HairToStay Subsidy Program

***HairToStay* Subsidy Program**
PO Box 219, Gloucester, MA 01931
Phone: 800-270-1897 Fax: 888-246-6527

The *HairToStay* Program

The *HairToStay* Subsidy program is designed to help people undergoing cancer chemotherapy who can't afford to pay for scalp cooling treatments. The program has specific eligibility guidelines and other requirements. The following will help you decide if you are eligible for participation.

Who Qualifies for a Subsidy?
In order to be eligible to receive a subsidy, you must:

- Be a chemotherapy patient who has been diagnosed with a solid tumor cancer. (Scalp cooling is not recommended for blood/hematological cancer patients and those patients are not eligible for subsidy.)
- Be a full-time U.S. resident receiving treatment in a medical facility located in the United States.
- Demonstrate financial need — For most patients your household income must be at or below 300% of the Federal Poverty Level (FPL). Chart 1 below shows the maximum income levels that will still allow you to qualify for a subsidy. Special donor-targeted funds exist for residents of certain parts of the United States as well as for patients receiving treatment at certain medical centers. Patients that qualify for these special funds may receive subsidies if their household income is at or below 400% of the FPL as shown in Chart 2. To qualify for these special funds patients must be receiving treatment at The University of California San Francisco, or reside or receive treatment in Texas, Atlanta, Georgia, or certain areas of Northern California, Hawaii, or Nevada.

Chart 1: Income Maximum for 300% of Federal Poverty Level

Household Size	Where You Live		
	48 Contiguous States and D.C.	Alaska	Hawaii
1	$36,180	$45,180	$41,580
2	$48,720	$60,870	$56,010
3	$61,260	$75,750	$70,440
4	$73,800	$92,250	$84,870
5	$86,340	$107,940	$99,300
6	$98,880	$123,630	$113,730
7	$111,420	$139,320	$128,160
8	$123,960	$155,010	$142,590

Chart 2: Income Maximum for 400% of Federal Poverty Level

Household Size	Where You Live		
	48 Contiguous States and D.C.	Alaska	Hawaii
1	$48,240	$60,240	$55,440
2	$64,960	$75,300	$69,300
3	$81,680	$90,360	$83,160
4	$98,400	$105,420	$97,020
5	$115,120	$120,480	$110,880
6	$131,840	$135,540	$124,740
7	$146,920	$150,600	$138,600
8	$165,280	$165,660	$152,460

For each additional person in your household, add the following: 48 contiguous states - $4,180 Alaska - $5,230 Hawaii - $4,810

***HairToStay* Subsidy Program**
PO Box 219, Gloucester, MA 01931
Phone: 800-270-1897 Fax: 888-246-6527

The *HairToStay* Program (continued)

- Be using a scalp cooling system from one of the following Qualified Scalp Cooling Suppliers:

  - Arctic Cold Caps
  - Chemo Cold Caps
  - Dignitana Dignicap System
  - Paxman Scalp Cooling
  - Penguin Cold Caps
  - Wishcaps

- If at any time during your treatment you apply for, plan to apply for or receive any other outside financial assistance for your scalp cooling treatments, you must identify those sources in the appropriate section of this application, or inform us if your application has already been approved. Receipt of other financial support may impact your ability to qualify for all or part of a *HairToStay* subsidy. Funds provided by family members or friends or fee discounts made available by the scalp cooling suppliers specifically to *HairToStay* approved patients do not need to be identified.

IMPORTANT: We do not subsidize scalp cooling treatment expenses incurred prior to your application being approved, only expenses incurred once your subsidy has been formally approved.

You Will be Notified
You will usually be notified within one week of submission of a completed application regarding the status of your application. If you have not heard back, please contact us by email at hairtostay@pap-apps.org or by phone at 800-270-1897.

Amount of the Subsidy and How You Will be Reimbursed

- Each patient is eligible to be approved for a single subsidy. If approved, you will not be eligible to reapply for future subsidies from *HairToStay*.

- The maximum total subsidy amount available to you will usually be $1,000. Special donor-targeted funds exist for residents of certain parts of the United States as well as for patients receiving treatment at certain medical centers. Patients that qualify for these special funds may receive maximum total subsidies of up to $1,500. To qualify for these special funds patients must be receiving treatment at The University of California San Francisco, or reside or receive treatment in Texas, Atlanta, Georgia, or certain areas of Northern California, Hawaii, or Nevada. Patients that qualify for these special funds will be notified of the total amount of their subsidy once approved. You will be reimbursed for a portion of the actual cost of each of your treatment charges after we have verified the payment of your invoice with your supplier.

- The amount reimbursed depends upon how your supplier bills for treatments:

  - For suppliers who charge separately for each treatment: You will be reimbursed for the cost of the treatment up to a maximum of $180 per treatment.
  - For suppliers who charge a monthly rental fee: You will be reimbursed the cost of each monthly rental up to a maximum of $180 per month.
  - For suppliers who charge an upfront, one-time fee: You will be reimbursed 60% of the treatment cost for that order.

HairToStay Subsidy Program

***HairToStay* Subsidy Program**
PO Box 219, Gloucester, MA 01931
Phone: 800-270-1897 Fax: 888-246-6527

Patient Instructions:
1. Complete all fields on page 3 and 4 of the application. Incomplete applications will delay the processing of your application.
2. Sign the application.
3. Send the application and your documentation to the *HairToStay* Subsidy Program by U.S. mail, fax or email to hairtostay@pap-apps.org.

YOUR INFORMATION

Name (First and Last): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____ Daytime Phone: _____

Social Security # or Green Card # _____ Date of Birth: _____

Email: _____
By providing your email you are giving us permission to contact you this way.

Fax: _____
By providing your fax you are giving us permission to contact you this way.

Gender: (Check One) ☐ M ☐ F

How did you first learn about *HairToStay*? _____

ELIGIBILITY INFORMATION

Residency Status: ___ U.S. Citizen ___Legal Resident ___Work Visa (attach a copy your work visa)

Total household income: _____ My household size: _____

Required supporting documentation (select one):
- ☐ Applying before April 15 — copy of the first page of last year's tax return
- ☐ Applying after April 15 — copy of the first page of this year's tax return
- ☐ Not required to file a tax return — 4506-T form attached
- ☐ If on Social Security a copy of SSA 1099
- ☐ Copy of two most recent pay stubs for all employed household members
- ☐ Proof of all pensions, interest, alimony, child support and retirement payments for all household members

If applicant has no income then a letter is required from applicant's healthcare provider, advocate or agency attesting to zero income or if you don't file taxes, submit Form 4506-T from the IRS.

Check if True: ☐ I have no health insurance coverage (private or government) that pays for scalp cooling treatments.

Check True ☐ or False ☐ to the following: I am not applying for, planning to apply for or receiving any other subsidy or outside financial assistance to pay for my scalp cooling treatment other than support provided by family and friends or a fee discount provided by a scalp cooling supplier specifically for patients approved for a *HairToStay* subsidy.

If you checked False, please list all other financial support you may receive including the name of your insurance carrier if applicable: _____

***HairToStay* Subsidy Program**
PO Box 219, Gloucester, MA 01931
Phone: 800-270-1897 Fax: 888-246-6527

MEDICAL QUESTIONS

Please provide your oncologist's contact information:

Name _____ Phone: _____ Fax: _____

Please provide the contact information for the medical facility where you will be receiving your chemotherapy treatments:

Name _____ Phone: _____ Fax: _____

Street Address _____ City _____ State_____ Zip _____

Please select the Scalp Cooling System you have chosen:

- ☐ Arctic Cold Caps
- ☐ Chemo Cold Caps
- ☐ Dignitana Dignicap System
- ☐ Paxman Scalp Cooling
- ☐ Penguin Cold Caps
- ☐ Wishcaps

Please select the Type of cancer with which you've been diagnosed. Also circle the Stage if you know.

Type	Stage (circle one)	Type	Stage (circle one)
☐ Breast	I II III IV	☐ Stomach	I II III IV
☐ Colorectal	I II III IV	☐ Uterine	I II III IV
☐ Liver	I II III IV	☐ Ovarian	I II III IV
☐ Lung	I II III IV	☐ Urinary	I II III IV
☐ Pancreatic	I II III IV	☐ Brain	I II III IV
☐ Prostate	I II III IV	☐ Oral	I II III IV
☐ Skin	I II III IV	☐ Other: Please specify _____	I II III IV

On what date do you expect to receive your first (or next, if you've already started) scalp cooling treatment? _____

On what date do you expect to receive your last scalp cooling treatment?_____

How many total scalp cooling treatments do you expect you will receive?_____

How will you be billed and how much do you expect to pay for your scalp cooling treatment?

- ☐ I will be billed separately for each treatment in the amount of _____
- ☐ I will be billed a monthly rental charge in the amount of _____
- ☐ I will be billed up front in the amount of _____
- ☐ I will be billed some other way — describe frequency and amount _____

Optional Information: Please complete any of the following questions that you can.

What chemotherapy drug regimen(s) has your doctor prescribed? _____

How frequently do you expect you will receive chemotherapy treatment (e.g., twice a week, once every three weeks, once a month, etc.)?

_____

***HairToStay* Subsidy Program**
PO Box 219, Gloucester, MA 01931
Phone: 800-270-1897 Fax: 888-246-6527

THE AGREEMENT

You must sign this form before we can process your application.

This application will remain valid for six months from date of submission. After that time, you must submit a new application.

By signing this form, you signify that you understand and agree to the following:

I agree that if my application is approved, and I have not submitted invoices for reimbursement for six weeks, I will be notified that my account will be marked inactive. If I do not respond to this notification within two weeks, my account will be considered closed, at which time a new application will be required to reactivate my account. At that time, a re-application fee of $25 may be required.

HairToStay makes no guarantees regarding the appropriateness or effectiveness of any scalp cooling treatment and that I should consult with a medical professional before undergoing scalp cooling treatment.

All information I have provided in this application is accurate and complete to the best of my knowledge.

The *HairToStay* Subsidy Program reserves the right to request additional income verification or other qualification information before making a final decision on my application.

I have not been approved nor do I expect to be approved for insurance reimbursements or subsidy payments from any organization that will help pay the cost of my scalp cooling treatments. (Personal contributions from friends or family members are allowed).

I will notify the Program immediately if there is any change in my income status or if I obtain a subsidy from another organization.

I agree to complete a pre- and post-treatment survey. A link to the pre-treatment survey will be emailed to you upon approval of your application. Please complete and submit the survey prior to beginning treatment if possible. The post treatment survey will be sent to you upon completion of your scalp cooling treatments. Please complete and submit this survey on a timely basis.

I give *HairToStay* permission to contact my oncologist and my infusion center to verify the information I have provided in this application, and to share this information with my scalp cooling provider.

I give you permission to contact me by phone and by email during and after my participation in the Program.

Applicant's Signature: _____ Date: _____

THANK YOU TO OUR DONORS AND SPONSORS