



Pink Chair Grant Application

The Pink Chair Project provides comfort to those in need after breast cancer surgery. The recipients of this grant will receive a chair donated by the Pink Chair Project. Please fill out completely and legibly in order to be reviewed.

Date: _____ Phone: _____

Chair Recipient: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Marital Status: Single Married

Circle One: Own / Rent Are you a CT Resident? Yes / No Fluent English: Yes / No

of Dependents living in your home: _____ Household Annual Income: _____

If you are granted a chair, where will it be located in your home and will it need to go up or down stairs?

Alternate Contact/Phone if unavailable:

Name: _____ Phone: _____

Who were you referred by: _____

Plastic Surgeon's Name: _____ Phone: _____

Breast Cancer Doctor's Name: _____ Phone: _____

Date Diagnosed: _____

Diagnosis: _____

Date of Surgery: *(If not scheduled yet, use an approximate)* _____

This form to be completed and accompanied by a Referral Letter from Physician/Nurse Navigator/Social Worker and emailed to pinkchairproject@gmail.com or mailed to:

The Pink Chair Project, 300 Sand Bank Road, Watertown, CT 06795

Thank you for your application. This will be reviewed by the Executive Board and you will be contacted.

Please note that due to the high volume of applications, we will only contact you if we are able to provide assistance. All donations are at the discretion of The Pink Chair Project and are subject to fund availability.