



It's a Breast Thing, Nonprofit Inc.

P.O. Box 743 | East Lansing, MI 48826

www.itsabreastthing.org | info@ItsABreastThing.org

"Enriching the lives of breast cancer patients on their journey to better health"

How to Apply for Assistance

*****Please Carefully Read All of This Information Before Completing Application Form*****

Assistance Program Purpose and Mission

The Assistance Program is made available to provide direct financial support for patients who are currently in treatment for breast cancer. We hope to make the days less stressful by helping with expenses not covered by insurance.

Our Mission is to enrich the lives of local breast cancer patients on their journey to better health.

Availability

Patients must reside within the designated Mid-Michigan area AND receive treatment in the Mid-Michigan area. Which means, if the patient lives within the designated Mid-Michigan area AND is receiving treatment within the same Mid-Michigan area, they are eligible for an IBT Grant.

The counties include Eaton, Ingham, Clinton, Shiawassee, Gratiot, Saginaw, Ionia, Kent Barry, Calhoun, Washtenaw, Livingston, Genesee, Montcalm, Jackson, Bay, Isabella, Mecosta and Midland. The patient must also complete the grant application requirements.

Summary

Assistance is made available to both men and women diagnosed with breast cancer through the It's a Breast Thing Patient Assistance program.

You must be currently undergoing breast cancer treatments to apply.

The Assistance Program is a volunteer driven program that oversees applications submitted to It's a Breast Thing. The program is available due to the generosity of our donors and the volunteers that help with our fundraising events.

The policy is to guide the organization and its volunteers in processing requests from breast cancer applicants who have completed the application for assistance with It's a Breast Thing.

- The Assistance Program has the right to have "open and closed" periods. If there is a period where the program is closed, notification will be done on this page of the website.



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Each applicant may apply once a year, up to two years total. The grant is given in the amount of \$1,000.00 per year, funds permitting. The committee reserves the right to distribute assistance, amounts based on funds available at the time.

Requirements for Assistance

1. Applicant must be a U.S. Citizen or in the U.S. legally
2. Applicant must reside in one of the Mid-Michigan counties AND be receiving treatment within the same Mid-Michigan area. The counties included are listed above under the Availability section. The patient must also complete the grant application requirements.
3. All parts of the application must be completed in full, including submission of all required documents. Original signatures only. No faxed or copied physician signatures will be accepted.

Requirements to Apply – You MUST provide a copy of the following items

1. Proof of US Citizenship or legal residency. Copy of Birth Certificate or Passport Or documentation showing current and valid legal residency.
2. Copy of Driver's License or State Identification Card showing your current address.
3. A copy of your current income tax return - Page 1 showing proof of income.
 - a. If you are not working, you must show proof of the household income.
 - b. If you are only receiving social security payments, you must attach proof of amount.
 - c. If you are only receiving unemployment or medical disability, you must attach proof of amount.
4. A letter on your physician's letterhead and signed by your physician stating that you are currently in treatment for breast cancer. Must be an original signature by the doctor, not a copy or faxed copy.

Assistance Awards - If you are approved for financial assistance, you will receive notice and a check will be mailed directly to you.



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Important Facts

- Your application CANNOT be processed or considered without all of the documents listed above.
- On occasion testimonials may be required of the applicant at the approval of the committees request.
- Policies and application criteria are reviewed periodically and amended accordingly.
- We cannot accept applications from other organizations. You must submit the It's a Breast Thing application form.
- We cannot process applications completed in a language other than English.
- We will contact you if we have questions about your application. Please do not call regarding your application.

To Apply

1. Download and complete the Application Form.
2. Assemble the required four documents listed above.
3. Mail the Application Form and documents to:
It's A Breast Thing Assistance Non-Profit Corporation
P.O. Box 743
East Lansing, MI 48826



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Disclosures

It's a Breast Thing has the right at any time to make changes to the application process. If you are a physician's office or social worker with questions about our program, please contact us first before having patients apply. As a very small organization, we will be glad to talk with you.

It's a Breast Thing is compliant with all HIPAA patient privacy requirements.

In order for It's a Breast Thing to help as many women and men diagnosed with breast cancer as possible the following items will be limited or capped.

1. Lifetime financial assistance will not exceed \$2,000.
2. Annual assistance is capped at \$1,000.00.

Our Mission

The Mission of the It's a Breast Thing Patient Assistance Program is to provide information and support for women and men of Mid-Michigan who are being treated for breast cancer.