



## New Client Application Rules & Agreement

### APPLICANT AGREEMENT

I, the undersigned, understand that services provided through the Hope Lives! program are a revocable gift and that Hope Lives! may discontinue services at any time, in its sole discretion.

I, the Applicant, have read, acknowledge, understand, and agree to the following terms in order to receive benefits and services from Hope Lives!:

1. I consent to Hope Lives! contacting my supervising physician to verify that I have breast cancer and to verify my treatment.
2. I understand that Hope Lives! provides assistance to help me perform household and family activities and/or to obtain goods and services. I am solely responsible for selecting and supervising all services. I agree that I will not hold Hope Lives! liable and hereby release Hope Lives! and its agents, officers, directors, and staff from any damages or claims resulting from the services or goods for which I receive benefits or reimbursement under this Agreement.
3. Hope Lives! provides assistance only for the services and/or goods that I actually receive. Hope Lives! will pay a cumulative total not to exceed the amount specified in the Acceptance Letter as reimbursement for services provided by approved third-party providers.
4. I personally, and not Hope Lives!, will schedule my services with all approved third-party providers. I will not seek reimbursement for services that are illegal, unethical, not actually received, or reimbursable by another party. I understand and agree that I will not seek reimbursement for services provided by family members. Any third-party providers identified by Hope Lives! are not recommendations or endorsements, and Hope Lives! makes no guarantee regarding the quality of their services. Hope Lives! is not responsible for the acts or omissions of any third-party provider. I agree to hold Hope Lives! harmless and not liable for any damages, claims, or actions (whether negligent, intentional, or otherwise) related to any services or goods reimbursed under this program. I further agree to indemnify Hope Lives! for all damages, claims, or actions related to said services, goods, or this Agreement.
5. Unless sooner terminated in writing by either party, this Agreement shall remain in effect until my total benefit limit has been reached. Under no circumstances will Hope Lives! be required to pay or reimburse amounts in excess of the total dollar value indicated in the Acceptance, and I shall refund any amounts paid in excess of that limit.
6. The parties shall use reasonable efforts, including mediation, to resolve any differences arising between them under this Agreement prior to exercising their rights at law or equity. I shall provide prompt notice to Hope Lives! regarding any litigation or proceeding related to this Agreement or the covered services.
7. I acknowledge that I have read and understand this Agreement and agree to be bound by its terms. This Agreement constitutes the entire agreement between the parties and supersedes all prior proposals and

understandings. This Agreement may not be modified or amended except by a written document signed by the party against whom enforcement is sought.

8. I understand that reconstruction surgery or complications from reconstruction surgery are not considered qualifying treatment and are not funded by the Hope Lives! program.
9. I understand that surgeries chosen due to genetic testing (such as a prophylactic mastectomy) without an active breast cancer diagnosis are not funded by the Hope Lives! program.
10. I understand that the Hope Lives! program only covers individuals in active treatment, which includes a breast cancer diagnosis with upcoming surgery (lumpectomy or mastectomy), chemotherapy, or radiation.
11. I understand that post-diagnosis treatments such as inhibitors or hormone therapy are not qualifying treatments and are not funded by the Hope Lives! program.
12. I understand that voucher certificates cannot be used for tipping any provider. I agree to consult with my physician and obtain physician approval before participating in any treatment or complementary services, and I release Hope Lives! from all liability resulting from such services.
13. I understand there are no program extensions and that this is a one-time financial supportive care service program.
14. I understand that any change to my Care Plan or voucher certificate usage must receive prior written approval from Hope Lives!.
15. Hope Lives! staff will review my program throughout the continuum of care; however, it is also my responsibility to track current available service certificates to avoid loss of benefits.
16. I understand that every provider has its own cancellation and no-show policy. Hope Lives! is not responsible for any cancellation or no-show fees. I am fully responsible for paying any such fees out of pocket.
17. Hope Lives! does not intervene or become involved in any disputes, complaints, or conflicts that may arise between clients and service providers. Any issues or disagreements regarding services provided or products purchased are solely between the client and the service provider and must be resolved directly between those two parties.

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**Hope Lives! reserves the right to verify the Applicant's treatment plan and eligibility with their physician, social worker, or nurse navigator. By signing this Agreement, the Applicant authorizes the release of any medical information and documentation required by Hope Lives! for the purpose of verifying the information provided and ongoing treatment eligibility.**

**By submitting a client application and/or signing this Agreement, the Applicant acknowledges that they have read, understood, and agreed to all terms and conditions contained in this New Client Application Rules & Agreement.**

*At Hope Lives!, we are committed to fostering a welcoming, inclusive, and respectful environment for all clients seeking support. We do not discriminate based on race, color, national origin, ethnicity, ancestry, religion, sex, gender identity or expression, sexual orientation, age, disability, marital status, military or veteran status, genetic information, or any other characteristic protected by applicable law.*

*We are equally committed to ensuring access to our services. Reasonable accommodations are available for individuals with disabilities or specific needs to support full participation in our programs and services. If you require accommodation or assistance at any point during the application process or while receiving services, please contact our team at 970-225-6200 or [info@hopelives.org](mailto:info@hopelives.org). We are here to support you.*