



Dear Breast Reconstruction Survivor: We understand that you wish to be considered as a candidate to receive charitable benefits through the Alliance in Reconstruction Surgery Foundation (AiRS) breast reconstruction program. This grant application and client agreement, when signed by you, confirms your agreement with the terms of participation in the program.

On the following pages, you will find the grant application packet, including client agreement, AiRS News & Publication Authorization Form, Policy and Statement of Need.

The mission of AiRS is to Advocate, Educate, and Support women who wish to have restorative breast surgery to help restore self esteem and feel whole again. We look forward to receiving your complete & thorough application so we may help you as quickly as possible.

Thanks to the generous support from donors, we are able to award full and partial grants to qualified applicants. Per the Candidate Criteria on page X. Applicants above the Federal Poverty Guidelines who demonstrate and document financial hardship and need may be considered for a partial grant award.

The application consists of the following sections:

- Welcome letter, Application Checklist, and client agreement
- Grant application
- News & Publication Form
- Policy for Grantee
- Statement of Need
- Supporting Documentation per Application Checklist

Please carefully read the application instructions. Your application must be complete and legibly PRINTED or typed (no cursive please), and will not be considered until all sections are submitted together. AiRS will close incomplete applications after 30 days unless an extension is approved.

We carefully review each grant application in the order received. Unfortunately, we cannot tell you if you qualify prior to receiving your complete application. Processing and approval of complete applications may take between 14-30 days. Please allow 30-60 days prior to surgery for approval. All requests must be pre-approved.

If your grant request is approved, the grant award will be paid directly to medical providers/facilities to pay for breast reconstruction and related medical expenses. AiRS will not reimburse patients for past breast reconstruction or related medical expenses. AiRS' mission of helping women with breast reconstruction prevents us from helping to pay for living expenses or transportation.

The following checklist is provided to assist you with ensuring a complete application. Upon receipt of your completed grant application package by email or mail, applicants will be assigned a patient advocate who will reach out to you via your preferred method of contact. If you have questions regarding the application prior to submission, please email [info@airsfoundation.org](mailto:info@airsfoundation.org).

You may return your application by mail or email only. Please email in one .PDF document and please do not take photos of individual pages. If you do not have access to a scanner, your surgeon's office may be willing to email it for you, or you may visit a local library, Kinkos printing business, or mail to the address on the application.

We look forward to receiving your application packet.

Sincerely,  
AiRS Team

**Please email or mail your signed, AiRS Grant Application Form to:**

Email: [info@airsfoundation.org](mailto:info@airsfoundation.org)

Mailing Address: AiRS Foundation, 3401 Lee Pkwy., Ste. 1504, Dallas, TX 75219  
4828-1316-2374.2/15556/1301/012219



## 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 \_\_\_\_\_

**Please email or mail your signed, AiRS Grant Application Form to:**

Email: [info@airsfoundation.org](mailto:info@airsfoundation.org)

Mailing Address: AiRS Foundation, 3401 Lee Pkwy., Ste. 1504, Dallas, TX 75219

4828-1316-2374.2/15556/1301/012219



## CLIENT AGREEMENT

### BREAST RECONSTRUCTION PROGRAM

Dear Breast Cancer Survivor/Pre-Vivor:

We understand that you wish to be considered as a candidate to receive charitable benefits through the Alliance in Reconstruction Surgery Foundation (AiRS) breast reconstruction program. This letter, when signed by you, confirms your agreement with the terms of participation in this program.

### CANDIDATE CRITERIA

To be considered as a candidate for the AiRS breast reconstruction program, you must meet all of the following criteria:

1. Have been diagnosed with Breast Cancer or BRCA gene.
2. Have a current and complete application on file with AiRS. Your application must be updated every 6 months from date of initial application. Incomplete applications will not be considered.
3. Provide copies of your tax returns for the most recent two tax years (joint return if married) to AiRS with application.
4. Demonstrate household income at or below **100%** of the federal poverty guidelines, which are stated below or if your income exceeds 100% of Federal Poverty Guidelines document financial hardship, including monthly budget with detailed income and expenses:

Family Size	Gross Yearly Income (at or below the amounts listed)
(1)	\$12,490
(2)	\$16,910
(3)	\$21,330
(4)	\$25,750
(5)	\$30,170
(6)	\$34,590
(7)	\$39,010
(8)	\$43,430

I acknowledge that if my income exceeds 100% of F.P.G., I may be requested to contribute a portion of expenses.

My Family Size \_\_\_\_\_ \$ \_\_\_\_\_ Gross yearly income for all family members \_\_\_\_\_

5. Include medical records from oncologist substantiating breast cancer or BRCA gene diagnosis. Provide letter of recommendation from family member, friend or employer confirming financial need.
6. Provide medical records from breast reconstruction consultation (if applicable).
7. Confirm here that you have tried **every** avenue available to you to raise the funds to pay for your reconstruction first before seeking benefits from AiRS. \_\_\_\_\_ (Initial)
8. Provide a fee quote of the physician's and facility's fees for your procedure.

**Please email or mail your signed, AiRS Grant Application Form to:**

Email: [info@airsfoundation.org](mailto:info@airsfoundation.org)

Mailing Address: AiRS Foundation, 3401 Lee Pkwy., Ste. 1504, Dallas, TX 75219

4828-1316-2374.2/15556/1301/012219



## CLIENT AGREEMENT (continued)

### SUPPORT SYSTEM

AiRS is concerned with the total well-being of our clients who receive surgery. Depending on the type of surgery your plastic surgeon recommends, breast reconstruction may require a commitment of **up to a year or longer**. To secure plastic surgeons to work with AiRS, our candidates must be screened to assure they have a stable environment for recuperation after surgery. While AiRS acts as a payment gateway for fees for medical services, we are not set up to provide other patient support services.

#### YES NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an individual who can do all your heavy lifting (of children, groceries etc.) immediately after surgery?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have reliable transportation for doctor visits, if necessary?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have the financial means to cover your basic living expenses - food, clothing and shelter—during recuperation?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have the finances to pay for the prescription medications for after surgery (i.e. pain medicine, etc.)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you smoke? As smoking before or after surgery can seriously affect and even cause breast reconstruction to fail, applicants must abstain from smoking prior to surgery and during their reconstruction recovery period. Plastic surgeons require patients to be nicotine tested the months leading up to and after surgery. <b>If you are unable to abstain from smoking or nicotine, do not apply to AiRS for assistance.</b> |

### TERMS OF AGREEMENT

**YOU MUST INITIAL ALL POINTS or Agreement will be void and your Application will be denied.**

By signing below, you agree that if you are selected to receive benefits as a client of the AiRS breast reconstruction program, you:

1. Agree and understand that any surgery paid for by AiRS is **voluntary** and under a separate contract **with the plastic surgeon**, and the surgical facility, not AiRS. I understand that AiRS merely acts as a provider of payment for my medical services and is not involved in or responsible for making any clinical decisions or advising you regarding the need for surgery, the type of surgery to be done, alternative treatment options, risks, or potential complications. Therefore, I agree to waive, release, discharge, defend, indemnify and hold harmless AiRS, its employees, agents, directors and volunteers from any and all liability, claims, causes of action, losses, damages, expenses, costs or fees resulting from or arising out of my participation in AiRS breast reconstruction program, any related surgery, related anesthesiology, related hospitalization, related recuperation, or any other related activities and events. THE INDEMNIFICATION ABOVE APPLIES WITHOUT LIMITATION TO AND DESPITE ANY NEGLIGENCE, GROSS NEGLIGENCE OR OTHER BASIS OF FAULT OR AiRS, ITS EMPLOYEES, AGENTS, DIRECTORS AND VOLUNTEERS. \_\_\_\_\_ (Initial)

**Please email or mail your signed, AiRS Grant Application Form to:**

Email: [info@airsfoundation.org](mailto:info@airsfoundation.org)

Mailing Address: AiRS Foundation, 3401 Lee Pkwy., Ste. 1504, Dallas, TX 75219

4828-1316-2374.2/15556/1301/012219



\*Agree that all payments must be pre-approved and paid directly to medical provider(s) AiRS will not reimburse patients for past breast reconstruction or related expenses. \_\_\_\_\_ (Initial)

2. Agree not to institute legal proceedings against AiRS, its employees, agents, directors, and volunteers for any personal injury (including, but not limited to, any personal injury, disability, dismemberment and death) and any property damage caused by my participation in the AiRS breast reconstruction program. \_\_\_\_\_ (Initial)
3. Agree to execute the necessary waivers under the Health Insurance Portability and Accountability Act (“HIPAA”) to allow my plastic surgeon to release to AiRS information pertaining to my medical condition, my appointments, my surgery dates and the surgeon’s opinions, recommendations and prognosis. You must include AiRS on your HIPPA agreement with the surgeon. \_\_\_\_\_ (Initial)
4. Agree and understand that should any complications arise due to my failure to follow doctor’s orders that then result in additional medical services or surgeries outside what is considered reasonable and customary for my procedure (including the removal of the tissue expander or implants), any and all compensation for medical services and fees for ALL medical services provided will become MY responsibility and under such circumstances, AiRS will be released from any obligation to fund or pay for ANY of my medical fees and costs. \_\_\_\_\_ (Initial)
5. Agree that you are a current breast cancer survivor or have been diagnosed with the BRCA gene. \_\_\_\_\_ (Initial)

By signing below, you further agree that you have been truthful in responding to everything on this Agreement and on the Application submitted with it and that copies of all documents submitted to AiRS are true copies of genuine documents that do not contain false statements. You acknowledge that is YOUR responsibility to follow up periodically about your application status, keep your information current and notify AiRS of any change in phone number, email or mailing address. Failure to do so may result in having your application placed on “inactive” status and you may have to begin the application process over in order to remain under consideration for AiRS benefits.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**Please email or mail your signed, AiRS Grant Application Form to:**

Email: [info@airsfoundation.org](mailto:info@airsfoundation.org)

Mailing Address: AiRS Foundation, 3401 Lee Pkwy., Ste. 1504, Dallas, TX 75219

4828-1316-2374.2/15556/1301/012219



ADVOCATE. EDUCATE. SUPPORT.

## AIRS FOUNDATION GRANT APPLICATION FORM

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Applicant Name \_\_\_\_\_ Nickname \_\_\_\_\_

Preferred Method of Contact:  Phone: \_\_\_\_\_  Email: \_\_\_\_\_

Birth Date (Month/Date/Year) \_\_\_\_\_ Age \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

Applicant Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer (Name, Address and Telephone Number) (If unemployed, list previous employer information) \_\_\_\_\_

Spouse Name (or Father and Mother if Applicant is a Minor) \_\_\_\_\_

**A. Income:** Please provide the income for each of the following persons in your household.

	<b>Circle One</b>		<b>Circle One</b>
Applicant	\$ _____ Hr / Wk / Month / Year	Applicant's Father (if Applicant is a minor)	\$ _____ Hr / Wk / Month / Year
Spouse	\$ _____ Hr / Wk / Month / Year	Applicant's Mother (if Applicant is a minor)	\$ _____ Hr / Wk / Month / Year
Total Income	\$ _____		

If your income is zero, why? \_\_\_\_\_

**B. Family Members:** Please provide the number of people in the Applicant's household.

# of Adults with Income: \_\_\_\_\_ # of Children < 18: \_\_\_\_\_ Total in Household: \_\_\_\_\_

**C. Income Verification:** Please provide at least two of the following types of documentation to verify income for everyone in your household (listed in order of preference). All forms of income must be reported (child support, spousal support, etc.).

<input type="checkbox"/> Tax Return - Previous 2 Years	<input type="checkbox"/> Bank Statements
<input type="checkbox"/> IRS Form W-2	<input type="checkbox"/> Proof of Participation in Governmental Assistance programs such as food stamps, CDIC, Medicaid or AFDC
<input type="checkbox"/> Paycheck Remittance	
<input type="checkbox"/> Employer Verification	
<input type="checkbox"/> Social Security, Workers Compensation or Unemployment Compensation Determination Letters	

If you are unable to provide one of the sources of income documentation listed above, please explain why this information is not available:  
 \_\_\_\_\_  
 \_\_\_\_\_

(OPTIONAL) AiRS will not use this information to discriminate, but it may assist AiRS in receiving funding.

**D. Are you a**

<input type="checkbox"/> US Citizen	<input type="checkbox"/> Non US Citizen	<b>Ethnicity:</b>	<input type="checkbox"/> African American/Black
<input type="checkbox"/> Naturalized Citizen		<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Asian	<input type="checkbox"/> White/Caucasian
		<input type="checkbox"/> Native or Pacific Islander	

**E. How did you hear about AiRS Foundation?**  American Cancer Society  Google Search  Facebook  Brochure

Referral (by whom) \_\_\_\_\_

Other: \_\_\_\_\_

**Please email or mail your signed, AiRS Grant Application Form to:**  
 Email: [info@airsfoundation.org](mailto:info@airsfoundation.org)  
 Mailing Address: AiRS Foundation, 3401 Lee Pkwy., Ste. 1504, Dallas, TX 75219  
 4828-1316-2374.2/15556/1301/012219



## AIRS FOUNDATION GRANT APPLICATION FORM (continued)

**F. Assets and Other Resources:**

Do you have any assets or other resources available to you?  Yes  No If Yes, Current amount available: \$ \_\_\_\_\_  
(Examples include savings accounts, trusts, stocks, bonds, Retirement accounts, mutual funds, cash, etc.)

**G. Medical Coverage:**

Do you have medical insurance?  Yes  No If yes, provider name and attach documentation \_\_\_\_\_

Deductible Amount \$ \_\_\_\_\_ Has current deductible been met?  Yes  No When? \_\_\_\_\_

Do you have Medicare?  Yes  No

Do you have Medicaid?  Yes  No

If "No", have you applied?  Yes  No

If "No", have you applied?  Yes  No When? \_\_\_\_\_

Do you have other government/state issued medical coverage?  Yes  No

If you have not applied to Medicare/Medicaid, why: \_\_\_\_\_

**\*If you have applied and been denied for Medicaid or Medicare in the past 6 months, you must attach denial letter.**

Have you been diagnosed with cancer?  Yes  No If "Yes", date: \_\_\_\_\_  Attach Records

Diagnosis/treatment received or expected: \_\_\_\_\_

Have you seen a Breast Surgeon or Reconstructive Surgeon for consultation?  Yes  No If "Yes", date: \_\_\_\_\_  Attach Records

Surgeon Name: \_\_\_\_\_ Surgeon Phone: \_\_\_\_\_

Surgeon Email: \_\_\_\_\_ Surgeon Address: \_\_\_\_\_

Have you received BRCA positive genetic testing?  Yes  No  I Don't Know

Have you had a mastectomy?  Yes  No Are you scheduled for a mastectomy? Date: \_\_\_\_\_

Have you received any Breast Surgery?  Yes  No If "Yes", date: \_\_\_\_\_ Type: \_\_\_\_\_

**\*Schedule of Date:** \_\_\_\_\_

Surgery you may be requesting financial assistance for:

Mastectomy (Expanders)  Nipple  Breast  Tattoo

Other: \_\_\_\_\_

Other Assistance:

Reconstruction Info  Surgery Referral  Advocacy

Other: \_\_\_\_\_

Have you applied for any other grants?  Yes  No Date: \_\_\_\_\_ Organization: \_\_\_\_\_

Status: \_\_\_\_\_ Award: \_\_\_\_\_

Have you applied for financial aid/charitable care at a hospital/facility?  Yes  No Status: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Info/Phone: \_\_\_\_\_

Surgery you may be requesting financial assistance for:

If approved, attach copy of approval letter.

What amount specifically are you requesting from AiRS?: \_\_\_\_\_ Provide written quote from Surgeon/Facility.

If you have medical coverage, insurance, Medicaid or Medicare, provide copy of insurance card with co-pay amounts.

**Please email or mail your signed, AiRS Grant Application Form to:**

Email: [info@airsfoundation.org](mailto:info@airsfoundation.org)

Mailing Address: AiRS Foundation, 3401 Lee Pkwy., Ste. 1504, Dallas, TX 75219

4828-1316-2374.2/15556/1301/012219







## AiRS FOUNDATION NEWS & PUBLICATION AUTHORIZATION FORM

Allowing AiRS to share your story in our marketing materials helps personalize our cause, raise money and promote awareness for our mission. If you are selected to receive a grant for breast reconstruction surgery, by signing below, you understand and authorize AiRS to medical condition and to use interview you and/or your physician about your name, age, basic description, and image (a photograph and/or video) for fundraising and promotional purposes including but not limited to advertising/marketing, print, internet, video, broadcast and television. You also agree to be available from time to time to be interviewed by members of the media via email, telephone or in person (where possible). Unless otherwise revoked, I understand that this authorization will expire 50 years from the date of signature. I understand that I may revoke this authorization at any time, except to the extent that the AiRS Foundation sending a written statement of revocation that specifically refers to the authorizations.

I hereby release the AiRS Foundation and it's board of directors, officers, agents and employees from any and all liability connected with the capture, use or release of this Media information.

By signing this authorization I acknowledge that I have read and understand the statements contained herein. I understand that the AiRS Foundation will provide me with a copy of this signed authorization form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Sincerely,

**THE AiRS TEAM**



## **ALLIANCE IN RECONSTRUCTIVE SURGERY (AiRS) FOUNDATION POLICY FOR GRANTS TO INDIVIDUALS**

All grant applications for medical expenses relating to breast reconstructive surgery submitted through this process will be considered.

Each applicant who has undergone a mastectomy will be considered for a grant, based on their application details and the received support information. All grants are awarded through an objective and nondiscriminatory selection process.

Criteria for AiRS Foundation's grants to individuals are based on the foundations submission to the IRS at the time of its approval for 501c3 standing as a charitable foundation. Grants awarded may range from an individual's medical bill co-pay to the full cost of reconstructive surgery, hospitalization, and other related medical expenses.

An individual may be disqualified based on IRS Code Section 4958 or a grant may be revoked if it is determined that information has been falsified.

For AiRS Grant Policy Definitions, see additional information on this pull-down menu and feel free to contact us at [info@airsfoundation.org](mailto:info@airsfoundation.org) with any questions or comments.

**Please email or mail your signed AiRS Grant Application Forms to:**

Email: [info@airsfoundation.org](mailto:info@airsfoundation.org)

Mailing Address: AiRS Foundation, 3401 Lee Pkwy., Ste. 1504, Dallas, TX 75219

4828-1316-2374.2/15556/1301/012219