



Beauty Bus Foundation
2716 Ocean Park Blvd., Suite 1062
Santa Monica, CA 90405
phone 310.392.0900 | fax 310.392.0907
www.beautybus.org

APPLICATION FOR NATIONAL BAG OF BEAUTY PROGRAM

ABOUT US: Beauty Bus Foundation delivers dignity, hope and respite to chronically or terminally ill men, women and children and their caregivers through beauty and grooming services and pampering products.

ELIGIBILITY: Beauty Bus sends complimentary Bags of Beauty filled with pampering products to remind chronically or terminally ill men, women and children around the country and their caregivers that they deserve to look and feel beautiful. This program is reserved for clients with the following illnesses or conditions, which prevent them from accessing a salon or spa: ALS (Lou Gehrig's Disease), Cancer, Multiple Sclerosis, Muscular Dystrophy, Parkinson's Disease, Spinal Cord Injuries, Stroke and other select Neuromuscular and Motor Neuron Diseases.

APPLICATION PROCESS: Applicants are required to submit the following documents: (1) Application for National Bag of Beauty Program, (2) Health Disclosure Authorization; and (3) Medical Provider Release. Once all documents have been submitted, Beauty Bus will confirm eligibility.

BEAUTY BUS APPLICATION FOR NATIONAL BAG OF BEAUTY PROGRAM

Today's Date: _____

APPLICANT INFORMATION

First Name

Middle Initial

Last Name

Mailing Address

City

State

Zip Code

() _____
Home Number

() _____
Work Number

() _____
Cell Phone/Pager

() _____
FAX

Applicant's Email Address: _____

Date of Birth: _____ Sex: ___ Male ___ Female

Applicant's disease or condition: ___ ALS (Lou Gehrig's Disease)
___ Cancer ___ Multiple Sclerosis ___ Muscular Dystrophy
___ Parkinson's Disease ___ Spinal Cord Injuries ___ Stroke
___ Other select Neuromuscular and Motor Neuron Diseases
(Please specify) _____

Does the applicant's illness or condition prevent the applicant from being able to access a salon or spa? ___ Yes ___ No

Does applicant have any allergies to beauty products or any allergies that might be affected by products in the Bag of Beauty? ___ Yes ___ No

If Yes, please explain: _____

Is there anything else that we should be aware of that might affect Beauty Bus's ability to provide a Bag of Beauty to the applicant? _____

Are there products that you would prefer we not send to you? [We cannot guarantee that you will receive a specific product since we rely on donations.] _____

How did the applicant learn about Beauty Bus? _____

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CAREGIVER INFORMATION (IF APPLICABLE)

First Name

Middle Initial

Last Name

Mailing Address

City

State

Zip Code

() _____
Home Number

() _____
Work Number

() _____
Cell Phone/Pager

() _____
FAX

Caregiver's Email Address: _____

Date of Birth: _____ **Sex:** ___ Male ___ Female

Relationship to Applicant: _____

Does caregiver have any allergies to beauty products or any allergies that might be affected by products in the Bag of Beauty? ___ Yes ___ No

If Yes, please explain: _____

Is there anything else that we should be aware of that might affect Beauty Bus's ability to provide a Bag of Beauty to the caregiver? _____

Are there products that you would prefer we not send to you? [We cannot guarantee that you will receive a specific product since we rely on donations.] _____

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CONFIRMATION

I/we confirm that I/we understand the requirements for Beauty Bus' National Bag of Beauty Program, which are that the applicant cannot access a salon or spa due to a disease or condition serviced by Beauty Bus and the applicant submits complete forms to Beauty Bus, and represent that I/we qualify for these services.

APPLICANT CONFIRMATION

Print Applicant Name: _____

Applicant (or Guardian's) Signature: _____

Print Guardian's Name and Relation (if not signed by Applicant):

Date: _____

CAREGIVER CONFIRMATION (IF APPLICABLE)

Print Caregiver Name: _____

Caregiver Signature: _____

Date: _____

Please return completed application form to Beauty Bus Foundation

via one of the following:

Mail: 2716 Ocean Park Blvd., Suite 1062

Santa Monica, CA 90405

Fax: 310-392-0907

Email: bagsofbeauty@beautybus.org