



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: _____

Chair Recipient: _____

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, PO Box 601, Southbury, CT 06488

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