not embodied in this Agreement, and no party shall be bound by or liable for any alleged representation, promise, inducement or statements of intention not set forth or referred to herein.

15. Captions. The Captions appearing in this Agreement are for convenience and ease of reference only. They in no way describe, limit or extend this Agreement or any of its provisions.

APPLICATION ~ FUNDS FOR FAMILIES



LIABILITY RELEASE AND PUBLICITY AUTHORIZATION prior to signing it. For any minor participants, the signature of their parent or guardian is both on behalf of the parent or guardian and on behalf of the minor. Each participant agrees that no modification of this Release has been made orally or in writing and this release accurately and fully expresses the understanding of Tigerlily Foundation, Recipient and each of the participants.

IMPORTANT: By signing below, you affirm and acknowledge that you have read this Agreement, have received a copy and fully understand its provisions.

_____	_____
Tigerlily Foundation (Founder)	Date
_____	_____
Applicant/Responsible Party	Date