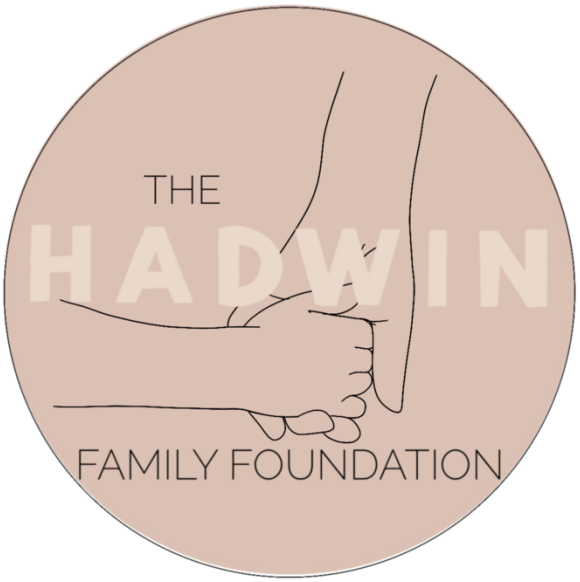


# The Hadwin Family Foundation

# **Maddy's Miracle Grant Application**

# The Hadwin Family Foundation

**Maddy's Miracle Grant via the Center for Reproductive Medicine**

## Introduction and Instructions

Maddy's Miracle Grant was developed to directly assist individuals and families with the financial barriers associated with infertility treatment. In addition to the social stigma that still surrounds infertility diagnosis and treatment, families are far too often further burdened by the cost of treatment options, specifically in vitro fertilization (IVF). Unfortunately, IVF is frequently the only option left for people to grow their family, and they are left with the difficult dilemma of wanting children but not being able to afford the chance to have them. This dilemma led to the birth of The Hadwin Family Foundation (The Foundation) and the creation of Maddy's Miracle Grant.

Maddy's Miracle Grant is named after the daughter of our founders, who were fortunate enough to have the means to undergo a successful IVF treatment. Throughout the IVF process and after the birth of their daughter, our founders felt a sense of frustration and guilt that their personal financial situation afforded them the opportunity to overcome the challenges of infertility through IVF, while others are often not as fortunate. This frustration drove them to create their Foundation, and more specifically Maddy's Miracle Grant, as a way to support growing families facing the financial hardships that come with costly fertility treatments.

**Maddy's Miracle Grant is currently only available to families with financial need who are working with the Center for Reproductive Medicine (CFRM) in Wichita, Kansas, have been diagnosed with infertility, and are actively pursuing IVF treatment. Additionally, applicants must be legal, permanent residents of Kansas.**

Grant funds will be paid direct to CFRM and will be restricted to only the standard IVF retrieval and transfer fees for a single cycle as designated by CFRM. Funds cannot be used for treatments already received and will be awarded only for treatment and fees not yet received or incurred. Applicants with stored eggs and/or embryos will be excluded.

Funds available for grants depend on the success of fundraising throughout the year by the Foundation. We hope to be able to expand coverage in the future to include services such as medications, labs, genetic testing and procedural anesthesia, but currently the Foundation do not cover any such services. While the grant funds will go to the standard IVF retrieval and transfer fee all CFRM patients incur, the grant funds are available not only to patients using their own eggs, but also to those using donor eggs, donor embryos, or gestational carriers. Please note, however, that no ancillary or extra fees associated with such cycles will be covered by a grant award.

Applications may be submitted March 1st through March 30st via The Hadwin Family Foundation website only, www.thehadwinfamilyfoundation.org. Our goal is to have a recipient selected and notified by April 7th, which will be dependent, however, on applicant interest and response.

In order to undergo the IVF process you must meet certain medical criteria as determined and required by CFRM. Each applicant must submit a medical criteria verification form singed by an CFRM representative. You may discuss these medical criteria in more detail with your current physician at CFRM. The Foundation does not discriminate based on race, religion, ethnicity or national origin, age, gender, or sexual orientation, and all timely, complete applications will be considered. If you submit an application and are not selected as a grant recipient, you may apply for the grant in another grant cycle, however you will be required to submit a full application each time, including the medical criteria verification form from CFRM.

Please read the application carefully, fill it out truthfully and as completely as possible, and be sure to attach all required documents. If you are couple, please fill out all sections of the application for both the applicant receiving IVF treatment as well as the applicant's spouse/partner.

**Incomplete or untimely applications will not be reviewed and will be considered withdrawn from the grant cycle.**

You may be asked to provide proof of employment and income to verify your financial need, so please have your W-2s and personal income tax documents ready and available. **Additionally, we will verify all insurance or employee benefit claims with an CFRM representative** If you have application specific questions, please email The Hadwin Family Foundation at info@thehadwinfamilyfoundation.org. For any medical questions regarding your infertility diagnosis and medical criteria for IVF, please contact your physician or representative at CFRM. Other than the medical criteria verification form, please do **not** provide medical records to the Hadwin Family Foundation.

Lastly, and most importantly, thank you for applying for Maddy's Miracle Grant and trusting us to review your application. We know firsthand the toll that infertility takes on a family. Every member on our selection committee has personally dealt with infertility and been through the IVF process. Although all members of our committee have had difficult journeys, we have all been fortunate enough to have had successful IVF treatments with children to show for it. It is our absolute greatest hope that Maddy's Miracle Grant helps families in their fight against infertility and contributes to the birth of even just one miracle child in the process.

# The Hadwin Family Foundation

**Maddy's Miracle Grant via the Center for Reproductive Medicine**

## Application Checklist

____ Verify that you meet the medical criteria required by your physician at the Center for Reproductive Medicine to be eligible to apply for the grant.

____ Gather financial documents such as W-2s and tax returns in order to complete the application.

____ Fill out the application as fully, truthfully, and completely as possible for both the applicant and spouse/partner.

____ Type and upload a personal statement for both the applicant and spouse/partner.

____ Carefully read, initial, and sign **all** required items and documents in order For the application to be considered.

# The Hadwin Family Foundation

**Maddy's Miracle Grant via the Center for Reproductive Medicine**

## General Information

Full legal name, Applicant: _____

Date of Birth: _____ Age: _____

Full legal name, spouse/partner:_____

Date of Birth: _____ Age: _____

Address: _____

_____

_____

Phone (cell): _____

Email: _____

What is your combined annual household income? (*gross, pretax)*: _____

How long have you been trying to conceive? _____

Who is your physician at the Center for Reproductive Medicine (CFRM)?_____

When were you last seen by the above physician? _____

Have you ever been pregnant? If yes please explain when and what the outcome was of each pregnancy: _____

_____

_____

_____

_____

_____

Number of current living children? (including those from previous relationships for both the applicant as well as spouse/partner):_____

Has either the applicant or spouse/partner undergone infertility treatments before such as IUI, IVF, donor eggs or donor embryo? If yes, please detail what, where, and the outcome: _____

_____

_____

_____

_____

Have you ever applied for Maddy's Miracle Grant before? If yes, when?_____

_____

How did you hear about Maddy's Miracle Grant? _____

Is either the applicant or spouse/partner related to anyone affiliated with the Hadwin Family Foundation or CFRM? If yes, who and what is the relation? _____

_____

## Background Information

Applicant 1, employer: _____

Job title: _____ Annual salary: _____

How long have you been employed here? _____

Spouse/Partner, employer: _____

Job title: _____ Annual salary: _____

How long have you been employed here? _____

Are you married? If yes for how long: _____

Is either the applicant or spouse/partner active or retired military? _____

Has either the applicant or spouse/partner been arrested? If yes, please explain: _____

_____

Has either the applicant or spouse/partner been convicted of a felony or misdemeanor? If yes, please explain: _____

Does either the applicant or spouse/partner have insurance coverage or employer support for fertility treatments? If yes, please detail coverage including past benefits used and benefits remaining: _____

_____

_____

_____

_____

Does applicant have FULL prenatal insurance coverage?_____

Does either the applicant or spouse/partner have FULL insurance coverage for dependents?

_____

If you answered no to either of the above questions please explain: _____

_____

_____

## Financial Information: Income

Total gross, combined monthly household income from all sources: _____

Please detail sources of combined monthly income for each of the following categories:

**Salary/wages/paycheck**: _____

**Bonuses/commission/tips**: _____

**Investments/interest/dividends**: _____

**Disability/worker's comp/unemployment**: _____

**Rental income**: _____

**Government/public assistance**: _____

**Other** (*list all)*: _____

_____

_____

_____

_____

_____

_____

Total combined balance of ALL checking accounts: _____

Total combined balance of ALL savings accounts: _____

Total combined value of retirement accounts (*401k/IRA/etc*): _____

Have you received ANY other grants, donations, personal, or familial contributions for infertility treatments? If yes, please detail: _____

_____

_____

Are you currently applying to any other infertility grants through other foundations or charities?

If yes ,please detail: _____

_____

_____

## Financial Information: Expenses

Total estimated combined monthly household expenses: _____

Does either the applicant or spouse/partner have personal or credit card loans relating to infertility costs? If yes please detail circumstances, including remaining balance: _____

_____

_____

Please detail major combined monthly expenses for each of the following categories:

**Mortgage/Rent**: _____

**Utilities:** _____

_____

**Car Payments:** _____

**Insurance:** _____

_____

**Medical bills:** _____

_____

**Loans:** _____

_____

**Other** (*list all)*: _____

_____

_____

_____

# Personal Statement

Please submit a separate personal statement from both the applicant **and** the spouse/partner describing the impact Maddy's Miracle Grant would have on you and your family. Please briefly describe your personal experience with infertility thus far, and also you hope for your future family.

Personal Statements should be typed and uploaded as separate attachments. Please limit each personal statement to 1000 words or less. Personal statements must include printed name, signature, and date.

# Confirmations and Commitments

The submission of this application, my initials at each statement, and signature below, is my legal acknowledgement that I understand, agree with, commit to and confirm as true the following:

1. I am a current patient at the Center for Reproductive Medicine (CFRM) with a diagnosis of infertility.

   _____ Applicant

   _____ Spouse/Partner

2. I am a permanent legal resident of Kansas.

   _____ Applicant

   _____ Spouse/Partner

3. All information provided in this grant application, including my typed personal statement, was written by myself and is truthful.

   _____ Applicant

   _____ Spouse/Partner

4. If there is any change in status regarding any part of my application, I will notify the Foundation as soon as possible after I become aware of the change. Failure to immediately notify the Foundation may, at the discretion of the Foundation, disqualify me as a recipient, may cause any grant award to be rescinded, or lead to further actions.

   _____ Applicant

   _____ Spouse/Partner

5. If I am selected to receive a grant, the Foundation shall pay the grant funds directly to CFRM for my benefit and such funds shall be applied only to the costs of the standard IVF fee and transfer fee of a single cycle, with no grant funds paid to or due to me; provided however, any tax documentation required for such grant will be issued to me directly and any taxes applicable to or due by me because of the grant are my sole responsibility.

   _____ Applicant

   _____ Spouse/Partner

6. If I am selected to receive a grant, any such grant (a) will be applied only toward the standard IVF fee and transfer fee of a single cycle, as designated by CFRM (b) will not exceed $12,250, and (c) to the extent not applied as stated or used in whole, will be refunded to the Foundation.

   _____ Applicant

   _____ Spouse/Partner

7. All grant funds must be used in full within one year following the date of the Foundation's notification of selection to a grant recipient, and any grant funds not so used shall be refunded to the Foundation by CFRM, unless the Foundation determines, in its discretion, that extenuating circumstances exist and provides written extension of the one-year period.

   _____ Applicant

   _____ Spouse/Partner

8. Grant funds are awarded for use only in a single IVF cycle or transfer and if for any reason the IVF cycle or transfer must be terminated, or is not completed, any remaining grant funds shall be refunded to the Foundation by CFRM and will no longer be available to the recipient; provided, the Foundation may agree, in its discretion, to a written modification of this restriction.

   _____ Applicant

   _____ Spouse/Partner

9. In reviewing my application, the Foundation will be reviewing the personal, medical, financial, and other information that I have voluntarily submitted as part of my application for a grant, and I have the expectation that such information will not be shared with anyone outside of the Foundation, CFRM, or their respective professional advisors.

   _____ Applicant

   _____ Spouse/Partner

10. If I am selected as a grant recipient and subsequently receive any reimbursement payment(s) from an insurance provider, employer or other source for the fees covered

by a grant, I shall immediately notify CFRM and the Foundation of the amount of such payment, and return that amount to the Foundation so it may be used for future grants.

_____ Applicant

_____ Spouse/Partner

11. CFRM has my authorization to provide to the Foundation a written verification that I meet each of the CFRM medical criteria as determined by CFRM to be eligible to undergo the IVF cycle and transfer, and I shall provide any necessary authorization to CFRM.

    _____ Applicant

    _____ Spouse/Partner

12. If requested by the Foundation, I will submit to a background check as an additional part of the application and submit any necessary consents or information to complete such a background check, and my refusal to do so constitutes a withdrawal of my application.

    _____ Applicant

    _____ Spouse/Partner

13. If selected as a grant recipient, I consent to having my name and photo published and/or released by The Hadwin Family Foundation as publicity of, and promotion for, Maddy's Miracle Grant

    _____ Applicant

    _____ Spouse/Partner

14. Submission of this application and my agreement to all the terms and conditions does not in any way guarantee my selection as a grant recipient

    _____ Applicant

    _____ Spouse/Partner

15. If asked, I will provide proof of employment and income, including, but not limited to, submission of W-2's and personal tax returns.

    _____ Applicant

    _____ Spouse/Partner

16. As the spouse or consenting partner of the applicant for the Maddy's Miracle Grant, if a grant is awarded to the applicant, I understand I have no claim, share, right or financial interest of any kind in such grant, it is solely a gratuitous charitable grant to the applicant and is restricted by the Foundation for certain payments, and it is subject to withdrawal at the sole and absolute discretion of the Foundation.

    _____ Spouse/Partner ONLY

_____

Signature/Date Applicant

_____

Printed Name Applicant

_____

Signature/Date Spouse/Partner

_____

Printed Name Spouse/Partner

# The Hadwin Family Foundation Authorization Form

**Maddy's Miracle Grant via the Center for Reproductive Medicine**

I authorize the Center for Reproductive Medicine (CFRM) to provide written confirmation to the Hadwin Family Foundation to confirm that I have met all of the medical criteria as designated by Dr. David Grainger, medical director at CFRM, to be eligible for Maddy's Miracle Grant. I authorize the Hadwin Family Foundation to verify all insurance and employee benefit claims with an CFRM representative.

Clinic Name: The Center for Reproductive Medicine (CFRM)

Address: 9300 E 29th St N #102. Wichita, KS 67226

Physician: _____

_____

Signature/Date Applicant

_____

Printed Name Applicant

_____

Signature/Date Spouse/Partner

_____

Printed Name Spouse/Partner