FAMILY BUILDING FUND GRANT APPLICATION

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 Intrauterine Insemination (IUI) or In Vitro Fertilization (IVF) treatments. The recipients will be able to apply their grant towards IUI or IVF procedures performed at The Fertility Center.

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

Each month, approved applicants will be selected to receive a grant from the Family Building Fund at The Fertility Center. Upon selection, our laboratory partner, Ovation Fertility, will also award a matching grant. The due date is the last day of every month to be considered for the following month. If an application is received after the first of the month, 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 February funding. While we wish we could provide financial support to every applicant, not all applicants will receive funding.

Requirements to Receive Funding

- A fertility specialist must officially diagnose infertility.
- Applicants must demonstrate financial need and be uninsured for IUI or IVF treatments.
- The total combined income of all parties listed on the application may not exceed $150,000.
- All funding received through the Family Building Fund must be used within 365 days of the award date.
- 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 cycles at The Fertility Center.

Application Checklist

This checklist is intended to be a tool to help you organize your documents and ensure your application is complete prior to submission. It does not need to be returned with your application.

Only complete applications will be considered:

_____ 1. A 1-page essay sharing about your infertility journey to this point

_____ 2. Certification of Application

_____ 3. Applicant(s) Personal Information Form

_____ 4. History of Infertility Treatments not performed at The Fertility Center
If you've only been treated by The Fertility Center, you can omit this form.

_____ 5. Proof of income with documentation. Must include 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.)

When your application is complete, it may be submitted in the following ways:

- **Email:** billing@mrivf.com
  Subject – Attn: Amy, Family Building Fund
- **Fax:** 616-285-7557
  Attention: Amy, Family Building Fund
- **Mail:**
  The Fertility Center
  Attn: Amy, Family Building Fund
  3230 Eagle Park Dr NE, Suite 100
  Grand Rapids, MI 49525

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 who will be receiving treatment (please print):

_____

Signature of applicant:

_____

Date: _____

Name of applicant's partner, if applicable (please print):

_____

Signature of applicant's partner:

_____

Date: _____

Applicants' Personal 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

Have you previously applied to the Family Building Fund? Yes ☐ No ☐

Are you a veteran or active military service member? Yes ☐ No ☐

Applicant's Partner Information

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

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

Are you a veteran or active military service member? Yes ☐ No ☐

Applicants' 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? _____

Does the applicant or the applicant's partner have any children? Yes ☐ No ☐

If yes, how many children? _____

Has the applicant ever had an IUI Procedure? Yes ☐ No ☐

If yes, how many? _____

Has the applicant ever had an IVF Procedure? Yes ☐ No ☐

If yes, how many? _____

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 not performed at The Fertility Center:

Date	Procedure	Outcome	Total Spent
Date	**Procedure**	**Outcome**	**Total Spent**
Date	**Procedure**	**Outcome**	**Total Spent**
Date	**Procedure**	**Outcome**	**Total Spent**
Date	**Procedure**	**Outcome**	**Total Spent**
Date	**Procedure**	**Outcome**	**Total Spent**
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