



The Dove Fund is designed to help qualified women with a portion of their co-pays, co-insurance and/or deductibles directly related to eligible breast cancer treatments. Qualified applicants can receive a benefit of \$1,000 every twelve months, based on available funding. The Dove Fund is not an emergency fund and cannot provide immediate financial assistance.

#### **THIS IS HOW OUR PROGRAM WORKS:**

##### **1. COMPLETE AND SIGN THE APPLICATION**

Completing this application will require you to coordinate with your healthcare provider or medical facility. It will take time to compile, so start early so due dates do not pass you by.

Make sure the application you complete is the most recent version posted on the Overcomers website (<https://overcomersbreastcancer.com/the-dove-fund/>). If you obtained this application elsewhere, please make sure page 1 of the Application states **MAY 2024 at the top**. Previous versions will not be accepted.

Many healthcare facilities have social workers, nurse navigators, or financial counselors who may be able to help you complete this application. They are there to help.

Make sure to sign the application and enclose the required Physician Verification Form. A final checklist is included in the Application for your convenience.

If you have questions on what type of documentation will satisfy the application requirements, please refer to page 4 in these Instructions for examples.

Have questions? Please do not hesitate to email: [dovefundovercomers@gmail.com](mailto:dovefundovercomers@gmail.com).

##### **2. SUBMIT YOUR APPLICATION BY FAX**

Applications will only be accepted **BY 2FAX** between **April 22<sup>nd</sup> and May 12<sup>th</sup>, 2024**.

- Send all required pages and attachments to **Overcomers: Daughter of the King of Kings to fax 1-210-352-9479**. You will need to confirm all pages were transmitted in full, and within the dates listed above. The transmission report date and time will be the day your file is considered received.
- Fax services may be available at your physician's office, or at business service centers (e.g. Fed Ex, UPS Store, HEB, etc.)
- Applications received outside the submission dates listed above will not be considered.

**3. WE REVIEW APPLICATIONS**

Applications are reviewed on a *first-come, first-served basis*. Incomplete, unsigned, or late applications will not be considered.

Award decisions will be made by the Dove committee on May 20, 2024.

**4. WE NOTIFY RECIPIENTS**

If you receive assistance, you will be notified by email no later than May 31, 2024. A grant award letter will also be sent to you as well as the facility selected to receive payment.

**5. YOUR DESIGNATED HEALTHCARE PROVIDER/TREATMENT FACILITY BILLS THE DOVE FUND**

The Dove Fund must receive an invoice for care already provided **directly** from the healthcare provider/treatment facility to receive funds. Payment will not be made without an invoice.

**6. WE SEND PAYMENT TO HEALTHCARE PROVIDER/TREATMENT FACILITY**

Payment will be made directly to the designated healthcare provider or medical facility on your behalf no later than the last day of the month in which the invoice is received. You will not receive a direct payment from us for any reason.

**7. AWARDED FUNDS ARE AVAILABLE FOR SIX MONTHS**

Your provider will have up to six months from the date of the grant award letter to draw down the balance of the grant. The program will coordinate only with the provider currently on file with our program. Should you choose to redirect your grant funds to another provider, email us for the required form. Any unapplied balance at the end of the six-month period will be forfeited.

***ELIGIBLE APPLICANTS***

The Dove Fund considers applications from those who meet the following requirements:

- Is a female who has been diagnosed with breast cancer, and
- Is currently undergoing OR is about to start active treatment\* OR has outstanding bills related to active treatment\* that was completed within the last four months, and
- Has a treatment plan and care team in place prior to applying for assistance, and
- Is a US citizen or permanent resident of the United States, and
- Resides in the following counties located in Texas:

Atascosa	Blanco	Frio	Hays	Kerr
Bandera	Caldwell	Gonzales	Karnes	Medina
Bexar	Comal	Guadalupe	Kendall	Wilson

- Currently has health insurance (private, government, COBRA, etc.), and
- Verifiable household income, as defined by the program, at or below 300% of the Federal Poverty Guidelines.

If you cannot demonstrate that you meet all the above requirements, you do not qualify for assistance.

## ***COSTS ELIGIBLE FOR ASSISTANCE***

The Dove Fund helps eligible women with a portion of their medical costs related to care administered immediately before or during active treatment\* of their breast cancer.

Therapies eligible for assistance include:

- Radiology staging studies following positive diagnosis of breast cancer,
- Mediport placement,
- Surgical procedures to remove cancer (e.g., single, or double mastectomy, lumpectomy, axillary dissection) or biopsy of any lymph node(s),
- Chemotherapy (oral and/or by infusion),
- Immunotherapy,
- Targeted drug therapy,
- Radiation,
- Stage 1 breast reconstruction in conjunction with a mastectomy or immediately following breast cancer treatment.

We **cannot** assist in any of the following:

- Treatments administered outside the United States,
- Treatments not approved by the FDA for treatment of breast cancer,
- Long-term hormone therapy (tamoxifen, letrozole, etc.) as your ONLY treatment,
- Costs for any medication, over the counter or prescribed, that are not dispensed by the healthcare provider or medical facility administering your eligible breast cancer therapies, or
- The termination of any pregnancy by any method even if prescribed by a physician.

**\*For purposes of this program, “active treatment” is defined as:**

The period after a breast cancer diagnosis when related therapies are being administered. Those therapies include radiology staging studies, mediport placement, surgical procedures to remove cancer (e.g. single/double mastectomy, lumpectomy, axillary dissection) or biopsy lymph node(s), chemotherapy (oral and/or by infusion), immunotherapy, targeted drug therapy (e.g. Ibrance, Enhertu, etc.), radiation, or stage 1 breast reconstruction in conjunction with a mastectomy or immediately following breast cancer treatment. Receiving ONLY long-term hormone therapy (Tamoxifen or an aromatase inhibitor) is NOT considered “active treatment” for purposes of this program.

## **REAPPLYING FOR ASSISTANCE**

Overcomers makes every effort to grant assistance when needed, however, there are limited resources and not all qualified requests can be granted. Recipients can receive one award every twelve months.

### *Applicants Who Do Not Receive Current Assistance*

You are invited to reapply when the fund reopens. The fund status will be listed on our website ([www.overcomersbreastcancer.com/the-dove-fund](http://www.overcomersbreastcancer.com/the-dove-fund)) along with a then-current application. You must meet all program requirements currently in place at the time of application.

### *Applicants Who Receive Assistance*

You must wait 12 months from the date you received your grant award letter before reapplying. Check our website ([www.overcomersbreastcancer.com/the-dove-fund](http://www.overcomersbreastcancer.com/the-dove-fund)) for the then-current application and eligibility requirements.

Overcomers retains only the documentation necessary to administer the Dove Fund. If reapplying, please note any application needs to be completed as if no information has previously been provided, unless stated otherwise in the application. Incomplete applications will not be considered.

## **ANNUAL HOUSEHOLD INCOME**

Verifiable household income is determined by the program as follows:

**Adjusted gross income** (Line 11 from 1040 or 1040-SR) for ALL in the household

- Plus**
- Alimony paid (if reported on Schedule 1 / Line 10 of 1040 or 1040-SR)
  - Non-taxable social security benefits
  - Tax-exempt interest
  - Foreign earned income excluded from taxation of individuals who live abroad
  - Any pre-tax contributions into IRA, 401(k), or similar retirement account(s)
- Minus**
- Alimony received (if reported on Schedule 1 / Line 10 of 1040 or 1040-SR)
  - Any after-tax health/dental/vision insurance premiums paid by self-employed or "1099-employee" (see note 1)
  - The portion of annual health plan deductibles in a high-deductible health plan that exceed \$500 for an individual plan or \$1,500 for family plan (see note 1)

Note 1: Requires submitting additional support to qualify for either, or both, adjustments

## **ANNUAL HOUSEHOLD INCOME ADJUSTMENTS**

Verifiable household income, as defined by the program, must fall at or below 300% of the Federal Poverty Guidelines to qualify for our program. If your annual household income is already **at or well below this level** (see page 2 of the application), this section does not apply to you.

However, if your income **is above** this level for a family of your size (see page 2 of the application) ***and close to qualifying***, one of these situations may apply to you.

### *Self-Employed or "1099-Employees"*

If you are self-employed or a 1099-employee and obtain health, dental, and/or vision insurance from the health insurance marketplace, consider providing information about both your insurance premiums and proof of payment. A portion of the premiums paid will be used to reduce the household income on which your eligibility is determined.

### *High-Deductible Health Plans*

If your annual health plan deductibles EXCEED \$1,400/individual or \$2,800 for family coverage, a portion of your deductibles can be used to decrease the household income on which your eligibility is determined. To qualify for this adjustment, you must include a current "Summary of Benefits and Coverage" schedule from your health insurance plan.

## **FOR THOSE NOT REQUIRED TO FILE AN INCOME TAX RETURN**

If you are not required to file an income tax return with the Internal Revenue Service, please submit the required documentation listed on pages 6-7 of these instructions for all forms of income. This will facilitate the verification of your income in accordance with the program requirements.

## **COMMUNICATIONS**

The Dove Committee communicates primarily through email. Please make sure the email provided in the application is accurate and legible. Also, regularly monitor your email to ensure you are receiving important announcements, like a grant award letter, on a timely basis. Our inability to contact you **within three weeks** of sending an email requiring a response may result in the forfeiture of any grant awarded.

If you do not use email or anticipate an extended time away from your email, please provide the email of your point of contact listed on the first page of the application so you can be reached.

## **FOR YOUR RECORDS**

Overcomers is unable to return any submitted forms or reports after they are reviewed. It is important for you to keep a full copy of your application package should you need to use it to reapply in the future.

### **ACCEPTABLE DOCUMENTATION**

This guidance will tell you what documents will be accepted for select items on the application.

<b>Applicant Information</b>	
Proof of US Citizenship:	Copy of U.S. passport, <b>OR</b> Copy of your U.S. birth certificate, <b>OR</b> Consular Report of birth Abroad or Certification of Birth, <b>OR</b> Certificate of Naturalization, <b>OR</b> Certificate of Citizenship.
Proof of US Alien Registration	Copy of your immigration/naturalization documents (e.g. Green Card)
<b>Income Sources</b>	
Annual Taxable Income	Copy of most recently filed federal tax return. <b>IMPORTANT:</b> Include a written statement of explanation should your current year's income significantly differ from that shown on the submitted tax return.
Wages	Most recent W-2, <b>AND</b> A paystub for the <b>three</b> most recent pay periods, <b>OR</b> Salary verification letter from employer
Self-Employment/ Contract Work	1099s from most recent tax return <b>AND</b> copy of most recent tax return
Public assistance	Copy of letter from the government agency administering the program which states monthly amount awarded and period over which assistance will be paid.
Social security	Statement of social security benefits ( <b>Include:</b> copy of award letter, check or recent bank statement indicating monthly benefit amount)
Unemployment comp.	Statement of unemployment benefits
Workers comp.	Workers Compensation Benefit
Short-term disability	Statement of short-term disability benefits award letter
Long-term disability	Statement of long-term disability benefits award letter
Military Entitlements	Most recent 3 LES statements
Retirement Pay/Pensions	Statement of pension or retirement benefits
Other income (rent/dividends)	Support showing nature, amount, and how often the income is received (e.g., bank statements, etc.)

Optional Documentation	
<p><b>Additional health and other insurance information</b></p> <p>To be considered for a reduction in household income on which your eligibility is determined.</p> <p>Note: This information is NOT necessary if your annual household income is already well below 300% of the federal poverty guideline prior to this adjustment (See page 2 of the application).</p>	<p>If <b><i>self-employed</i></b>, a letter from insurer listing premium, and proof of payment (e.g., bank statement, deduction from social security, etc.). You may include health, dental and vision premiums.</p> <p>The household income on which eligibility is determined will be reduced by the amount of after-tax health/dental/vision insurance premiums paid for the year (provided all required documentation is submitted).</p>
	<p>If health plan is a <b><i>high-deductible plan</i></b> (deductibles exceed \$1,400/individual or \$2,800 for family coverage), include a current "Summary of Benefits and Coverage" schedule from your health insurance plan.</p> <p>A portion of the deductibles will decrease the total household income on which eligibility is determined (provided all required documentation is submitted).</p>