AiRS APPLICATION CHECKLIST:

Please ensure you have provided the following items before submitting your application:

☐ Include quality photo headshot of yourself, not a selfie please (See News & Publication Authorization Form). We like to see who we are helping.

☐ Application must be typed or legibly PRINTED by hand. Please do not use cursive.

☐ All blanks, sections, and pages must be complete. Do not leave anything blank. Write N/A if not applicable.

☐ Provided income verification (2 forms) for all family members in the household and all sources of income. This may include paycheck stubs, current tax returns, etc. If you receive any government assistance, please provide a copy of benefits.

☐ If you do not work or have no income, please explain why in the Statement of Need and how you cover living expenses.

☐ If your income exceeds the Federal Poverty Guidelines, you must document your monthly budget including detailed income and expenses in the Statement of Need. You must specifically explain your financial hardship and need for assistance.

☐ If you have medical coverage, attach copy of medical insurance card/Medicaid/Medicare, etc. including co-pay/out-of-pocket amounts. If you have applied for coverage and been denied within past 6 months, provide copy of denial letter.

☐ Include letter from Oncologist on letterhead substantiating prior diagnosis of breast cancer or positive BRCA gene testing.

☐ Provide medical records from Breast Reconstruction consultation, if available.

☐ Provide quote for Breast Reconstruction surgeon and facility, if available, on letterhead, including estimated patient responsibility, if known and details of proposed surgeries. All stages of assistance and estimated time frames must be provided.

☐ If your surgeon has agreed to discount your surgery, please ask them to include this discounted amount in the quote.

☐ Provide letter of financial aid approval/denial from hospital/facility on letterhead if you have applied for financial aid, including estimated patient responsibility, if known.

☐ Provide any documentation that you believe would help us understand your need for assistance.

☐ Review your application for completeness. Ensure you have completed every blank, signed or initialed each section, and provided all requested documentation prior to submission.

☐ You may explain any special circumstances or omissions in your Statement of Need.

☐ Amount requested for AiRS grant if known: $_____ for _____

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