TheBARBERFUND
HELPING THOSE LIVING WITH CANCER

P.O. Box 536118
Orlando, FL. 32853-6118
Office: (407) 412-6895
www.TheBarberFund.org

INSTRUCTIONS

Step 1: Complete our 3-page Grant Application in full.

Step 2: Proof of Diagnosis is required.

This MUST be mailed (certified), faxed, or emailed directly from the Primary Physician of the recipient. **PLEASE DO NOT EMAIL YOUR PERSONAL MEDICAL RECORDS**. We only need a letter from your physician stating that you are under his care and for what type of cancer.

Step 3: If requesting monetary assistance…

We understand that times are tough, and you may need immediate assistance. At the end of our application there is a section to list your bill information. This section helps our Treasurer quickly arrange payments online. If this section is not filled out, all payments, once approved, will be made by mailing the payment. **Please send us copies of your bills along with this application.**

Note: The Barber Fund does not grant monetary funds directly to the individual/family. If approved, The Barber Fund pays bills directly to the collector. This includes co-pays, rent, mortgage, power bills, phone bills, etc.

Step 4: Send us the information above.

You can either EMAIL it or MAIL it in to the address below.

EMAIL to both:
Blue, our president at Blue@TheBarberFund.org and Dixie, at VP@TheBarberFund.org.

MAIL: If mailing application, please notify Dixie at VP@TheBarberFund.org.
The Barber Fund Inc.
P.O. Box 536118 Orlando, FL. 32853

Step 5: Once received, your application will be reviewed by the board.

The Barber Fund notifies applicants through email first for our records. If we do not receive a response in a timely manner we will call the phone numbers shown on the application.

***The Barber Fund is a small, grassroots 501(c)3 foundation. Unfortunately, due to our size we are not able to monetarily assist everyone that applies.**

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APPLICATION FOR GRANT

Today's Date: _____

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Cell: _____

Email: _____ Fax: _____

Current Employer: _____ Position: _____
(If unemployed previous employer)

Employer Address: _____ Phone: _____

A. Please provide Proof of Diagnosis (Certified mail, Faxed or Emailed directly from the Primary Physician).
PLEASE DO NOT EMAIL YOUR PERSONAL MEDICAL RECORDS. We only need a letter from your physician stating that you are under his care and for what type of cancer.

B. When were you diagnosed with cancer? _____

C. Are you currently in treatment for cancer? Yes No
If yes, at what stage of treatment are you? _____

Are you currently receiving any other assistance, if so please list from whom:

_____

_____

Please provide two personal references (non-relative):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Please give a brief narrative as to why you are seeking this grant and how it will be of benefit to you:

_____
_____
_____
_____
_____
_____
_____

Note: Be specific about your needs. For example: For monetary assistance please **send us copies of your bills**. The more information we have the faster we can assist you turning this tough time.

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APPLICATION FOR GRANT
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How did you learn of The Barber Fund?

_____

The Barber Fund respects your right to privacy. The information you provided on this application will remain confidential and will not be shared with anyone outside of the grant committee.

By your signature, you attest to the accuracy and truthfulness of the information you provided, falsifying application will result in repayment of grant. Also, you understand that completion of this application does not guarantee grant approval.

Signature: _____ **Date:** _____

REMINDER

If requesting monetary assistance, please send us copies of your bills along with this application.
The more information we have the faster we can assist you turning this tough time.

*The Barber Fund does not grant monetary funds directly to the individual/family. If approved, The Barber Fund pays bills directly to the collector. This includes co-pays, rent, mortgage, power bills, phone bills, etc. Please fill out the form below.

Company Name	Account No.	Login User Name	Password/PIN	Date Due	Amount Due
Example: OUC Power	*123456-789*	*BFundlovesU*	*OneLove143!*	*07-03-18*	*$378.29*
1.					
2.					
3.					
4.					
5.					

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The Barber Fund
HOLD HARMLESS AGREEMENT

All applicants must read and sign this form prior to their application being presented to The Barber Fund Board for consideration.

I acknowledge by completing and submitting an application for a grant, I understand that there is no guarantee of my grant being accepted and any monies dispersed. I also understand that any monies dispersed are to be used at my discretion and The Barber Fund is not to be held liable for my decisions in dispersing said monies.

I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes The Barber Fund, its Board of Directors and their officers, servants, agents or volunteers **FROM ANY AND ALL LIABILITIES, CLAIMS and DEMANDS.**

I further agree to indemnify and hold harmless The Barber Fund for any loss, liability, damage or costs, including court costs and attorney's fees that occur as a result of my grant application being denied OR accepted.

It is my express intent that this Agreement to Hold Harmless shall bind the members of my family and partner/spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Florida.

In signing this Agreement to Hold Harmless, I acknowledge and represent that I have read this Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from this agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

Signed this _____day of _____, 20_____.

Applicant's Signature _____

Printed Name _____

Witness Signature _____

Witness Printed Name _____

One Love
JOIN THE MOVEMENT
thebarberfund.org

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AUTHORIZATION TO RELEASE MEDICAL RECORDS

All applicants must read and sign this form prior to their application being presented to The Barber Fund Board for consideration.

DO NOT SEND THIS FORM TO A PHYSICIAN — PLEASE COMPLETE AND SIGN YOURSELF.
***Only one form is required per applicant, even if you were treated by multiple physicians.**

Name of Applicant _____

Address _____

Date of Birth _____ / ____ / _____ Telephone Number (_____)_____-_____

1. I hereby authorize and consent to the release of my medical record (as circumscribed in Section 2, below) by _____ (**name of doctor/hospital**) for a time period beginning as of the date I sign this Authorization and ending on ____ / ____ / 20___ (**one year from today's date**). The record should be released and sent to: The Barber Fund, PO Box 536118 Orlando, FL. 32853-6118 OR emailed to VP@TheBarberFund.org, Attn: Dixie L. Todd. The purpose of this release is to allow The Barber Fund to consider my application and eligibility for certain grants and scholarships.

2. I authorize the release of my medical record only as it relates to the diagnosis and treatment of cancer, including, but not limited to, all consultation and therapy notes, correspondence, evaluations, examination data, prescriptions and bills for medication, and all other documents for diagnosis and treatment of cancer (for the period from ____ / ____ / _____ **to** ____ / ____ / _____ (**dates**)).

3. A photocopy of this authorization shall be considered as effective and valid as the original.

4. I have carefully read and understand the above statements, and do expressly and voluntarily consent to disclosure of my medical records as described in this Authorization. I understand that I may revoke this Authorization at any time in writing, provided that my revocation shall not apply to any release of my medical records and information that predates my revocation notice.

Signed this _____day of _____, 20_____.

Applicant's Signature _____

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