

# SOLANO MIDNIGHT SUN FOUNDATION

795 Alamo Drive, Suite 106 · Vacaville, CA 95688

phone: (707) 469-9909 fax: (707) 320-0018 website: <http://www.solanomidnightsun.org>

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## Breast Health Program 2018

Date of Application \_\_\_\_\_

### DEMOGRAPHIC INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Phone number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

### MARITAL STATUS (please circle)

1. Married

2. Never Married

3. Separated

4. Divorced

5. Widow (er)

6. Other \_\_\_\_\_

What medical insurance do you have? (Private, Medicare, MediCal, BCCTP, etc.) \_\_\_\_\_

Doctor's name making your referral: \_\_\_\_\_

Did someone help you complete this form? Y N

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

By signing below, I agree that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## **Breast Health Program 2018**

### **APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION**

To: \_\_\_\_\_  
Agency/Individual **From Whom** Information is Requested (e.g., your physician)

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

I, \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

hereby authorize you to release to Solano Midnight Sun Foundation, non-profit organization  
specific information requested by them which I cannot provide concerning:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information is needed to determine my eligibility for assistance from Solano Midnight Sun Foundation  
(SMSF) I have read this form and have agreed to its request prior to my signing.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Birthplace

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Note: Provide this form to the physician or other agency from whom you are requesting the release of information to Solano Midnight Sun Foundation.**