

Sample form, not for offline completion.

Visit <https://chicagocoalition.grantplatform.com> to apply.

JUF Financial Grant

About

The Jewish United Fund (JUF) has partnered with the Chicago Coalition for Family Building to provide a grant for financial services up to \$10,000 to assist with the cost of fertility treatment.

Eligibility

- JUF Path to Parenthood Grants are available to those who reside in Illinois, in the counties of Cook, Lake, DuPage, Will, McHenry or Kane.
- Recipients must have at least one partner who identifies as a member of the Jewish community.

Applicants Must Meet the following criteria:

1. Have a diagnosis of infertility certified by a medical provider, with the exception of the following:
 - Applicants who are single, or part of a same sex couple, are eligible to submit applications for a grant
 - Applicants who are applying for a grant for egg freezing for medical indications (cancer, endometriosis, other medical conditions that threaten fertility)
2. For requests for infertility treatment, applicants MUST have completed all required medical testing within 12 months. Applicants who do not have up to date testing will not be considered. If you are applying for a grant to do IUI, IVF or gestational carrier with your own eggs, or for egg freezing for medical indications, you MUST meet ALL of the following criteria:
 - Be 41 years or younger by January 1 of the subsequent year
 - Have a body mass index (BMI) 40
 - Have a FSH level of 15
 - Have an AMH level of > 0.8
3. A \$35 application fee is required for your application to be considered complete. You will be prompted to make a payment after submitting your application

IMPORTANT:

- If you are using oocytes or embryos that were frozen when you were a younger age, the age you were at freezing is used.
- If you are over 41 but are applying for a grant for IUI, IVF or FET (utilizing donor eggs), you should have a body mass index less than 40. Please note, the reason for the BMI cut-off is because many IVF centers do not perform oocyte retrievals on patients with BMI>40. We understand that there may be special circumstances where patients with BMI>40 may still be eligible for a grant. Please email the grants team at grants@coalitionforfamilybuilding.org if you think your circumstances warrant further consideration.
- Elective egg or embryo cryopreservation (in the absence of medical disease or infertility) are not eligible for a grant.
- Applicants who do not meet age or medical criteria will not have their applications reviewed.
- Grants are scored using a prognosis based scoring calculator: 55 points are awarded based on medical criteria and 45 points are awarded based on personal characteristics and patient essays.
- You are not eligible for a grant for additional embryo banking if you already have 3 or more euploid embryos.

- Treatments that are deemed not medically necessary by our Medical Advisory Board will not be considered eligible for payment. This includes but is not limited to: acupuncture, ERA testing, endometrial biopsy for Receptiva testing, microbiome testing, mock embryo transfer cycles, embryo glue, PGT for polygenic risk scoring,
- All treatments must be initiated within 6 months of receiving the grant
- The grant expires 12 months after issuance and unused funds will be rolled into future grant cycles for other recipients.

Eligible Expenses

- Medical care to treat infertility
- Medications
- Embryo cryopreservation (embryo freezing)
- Embryo donation
- Pre-implantation genetic testing for aneuploidy, structural re-arrangement or monogenic disease (PGT-A, -SR or -M)
- Egg freezing due to cancer, medical diseases that impair infertility
- Vasectomy reversal
- TESE
- Attorney fees for third party reproductive cases

Grant Selection

Please select the **grant program** you are applying for from the dropdown list below.

Each program has unique eligibility criteria and funding details, so be sure to review the options carefully before proceeding.

Application Name:

When entering your application name, please use the following format:

[Full Name] – [Grant Program Name]

Example: Jane Smith – JUF Path to Parenthood Grant

This naming format helps our review team easily identify and track your application throughout the grant cycle.

Application name

Do you or your partner identify as a member of the Jewish community?

Yes

No

How many healthy living children do you have?

0

1

2 or more

Do you reside in Illinois, in one of the following counties: Cook, Lake, DuPage, Will, McHenry or Kane?

Yes

No

Please list your full name

Email address

Mobile phone number

Occupation and current employer

Gender and Pronouns

Sex Assigned at Birth

Date of birth (mm/dd/yyyy)

What is your current age?

Do you have health insurance that has any fertility benefits?

Yes

No

Have you ever served in military?

Yes

No

Are you applying for this grant with a partner or another person?

Yes

No

Note: If you are pursuing solo parenthood without a partner, please click "no." If you are partnered and planning to co-parent, please click "yes" and complete the co-applicant information.

Grant amount you are requesting

The maximum amount able to be requested is \$10,000.

Please check off all treatment types that you will be using the grant towards

Intrauterine Insemination (IUI)

In Vitro Fertilization (IVF)

- Donor Egg
- Donor Sperm
- Frozen Embryo transfer (FET)
- Gestational Carrier/Surrogate
- Egg Freezing for a Medical Indication
- Pre-Implantation Genetic Testing for Aneuploidy (PGT-A) - chromosome testing
- Pre-Implantation Genetic Testing for a Single Gene Disorder (PGT-M) OR Translocation (PGT-SR)
- Legal Services
- ...

Please be as precise as you can about what treatment your physician has recommended you undergo

Do you already have frozen embryos?

- Yes
- No

Are you planning to use donor eggs?

- Yes
- No

Are you planning to use donor sperm?

- Yes
- No

Number of prior pregnancies

Number of live births

Are you planning to use a gestational carrier?

- Yes
- No

Do you have living children?

- Yes
- No

Years of Infertility

Have you ever undergone an embryo transfer?

- Yes
- No

Have you previously applied for a grant through CCFB?

Yes

No

Please complete the following questions about your treating physician or clinic.

If you are currently working with a **Reproductive Endocrinology and Infertility (REI) specialist**, you can list them as your **referee** for this application. If you do not have your physician's email address, please enter their **name** and use this email in its place: **grants@coalitionforfamilybuilding.org**

Are you working with a Reproductive Endocrinology and Infertility specialist?

Yes

No

Are you working with a Third Party Agency?

Yes

No

(Donor Egg/Donor Sperm/Surrogacy Agency)

Annual Household Income

>\$400,000

\$300,000-\$400,000

\$200,000-\$300,000

<\$200,000

Number of Individuals in Household

What is the total cost for your anticipated cost for your proposed family building cost (IUI, IVF, FET, Gestational Carrier, Third Party Costs or Egg Freezing)?

Be sure to include, as applicable, agency fees, legal fees, etc.

How much have you (and your co-applicant if applicable) have saved for the costs listed above?

We appreciate how expensive infertility treatments are for patients. How will you fund the portions of your treatment not covered by this grant? 1000 words

Please upload a copy of your photo ID



Please upload last year's tax return



Please upload most recent W2



Medical history and fertility history

Medical records - AMH



If you are using a donor egg, please upload a blank page.

Reason for Infertility

20 words

Have you (or partner if applicable) ever undergone a cycle of IVF?

Yes

No

Are you planning to use donor eggs?

Yes

No

What is the AMH level of the person contributing eggs?

If using frozen eggs or embryos, please report your age at the time the eggs or embryos were frozen. If using donor egg, write DONOR.

What is the cycle day 2, 3 or 4 estradiol (estrogen) level of the person contributing eggs?

medical record upload - estrogen level



What is the cycle day 2, 3 or 4 FSH level of the person contributing eggs?

1 word

If using frozen eggs/embryos, please report the FSH at the time eggs were frozen. If using donor egg, write DONOR

medical records - FSH



If you are using donor egg, upload a blank sheet.

Are you planning to use a gestational carrier (ie surrogate)?

yes

no

A gestational carrier, also known as a surrogate, is a person with a uterus who carries and gives birth to a child for another person or couple.

Body Mass Index (BMI) of the person planning to carry the pregnancy

BMI can be calculated using a specialized calculator. You can copy and paste this link into your browser in order to calculate your BMI: https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm

What were the results of your saline ultrasound or HSG?

Normal

Abnormal

Test not completed

Test needs to have been completed in the last 12 months. A saline ultrasound or HSG evaluates the uterine cavity to ensure it is optimal for achieving pregnancy.

Medical records - saline ultrasound



Has the female partner (or person planning to carry the pregnancy) ever had a c-section?

Yes

No

I don't know

Has the female partner (or person planning to carry the pregnancy) ever had a dilation and curettage (D&C)?

Yes

No

I don't know

This is procedure often performed for a miscarriage or pregnancy termination, or for abnormal uterine bleeding

Does the female partner (or person planning to carry the pregnancy) have uterine fibroids?

Yes

No

I don't know

Please describe your journey with infertility, who you are as a person or couple, your connection to the Jewish community and any other personal information you can share about why you should be selected for a grant. 1000 words

Please note that the answer to this question is weighted HEAVILY in the overall application score and serious consideration is given to this section.

If awarded a grant, how would you plan to be involved with the Chicago Coalition for Family Building and the JUF Path to Parenthood Program? 1000 words

Please provide a photo of you (and partner if applicable) that can be used on the Chicago Coalition website or in any JUF Path to Parenthood promotional materials if you are selected as a grant recipient.



Please visit our website to see examples: <https://coalitionforfamilybuilding.org/family-stories/>

Please provide a short bio that can be used for the Chicago Coalition website or in any JUF Path to Parenthood promotional materials if you are selected as a grant recipient. 300 words