Hope Against Infertility, Inc.
PO Box 1075
Appleton, WI 54912
www.HopeAgainstInfertility.org

2019

Dear Applicant,

Infertility is a struggle that many couples in Wisconsin are dealing with, oftentimes feeling like they don't have others to relate to on their journey. The financial and emotional stress of an infertility journey is extremely difficult to deal with. Hope Against Infertility is a charitable organization whose purpose is to not only raise awareness about the struggles that couples endure with infertility, but to also provide financial support to select couples in Wisconsin struggling to afford infertility procedures, such as IUI and IVF, as well as infertility medications.

We understand the emotional and financial hardships that come with the territory of infertility. To help alleviate these hardships on other couples who long to start a family, we created Hope Against Infertility, a tax exempt 501(c)(3) charitable organization. Funds will be raised through various events throughout the year.

We thank you for your interest in this organization. We receive many requests for funding throughout the year. So that our Board of Directors can make a well-informed decision on who our recipients will be for funding, we ask that you complete the information on the following page and provide all documentation, as requested. We appreciate you taking the time to fill out this application and provide all of the necessary documentation. The more information you can share with us, the better.

If you are selected as a recipient of benefits from Hope Against Fertility, funds will be directed to your clinic or pharmacy only.

We wish you all of the best on this journey.

If you have any questions or if you'd like more information on Hope Against Infertility, please contact us at 920-419-5011 or at hope@hopeagainstinfertility.org.

Sincerely,

Angela Sonnenberg	*Nicole Lamberg*	*Tanya Voss*	*Ashley Knapp*	*Deb Vandenberg*
Angela Sonnenberg, President	Nicole Lamberg, Vice President	Board of Director	Board of Director	Board of Director

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Partner 1:

Name: ____ DOB: ____

Phone: ____ Email: ____

Address: ____

Partner 1 – Employer: _________________________________ Circle One: Full-Time or Part-Time

If Part-Time, are you able to work Full-Time? ____

Do you have kids? If so, how many? ____________________

Partner 2:

Name: ____ DOB: ____

Phone: ____ Email: ____

Address: ____

Partner 2 – Employer: _________________________________ Circle One: Full-Time or Part-Time

If Part-Time, are you able to work Full-Time? ____

Do you have kids? If so, how many? ____________________

General Information:

Fertility Clinic: ____ Doctor: _____________________________________

Recommended Treatment:

____

____

____

Diagnosis / Evaluation Outcomes (for both partners, if applicable):

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Please provide the following documentation:

- **Recommended Letter of Treatment**, as provided by clinic

- **Anticipated Dates / Schedule of Treatment Plan**, as provided by clinic

- **Out Of Pocket Responsibility**: We require that the couple has discussed, in depth, the plan of treatment with a financial coordinator at the clinic and has shared all of their health insurance information with this coordinator.

  The couple and/or the financial coordinator at the clinic has been in touch with the health insurance provider and has the final, out of pocket cost, for the recommended treatment plan for the couple. The out of pocket cost is to be provided to our organization, after all infertility benefits are deducted, and must include out of pocket cost for each service/item, including, but not limited to (separated out by line item on letterhead from the clinic or the insurance company):

  - IUI:
    - Patient Monitoring (Ultrasounds, etc.)
    - Semen Donation / Washing
    - Medications
    - IUI Procedure
  - IVF:
    - Patient Monitoring (Ultrasounds, etc.)
    - Semen Donation / Washing
    - Blood Work
    - Medications
    - Egg Retrieval
    - Egg Transfer
    - ICSI (if required/recommended)

Please share with us your fertility journey:

Please share with us how we can assist you on your journey or what your ask is of Hope Against Infertility, Inc.

All information can be emailed to us at hope@hopeagainstinfertility.org or mailed to us at: PO 1075, Appleton, WI 54912.   You can email us with any questions (hope@hopeagainstinfertility.org) or visit our website at www.hopeagainstinfertilty.org.