



Any questions, contact  
foundation@hopechest.com  
952-471-8701.



3850 Shoreline Drive  
Wayzata, MN 55391  
(952) 471-8701

[www.hopechest.com](http://www.hopechest.com)



*Serving Minnesota breast  
cancer patients with help and  
hope since 2001*



**PATIENT HANDOUT**

# WHAT WE DO

The **Hope Chest for Breast Cancer Foundation** (Hope Chest) was founded under the idea that no one should go through cancer alone. **Our mission is to provide the quickest access to help the most urgent daily needs of Minnesota breast cancer patients and their families, including housing, utilities, transportation, adult/childcare, and food.**

We have distributed over **\$2.8 million** in non-medical grants to over **6,000 breast cancer patients** since the founding of Hope Chest in 2001.



*“I am forever grateful that I was provided with Hope Chest’s information. I am thankful for the financial help they were able to provide me, and for all the people who can donate to a great cause.”*

- Kari



## Hope Chest Grants Online

If you or someone you know is in treatment for breast cancer and in need of non-medical support during active treatment, please contact us today.

### How Patients Can Apply

Getting help is easy! *Hope Chest GO* is a secure, online application that takes only 10 minutes to complete.

- Patients can go to [hopechest.com](http://hopechest.com) and click “Get Help” to apply for a grant. Access our Active Treatment Guidelines to see if you qualify.
- Or patients can print the application found online at [hopechest.com](http://hopechest.com), fill out the information and mail the application to the Hope Chest address or scan and send to [foundation@hopechest.com](mailto:foundation@hopechest.com).

### Getting Help is Quick

Once approved, Hope Chest provides Minnesota breast cancer patients (in active treatment) immediate financial support to pay for non-medical living expenses.



# APPLICATION PROCESS

1. The application takes 10 minutes to complete.
2. Grant applications are considered and processed pursuant to *Hope Chest GO's* Support Guidelines (view online).
3. Please have the first and last name, email address, and phone number of your Social Worker, Nurse Navigator, or Doctor. We will need to verify your treatment status before your grant application can be approved.
4. Grants are paid directly to the company owed.
5. You will need to provide a copy of the bill(s) you wish to be paid.

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