



"One is not born a man, he becomes one."

Authorization to Collect Information

I authorize BTMI to verify all information contained in this application for the evaluation of this application and I further certify the information provided is true and correct to the best of my knowledge. I am aware that this information will be used to determine my eligibility for financial assistance and that the falsification of information in this application may result in denial of BTMI Gender Affirming Surgery Financial Assistance. I also understand that any financial assistance approval may be completely or partially reversed in the event of a recovery from a third-party or other source.

Applicant signature _____ Date: _____