

[Hooked on Hope Treatment Support Grant Guidelines & Release \(8/18/2018\)](#)

FOR CITRUS, HERNANDO, HILLSBOROUGH, PASCO, PINELLAS, POLK, SARASOTA, & MANATEE COUNTIES

Hooked on Hope Is:

Hooked on Hope is a 501(c)(3) State of Florida non-profit organization; EIN #26-1986514. Hooked on Hope was founded in 2009. The organization raises funds for breast cancer patients year round; currently serving all counties within the Tampa Bay Communities. Funds are intended for under insured and uninsured patients.

Hooked on Hope Treatment Support Grants Program Purpose:

- 1) To provide short-term financial assistance for essential living expenses for un-insured and under insured breast cancer patients during their treatment journey. Patients must meet the eligibility criteria. Grants are provided based on the availability of funds and community resources.
- 2) To provide services and Durable Medical Equipment (DME) for breast cancer patients suffering from 'Lymphedema' as a direct result of undergoing breast cancer treatment.' Services include physical therapy. DME includes Lymphedema Sleeves, Compression Garments (for daytime and nighttime use), mastectomy bras, and mastectomy prosthetics).

Hooked on Hope Provides Financial Assistance for (*only patients who provide proof of treatment as deemed medically necessary and prescribed by a qualifying treating physician will be considered*):

- Pre and post-operative devices and garments prescribed by a qualifying treating physician.
- Patients might qualify for devices and garments; however, not meet the criteria to receive grants funds.
- Doctor Office Visit Co-Pays
- Hospital Co-Pays
- Pharmacy/Prescriptions
- Rent/Mortgage
- Basic Utilities (i.e. electricity, gas, water, sewer, telephone)
- Public Transportation (for treatment related appointments)
- Food and/or Personal Needs Items

Hooked on Hope Is *Unable* to Provide Financial Assistance For:

- Medical Bills (medical bills in real time; directly related to current treatment regimen *may* be considered)
- Credit Card Bills
- Tax Bills
- Entertainment (cable TV, internet, etc.)

Note: Hooked on Hope does not provide cash grant funds directly to patients. Hooked on Hope Grant Funds are limited to **\$1,500 per patient on a one-time basis**. Hooked on Hope reserves the option of adjusting allowable per patient funding amount on a case-by-case basis. All applicants are encouraged to develop a long-term plan; and to utilize *all other* community resources available.

Eligibility Requirements (in order to qualify, the patient must):

- Be 18 years or older & be a current resident in one of the Tampa Bay Communities/Counties.
- Currently receiving treatment for breast cancer (within the last six (6) months).
- Have household monthly income at or below the current Federal Poverty Guidelines (*see chart attached*).
- Have disclosed all property owned business, rentals, etc.
- Have disclosed all assistance received as a result of breast cancer diagnosis/treatment.
- Have no greater than \$5,000 in liquid assets (cash, checking, or savings).
- Prove a change in household income as a direct result of breast cancer diagnosis/treatment.

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How to Apply:

Complete the application packet and scan and email to: hookedonhopegrants@gmail.com. For further information or assistance, please email Mary Ostien at hookedonhopegrants@gmail.com or leave a voice message at (813) 531-5683.

Application Packets Must Include:

- Completed Hooked on Hope Treatment Support Grant Guidelines & Release (executed by patient/representative).
- Completed Hooked on Hope Treatment Support Grant Application (executed by patient/representative).
- Proof of household income (pay stub, letter from employer, Social Security Letter, Disability Letter).
- Copies of bills for which financial assistance is requested (to include rental agreement or mortgage statement).
- Bank statements and/or recent IRS Tax Return may be required.
- Proof patient is undergoing breast cancer treatment may be requested.

Important Notifications:

- Application packets must be submitted in their entirety in one (1) computer file; documents will not be received *'piece meal.'*
- Applicants must allow up to 14 days for application to be reviewed by Hooked on Hope Grants Committee. Applications will be accepted no more than once per patient; unless there is a significant change of status over no more than one time during a six-month period.
- All completed application packets will be reviewed without discrepancy based on age, race, qualifying county of residence, or treating physician(s).
- Grant funds will be approved following a review of the Hooked on Hope Grants Review Committee.
- The basis of determination by the Grants Review Committee (for approved or non-approved applications) will be available, in writing, to all applicants, upon request).
- Incomplete application packets will be returned to applicant; resulting in a delay of the application process. Applicants will be given one (1) opportunity to re-submit corrected application packets.
- Application packets will remain open for no greater than thirty (30) days from date of receipt.
- Payments may take up to 30 days to process.

Release and Terms of Agreement:

I understand submission of a grant application is voluntary and represent a request to receive financial support on a one-time, temporary basis.

I release and agree to hold harmless Hooked on Hope, Inc. or its officers or representatives, from any claims, actions, or demands now or in the future, as a result of Hooked on Hope assisting me with temporary humanitarian financial aid during my breast cancer treatment. I also agree to hold harmless Hooked on Hope, Inc. harmless for any patient whose lymphedema or related symptoms worsen because of delayed receipt, delayed use of, or incorrect ordering, or use of lymphedema sleeves.

I hereby authorize Hooked on Hope or its representatives to gather and verify medical and financial information in order to be considered for financial assistance.

I (applicant) request financial assistance based on the truth and accuracy of the information provided herein.

Hard Copy or Electronic Signature:

Date: