



Support Engage Empower

IBD Connect Inc. 2026 Financial Assistance Program Application

Submission Instructions:

Please read **all** information included in the “IBD Connect Inc. 2026 Financial Assistance Program Information and Instructions” document found via IBD Connect’s main website before completing this application. This document contains important information, including eligibility criteria for applicants. Please submit the completed application along with all supporting documentation, to Lisa Fournier, Executive Director of IBD Connect, via email at lisafournier@ibdconnectinc.org. You may also choose to upload the application directly to our website. Incomplete applications may delay the processing of your request. Applicants will receive a response via email **within 30 days** of submission. This response may include requests for additional information, supporting documentation, approval, or, if necessary, an explanation for denial. We appreciate your patience and understanding as we strive to assist all eligible applicants.

Important Note:

IBD Connect Inc. reserves the right to request additional information or clarification during the application review process. Submission of this application does not guarantee approval of financial assistance. Additionally, IBD Connect Inc. reserves the right to approve an amount less than the full sum requested by the applicant. All applications will be treated with confidentiality and reviewed by IBD Connect’s Board of Directors based on the organization’s financial assistance policies and available funds. Please refer to the “IBD Connect Inc. 2026 Financial Assistance Program Information and Instructions” document for more information.

Applicant Information:

Name [Full Legal Name]:

Address [Complete Mailing Address]:



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Phone Number:

Email Address:

Patient Information:

Patient's Full Name [If different from the applicant]:

Diagnosis:

Date of Diagnosis [MM/DD/YYYY]:

Financial Assistance Request:

Requested Amount (*Please note: Requests should be between \$100 and \$1,000*):

Financial Assistance Need:

Please attach additional pages if necessary.

I. Financial Overview: Please provide a **brief** overview of your current financial situation. You may include estimated income, IBD-related expenses, and any circumstances affecting your financial need (job loss, the necessity to resign from a job, high costs of medications/food/supplements/medical supplies, etc.).



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II. *Specific Financial Request:* Clearly outline the purpose for which you are seeking financial assistance. Include details about how the requested funds will be used and the impact these funds would have on addressing your needs.



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III. Supporting Documentation: You may choose to include any pertinent supporting documentation to strengthen your application. This may encompass proof of U.S. citizenship or residency, proof of income, copies of medical bills, grocery receipts that highlight the costs of specialty foods and/or supplement prices, a physician or doctor's note that verifies an IBD diagnosis, proof of full-time college enrollment, or any other relevant documentation that substantiates your current financial circumstances. Please note that IBD Connect Inc. may request supporting documentation as proof of eligibility.

Acknowledgment and Agreement:

- I. *By signing below, I affirm that I have thoroughly read, comprehended, and consent to all terms outlined in the "IBD Connect Inc. 2026 Financial Assistance Program Information and Instructions" document available on IBD Connect's official website, www.ibdconnectinc.org.*
- II. *Nondiscrimination Clause: IBD Connect Inc. is committed to providing financial assistance without discrimination based on race, color, religion, sex, national origin, disability, or any other protected status in accordance with applicable federal, state, and local laws. We do not discriminate in the provision of services, the granting of financial assistance, or any other aspect of our organization's operations.*
- III. *I acknowledge and consent that the information within this application will be kept confidential and will not be disclosed to any third parties without my explicit permission. I understand and agree that in order to participate in this program, IBD Connect Inc. or its agents must obtain private personal information from me and/or my healthcare provider, including protected health information as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This information may include name, date of birth, diagnosis, insurance information, information about my financial condition or other relevant information which IBD Connect Inc. deems necessary to assess my eligibility to participate in this program. Accordingly, I hereby authorize IBD Connect Inc. and its agents to collect and maintain such information, to contact me if additional information should be required.*
- IV. *I understand that my application is not conditioned in any way on my purchase of any goods or services and that I may unsubscribe from this program or retract my application at any time by contacting IBD Connect Inc. at (508)-395-2278 or emailing lisafournier@ibdconnectinc.org.*
- V. *I understand that IBD Connect Inc. reserves the right to modify or terminate this program at any time as it deems fit, that IBD Connect Inc. is under no obligation to continue the*



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program and that any decision by IBD Connect Inc. to modify or terminate this program will not give rise to any liability or obligation to IBD Connect Inc.

VI. *I understand and agree that this application will expire after a formal decision by IBD Connect to approve or deny the application or by December 31st of the current year (2026), whichever occurs first.*

I, the undersigned, declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any misrepresentation may result in the denial of financial assistance. I affirm that I have read, understand, and agree to all terms and conditions listed above under the "Acknowledge and Agreement" section of this document.

Signature: _____ Date: _____

Printed Name: _____

Have questions or concerns? Contact us!

Website: www.ibdconnectinc.org

Email Address: lisafournier@ibdconnectinc.org

Phone Number: (508) 395-2278

Mailing Address:

IBD Connect
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Uxbridge, MA 01569