



## 2024 We Stand Together, Inc. Direct Service Policy

*Powered by the Florida Breast Cancer Foundation*

### Policy Statement

This policy is to provide a clear, concise, and detailed overview of the Direct Service Program policy and procedures. The Direct Service Program provides financial aid with living expenses to individuals living in Florida, who are in active treatment for breast cancer. We Stand Together, Inc. has elected to prioritize the needs of the most vulnerable and marginalized group in South Florida that have limited access to high quality care and resources and who have historically been underserved. The focus population for the 2024 fiscal year are individuals of Haitian descent who are in active treatment for breast cancer. Recipients must reside in the State of Florida, within the counties of Broward, Miami-Dade, Monroe or Palm Beach. The eligibility criteria for financial assistance pursuant to this Policy is intended to ensure the definitive and detailed practice set forth by the Florida Breast Cancer Direct Service assistance program procedures between the organization and its participants. The Direct Service assistance program policy and procedures are developed collectively by the WST Financial sub committee and are approved by the governing board of the organization. The policy is reviewed at the start of every grant cycle. Any change(s) made to the policy at any such time shall be approved by the governing board prior to implementation.

### I. Background

- A. We Stand Together Inc. is a tax-exempt charitable organization within the meaning of 501(c)(3) of the Internal Revenue Code and charitable institutions under state law.
- B. Through our Financial Assistance Programs, WST, Inc. provides financial support to those impacted by breast cancer in the community.

### II. Procedure

- A. Eligibility
  1. All applicants must complete the Direct Service Intake application form, in its entirety, and submit all required/supporting documentation with their application.

2. The address provided on the application must match your Florida license or Florida identification card. If awarded, this is the address that your check will be mailed to.
3. Applicant eligibility is based on applicant being in active treatment for breast cancer and residency in the state of Florida within the counties of Broward, Miami-Dade, Monroe and Palm Beach.
4. Each applicant will be eligible to apply once every twelve months.
5. Applicants must be Haitian or of Haitian descent or “New American” who recently migrated to the United States.
6. Applicants must be current residents of Florida residing within the counties of Broward, Miami-Dade, Monroe or Palm Beach.
7. Applicants must submit the required supporting documentation, as it pertains to the support being requested (\* **Required for all**):
  - a) \*Physician statement on letterhead reflecting applicant name, applicant date of birth, diagnosis, name of treating clinic/physician, current treatment status
  - b) \*Proof of residency (must not be expired)
    - (1) State of Florida Driver’s license
    - (2) State of Florida Identification card
  - c) \*Proof of ethnicity
    - (1) U.S. Passport or other National Passport
    - (2) Residency card (green card)
    - (3) Birth Certificate
  - d) Current child care invoice (must be addressed to applicant)
  - e) Current rent ledger, lease or signed letter from landlord (must list applicant as renter or homeowner and reflect address on application)
  - f) Current utility bill (bill must have applicant name and address on application)
  - g) Estimate/invoice for household cleaning service (service address must reflect address on application)

8. Failure to provide the required documentation to validate the applicant’s eligibility and needs will result in disqualification for the program. Applicants will need to resubmit an application with the appropriate documentation to be reconsidered.

B. Applicants who apply for Direct Services should expect the following:

1. A thorough and unbiased review of the application and all supporting documentation by the Financial Assistance Program sub committee to determine eligibility.
2. A secondary review for final approval and disbursement of funds by the We Stand Together, Inc board members.

3. A decision letter will be emailed to the applicants email address listed on the application within 15 business days of the completed application being received.
4. If approved, a check will be mailed to the address provided on the application within 5 business days from the date on the decision letter.
5. Awarded amount will be determined based on the indicated qualifying need(s), the predetermined budget for each service area, and available funds at the time of the application.

C. Areas of Funding

1. Qualifying Needs (Service Areas):

- a. Travel Expenses for medical appointments
- b. Groceries
- c. Child Care
- d. Rent / /Mortgage
- e. Utilities
- f. Household Cleaning

**III. Eligibility Determination and Process**

A. **Intake** - Any Financial Assistance Application, whether completed in person, online, delivered or mailed in, will be forwarded to the We Stand Together Financial Assistance Team for immediate review and processing.

B. **Determination of Eligibility**

1. The WST Board will review and process all Financial Assistance applications. The applicant will be notified in writing of the determination and if approved, the awarded amount.

**IV. Budget**

- A. The Program funding is contingent upon the Direct Service Grant awarded by the Florida Breast Cancer Foundation and WST, Inc's budgeted funds towards the Financial Assistance Program. Individual awards to be given to Floridians approved by We Stand Together, Inc, that meet eligibility requirements are a maximum of \$750.00. This amount is determined by Florida Breast Cancer Foundation.
- B. The treasurer will submit operating and capital budgets to the Financial Assistance Committee at the start of the fiscal year and provide quarterly updates.
- C. Once funding has been exhausted, We Stand Together, Inc. will suspend accepting applications.

**V. Conflict of Interest**

- A. All board members and sub committee members must disclose conflicts such as familial, business relationship, and shall be removed from the review committee for the particular applicant.