



CRITERIA FOR LINKED BY PINK MEDICAL ASSISTANCE GRANT

*** The age limit has been temporarily increased to those initially diagnosed at the age of 55 and younger**

1. The grant is open to all breast cancer patients/survivors initially diagnosed with breast cancer at the age of 55 and younger.
2. The patient must live within a 45 mile radius of Erie, PA.
3. Form must be filled out entirely including all required medical provider sections and required signatures. A copy of most recent income tax return (first two pages only) must be included except for stage 4 patients.
4. The total amount available for all grants is set each year during our budget session beginning January 1. Funds available may affect the number/amount of grants approved each year.
5. The maximum amount of the grant is \$2,500 per person yearly, until all funds from the grant fund are exhausted. Medical grant maximum is \$1500 per year. Travel grant maximum is \$200 per year. Living Expense grant maximum is \$800 per year.

***** Please note:**

Above are the maximum amounts available per grant.

Not all applicants will qualify for maximum amounts.

Not all applicants will qualify for all three grants.

6. We do not pay for costs already paid for by insurance or another program.
7. If reapplying after receiving a grant, there is a waiting period of 12 months before submitting a new application and all requirements must be met before applying again.
8. Incomplete or old applications will not be processed.

Income Guidelines

Eligibility is determined on a case by case basis. Supporting documentation may be submitted as a proof of extenuating circumstances.

Income Information - **Note - Grants above these income limits are awarded on a sliding scale.

Household Size	1	2	3	4	5	6	7	8
Yearly Income	\$62,600	\$84,600	\$106,600	\$128,600	\$150,600	\$172,600	\$194,600	\$216,600

Billing Procedure

For unpaid expenses/bills, payment will be made directly to the provider in their name.

For **reimbursement** of covered expenses, copies of paid receipts must be provided to Linked By Pink.

***Please allow 4 - 6 weeks for processing of payments**

Allowable Expenses

Medical Grant

- Medical treatment necessary as a result of a breast cancer diagnosis
- Doctor or therapist co-pays or office visits
- Prescribed Lymphedema garments and supplies
- Prescription and co-pays of medications
- Medically necessary supplies prescribed by a doctor
- Medical Marijuana as prescribed by a doctor

Travel Grant

- Transportation cost to get to treatment in the form of a gas card, GetGo, which can be used by you or a caregiver/friend who provides the transportation. Under special circumstances, other forms of transportation help will be considered in lieu of a gas card.
- Please note: this gift card will be sent to your email address. You will be responsible for printing the certificate for use. Per Giant Eagle terms and conditions: This card is nonrefundable, will not be exchanged for cash, and will not be replaced if lost or stolen.
- This grant is primarily for those in active treatment. Be certain healthcare provider verifies treatments received within the last six months on the application. ***Please Note: Hormonal Therapy is NOT considered active treatment.**

Living Expense Grant

- This grant is for living expenses not covered by the medical grant or travel grant, including rent, mortgage, utility payments (gas, electric or water only) or food.
- Rent, and mortgage payments will only be made directly to the provider.
- Utility payments will be made directly to the provider unless receipts showing proof of payment are provided in which case reimbursement will be paid to the patient.
- Grocery costs will be in the form of a gift card from Giant Eagle. You will be responsible for printing the certificate for use. Per Giant Eagle terms and conditions: This card is nonrefundable, will not be exchanged for cash, and will not be replaced if lost or stolen.
- No reimbursement will be given for previously paid Living Expense costs.
- A maximum of **two** disbursements will be made.
- This grant is primarily for those in active treatment. Be certain healthcare provider verifies treatments received within the last six months on the application. ***Please Note: Hormonal Therapy is NOT considered active treatment.**

****If approved all bills must be submitted within one year of approval, otherwise balance will be forfeited.***

****Please allow 4 - 6 weeks for processing of application and payments****

Check your email. Your determination letter will be sent to the email address provided.

****LBP will not be responsible for lost or misdirected mail.**