

APPLICATION FOR ASSISTANCE

Personal Information

Applicant's Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Email: _____

Daytime Phone: _____

Evening Phone: _____

If no phone, please provide a name and phone number where a message can be left. _____

Date of Birth: _____

Marital Status: Married ___ Single ___ Divorced ___ Widowed ___

Other (please specify): _____

Family Information

Please list all household members' *names, relationship to applicant, dates of birth*:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Who in the household has/had Multiple Myeloma, Lymphoma, or Leukemia (please circle disease)? _____

Date of Diagnosis? _____

Is he/she still living with the disease? _____

Please describe his/her current health status, if applicable:

Employment Information

Employer Name: _____

Address: _____

City: _____ Zip: _____

Email: _____

Phone: _____

Job Title and responsibilities:

If unemployed, last date of employment, employer, and reason for departure:

If unemployed, are you currently seeking employment? If no, why?

Do you have any other sources of income? If so, please explain and provide a monthly amount:

Assistance Information

How did you hear about The Silver Platter Foundation?

How can The Silver Platter Foundation help you? (e.g. Goods/Services, Expenses. Please provide as much information as possible to assist us in making an informed decision. Please feel free to attach pictures of any items you are requesting and/or family pictures.)

When do you need to receive your request?

Have you received, or are you currently receiving, assistance from any other organizations? If so, please name the organization(s), goods/service received, and dates of assistance.

Is there anything else we should know about you, your family, or your situation?

** Please provide the following:*

1. Doctor's letter with your name and diagnosis. Please give your Doctor's office permission to speak to one of our representatives to confirm your diagnosis and that you are a patient.
2. Last year's tax return.

Certification

I certify that the information I have stated is true and correct and that all income is reported. I understand that The Silver Platter Foundation may verify the information on this application and that the deliberate misrepresentation of information may subject me to denial of assistance/services.

Signature: _____

Date: _____

**Return application and all required paperwork to:
Application@SilverPlatterFoundation.org or mail to: 21 Powderhorn Drive,
Ridgefield, CT 06877.**