**Pink Heals Sheboygan County**



**What is “Pink Heals”?**

Pink Heals is a movement created by Dave Graybill, who is a retired firefighter, from the city of Glendale, AZ. Across the United States and Canada, there are currently more than 50 Pink Fire Trucks. These Pink Fire Trucks are named after those who are battling a life changing medical condition or have lost their fight to a life changing medical condition. The fire trucks are signed by anyone who has been touched by life changing medical condition. By having these pink trucks in your community, we help raise funds & create immediate care for those most in need. We are here to serve our community. With this program, your efforts and money are used 100% locally, serving the people in your community – our neighbors. Pink Heals is about supporting our community in their fight against life changing medical condition!

**Our Mission Statement**

**“The program is about our community, our family, our neighbors and our leaders and how it will help bring us back together to focus on our own people, rather than on promises that were never kept, opportunities that were lost and things that might have been. Pink will heal as long as we do it in service to our women and what they mean to us in our communities, not just because they are sick or stricken with cancer. Because if we use illness as the sole motivation for action, once the sickness is gone, so is the cause for coming together.” Dave Graybill**

The money we raise stays right here in Sheboygan County. We will help men, women or children, by helping pay a bill, which they may not have the money for. Our funds are funded by the sale of our merchandise and fundraisers. The recipients in need of financial assistance must be currently in treatment or just ended treatment in the last 60 days. If there is a greater need, we will assist with a fundraiser, food or clothing drive to help. If you know someone in need of assistance, please contact Sheboygan County Pink Heals email us at shebctypinkheals.gmail.com.

We have t-shirts, sweatshirts, sunglasses, vehicle decals and more, which we sell at events. We would love to see all of Sheboygan County turn “Pink”!



**Pink Heals Financial Request Form**

**To be eligible for financial assistance, you must currently be receiving treatment or just ended treatment in the last 60 days for a life altering medical condition and live in Sheboygan County.**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Zip: \_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The goal of Pink Heals of Sheboygan County, WI is to support families. Part of that is to relieve some stresses of money for day to day essentials.**

**Please attach copies (no originals) of bills/receipts to applications to receive payment. If your request is approved, Pink Heals Sheboygan County, WI will make a check payable to the mortgage, rent, utilities, clinic, hospital, etc. The check will be mailed to you, and it is your responsibility to distribute the checks to the appropriate place(s). We may also assist with gas or grocery gift cards as needed.**

**Our goal is once a request is received to have an answer to you within 10 days.**

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| --- | --- |
| Bills I need help with | Amount |
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Where did you obtain this form from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly add any other information that you think would be helpful for the committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**This section must be completed by your medical condition specialist**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is a patient of mine and is currently receiving treatment

(Patient’s Name)

for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Current condition)

Name of Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Treatment (Clinic & City)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Diagnosis and Type of Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Doctor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Doctors Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize a representative from Pink Heals Sheboygan County, WI to verify with my physician that I am in treatment for my life altering condition.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the above information is true and complete to the best of my knowledge.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please call Pink Heals at 920-889-7189 (Shelly) or 920-207-1307 (Katrina)

Mail this form with all your receipts to: Pink Heals Sheboygan County, WI

PO Box 72

Sheboygan, WI 53082

Email: [shebctypinkheals@gmail.com](mailto:shebctypinkheals@gmail.com)

Facebook Page: Pink Heals Sheboygan County

Website: shebctypinkheals.org