



**J'S HELPING HAND
GAS CARD PROGRAM**
Application Form

Full Name _____

Date _____

Address _____

Email Address _____

Phone Number _____



Are you undergoing breast cancer treatment?

Yes

No

Treating Doctor: _____

Have you lost household work income?

Yes

No

If yes, please explain:

Please send this form and the following documents to:

info@jshelpinghand.org

OR

J's Helping Hand

84373 Passagio Lago Way

Indio, CA 92203



Copy of ID or
Driver's License



Letter from your
treating provider



Signed
statement/letter
of current
financial hardship

***I declare that I have read this form thoroughly and I understand every question asked.
All of the given answers are correct and true to the best of my knowledge.***

Signature

