



Client Agreement

Dear Breast Cancer Survivor:

Thank you for applying to receive charitable care through our breast reconstruction program. Your signature on this letter indicates that you agree to the terms of the program as listed below.

CANDIDATE CRITERIA

To be considered for the reconstruction program, you must meet all of the criteria listed below:

1. Have a current application on file. This must be updated annually.
2. Have a current letter of denial from Medicaid for breast reconstruction. This must be updated annually.
3. Have your tax returns for the most two recent years on file. If married, a joint return is required.
4. Have bank statements on file from the most recent three months.
5. Demonstrate household income that is low (at or below 60% of the area median gross income) or moderate income (more than 60% but less than 80% of the area median gross income). Current limits are:

Family Size	Low Income Limit (60% median)	Moderate Income Limit (80% median)
1	\$28,560	\$38,050
2	\$32,640	\$43,450
3	\$36,720	\$48,900
4	\$40,740	\$54,300

5	\$44,040	\$58,650
6	\$47,280	\$63,000

6. Have one letter of recommendation on file that supports your financial need. This can be from your medical advisors, relatives, friends, or employer confirming that you want breast reconstruction surgery and need financial assistance.

7. Agree to use your full names, to be filmed, interviewed, share your cancer/reconstruction journey and your image to public media such as evbff website, Facebook, twitter, newspapers, documentaries, etc.

PROGRAM PROVIDER PROTOCOLS

Our program requires the participation of different healthcare providers, including a plastic surgeon, an anesthesiologist, and the medical facility where they have privileges. In order to maintain our relationship with these providers, we have agreed to the terms listed below. Failure to comply may result in removal from the program.

1. A candidate must meet our program criteria, as listed above.
2. The initial communication with the plastic surgeon's office, including scheduling, is managed by Evelyn's BFF, unless stated otherwise. Candidates are not to contact the surgeon's office directly unless directed to do so.
3. Candidates must dress and behave appropriately during appointments. Behavior considered difficult, demanding, or in any way inappropriate by the surgeon or his staff is not allowed.

YOUR SUPPORT SYSTEM

Evelyn's BFF is committed to your success. Depending on the type of surgery recommended, the commitment required can be up to a year. If selected, you might be required to visit your surgeon weekly. As part of our agreement with surgeons, we are required to screen our candidates to ensure that they have a stable environment for recuperation after surgery. Evelyn's BFF is not able to provide patient support services.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is there somebody who can do your heavy lifting after surgery?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have reliable transportation to make weekly doctor visits?
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to pay for basic living expenses, such as food and rent during the recuperation period?
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to pay for prescribed medication after surgery?
<input type="checkbox"/>	<input type="checkbox"/>	Do you smoke? <i>Applicants are required to abstain from smoking prior to surgery and during their reconstruction period. Surgeons require patients to be tested for nicotine in order to ensure compliance.</i>

TERMS OF AGREEMENT

Please initial each item below.

1. _____(initials) I agree to be a volunteer and to commit at least 60 hours to Evelyn's BFF within a period of one year before and/or after my surgery.
2. _____(initials) I agree and understand that any surgery paid for by Evelyn's BFF is voluntary and under a separate contract with the plastic surgeon. Evelyn's BFF simply acts as a provider of payment for of my medical services. Therefore, I agree that that I will not hold Evelyn's BFF 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 breast reconstruction program, surgery, anesthesiology, hospitalization, recuperation, or any other related activities and events.
3. _____(initials) I agree to execute the necessary waivers under the Health Insurance Portability and Accountability Act ("HIPAA") to allow my plastic surgeon to release to Evelyn's BFF information pertaining to my medical condition, my appointments, my surgery dates and the surgeon's opinions, recommendations and prognosis.
4. _____(initials) I agree that if I fail to follow doctor's orders and any complications result, and additional medical services or surgeries are required, (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. Evelyn's BFF will be released from any obligation to fund or pay for any of my medical fees and costs.
5. _____(initials) I agree to be filmed, interviewed, share my cancer/reconstruction journey and my image to public media such as the Evelyn's BFF website, Facebook, twitter, newspapers, documentaries, etc.

By signing below, you further agree that you have been truthful in responding to everything in this Agreement and on the Application submitted with it. You also agree that copies of all documents submitted to Evelyn's BFF 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, to keep your information current each year and to notify Evelyn's BFF 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.

SIGNATURE

DATE

PRINT NAME

Please mail a signed copy of this agreement and all supporting documents to;

Evelyns BFF
1221 W 243rd St
Harbor City. Ca 90710

You can also send scanned copies via email to evelynsbff@gmail.com.