



COMMUNITY ASSISTANCE APPLICATION

Name:	_____		
Address:	_____		
City / State / Zip:	_____		
Phone:	_____	Age:	_____
Email:	_____	Gender:	_____
Diagnosis:	_____		
Prognosis:	_____		
Contact Person / Relation to applicant:	_____		

Please submit a letter from your Doctor with this application.
The letter should acknowledge the applicant as a current patient and include the date of the last appointment. Applications and letters may be submitted to the address below or via Fax (727) 363-0344 or Email info@vivalaschicas.org.

Needs: What needs are not being met? (Physical or financial, please give examples and a short statement explaining situation): _____

Please note that Viva Las Chicas does not offer financial assistance with medical bills or treatment. We can help with household, personal and parental responsibilities



How did you hear about Viva Las Chicas? _____

Viva Las Chicas will make every effort to comply with state and federal privacy laws in regards to your Protected Health Information. The Viva Las Chicas Notice of Privacy Practices may be viewed on our website at www.vivalaschicas.org. A paper copy will be furnished to you upon request. By submitting this application you consent to the information policies set forth in the Viva Las Chicas Notice of Privacy Practices.

P.O. Box 66866, St. Petersburg Beach, Florida 33736

Viva Las Chicas is a non-profit organization with section 501(c) (3) status for tax purposes, and is governed by its Board of Directors. Viva Las Chicas tax number is 73-1713494.