



Client Agreement Breast Reconstruction Program

Dear Breast Cancer Survivor:

We understand that you wish to be considered as a candidate to receive charitable benefits through the My Hope Chest (MHC) breast reconstruction program. This letter, when signed by you, confirms your agreement with the terms of participation in this program. My Hope Chest is not a large govt. program but a grassroots effort working diligently to help others. We do not promise IF or WHEN we can help, only that we will do our very best for you.

CANDIDATE CRITERIA

To be considered as a candidate for the MHC breast reconstruction program, you must be under 65 years of age and meet all of the following criteria:

1. Have a **current* and complete MHC Application** on file.
**Must be updated every 12 months from date of initial application.*
2. Have a **current*** letter showing Medicaid *denial* for breast reconstructive surgery on file with MHC.
**Must be updated every 12 months from date of initial denial letter.*
3. Have applied for Insurance through “Affordable Health Care” insurance and provide proof.
4. Have **(2) two** copies of your **Tax Returns** for the most **recent 2 tax years** (joint return if married) on file with MHC.
5. Have **(3) three consecutive months of current bank statements** on file with MHC.
6. Demonstrate household income at or below 300% of the 2016 Federal Poverty Guidelines, which currently are:

Family Size	Gross Yearly Income (at or below the amounts listed)
1.	\$35,640
2.	\$48,060
3.	\$60,480
4.	\$72,900
5.	\$85,320
6.	\$97,740
7. Have **(2) Two Letters of Recommendation** on file with MHC supporting your financial need for assistance. These recommendations will be from your doctor(s), family member(s), friend or employer confirming that you desire the breast reconstruction surgery and need financial assistance to have it.
8. Have had a **“Consultation” from a plastic surgeon ON FILE with MHC** to know “what type” of surgery you are a candidate for. (If being considered for out of state surgery **You must submit 3 photos of your chest-FRONT, SIDE, BACK** for our surgeons that preform the complicated Flap/Microsurgeries).
9. Confirm here by placing your initials that **you have tried every** avenue available to you to raise the funds to pay for your reconstruction first before seeking benefits from MHC, such as family, friends, savings or credit cards.** _____ (Initial)
10. A client accepted into our program must schedule and complete *all* surgeries **within 18 months**, unless there are medical complications. Should complications arise that take a surgery beyond 18 months, updated financial information must be submitted to be considered for continued financial aid from MHC.

****Be mindful, that as a grassroots organization our mission is to help individuals first that have absolutely no means to help them fund their breast reconstruction.**

Please honor and respect our commitment on this important issue.

PROGRAM PROVIDER PROTOCOLS

Our breast reconstruction program operates through the participation of three health care providers, a plastic surgeon, an anesthesiologist and the medical facility where they have privileges. To secure health care providers to work with MHC's program, *we have agreed to the following terms for candidate and client conduct:*

1. A candidate must meet the MHC social and financial program criteria.
2. The staff of MHC facilitates all initial scheduling and correspondence with the participating plastic surgeon's office unless otherwise designated. Candidates are not to call the surgeon's office directly until directed to do so by MHC or the participating plastic surgeon *after* My Hope Chest has accepted the candidate as a client. *Failure to comply may result in being removed from further participation in the MHC program.*
3. **Proper dress and appropriate behavior must be maintained on phone calls and during appointments.** Behavior deemed difficult, demanding or inappropriate by the plastic surgeon or his/her staff or My Hope Chest staff, may be grounds for removal from further participation in the MHC program.

YOUR SUPPORT SYSTEM

My Hope Chest is deeply concerned with the total well-being of our clients who receive surgery. Depending on the type of surgery your plastic surgeon recommends, a breast reconstruction may require a commitment of **up to a year**. If selected to receive benefits from MHC breast reconstruction program, you may be required to have weekly visits to your plastic surgeon. To secure plastic surgeons to work with MHC, our candidates must be screened to assure they have a *stable environment* for recuperation *after* surgery. While My Hope Chest acts as a payment gateway for fees for medical services, we are not currently 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 weekly 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 cigarettes or E-cigarettes? ** |

****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. If you are unable to abstain from smoking or nicotine, do not apply to My Hope Chest for assistance.**

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 “gift” of surgery support and benefits as a client of the MHC breast reconstruction program, you understand and agree to:

1. **BE AN ADVOCATE:** Surgeries cost thousands of dollars and MHC works very hard to raise money. I Agree to be an **advocate** in my own surgery to help “pay it forward” before and following my surgery process.. The best time to help raise funds for your surgery is when you are *in the process*. MHC will set up a **Go Fund Me** fundraising Page for your surgery online to help raise funds and awareness of our program. You agree to **“Share” your Fundraising Event Page** via email, social media and using your voice to ask others to please support the charity that is funding your surgery- If you ask, they WILL help! Make sure to **“LIKE”** MHC's Facebook page to engage in your “event” on FB and share our mission. You are also asked to share MHC

brochures with your surgeon's office, civic groups, medical facilities and employers in your community. _____
(Initial)

2. **HOLD MHC HARMLESS: I Agree** and understand that any surgery paid for by MHC is **voluntary** and under a separate contract **with the plastic surgeon**, not MHC. You understand that MHC merely acts as a provider of payment for of my medical services. Therefore, you agree that you will not hold MHC or any of its employees, agents Directors or volunteers responsible or legally liable for any and all claims, losses, damages, expenses, costs or fees resulting from your participation in the MHC breast reconstruction program, surgery, anesthesiology, hospitalization, recuperation, or any other related activities and events. _____ (Initial)
3. **GIVE MHC PERMISSION:** I Agree to add My Hope Chest to your **HIPPA** waiver (Health Insurance Portability and Accountability Act) to allow your surgeon to release information pertaining to your medical condition, your appointments, your surgery dates and the surgeon's opinions, recommendations and prognosis to our Client Navigator. **You must include MHC on your HIPPA agreement.** _____ (Initial)
4. **I Agree and understand that should any complications arise due to your failure to follow doctor's orders that then result in additional medical services or surgeries outside what is considered reasonable and customary for your 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 YOUR responsibility and under such circumstances, My Hope Chest will be released from any prior agreement to fund or pay for ANY of your medical fees and costs.** _____ (Initial)

PRE and POST SURGERY TESTIMONIALS:

Clients agree to provide a statement before, during and after their surgery process to help us *share their journey* and supporting our important mission to heal survivors. Your voice will help us help others. Media opportunities can arise at any time therefore your timely response to all requests from My Hope Chest- within 2 days, unless family emergencies, is required.

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 MHC 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 each year and notify MHC of any change in phone number, email or mailing address. Failure to do so may result in having your application put on "inactive" list and you may have to begin the application process over in order to remain under consideration for MHC benefits.

SIGNATURE

DATE

PRINT NAME

To be considered as a candidate,

**PLEASE MAIL THIS AGREEMENT ALONG WITH APPLICATION
AND ALL SUPPORTING DOCUMENTS TO:**

My Hope Chest
Client Navigator
PO BOX 3081 Seminole, FL 33775

For any questions please call,
PHONE (727) 488-0320
navigator@myhopechest.org