ELIGIBILITY & RESTRICTIONS

Nebraska Cancer Specialists HOPE FOUNDATION

GRANT RESTRICTIONS

1. The foundation will assist all eligible patients in financial need on a first-come, first-served basis, to the extent funding is available.
2. Patients will not be eligible for assistance unless they meet the Foundation's financial need eligibility criteria.
3. The foundation may ask at any time for further documentation to support a patient's eligibility, including after any grant has been extended. Any falsification of an application is fraudulent and subject to potential criminal penalties and civil damages.
4. In all cases, the patient will already be under the care of a physician with a treatment regimen in place at the time of application.
5. The foundation will make no referrals or recommendations regarding specific providers, practitioners, suppliers, products, or plans.
6. Patients will not be informed of the identity of specific donors.
7. The determination of a patient's financial qualification for assistance will be based solely on his or her financial need, without considering the identity of any of his or her healthcare providers, practitioners, suppliers, products, or insurance plan; the identity of any referring party; or the identity of any donor that may have contributed for the support of the patient's condition.
8. Assistance will be based upon a reasonable, verifiable, and uniform measure of financial need that will be applied in a consistent manner.
9. Patients are free at any time to switch providers, practitioners, suppliers, or products without affecting their continued eligibility for financial assistance.
10. Medicare beneficiaries are free to switch insurance plans when permitted by the Medicare program, without affecting their eligibility for assistance.

HIPAA

When a patient completes an application, the patient is submitting personal health information that would be considered as "personally identifiable information" or "PHI" under federal law commonly referred to as HIPAA. The Foundation is not a "covered entity" as defined by HIPAA. Nevertheless, the Foundation seeks to adhere to the HIPAA "Security Rule" for purposes of securing the transfer and storage electronically of the patient's personal health information included in the application. Despite the attempt to protect such information, the Foundation cannot guarantee that there will be an unauthorized use or disclosure. If any unauthorized use of disclosure is brought to the Foundation's attention, the Foundation will attempt to contact the patient at the last address provided in an application.

GEOGRAPHIC REQUIREMENTS

You must be receiving oncology or hematology care in the state of Nebraska or Council Bluffs, IA, to be considered eligible.

FINANCIAL ELIGIBILITY CRITERIA

Applicants must be at or below the following gross (pre-tax) household income from all sources:

Household Size*	Annual Income	Monthly Income
1	$63,840	$5,320
2	$86,560	$7,213
3	$109,280	$9,107
4	$132,000	$11,000
5	$154,720	$12,893
6	$177,440	$14,787
7	$200,160	$16,680
8	$222,880	$18,573

**Add $22,720 annually for each additional household member.*

**Add $22,000 annually or $1,833 monthly for each additional person.*