My Candles of Hope
FOUNDATION, INC.
Helping Women with Breast Cancer

My Candles of Hope Foundation, Inc.
Grant Application

My Candles of Hope Foundation is a nonprofit organization and our mission is to grant aid to women with breast cancer whose income or insurance coverage is limited and reside in South Florida.

We wish to help every breast cancer patient facing these financial burdens and hope that this assistance will offer you hope during your time of need.

Important Things to Know:

- All the information you provide will be strictly confidential.
- We are accepting applications on a rolling basis, while funds last.
- If you are selected, **this is a one-time award of $250.**
- My Candles of Hope Foundation may call your doctor's office to confirm you are in active treatment.

To Qualify for this Financial Grant:

- You must submit a completed application. All fields are required. Incomplete applications will not be reviewed.
- You must currently be in active treatment.
- You must be a U.S. Citizen and reside in Miami-Dade, Broward or Palm Beach Counties, at this time.
- Your yearly combined family income has to be equal to or less than 200% of the Federal Poverty Level.
- You must provide last year's tax return or acceptable alternative documentation (see next page).

Applicant Information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home: ( ) _____ Cell: ( ) _____ Work: ( ) _____

Email Address: _____

Date of Birth: ___/___/___

Ethnicity: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Pacific Islander ☐ Other ☐ Prefer not to disclose

Medical Information:

Date of Diagnosis: ___/___/___ Stage: _____

Briefly describe your treatment plan:

_____

_____

Is the applicant currently undergoing chemotherapy or radiation treatment? ☐ Yes ☐ No

Doctor's Name: _____

Hospital/Clinic: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: ( ) _____ Email: _____

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If you have questions regarding this application, you can reach us by email at grants@mycandlesofhope.com, or call Jennifer at (754) 235-0580

What if I don't file taxes because I have no income or am on Social Security or disability?

If you do not file taxes, the following documents will qualify as proof of income:

- Government year-end report for disability benefits,
- A bank statement showing how much has been deposited over the year, or
- a copy of your government check to calculate income.

If you have no reportable income or supporting documentation, MCOH Foundation will accept a signed letter from the oncologist or doctor's office stating that there is no income for the entire household including no patient income. This should be on official office stationary and be the same doctor's office that is listed on the application.

Please mail your completed application and a copy of last year's tax return to:

My Candles of Hope Foundation
P.O. Box 906
Madisonville, LA 70447

You can also **Email** your application to: grants@mycandlesofhope.com

Or **Fax** to: (954) 603-1475

Insurance and Financial Information:

1. Are you currently covered by private health insurance? ☐ Yes ☐ No
2. Does your health insurance cover prescription drugs? ☐ Yes ☐ No
3. Are you currently covered by any of the following? (check all that apply)
   - ☐ Medicaid ☐ Medicare
   - ☐ VA Care ☐ Charity Care
   - ☐ Other: _____
4. Are you currently working? ☐ Yes ☐ No
5. Are you on medical leave? ☐ Yes ☐ No
6. Are you receiving disability? ☐ Yes ☐ No
7. Number of people in household, including ages: _____
8. To qualify for this grant, the total yearly family adjusted gross income must be equal to or less than 200% of the Federal Poverty Level to be considered low-income. These guidelines are established annually and will be used to determine eligibility.

   Provide your total yearly family gross income. (This can be your total adjusted gross income from last year or your monthly deposit amount as stated on your government disability or social security award letter.
   If you have no income, write "None"): $ _____

   ☐ With this application, I have provided last year's tax return, or other acceptable proof of income if taxes were not filed. I understand that if I do not provide proof of income, I am not eligible for this grant.
9. If your financial situation has changed from last year's tax return, please describe:
10. What expenses do you specifically need assistance with?
11. We have to prioritize according to need because of our limited funds, is there anything else we should consider when reviewing your application?

Please be aware that funds are limited and based on availability. Patients must meet the MCOH's eligibility requirements. The MCOH Foundation understands that breast cancer can devastate family's financial resources and want to keep this process as stress-free as possible for you.

By signing below, you agree that the information on this application is complete and accurate and can be verified.

Signature: _____ Date: _____