



## 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 Alliance in Reconstruction Surgery Foundation (AiRS) breast reconstruction program. This letter, when signed by you, confirms your agreement with the terms of participation in this program.

### CANDIDATE CRITERIA

To be considered as a candidate for the AiRS breast reconstruction program, you must meet all of the following criteria:

1. Have a current and complete application on file with AiRS. Your application must be updated every 12 months from date of initial application.
2. Have copies of your tax returns for the most recent two tax years (joint return if married) on file with AiRS.
3. Demonstrate household income at or below **100%** of the federal poverty guidelines, which currently are:

Family Size	Gross Yearly Income (at or below the amounts listed)
(1)	\$11,770
(2)	\$15,930
(3)	\$20,090
(4)	\$24,250
(5)	\$28,410
(6)	\$32,570
(7)	\$36,730
(8)	\$40,890

4. Have two letters of recommendation on file with AiRS supporting your financial need for assistance. These recommendations can be from your doctor(s), family member(s), friend or employer confirming that you desire the breast reconstruction surgery and need financial assistance.
5. Have a “consultation” from a plastic surgeon (to be considered for out-of-state surgery).
6. Confirm here that you have tried **every** avenue available to you to raise the funds to pay for your reconstruction first before seeking benefits from AiRS. \_\_\_\_\_ (Initial)

Please email or mail your signed AiRS Client Agreement, AiRS Grant Application Form, your Statement of Need, and the AiRS Foundation News & Publication Authorization Form to:

Email: [info@airsfoundation.org](mailto:info@airsfoundation.org)

Mailing Address: AiRS Foundation, 3104 Lee Pkwy., Ste. 1504, Dallas, TX 75219



## CLIENT AGREEMENT (continued)

### SUPPORT SYSTEM

AiRS is concerned with the total well-being of our clients who receive surgery. Depending on the type of surgery your plastic surgeon recommends, breast reconstruction may require a commitment of **up to a year**. To secure plastic surgeons to work with AiRS, our candidates must be screened to assure they have a stable environment for recuperation after surgery. While AiRS acts as a payment gateway for fees for medical services, we are not set up to provide other patient support services.

**YES    NO**

- Do you have an individual who can do all your heavy lifting (of children, groceries etc.) immediately after surgery?
- Do you have reliable transportation for doctor visits, if necessary?
- Do you have the financial means to cover your basic living expenses - food, clothing and shelter—during recuperation?
- Do you have the finances to pay for the prescription medications for after surgery (i.e. pain medicine, etc.)?
- Do you smoke? 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 AiRS 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 benefits as a client of the AiRS breast reconstruction program, you:

1. Agree and understand that any surgery paid for by AiRS is **voluntary** and under a separate contract **with the plastic surgeon**, not AiRS. I understand that AiRS merely acts as a provider of payment for my medical services. Therefore, I agree that I will not hold AiRS 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 my participation in the AiRS breast reconstruction program, surgery, anesthesiology, hospitalization, recuperation, or any other related activities and events. \_\_\_\_ (Initial)
2. Agree to execute the necessary waivers under the Health Insurance Portability and Accountability Act (“HIPAA”) to allow my plastic surgeon to release to AiRS information pertaining to my medical condition,

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## CLIENT AGREEMENT (continued)

my appointments, my surgery dates and the surgeon's opinions, recommendations and prognosis. **You must include AiRS on your HIPPA agreement with the surgeon.** \_\_\_\_\_ (Initial)

3. Agree and understand that should any complications arise due to my failure to follow doctor's orders that then result in additional medical services or surgeries outside what is considered reasonable and customary for my 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 MY responsibility and under such circumstances, AiRS will be released from any obligation to fund or pay for ANY of my medical fees and costs. \_\_\_\_\_ (Initial)

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 AiRS 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 AiRS 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 AiRS benefits.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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ADVOCATE. EDUCATE. SUPPORT.

## AiRS FOUNDATION GRANT APPLICATION FORM

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

Legal Applicant Name \_\_\_\_\_ Nickname \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date (Month/Date/Year) \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

Applicant Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer (Name, Address and Telephone Number) (If unemployed, list previous employer information) \_\_\_\_\_

Spouse Name (or Father and Mother if Applicant is a Minor) \_\_\_\_\_ Social Security Number \_\_\_\_\_

<b>A. Income:</b> Please provide the income for each of the following persons in your household.				
	<b>Circle One</b>		<b>Circle One</b>	
Applicant	\$ _____	Hr / Wk / Month / Year	Applicant's Father (if Applicant is a minor)	\$ _____
Spouse	\$ _____	Hr / Wk / Month / Year		Hr / Wk / Month / Year
Total Income	\$ _____		Applicant's Mother (if Applicant is a minor)	\$ _____
				Hr / Wk / Month / Year

**B. Family Members:** Please provide the number of people in the Applicant's household. \_\_\_\_\_

**C. Income Verification:** Please provide at least two of the following types of documentation to verify your income (listed in order of preference)

<input type="checkbox"/> Paycheck Remittance	<input type="checkbox"/> Proof of Participation in Governmental Assistance programs such as food stamps, CDIC, Medicaid or AFDC
<input type="checkbox"/> IRS Form W-2	<input type="checkbox"/> Bank Statements
<input type="checkbox"/> Tax Return	
<input type="checkbox"/> Employer Verification	
<input type="checkbox"/> Social Security, Workers Compensation or Unemployment Compensation Determination Letters	

If you are unable to provide one of the sources of income documentation listed above, please explain why this information is not available:  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. Are you a**

US Citizen

Naturalized Citizen

Other \_\_\_\_\_

**E. How did you hear about AiRS Foundation?**     American Cancer Society     Google Search     Facebook     Brochure

Referral (by whom) \_\_\_\_\_

Other: \_\_\_\_\_

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## AiRS FOUNDATION GRANT APPLICATION FORM (continued)

**F. Assets and Other Resources:**

Do you have any assets or other resources available to you?  Yes  No If Yes, Current amount available: \$ \_\_\_\_\_  
 (Examples include savings accounts, trusts, stocks, bonds, Retirement accounts, mutual funds, etc.)

**G. Medical Coverage:**

Do you have medical insurance?  Yes  No If yes, provider name and attach documentation \_\_\_\_\_

Deductible Amount \$ \_\_\_\_\_ Has current deductible been met?  Yes  No When? \_\_\_\_\_

Do you have Medicare?  Yes  No Do you have Medicaid?  Yes  No  
 If "No", have you applied?  Yes  No If "No", have you applied?  Yes  No When? \_\_\_\_\_

If you have not applied to Medicare/Medicaid, why: \_\_\_\_\_

Have you been diagnosed with cancer?  Yes  No If "Yes", date: \_\_\_\_\_

Diagnosis/treatment received or expected: \_\_\_\_\_

Have you seen a Breast Surgeon or Reconstructive Surgeon?  Yes  No If "Yes", date: \_\_\_\_\_

Surgeon name, address, phone: \_\_\_\_\_

Have you received BRCA positive genetic testing?  Yes  No

Have you had a mastectomy?  Yes  No Are you scheduled for a mastectomy? Date: \_\_\_\_\_

Have you received any Breast Surgery?  Yes  No If "Yes", date: \_\_\_\_\_ Type: \_\_\_\_\_

\*Attach copies of medical records associated with your breast surgery and quotes, if provided, for expected expenses.

Surgery you may be requesting reimbursement for:

- Mastectomy
- Breast
- Nipple
- Tattoo
- Other: \_\_\_\_\_





## **AiRS FOUNDATION** **NEWS & PUBLICATION AUTHORIZATION FORM**

Allowing AiRS to share your story in our marketing materials helps personalize our cause, raise money and promote awareness for our mission. If you are selected to receive a grant for breast reconstruction surgery, by signing below, you understand and authorize AiRS to medical condition and to use interview you and/or your physician about your name, age, basic description, and image (a photograph and/or video) for fundraising and promotional purposes including but not limited to advertising/marketing, print, internet, video, broadcast and television. You also agree to be available from time to time to be interviewed by members of the media via email, telephone or in person (where possible). Unless otherwise revoked, I understand that this authorization will expire 50 years from the date of signature. I understand that I may revoke this authorization at any time, except to the extent that the AiRS Foundation sending a written statement of revocation that specifically refers to the authorizations.

I hereby release the AiRS Foundation and it's board of directors, officers, agents and employees from any and all liability connected with the capture, use or release of this Media information.

By signing this authorization I acknowledge that I have read and understand the statements contained herein. I understand that the AiRS Foundation will provide me with a copy of this signed authorization form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Sincerely,

**THE AiRS TEAM**

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## **ALLIANCE IN RECONSTRUCTIVE SURGERY (AiRS) FOUNDATION POLICY FOR GRANTS TO INDIVIDUALS**

All grant applications for medical expenses relating to breast reconstructive surgery submitted through this process will be considered.

Each applicant who has undergone a mastectomy will be considered for a grant, based on their application details and the received support information. All grants are awarded through an objective and nondiscriminatory selection process.

Criteria for AiRS Foundation's grants to individuals are based on the foundations submission to the IRS at the time of its approval for 501c3 standing as a charitable foundation. Grants awarded may range from an individual's medical bill co-pay to the full cost of reconstructive surgery, hospitalization, and other related medical expenses.

An individual may be disqualified based on IRS Code Section 4958 or a grant may be revoked if it is determined that information has been falsified.

For AiRS Grant Policy Definitions, see additional information on this pull-down menu and feel free to contact us at [director@AiRSfoundation.org](mailto:director@AiRSfoundation.org) with any questions or comments.

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