



Support Guidelines

- Hope Chest for Breast Cancer Foundation ("Hope Chest") is committed to providing support to Minnesota residents being treated for breast cancer within the state of Minnesota.
- This document contains the general support guidelines relative to an applicant's eligibility for a grant and the requirements and process for receiving funds.
- To be eligible, you must be: (i) a resident of Minnesota; and (ii) in active treatment for breast cancer in the state of Minnesota. Active treatment is defined as intravenous chemotherapy and most intravenous immunotherapies. Hormone therapy after surgery (adjuvant therapy), subcutaneous and most oral therapies, and hospice care are not considered active treatment.
- Hope Chest pays for non-medical, basic living expenses, including mortgage, rent, utility bills (heat, electric, water and phone), car payments and licensed childcare.
 - Payment is sent directly to the creditor, so the application requires the mailing address and account number of the creditor for the payment to be made.
 - Hope Chest is unable to communicate directly with your creditor regarding payment. You must handle all contact with the creditor in order to timely assist Hope Chest's ability to issue payments for your benefit.
 - When completing the application, you will be required to attach or upload a copy of a bill, statement, or lease, for the amount requested, which shows your name and the amount being requested for payment.
 - You may need to provide income verification, or other documentation, upon request.
 - Hope Chest generally expects that payment be cashed and/or accepted by the creditor within 90 days of issuing. Hope Chest reserves the right to cancel funds not cashed or accepted beyond this time period in order to make such funds available to other applicants.
- Assuming the minimum requirements are met concerning your Minnesota residency and treatment in Minnesota, Hope Chest will evaluate the other information provided in your application (or any other additional information that may be requested), as well as other factors (including without limitation funds available and the number of applicants under



consideration) in order to determine whether and the amount to which you are qualified to receive. Financial support is determined by urgency and depth of need as shared by the applicant. Hope Chest will consider fractional payment requests up to the maximum amount for which you qualify during that twelve-month period. Exceptions may be made in limited circumstances, the determination of which is within Hope Chest's sole discretion.

- Completed application requests for grants will generally be processed and in the mail within 5-7 business days after verification of treatment status is received from your nurse navigator/healthcare provider. You will receive an email when a decision has been reached on your application.
- As part of the grant application, you must check the box and agree to release medical information as needed to process your request, and to provide the name, email address and phone number for your Oncologist, Registered Oncology Nurse or licensed medical Social Worker. They will be contacted to verify treatment before the application can be processed.
- These general guidelines are for informational purposes only. Qualification for support is not a guarantee for funds, nor is this a contract or commitment to provide funds. Eligibility and amounts of proceeds granted, as well as any distribution of Hope Chest's funds, are within the sole discretion of Hope Chest and Hope Chest has the right to follow, modify or revise these guidelines, without notice as it may deem appropriate. Hope Chest strives to support as many people as possible and your application will be given every consideration.

