



## 2025 PRE-QUALIFICATION CHECK LIST

Are you a female who has been diagnosed with breast cancer? (a physician verification letter and pathology report will be required)	YES	NO
Are you currently undergoing, about to start <b>active treatment</b> for breast cancer, or have outstanding bills related to active treatment completed within the last four months? <i>“Active treatment” is the period after a breast cancer diagnosis during which 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 is NOT considered “active treatment.”</i>	YES	NO
Do you currently, or did you, have a treatment plan in place with a physician?	YES	NO
Does your treatment plan include treatments <b><i>OTHER THAN</i></b> tamoxifen, anastrozole (Arimidex®), letrozole (Femera®), exemestane (Aromasin®) and/or ovarian suppression?	YES	NO
Is the treatment plan going to be (or was) administered in the United States?	YES	NO
Do you currently have health insurance (any type)?	YES	NO
Are you a citizen or permanent resident of the United States?	YES	NO
Do you reside in one of the following counties: Atascosa, Bandera, Bexar, Blanco, Caldwell, Comal, Frio, Gonzales, Guadalupe, Hays, Karnes, Kendall, Kerr, Medina, Wilson?	YES	NO
Do you have verifiable <i>household</i> income that falls at or below 300% of the Federal Poverty Guidelines? Use the chart below to calculate.	YES	NO

Persons in Household	300% Above Federal Poverty Guideline
1	\$45,186
2	\$61,320
3	\$77,460
4	\$93,600
5	\$109,740
6	\$125,880
7	\$142,020
8	\$158,160
For each person over 8, add:	\$5,380

Number of people in your household who can be claimed as dependent on your tax return:  
 \_\_\_\_\_ (include yourself)

Corresponding maximum income limit:  
 \$ \_\_\_\_\_ (from table)

Example:

Number of people in household:	6
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\* Source: US Dept of Health and Human Services, January 19, 2023

300% above Federal Poverty Guideline	\$ 120,840		
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All household income will need to be verified by Overcomers during the application process. Income adjustments for self-employed patients, or those with high deductible plans, may result in a qualifying income level. See Instructions once available for details.

We invite you to apply if you answered “YES” to ***all*** the above questions.  
Please download the current application and instructions off our website.