

## **Komen Great Plains Treatment Assistance Program Frequently Asked Questions**

### **What is the Komen Great Plains Treatment Assistance Program?**

The Komen Great Plains Treatment Assistance Program helps address the costs associated with breast cancer treatment for those in need in our service area. The aim of this program is to provide financial assistance to those in need, so they can adhere to their treatment plan.

### **What are the eligibility requirements for the program?**

To qualify for the program, individuals must be active in breast cancer treatment and have income at or below 250% of the [Federal Poverty Line](#). (For example, [250% of the FPL](#) for a family of four is \$62,750 in annual income according to 2018 poverty guidelines)

### **What type of assistance does the program offer?**

The program offers \$300 in treatment assistance to eligible breast cancer patients. Program funds may be used to cover treatment costs associated with oral pain medication, anti-nausea medication, oral chemotherapy/hormone therapy, child care/elder care, at home care, transportation, lymphedema care and supplies, and durable medical equipment. Transportation is the most commonly-cited need.

### **Does the program cover costs associated with breast cancer screenings or diagnostics?**

The program does not cover costs associated with screenings or diagnostics; it only covers costs associated with breast cancer treatment.

### **How often is someone eligible to receive an award from the program?**

Individuals are eligible to receive award funds once every 12 months.

### **How do I learn more or apply for the program?**

If you are interested in applying for the program, please call 1-877-GO-KOMEN (1-877-465-6636), available Monday to Friday from 8 am CT until 9 pm CT. You may also email [helpline@komen.org](mailto:helpline@komen.org)

### **What is the application process for the program?**

Once you call 1-877-GO-KOMEN and state you are looking for financial assistance for breast cancer treatment, you will be connected with a licensed social worker who will conduct an assessment to determine if you meet the eligibility criteria. You will then be sent documents to verify diagnosis/treatment and income. Once documents are returned, eligibility is confirmed and funds are available, an award packet is typically received within a week.