ADDRESS
92 COLEBOURNE ROAD ROCHESTER, NY

ONLINE
JUSTBREATHECF.ORG

EMAIL
INFO@JUSTBREATHECF.ORG

APPLICATION FOR ASSISTANCE

OFFICE USE ONLY

☐ ACCEPTED ☐ DECLINED

DATE ACCEPTED:

PERSONAL INFORMATION PLEASE COMPLETE ALL SECTIONS IN BLACK OR BLUE INK.

LAST NAME:	**FIRST NAME:**	**MI:**	**EMAIL:**	
PRESENT ADDRESS:	**CITY:**		**STATE:**	**ZIP CODE:**
COUNTY: ☐ MONROE COUNTY ☐ LIVINGSTON COUNTY ☐ ORLEANS COUNTY ☐ GENESEE COUNTY ☐ OTHER: _____				
PREFERRED PHONE:	**ARE YOU OVER 18? IF NO, PROVIDE PARENT/GUARDIAN NAME:**			**DOB:**
ANNUAL HOUSEHOLD INCOME, INCLUDING PARENTS' & SPOUSE'S INCOME (IF THEY PROVIDE SUPPORT):				

*PLEASE ATTACH DOCUMENTS THAT PROVIDE PROOF OF RESIDENCY

GENERAL INFORMATION IF OTHER, PLEASE SPECIFIY IN DETAILS.

WHAT ARE YOU SEEKING ASSISTANCE WITH? CHECK ALL THAT APPLY.

☐ PRESCRIPTION ☐ RENT/MORTGAGE ☐ TRAVEL COSTS FOR MEDICAL REASONS ☐ OTHER: _____

☐ MEDICAL BILLS ☐ SURGERY COSTS ☐ INSURANCE COSTS

ARE YOU CURRENTLY RECEIVING ASSISTANCE FROM ANYONE ELSE? CHECK ALL THAT APPLY.

☐ MEDICAID ☐ SOURCE OF CHARITABLE INCOME ☐ SOURCE OF GOVERNMENT INCOME

☐ CHARITY ☐ FAMILY/FRIENDS ☐ OTHER: _____

*PLEASE ATTACH DOCUMENTS THAT PROVIDE PROOF OF DIAGNOSIS.

PERSONAL RESPONSE ANSWER THE FOLLOWING IN COMPLETE SENTENCES.

TELL US WHY YOU ARE SEEKING OUR ASSISTANCE.

AUTHORIZATION

The Just Breathe Foundation is a non-profit organization committed to raising funds for persons with cystic fibrosis. The need for assistance and the number of requests received by the Foundation may exceed our resources. Consequently, neither the Foundation, its officers, directors, agents nor employees represent that all applicants will receive funding from the Foundation. All grants are awarded on a case by case basis within the sole discretion of the Board of Directors. The application program has no exclusions as to race, ethnicity, gender, age, sexual orientation or family characteristics.

☐ I HAVE ATTACHED DOCUMENTS THAT PROVIDE PROOF OF RESIDENCY AND PROOF OF DIAGNOSIS.

DATE: _____ **SIGNATURE:** _____

DATE: _____ **PARENT/GUARDIAN SIGNATURE:** _____