



The Red Stone Mini Grant - Pilot

Dear Grant Applicant,

The mini grant program is a pilot program co-sponsored by Hasidah and The Red Stone that provides singles and couples a \$500 mini grant toward fertility treatment or adoption expenses. The program in general is limited by the availability of funds for the mini grant program and therefore **mini grants are not guaranteed to all applicants. Additionally, applications will be only be considered for those residing in the Washington DC metropolitan area.**

Both organizations are committed to supporting those experiencing fertility challenges in the Jewish community and are pleased to collaborate on this new mini grant.

Please know that all your information will be treated with the utmost respect and privacy. We understand how difficult it is going through this journey to create a family and we want to support you.

Application deadline is Wednesday, November 2, 2016

The following guidelines apply.

- All funds awarded must be used within 365 days of the award date.
- All monies will be paid directly to service providers such as clinics, labs, adoption agencies or pharmacies. No monies will be given directly to applicants.
- Funds may not be used to reimburse for services already received.
- Our goal is building families, not funding treatments. In that regard, we reserve the right to decline applicants who do not have a reasonable likelihood of success from treatment. We also strongly encourage full genetic screening, if applicable, to ensure success and the health of any children resulting from treatment. (See www.jscreen.org)

Application Criteria

The mini grant is a limited program based on the following qualifications of applicants.

Applicant(s):

- At least one applicant (if it is a couple) must be Jewish and Judaism is the sole religion observed in the home.
- Are Permanent US resident - applicants must have legal U.S. residency status, such as citizenship, green card, work permit or white card.
- Live in the Washington DC Metropolitan area.
- Have sufficient and regular income to support a family; would nonetheless benefit from some financial assistance to offset treatment costs.
- Have health insurance but do not have coverage for fertility treatment or adoption expenses.



- If receiving fertility treatments will be doing so at a clinic that reports statistics to and whose doctors are members of the Society for Assisted Reproductive Technology and has acceptable success rates for appropriate procedures.
- If pursuing adoption, must be working with a licensed child-placement agency, have already completed the home-study process and been approved.

Submitting completed applications (READ CAREFULLY)

- If applying for infertility funds: A letter to your doctor is included that requests some basic information regarding your treatment and a request for a discount. The financial aid request is included for *your benefit*. Please have your doctor complete, sign and return the form to **amy@theredstone.org** with the subject line APPLICATION. Submissions can also be mailed to P.O. Box 5822, Bethesda, MD 20825.
- If applying for adoption funds: A letter to your adoption agency is included that requests information about your application process. Please have your agency complete, sign and return the form to **amy@theredstone.org** with the subject line APPLICATION. Submissions can also be mailed to P.O. Box 5822, Bethesda, MD 20825.
- You will need to print and scan the authorization signature page in order to capture a signature if you submit your application electronically.
- *By signing the authorization page you are agreeing to all terms of the mini grant and the terms listed in the authorization form and certifying that you meet all of the application criteria listed in the previous section (employment, insurance, etc).*
- Please send completed application and other forms and materials to **amy@theredstone.org** with the subject line APPLICATION.
- All applications and parts of applications become the joint property of Hasidah and The Red Stone.
- **Application deadline is Wednesday, November 2, 2016**

We know well that infertility and its treatment can be very difficult to navigate. If we can be of assistance to you in any way, please let us know. No matter where the journey takes you, we deeply respect your decisions and your privacy and wish you the best along the way.

B'vracha (with blessings),

Rabbi Idit Solomon

Rabbi Idit Solomon
Hasidah Founder and CEO

Amy Jablin Forseter

Amy Jablin Forseter
Founder, The Red Stone



PERSONAL INFORMATION

Applicant 1 Name (Primary contact):		
Date of birth:	Phone:	
Jewish? Yes/No (Highlight)	Email:	
Highest degree earned: High School/Assoc./ Bach/ Graduate/ Post Grad (circle)		
Current employer:		
Employer address:		How long?
Position:	Hourly or Salary (highlight)	Annual income:

Applicant 2 Name:		
Date of birth:	Phone:	
Jewish? Yes/No (Highlight)	Email:	
Highest degree earned: High School/Assoc./ Bach/ Graduate/ Post Grad (circle)		
Current employer:		
Employer address:		How long?
Position:	Hourly or Salary (highlight)	Annual income:
City:	State:	ZIP Code:

Current address:		
City:	State:	ZIP Code:
Own Rent (circle)	Monthly payment/ rent:	How long?
Years married? (same sex couples, years of relationship):		
Children (current or previous relationship):		

IF YOU ARE PURSUING FERTILITY TREATMENTS

TREATMENT & COSTS

How long have you been trying to conceive?			
Treating clinic:		Doctor's name:	
Clinic Address:			
Reason for treatment/ infertility diagnosis:			
Previous Treatment Description	Date (s)	Outcome	Cost



Description of planned treatment and anticipated expenses (Procedures, Labs, Meds, Travel, etc)	Insurance: (circle)	Your Cost
	Partial/None	
	Partial/None	
	Partial/None	

IF YOU ARE PURSUING ADOPTION

INFORMATION & COSTS			
Adoption Agency:		Contact:	
Address:			
Description of adoption program (Domestic, International, Foster Care):			
Have you completed the home study process?	Yes/No		
Anticipated Expenses			

Additional information or extenuating circumstance we should know (medical, treatment, personal, financial):
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Our goal is to build Jewish families and remove barriers to infertility treatment and adoption. Please feel free to share with us information regarding your personal background, a summary of your infertility experience, the financial implications of treatment, how this mini grant assists you, your vision for raising your children Jewish if treatment is successful or any additional information you think we might want to know (300 words max). This is not required, but helpful us to understand who we are serving.



AUTHORIZATION, INFORMED CONSENT AND RELEASE

1. Applicants understand that Hasidah and The Red Stone's mission is to build Jewish families and agree that Judaism will be the sole religion practiced in the home and that if blessed with children, they will be raised in a Jewish environment.
2. Applicants hereby assign and grant Hasidah, The Red Stone and its legal representatives the irrevocable and unrestricted right to use excerpts in whole or in part from the Applicant's personal statement for any purpose and in any manner and medium and to alter the same without restrictions. Hasidah and The Red Stone additionally has the exclusive right to develop and tell the applicants story related to the applicant's efforts to build a family, including but not limited to information regarding the applicant and her/his partner, the applicant's immediate family members, the applicant's medical and financial struggles related to pregnancy, pregnancy loss, infertility, fertility treatment and the like.
3. Applicants grant permission to Hasidah and The Red Stone to use photographs or video media in printed or electronic matter for use in publication and marketing materials and to participate in all future requests for television appearances and other media forums for marketing purposes for up to five years from the date the grant or loan was awarded.
4. Applicants agree to be truthful with respect to all information provided to Hasidah and The Red Stone in their application and understand that incomplete, inaccurate or false information may cause significant harm to Hasidah and The Red Stone and is cause to decline the application or obligate Applicants to repay any funds received from Hasidah and The Red Stone. Applicants agrees to indemnify and hold Hasidah and The Red Stone harmless against any claim, demand, or recovery brought against Hasidah and The Red Stone as publisher of the applicant's story with respect to any information applicant provides that is not complete, correct, accurate and truthful.
5. Applicants grant permission to Hasidah and The Red Stone to contact the treating physician and treatment provider(s) including clinics, labs, adoption agencies, and pharmacies regarding application information, treatment and payment.
6. Applicants understand that Hasidah and The Red Stone are not medical organizations, do not have medical expertise or give medical advice, and do not assume any risks for procedures that take place as a result of funding provided. The undersigned assume(s) all risk of injury or harm arising from any medical procedures that take place as a result of funding provided and agree(s) to releases, indemnify, defend and forever discharge Hasidah, The Red Stone and its staff, employees and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage, howsoever caused, arising or to arise by reason of or during any procedures or other events that take place as a result of the funding provided.
7. All aspects of the program including without limitation the criteria for participation, the application and review process, funding provided and the methods used to publicize the program are subject to change at anytime, without notice, in Hasidah and The Red Stone's sole discretion.



8. The laws of the State of Ohio shall govern this Agreement and any dispute arising under this agreement.

The undersigned applicants have read and understand the above authorizations, informed consents and releases and voluntarily grant the rights detailed to Hasidah and The Red Stone in consideration for the opportunity to receive funding from Hasidah and The Red Stone.

Signature of applicant 1	Date
Signature of applicant 2	Date

Dear Physician,

Hasidah along with their local Washington DC partner, The Red Stone, received a request from one of your patients for financial assistance for treatment at your clinic. We are a 501c3 non-profit focused on infertility in the Jewish community. We deeply respect the relationship our applicants have with their doctors and want to honor them as best as possible. We only provide funding to clinics that report statistics to and whose reproductive endocrinologists are members of the Society for Assisted Reproductive Technology and that have acceptable success rates for appropriate procedures.

Our goal is to help bridge the gap between what our clients can afford and the costs for appropriate procedures, labs and medications. This applicant has applied for a mini grant worth \$500. We respectfully ask for you to consider providing a discount for this applicant. Below is a brief form for you to complete on their behalf.

MEDICAL INFORMATION		
Applicant(s) Name(s):		
Semen analysis: Count	Motility	Morphology
Uterine cavity:		
Patency of Tubes:		
Ovarian reserve (FSH, estradiol):	AMH Level:	BMI:
Any additional relevant past fertility therapy and other surgeries/medical issues that may effect infertility treatment:		
This patient is a good candidate for IUI, IVF or IVF with donor egg: Yes/No (highlight)		
Please include any stipulations or conditions for recommending treatment or comments of support:		
For IVF with egg donor: indicate if donor is known or anonymous, age, and AMH:		
FINANCIAL ASSISTANCE		
Our clinic is able to offer (check one):		
<input type="checkbox"/>	A discount of \$ _____ towards treatment at our facility	
<input type="checkbox"/>	A matching grant up to \$500 towards treatment	
<input type="checkbox"/>	A discount of ___ % of the total costs at our clinic.	
<input type="checkbox"/>	We are unable to offer this patient financial assistance	

Physician Name

Signature

Date



If you have any questions about our work or the applicant, please do not hesitate to contact us.

Sincerely,

Rabbi Idit Solomon
CEO
Hasidah

Amy Jablin Forseter
Founder
The Red Stone



Dear Adoption Agency Case Manager,

Hasidah along with their local Washington DC partner, The Red Stone, received a request from one of your patients for financial assistance for adoption expenses at your agency. We are a 501c3 non-profit focused on infertility in the Jewish community.

Our goal is to help bridge the gap between what our clients can afford and the costs of adoption. This applicant has applied for a mini grant worth \$500. Below is a brief form for you to complete on their behalf.

MEDICAL INFORMATION
Applicant(s) Name(s):
Has the applicant already applied to your agency?
Has the applicant's home study been approved?
When (within how many months or years) does your agency anticipate that this family will be placed with a child?
What are the typical costs for the type of adoption program the applicant is in?
Do you have any additional information or comments that would assist our organization in determining whether to provide a grant to this family or individual?

Case Manager's Name

Signature

Date

If you have any questions about our work or the applicant, please do not hesitate to contact us.

Sincerely,

Rabbi Idit Solomon
CEO
Hasidah

Amy Jablin Forseter
Founder
The Red Stone