

Educate: Eliminate: Advocate

## WHO ARE WE:

*The South Jersey Breast Cancer Coalition is a 501c3 nonprofit breast cancer advocacy organization dedicated to eradicating breast cancer through action, advocacy and education.*

*The CJO Client Assistance Program provides grants to people with breast cancer who need financial assistance with essential bills while going through treatment.*



Founders: Elyse Suster & Loretta Mikulski

▶ **SJBCC**

**78 S. White Horse Pike  
Berlin, NJ 08009**

**Phone: 856-768-9028  
Fax: 856-768-9085  
Email:  
sjbccloretta@verizon.net**

**SJ Breast Cancer Coalition**

*Carolyn J. Ochs  
Memorial Client  
Assistance Fund*

**Need a little help?**

**Call:**

**856-768-9028**

**Www.southjerseybcc.org** ◀



# Request for grant

**CRITERIA FOR APPLICATION:**

- Verification of illness, letter from doctor or social worker, this fund is breast cancer specific
- Verification of NJ residency
- Copies of bills to be considered
- Letter stating we can advocate of your behalf (Third party authorization form)
- Client has proof of trying other avenues of support such as Board of Social Services or other charitable organizations
- NO FUNDS WILL BE GIVEN DIRECTLY TO CLIENT

The South Jersey Breast Cancer Coalition has established an Emergency Client Assistance Fund to help people who have financial need associated with or arising from the diagnosis or treatment of breast cancer. Actual treatment costs, co-pays or insurance premiums are excluded from the fund. The type of bills to be considered are "essential bills" such as rent or mortgage and utility bills. An Emergency Fund Board will review each request and decisions will be made on a case by case basis according to the availability of the funds and the needs of the applicant.

There may be a 6 month waiting list for the funds at any given time. All information is kept confidential. New Jersey law prohibits any form of discrimination based on age, gender or ethnicity.

Application

1. What is the financial need you have as a result of the diagnosis or treatment of breast cancer?  
\_\_\_\_\_
2. What are the circumstances that have caused you to ask us for a grant?  
\_\_\_\_\_
3. Amount Requested : \_\_\_\_\_
4. Sources of income & Number of people living in your household  
\_\_\_\_\_
5. Do we have permission to contact your doctor's office to verify disease? Yes \_\_\_\_\_ If so, name and phone of number of your oncologist  
\_\_\_\_\_
6. May we identify ourselves as the SJ Breast Cancer Coalition when leaving a message at your home?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Secondary number for emergency contact:  
\_\_\_\_\_
8. Contact person if we are unable to reach you?  
\_\_\_\_\_



*We are just a  
phone call away*

9. May we contact the dedicated agency for payment for further information if needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant's Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Please use this form to qualify and mail to the address below or fax number. All information must be clear with correct account numbers and return addresses and contact persons.

Please use second piece of paper with the Name, address and phone numbers to receive payment. If this is for rent a copy of your lease must be attached. Please no scanned items sent to email address, we must have hard copies.

**▶ SJ Breast Cancer Coalition**

**78 S. White Horse Pike  
Berlin, NJ 08009  
Phone 856-768-9028  
Fax: 856-768-9085**

**Email:  
sjbccloretta@verizon.net  
www.southjerseybcc.org**