Wigs for Women

Wig Voucher Application

Qualifications:
To be eligible to receive a voucher for a wig through the Wigs For Women Voucher Network, applicants must meet the following criteria:

1. Be a current cancer patient 18-years-old or older, living in Minnesota.
2. Have suffered or will suffer hair loss as a side effect of chemotherapy. *(A letter from your attending physician verifying your medical history and current medical situation must also be submitted. Medical information will be kept confidential and will only be utilized to support the qualification for the voucher program.)*
3. Provide documentation to support financial inability to afford the cost of a wig.
4. Are not receiving care through the CentraCare Health System or its affiliates ***

Application: *your personal information will remain confidential and will not be sold or distributed to other entities*

NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
DOB:		PHONE:	
EMAIL:			
Reason for hair-loss?			
How did you hear about Wigs For Women?			
Name of stylist or salon:			

***** If receiving care through CentraCare Health Systems, the St. Cloud Breast Center Enhancement Program provides wigs, hats and accessories <u>at no charge</u> to cancer patients. The Enhancement Program is located in The Breast Center at CentraCare Health Plaza. Call the Customer Contact Center at 320-229-4904 for more information.**

Complete the following to determine eligibility: *your personal information will remain confidential and will not be sold or distributed to other entities. Documents will be destroyed six months of receipt and/or approval of application.*

Are you currently employed? [ ] yes [ ] no If yes, name of employer	
Total annual family income last year: _____ *(Provide a copy of current year tax return – pages 1-2 only; or 1040EZ)*	Total number of people in your household? _____
Do you expect a change in your family income this year? [ ] yes [ ] no If yes, please explain:	
Do you have medical insurance coverage? [ ] yes [ ] no If yes, name of provider:	
Does your medical insurance provider offer any type of benefit and/or allowance to purchase a wig as a result of hair loss due to cancer? [ ] yes [ ] no If yes, please explain:	
Do you have supplemental cancer insurance coverage? [ ] yes [ ] no If yes, name of provider:	
Does your supplemental cancer insurance provider offer any type of benefit and/or allowance to purchase a wig as a result of hair loss due to cancer? [ ] yes [ ] no If yes, please explain:	
Briefly explain your financial hardship to independently afford the cost of a wig:	

***** OFFICE USE ONLY *****

Application received: _____ *Application reviewed:* _____

Voucher mailed: _____ *Redemption date:* _____

Description of wig: _____ *Retail price:* _____

Other: _____

_____

_____ *(11/2016)*

Dear Applicant,

Wigs for Women is committed to enhancing the dignity, self-esteem, and well-being of those who experience hair loss due to cancer. Through the WFW Wig Voucher Network and partnership with Pyramid Beauty Hair & Wigs we are able to provide this service to women in need.

Complete and mail the attached application, along with required documentation to:

Wigs for Women
422 Riverside Drive SE
St. Cloud, MN 56304

You will receive an email within two weeks of receipt of your application regarding your qualification and next steps.

We wish you well in your journey and look forward to serving you.

With care,

Wigs for Women
422 Riverside Drive SE
St. Cloud, MN 56304
320-761-5529
wfw.rott@gmail.com
www.wigsforwomenwithcancer.com