Application for Financial Assistance for

Restorative 3D Nipple & Areola Tattoos

Grants are available to breast reconstruction patients who live in Miami-Dade, Monroe, Broward and Palm Beach Counties. This program is intended to support individuals who may be experiencing financial challenges during their reconstruction journey. Grants are awarded based on each person's individual needs and circumstances and applicants are considered without specific income limitations.

Please reach out to us if you have any questions about this application or if you would prefer to submit your application via telephone interview. You may print and mail the form and the information requested. If approved, payment will be made directly to the restorative Medical Tattoo Professional Partner.

Eligibility

- Diagnosed with breast cancer or a genetic mutation.
- Medically cleared by plastic surgeon for nipple and areola tattoos within the next six months.
- Located in South Florida, residing in Miami-Dade, Monroe, Broward or Palm Beach counties.
- Demonstrates financial hardship.

Grant Process

- Submit application online or via mail or send an email to schedule a phone interview.
- Applications will be reviewed by a committee.
- Decisions will be made once all information is submitted and may take several weeks for notification.
- Payments will be made directly to the provider

Full Name_____

Email _____

Phone Number _____

What is your preferred method of communication?

- ◯ Phone
- ◯ Email
- ◯ Text

Date of Birth _____

Street Address _____

Street Address Line 2 _____

State _____ Zip Code _____

Diagnosis:

- ◯ Breast cancer
- ◯ Genetic mutation

Date of Diagnosis _____

Date of last surgery _____

Tentative Eligibility Date for Restorative Tattooing _____

Preferred Restorative Tattoo Artist _____

Do you have health insurance?

- ◯ Yes
- ◯ No

If yes, does your health insurance cover any portion of your restorative tattooing? Please reach out to your insurance company for this information.

- ◯ Yes
- ◯ No

If yes, please explain your insurance company's coverage for restorative tattooing.

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Has your insurance denied coverage for your planned restorative tattooing? if yes, please attach denial correspondence.

Restorative Treatment requested:

- ◯ Unilateral Nipple and Areola
- ◯ Bilateral Nipple and Areola
- ◯ Unilateral touch up
- ◯ Bilateral touch up

Please share your breast reconstruction journey, including any surgeries or treatments. Please include specific dates if possible.

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The Pink Glimmers Foundation Essential Restorative Support program is designed to support individuals facing financial hardship. Please tell us how your breast reconstruction journey has impacted you financially.

Please include any other information that you believe the grant committee would be interested in knowing when reviewing your application.

Attach a copy of a Valid ID

How did you hear about the Pink Glimmers Foundation Essential Restorative Support Program?

Would you like to be added to the Pink Glimmers Foundation email list?

- ◯ Yes
- ◯ No

◯ I acknowledge that I have read and understand the Essential Restorative Support Program guidelines and accept that submitting an application does not guarantee that I will be awarded a grant.

I certify thar the information in this grant application is true and correct to the best of my knowledge. I understand that the information provided may be verified by the Pink Glimmers Foundation and I authorize its representatives to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide false information in this grant application, I will be ineligible for the Essential Restorative Support and any grant payments made on my behalf will be billed to me and I will be responsible for payment of the bill(s).

Signature Date