



NADINE WHITLOCK HAYES LEGACY FUND - POLICIES AND GUIDELINES

The Nadine Whitlock Hayes Legacy Fund (NWHLF) was established to provide immediate, short-term financial relief to support breast cancer patients undergoing active treatment and who are experiencing urgent, unforeseen financial hardships. The NWHLF provides short-term aid to help cover essential expenses such as housing, utilities, transportation to treatment, or groceries – costs that may become unmanageable due to the burden of cancer care. The goal is to alleviate financial stress so that patients can focus on their recovery and well-being. The eligibility requirements and application process ensure fair and compassionate assistance to those in greatest need.

All requests for assistance must be made through our online application and must include supporting documentation, such as confirmation that you are in active treatment and any documentation related to the need for which assistance is requested (i.e., utility bills, rent/mortgage statement outlining past due amounts, etc). If an applicant experiences challenges with applying online, our staff will assist as needed. Upon receipt of the application and all supporting documentation, the NWHLF review committee will make an assistance determination. The committee is committed to making fair and timely decisions and cannot consider incomplete applications. It is our goal to provide an answer regarding assistance as soon as possible, within seven (7) business days of receipt.

Eligibility Requirements for Emergency Financial Assistance

To qualify for emergency financial assistance, applicants must meet the following criteria:

1. Diagnosis & Treatment Status

- Must provide a letter or documentation from a licensed medical provider or someone on the provider's team, verifying breast cancer diagnosis and current treatment status
- Must be currently undergoing active treatment (e.g., chemotherapy, radiation, surgery, immunotherapy, endocrine therapy, etc.)

2. Residency

- Must submit identification and proof of Indiana residency

3. Financial Need

- Must demonstrate financial hardship related to or worsened by breast cancer treatment

- Must provide income verification (such as check stub, social security or disability award letter, Medicaid/Hoosier Healthwise approval letter, unemployment benefits approval letter)
- Must provide documentation of expenses for which assistance is requested (such as bill or invoice, lease agreement, mortgage statement, estimate of cost of services)

4. Type of Assistance Requested

- Assistance may be available for essential living expenses such as:
 - Rent or mortgage
 - Utilities (gas, electric, water)
 - Transportation (e.g., gas cards, Uber/Lyft, medical transport service, etc.)
 - Groceries or basic necessities (e.g., personal hygiene items, household essentials, medication co-pays for prescriptions not covered by insurance)
- We may also consider requests for assistance with the cost of recommended genetic testing

5. One-Time or Limited Support

- Financial assistance is offered as a one-time award within a rolling 12-month period, allowing us to support as many individuals as possible throughout a 12-month period. The existing amount of funds in the NWHLF are also a factor in determining the amount of assistance that can be awarded.

6. Testimonial

- If you are approved to receive support from the NWHLF, we may kindly invite you to share a testimonial about how the fund has helped you. This could be in the form of a written note or a short video, depending on what feels most comfortable for you. Your story could inspire and encourage others who may be going through similar experiences.