



The Chosen Grant Overview

The Chosen Infertility Group (“Chosen”) was founded to help individuals and families make their way through their infertility journey. Chosen recognizes and honors all individuals facing infertility and is dedicated towards providing equal support and opportunity to all those despite race, color, religion, national origin, disability, sexual orientation, gender, gender identity, or marital status. We stand by our mission and core values holding to the standard that all those battling infertility should be able to receive help as needed.

THE CHOSEN GRANT

Those in need of financial help with taking the next steps in their infertility treatment are welcome to apply for the Chosen Grant. All applicants must be willing and able to receive treatment through our partner, Reproductive Medicine Associates of Michigan (“RMA of MI”).

With our partnership, each grant covers the following:

Fresh IVF cycle, ICSI (if needed), monitoring, anesthesia, cryopreservation & storage of remaining embryos up to two years & medications up to \$6,000.

OR

Any Frozen cycle, thaw, monitoring & medications.

**All additional expenses for medications or elective services/testing such as PGD (genetic testing) must be covered by the patient. For cycles using Donor eggs or Donor sperm, additional fees will be the responsibility of the patient.*

Chosen Grant funds will NOT be paid to the applicant or his or her spouse or partner; rather funds shall be paid directly to the healthcare providers and/or pharmacies.

Chosen Grants are limited by the amount of funds received via donations and are awarded as frequently as possible. All applicants will receive an email to confirm submission of his or her application, and certain selected grant recipient(s) will be contacted by Chosen. Announcement of such selected recipient(s) will be highlighted on social media within two months following the grant submission deadline.

Applicant understands and agrees that submission of his or her application does not guarantee that he or she will be selected for a Chosen Grant.



ELIGIBILITY

Applicants must meet all the following requirements in order to be eligible for a Chosen Grant:

- Be a resident of and live in the state of Michigan or Ohio;
- Be less than 50 years of age;
- Have a diagnosis of infertility certified by a medical provider, with exception for: Applicants who are single, or part of a same sex relationship;
- Have no infertility insurance coverage or have exhausted benefits. If a patient has coverage for monitoring and/or medications, they will still be considered. Patient(s) would be responsible for any deductibles or copays;
- Must confirm financial stability, basic health insurance, adequate living arrangements, and means for child support;
- Be under the care or willing to be under the care of RMA of MI;
- Be able and willing to start treatment within 3 months following receipt of award; and
- Be willing to receive a background check.

APPLICATION/SUBMISSION REQUIREMENTS

As a part of the application process, applications must submit the following:

- A personal story with an introduction to you and your spouse or partner (if applicable); 2 pages maximum, photos and videos are strongly encouraged;
- A signed Permission to Release Information Including Photographs, Videos, Audio, Electronic or Other Media form;
- A signed HIPAA Authorization form;
- A \$50 non-refundable application fee paid via credit/debit card;
 - credit/debit card transactions will have a processing fee;
- A copy of your and your spouse/partners Drivers License or State Identification card
- A copy of your insurance card;
- A copy of your last pay stub (and your spouse or partner), if applicable;
- A copy of your most recent tax return
- Non-RMA Patient(s): A copy of your medical records from current reproductive endocrinologist, released to RMA of MI.

**Record Release fee may apply at offices.*

**Considered applicants may be asked for additional documentation and invited to have a consultation with RMA of Michigan prior to selection to review medical records and treatment plan in greater detail.*

**Chosen Infertility Group follows all HIPAA standards, discarding all private information and materials immediately following the selection of an applicant.*



chosen infertility group

APPLY

- Submit application and upload documentation at www.choseninfertility.com/grant

** By signing below I acknowledge and agree to the above terms outlined in this document.

Signature _____ Date _____