



# HAIRPIECE APPLICATION

Completed applications are reviewed within a few weeks. **Until all required documents are submitted, we cannot process the application.**

## RECIPIENT'S INFORMATION

DATE: \_\_\_\_\_

RECIPIENT'S NAME: \_\_\_\_\_

First

Last

M.I.

ADDRESS: \_\_\_\_\_

Street Address

Apt#

City

State

Zip

DATE OF BIRTH \_\_\_\_\_

GENDER \_\_\_\_\_

ETHNICITY \_\_\_\_\_

## PARENT/GUARDIAN'S INFORMATION *(IF THE RECIPIENT IS A CHILD)*

PARENT/GUARDIAN  
NAME: \_\_\_\_\_

First

Last

Relationship to child

ADDRESS: \_\_\_\_\_

Street Address

Apt#

City

State

Zip

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

REFERRED BY \_\_\_\_\_

## REQUIRED DOCUMENTS TO INCLUDE:

**MEDICAL**

- Doctor's Diagnosis, can be faxed by doctor's office to us
- Photo without hairpiece or hat to help us with the custom fit. Please do not fax photographs.

**FINANCIAL**

- Recipient/Parent/Guardian's most recent tax returns or
- Other proof of Income: Social Security, Welfare, Disability Income
- Other documents that verify extenuating financial circumstances

**PERSONAL**

- Two letters of recommendation explaining why the person would benefit from a hairpiece.

**MAIL YOUR APPLICATION:** All applications should be sent **Certified Mail** or **Federal Express** to: **Case Manager**

**PO Box 1682, Cheektowaga, NY, 14225 PHONE +1-800-949-9028**