



## United Breast Cancer Foundation Breast Reconstruction Application

Dear Grant Applicant,

Thank you for your interest in the United Breast Cancer Foundation's (UBCF) Breast Reconstruction Program. Enclosed you will find the Breast Reconstruction application. **Please take the time to thoroughly read this information before filling out your application.**

UBCF is committed to helping people with limited finances and special needs receive funds to assist in meeting their financial needs and to reduce the stress and strain that managing cancer can cause. Thanks to the generous support we receive from our donors, we are able to award a limited number of free breast reconstruction surgeries to qualified applicants.

### Eligibility:

Eligibility is primarily determined based on financial need as set forth in US Federal Guidelines at 2 1/2 times the Federal Poverty level (see application). Please note: This determines your financial eligibility only and does not guarantee a free breast reconstruction. The high demand and limited funds available for breast reconstruction surgery forces us to adhere to these guidelines. You must be a current breast cancer patient or within 5 years of remission.

### Expiration:

Breast Reconstruction applications will remain active for 3 months from date received. If not complete within those 3 months the application will expire and you will have to reapply as a new client.

### Breast Reconstruction Grant Determination:

***If you meet the income eligibility criteria, your application will be further evaluated based on personal need and commitment. Full or partial breast reconstruction grants will be awarded according to applicant's total financial need. Please complete the enclosed application, brief personal essay, a letter from your doctor documenting health status and 2 current pay stubs or IRS W2. Breast Reconstructions are evaluated and awarded in the order received. Funding is limited. Be sure to allow 6-8 weeks for processing.***

### **\*IMPORTANT\***

**Please be sure to include your Dr. Letter and 2 current pay stubs or IRS W2 and an estimate from your Surgeon for the Breast Reconstruction Surgery.**

United Breast Cancer Foundation  
223 Wall Street Suite 368 Huntington, NY 11743  
1-877-UBC-4CURE <http://www.ubcf.info> fax 631-549-4527

Approval of Breast Reconstruction Grant:

Upon approval of your grant with The United Breast Cancer Foundation, funds will be dispersed as agreed upon within your Breast Reconstruction Grant Agreement. UBCF will disperse funds to your individual service providers. Reimbursement will only occur upon UBCF receiving original receipts from the approved grantee for the specific grant purpose.

Thank you for the interest you have shown. Your request is important to us and will be carefully considered. You will be notified by mail of the status of your application. We ask that you **please do not call** unless the full 6-8 weeks processing time has elapsed. If it is important and relative to the review of your application, please email the Foundation at [info@ubcf.info](mailto:info@ubcf.info). Thank you for your patience.

Sincerely,

The United Breast Cancer Foundation

United Breast Cancer Foundation  
223 Wall Street Suite 368 Huntington, NY 11743  
1-877-UBC-4CURE <http://www.ubcf.info> fax 631-549-4527

**Breast Reconstruction Application**

All questions (including essay) must be completed for this application to be valid. Please write clearly.

**Applicant Information:**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (AM) \_\_\_\_\_ (PM) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Insurance: \_\_\_\_\_

Gender: (Optional)    \_\_\_ Female    \_\_\_ Male    Date of Birth : \_\_\_\_\_

Age:    \_\_\_ 18-25    \_\_\_ 26-34    \_\_\_ 35-45    \_\_\_ 46-59    \_\_\_ 60-69    \_\_\_ 70 and over

Ethnicity: (Optional)    \_\_\_ American Indian/Alaska native    \_\_\_ Hispanic/Latino  
                                  \_\_\_ Asian/Pacific Islander                                    \_\_\_ White/Caucasian  
                                  \_\_\_ Black/African American                                    \_\_\_ Multi-ethnic  
                                  \_\_\_ Other, please specify

**Household Income Eligibility:**

<u>Household Size</u>	<u>To be eligible for an individual grant your maximum household income cannot exceed</u>
1	\$27,075
2	\$36,425
3	\$45,775
4	\$55,125
5	\$64,475
6	\$73,825

**Total Household Gross Annual Income** as reported on most recent tax forms: \$ \_\_\_\_\_

**Child Support Income:** Does the Total Household Income include Child Support: (Circle One) Yes or No  
If yes, how much do you receive per month in Child Support: \$ \_\_\_\_\_

Total number of people in household (as shown on tax forms): \_\_\_\_\_

**Use of Funds:**

Amount of Funds Requested: \_\_\_\_\_

**Please describe the purpose of requested funds:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

