

Family Building Fund

Families Happen Here – let us help you grow yours!

Please read all information before filling out the application.

The Fertility Center Family Building Fund is available to anyone interested in pursuing treatment at The Fertility Center. The funding committee will select applicants who do not have insurance coverage for In Vitro Fertilization (IVF) treatments. The recipients will be able to apply their grant towards any IVF procedure.

Applications may only be received by mail. Any application that is incomplete and/or received by fax or email will not be reviewed.

Each month, approved applicants will be selected to receive a grant from the Family Building Fund. The due date is the first of every month to be considered for the following month. If an application is received after the first, it will automatically be considered for the next qualifying month. For example, if an application is received on January 1st, it will be considered for the February funding. If an application is received on January 2nd or later, it will be considered for the March funding.

While we wish we could provide financial support to every applicant, not all applicants will receive funding. The given amount will vary per recipient.

Requirements to Receive Funding

- A fertility specialist must officially diagnose infertility.
- Applicants must demonstrate financial need and be uninsured for In Vitro Fertilization treatments.
- The total combined income of all parties listed on the application may not exceed \$100,000.
- All funding received through the Family Building Fund must be used within 365 days of the award date.
- Patients with no current children will be given priority.
- Patients who have already spent funds on IVF treatments will be given priority.
- No funding will be given directly to the patient.
- The funding may not be used to reimburse the patient for services already provided, and is solely to be used towards future IVF cycles at The Fertility Center.

Reminders about the Application

- All applications must be received by the due date.
- Late applications will be considered for the following qualifying month.
- Applications that are received via fax and/or email will not be considered.
- Please include the completed checklist with the complete application.

Frequently Asked Questions

Must both partners be U.S. Citizens?

Applicants must be U.S. Citizens or permanent U.S. Residents.

Do applicants have to be a current patient of The Fertility Center to apply?

No.

What is the Family Building Fund?

The Family Building Fund is a need based fund provided by The Fertility Center to assist with the cost of in vitro fertilization (IVF) procedures.

How often will funding be awarded?

Funding will be awarded monthly.

How many recipients will be awarded with funding?

The number of recipients who receive funding each month will vary and are contingent upon availability of funds. All applicants are encouraged to carefully and thoroughly answer each section of the application.

How will the funding be distributed?

All funding received will be applied to each recipient's account at The Fertility Center.

Does the funding apply to intrauterine insemination (IUI) and/or other procedures?

No. The funding only applies to IVF procedures.

What IVF costs are covered by the Fertility Fund?

The funding can be used toward any of the direct costs for the day of the IVF procedure. (Excludes bloodwork, ultrasounds, medications, anesthesia, monitoring, etc.)

Will the funding cover a Frozen Embryo Transfer (FET) cycle?

Yes.

Is fertility medication considered part of the costs of IVF?

No. Fertility medication is a separate expense not covered by the Family Building Fund. Some or all of the fertility medications may be covered by prescription coverage, or may be an out of pocket expense. This is something that each applicant will need to confirm with their insurance company.

Can the time for using the Family Building Fund be extended beyond one year?

No. Due to the amount of applicants, the time limit has been established for awarded funds to be used within 12 months from the date of award. Special consideration will be given to patients who are deployed through the U.S. Military or are in treatment for cancer.

Is there an age limit?

Yes. 18 – 48 years old

Can you have children already?

Yes, but the selection process is preferential for those without children and for those who have already spent funds on fertility treatment.

Can a single person apply for the grant?

Yes.

If I am considering or need egg donation to pursue IVF, may I apply for the grant?

Yes.

If I am pursuing an IVF cycle with a gestational carrier carrying the pregnancy, may I apply for the grant?

Yes.

Funding will be awarded as selected by The Fertility Center's funding committee. Applicants will be asked to complete a confidential application. Proof of income and other supporting financial documentation will be required.

Completed applications and other required documents should be sent to:

**The Fertility Center
Attn: Family Building Fund
3230 Eagle Park Dr. NE
Suite 100
Grand Rapids, MI 49525**

Application Checklist

Please complete the checklist below and **send it back with the completed application**.
Only complete applications will be considered.

- _____ 1. Signed Copyright and Media Release Form
- _____ 2. Certification of Application
- _____ 3. Applicant(s) Personal Information Form
- _____ 4. History of Infertility Treatment
- _____ 5. Financial Affidavit
- _____ 6. Proof of income with documentation. This is to include:
 - a. A copy of the last **TWO** IRS tax returns for each party on the application in their entirety (i.e. any schedules (if applicable) must also be accompanied with the tax return.)
 - b. A copy of the **TWO** most recent pay stubs from each party on the application
- _____ 7. A photocopy of BOTH sides of the applicant's insurance card. If partner is covered under different insurance, please include a photocopy of BOTH sides of partner's insurance card as well.

When the checklist is complete, mail (**mail only**) the application to the address below:

The Fertility Center
Attn: Family Building Fund
3230 Eagle Park Dr. NE
Suite 100
Grand Rapids, MI 49525

Media Release Form

_____ I/We grant permission to The Fertility Center Family Building Fund and its subsidiaries and sponsors to use my/our name and/or photographs or video media in printed or electronic matter for use in publication and marketing materials. I/We further authorize the above entities to use my/our name(s) and/or photographs or video media, or printed or electronic matter on its website or other electronic forms of media ("marketing materials").

_____ I/We hereby waive any right to inspect or approve the finished photographs or video media in printed or electronic matter that may be used now or in the future, whether that use is known to me/us or unknown, and I/we waive any right to royalties or other compensation arising from or related to the use of the photographs or video media in printed or electronic marketing materials.

_____ I/We hereby agree to release, defend, and hold harmless The Fertility Center Family Building Fund and its subsidiaries, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages, or liability arising from or related to the use of the photographs or video media in marketing materials.

_____ I/We have read this release before signing below and fully understand the contents, meaning, and impact of this release. I/We understand that I/we have had an opportunity to address any specific questions or concerns regarding this release by submitting those questions or concerns to The Fertility Center Family Building Fund in writing prior to signing, and/or by consulting a professional of my own choosing and I/we agree that my/our failure to do so will be interpreted as free and knowledgeable acceptance of the terms of this release.

Applicant's Name (Please Print):

Applicant's Signature:

Date: _____

Street Address

Apt/Unit #

City

State

Zip Code

Partner's Name (Please Print):

Partner's Signature:

Date: _____

Certification of Application

Please be sure to read over your application before sending it in.

I/We the undersigned declare my/our application to be the full truth to the best of my/our knowledge.

Name of Applicant (Please Print):

Signature of Applicant:

Date: _____

Name of Applicant's Partner (Please Print):

Signature of Applicant's Partner:

Date: _____

Applicant's Personal Information

Applicant Information

("Applicant" refers to the person who will be receiving the treatment)

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip: _____

Mobile Phone: (____) _____ Home Phone: (____) _____

Date of Birth: _____ Age: _____ SS#: _____ - _____ - _____ Marital Status: _____

Email address: _____

Employer: _____ Occupation: _____ Salary: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: (____) _____

Date Employed: _____ to _____ Full Time/Part Time

Name of Previous Employer: _____ Dates of Employment: _____

Applicant's Partner Information

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip: _____

Mobile Phone: (____) _____ Home Phone: (____) _____

Date of Birth: _____ Age: _____ SS#: _____ - _____ - _____ Marital Status: _____

Email address: _____

Employer: _____ Occupation: _____ Salary: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: (____) _____

Date Employed: _____ to _____ Full Time/Part Time

Name of Previous Employer: _____ Dates of Employment: _____

Applicant's Personal Information Cont.

Children living in your household (part time & full time):

Name	Date of Birth	Biological Parents

Has the applicant ever been pregnant? Yes No
 If yes, how many times? _____ How many live births? _____

Has the applicant's partner ever produced a pregnancy? Yes No
 If yes, how many times? _____

Does the applicant or the applicant's partner have any children at all? Yes No
 If yes, how many children? _____

Has the applicant ever had an IVF Procedure? Yes No
 If yes, how many times? _____

Does the applicant have any frozen embryos? Yes No
 If yes, where are they stored? _____

With what physician(s) and/or clinic(s) have you been treated for infertility?

1. _____
2. _____
3. _____
4. _____
5. _____

History of Infertility Treatments

Please list all previous infertility treatments:

Date	Procedure	Outcome	Total Spent
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Date	Procedure	Outcome	Total Spent
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Date	Procedure	Outcome	Total Spent
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Date	Procedure	Outcome	Total Spent
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Date	Procedure	Outcome	Total Spent
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Date	Procedure	Outcome	Total Spent
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Date	Procedure	Outcome	Total Spent
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Date	Procedure	Outcome	Total Spent
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Financial Affidavit

Gross monthly income from all sources

1. Base pay from salary, wages: \$ _____
2. Self Employment Income: \$ _____
3. Income from overtime, commissions, tips, bonuses, part-time job: \$ _____
4. Income from trusts & annuities: \$ _____
5. Social Security: \$ _____
6. Disability, unemployment insurance or worker's compensation: \$ _____
7. Any public assistance: \$ _____
8. Income producing property: \$ _____
9. All other sources: \$ _____
10. Net base income from salary & wages: \$ _____

Signature: _____ Date: _____

****Please remember to include proof of income with documentation. More complete instructions can be found on the checklist.**