



It is difficult enough to cope with a diagnosis of breast cancer without the added burden of financial stress that can occur as a result.

The Hope Fund offers emergency financial assistance to help with expenses during care and treatment.

The Hope Fund is a program of the Buffalo Hospital Foundation and is funded through the generous support of the Minnesota Affiliate of Susan G. Komen for the Cure.®



303 Catlin Street  
Buffalo, MN 55313  
763-684-6800

[allinahealth.org/buffalo](http://allinahealth.org/buffalo)

BUFFALO HOSPITAL FOUNDATION

# Hope Fund

Emergency Financial Assistance  
for Those with Breast Cancer



## Who is eligible?

The Hope Fund has been established for people who are actively receiving care for breast cancer only. No exceptions can be made to this guideline. Active treatment includes chemotherapy, radiation, bone marrow transplant, surgery, lymphedema, cording, hospice or palliative care.

The fund serves patients who are at least 18 years old and living in Wright, Sherburne, Meeker, McLeod Counties, and do not qualify for other similar programs.

## What does the emergency fund cover?

Basic living expenses such as mortgage or rent, car payments, heat, electricity, other utilities, food and gas can be covered by the fund.

The Hope Fund can not be used to make credit card payments or to prepay expenses.

## How do I apply?

Applications are available online ([allinahealth.org/buffalo](http://allinahealth.org/buffalo)), or by calling **763-684-6800**. A completed application, along with a copy of the bill (no originals, please) that includes all pertinent information (amount owed, billing address, etc.) must be submitted to:

Buffalo Hospital Foundation  
303 Catlin Street  
Buffalo, MN 55313

Or you can fax your application and information to **763-684-7105** (Attention: Hope Fund).

All pages of the application must be completed and signed. Incomplete applications will be returned and will not be reviewed until a complete application is submitted.

If the request is for a rent payment, a copy of the lease, including the landlord's name and phone number, must be included.

If the bill is paid electronically, a copy of the online statement must be included, along with the company name and billing address.

The bill to be paid must be in the name of the patient (joint accounts are acceptable, as long as the patient is named on the bill).

The Hope Fund will not contact a creditor on behalf of a patient to discuss terms or guarantee payment. All contact with the creditor must be handled by the patient.

## How long does the process take?

You will be contacted with a decision within one week of receipt of your application.

Please allow approximately three weeks for the financial assistance check to be processed. Please plan accordingly.

A check will be issued and mailed directly to the creditor. A check cannot be made out to an individual.

The Hope Fund Committee reserves the right to make exceptions to the guidelines with the exception of providing funds exclusively to breast cancer patients.

Applicants who are denied funding may request an appeal.

