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Gwinn Teen Clinic  
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Gwinn, MI 49841  
Ph:(906)372-4002  
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Hematite Health Clinic  
319 E Division  
Ishpeming, MI 49849  
Ph:(906)204-2620  
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## BREAST FRIENDS FUND Application

Patient name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

### Financial & Situation Background

Amount Requested: \$ \_\_\_\_\_ Yearly income: \$ \_\_\_\_\_

**Please attach a copy of the most recent W-2 form**

Household income: \$ \_\_\_\_\_ Number of dependents: \_\_\_\_\_

Type of financial assistance requested: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received or explored other assistance?  Yes  No

Are you a previous recipient?  Yes  No If yes, date: \_\_\_\_\_

Amount received: \$ \_\_\_\_\_

The intent of the Breast Friends Fund is to help cover the costs associated with outstanding bills relative to breast health treatment. It is open to patients in Marquette County. Please attach copies of relevant bills.

Applications are to be submitted directly to:

**Marquette County Health Department**

**ATTN: BCCCP Coordinator**

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