

Application for Financial Assistance

Dear Applicant,

Before you begin the process to apply for financial assistance, please ensure you read the following document carefully.

While we acknowledge that every person who is diagnosed with breast cancer experiences a financial impact, our mandate is to provide financial assistance for patients who do not have the financial resources to cover the costs of basic necessities such as food and shelter as well as medical and additional expenses related to their treatment.

Furthermore, we prioritize applications we receive according to income levels and frequently find that the patients to whom we provide financial assistance are living at or below the poverty line.

Incomplete Applications will not be presented to the Advisory Committee and will either delay or perhaps deny you financial assistance.

- Applicants must be diagnosed with breast cancer and must be on *active treatment** or within two months of completing active treatment.
- Applications are prioritized by need. Financial assistance is provided to low-income applicants. (note: assessment is not dictated by a specific income threshold)
- Application must be signed by either your social worker, primary care nurse or oncologist.
- Applicants may apply ONCE for a maximum of \$2,000. (subject to availability of funds)
- Applicants are required to provide original documents and/or receipts to be reimbursed. (not photocopies)
- Do not submit an application prior to clarification of eligibility to receive 15 weeks of EI Sickness Benefits.

*ACTIVE TREATMENT - for the purposes of this application - refers to surgery, chemotherapy and radiation.

We do not reimburse for the cost of tamoxifen or aromatase inhibitors and do not reimburse expenses for patients who are on longer-term treatments such as Herceptin or bisphosphonates – **with ONE exception.**

Exception to this policy are patients who have been diagnosed with metastatic breast cancer.

POLICIES

Please read this section carefully. Failure to provide all documents required will result in delay or being denied financial support.

Applicants **must** provide evidence of financial need by including the following with the application form:

1. **A summary of all household expenses to assist BCSF in assessing the financial position and circumstance of the applicant. (see page 5)**
2. **Copies of most current and completed income tax return - for patient and spouse or partner.**
3. **Proof of salary for current year must be provided. (ie: Copies of pay stubs or bank statements showing direct deposits.)**
4. If self-employed, include copies of form T2125 and/or T5013 or an audited profit and loss statement
5. **Applicant must disclose ALL sources of income** (including but limited to Insurance or Employment Insurance benefits, Disability income, social assistance programs, rental income, alimony)
6. **Original receipts** for items for which they are seeking to be reimbursed.
7. Documents indicating mortgage payments or rent. (mortgage statement, lease agreement)
8. Applicants who have become unemployed due to their diagnosis must provide a copy of their Record of Employment (ROE)
9. Applicants must provide a **medical report** supporting diagnosis and/or treatment plan.
10. Applicants must provide proof Canadian citizenship or landed immigrant status. (*photocopy of birth certificate, passport or landed immigrant papers*)
11. If the Applicant is receiving short or long-term disability (STD, LTD) please provide a copy of coverage.
12. The Review Committee, with discretion, retains the right to deny any application.

Submit a copy of the application form including ALL required supporting documents and mail to:

Breast Cancer Support Fund
39 Old Mill Road #1002
Toronto ON M8X 1G6

We will endeavor to notify applicants of the decision to provide financial support within three weeks of receipt of the application.



ITEMS ELIGIBLE for FUNDING

- Food costs for patient on active treatment. (*grocery receipts required*)
- Cost for medication
- Prosthetics (amount not covered by provincial assisted devices programs)
- Wigs (maximum of \$500)
- Turban or scarf (if not purchasing wig)
- Lymphedema garments
- Treatments for Lymphedema (maximum of \$500)
- Parking (receipts required)
- Child Care (*while at centre/hospital for an appointment or undergoing treatment(s)*)
- Rehabilitation care i.e.; lymphedema management, yoga class, swimming) maximum of \$300
- Rent or mortgage payment (maximum of \$700)
- Utilities (hydro, gas, water...maximum of \$400)
- Supportive Care (includes counseling for patient, costs for attending a cancer support program.)

Note:

**Special consideration regarding reimbursement for gas will be given to patients who live in rural communities and must travel a distance for treatments.*

**Expenses not listed can be submitted and will be considered by the Advisory Committee.*

The following items that will NOT be covered includes but is not limited to:

- **Tamoxifen, Aromatase Inhibitors**
- **Credit card payments**
- **Property taxes/condo fees**
- **Insurance(s)**
- **Restaurant receipts**
- **Costs associated with accommodation**
- **Medications not related to treatment**

Additional Notes:

- All personal information is protected under the Canadian Privacy Act. (see details on page 8)
- The Advisory Committee retains the right to deny all or a portion of any application.
- Policies will be reviewed periodically and amended according to recommendations of Advisory Committee.
- Application and documents will be returned to you if we do not provide you with financial assistance.
- **We are NOT funded by any government agencies. We are a small charity run by volunteers and rely on the generosity of Canadians.**



APPLICATION for FINANCIAL SUPPORT

FAMILY INFORMATION

Name: _____ Date of birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email address: _____

Home phone: _____ Bus: _____ Cell: _____

Marital status: _____

Number of people living in household: _____ Relation to applicant: _____

Do you have dependents living in your home? (eg spouse, children) ☐ Yes ☐ No

If yes, age of dependents: _____

Canadian citizen: ☐ Yes ☐ No Permanent resident: ☐ Yes ☐ No

HEALTH INFORMATION

Date of Diagnosis: _____ Type of breast cancer: _____

Treatment:

Surgery: (date and type of surgery(s)) _____

Chemotherapy: (start date if known) _____ complete by: _____

Radiation: (start date if known) _____ complete by: _____

Additional treatment required: (use back of form if necessary)

**** You are required to confirm your diagnosis by submitting a document from your doctor and/or the hospital where you are being treated. (ie: a pathology report, note from doctor, appointment schedule)**



FINANCIAL INFORMATION

We do not reimburse all of the expenses itemized on your household expenses; the following information will help us to understand your financial circumstances.

MONTHLY HOUSEHOLD EXPENSES:

Provide other details here as needed.

Rent or mortgage	
House taxes <i>(if applicable)</i>	
Groceries	
Utilities <i>(hydro, gas, water)</i>	
Cable/Internet/Phone	
Car payment	
Car insurance	
Outstanding loans	
House/Apt. insurance	
Other <i>(specify)</i>	
TOTAL	

MONTHLY INCOME *(use either gross or net columns)*

Source of Income	Gross Amount/ Applicant	Net Amount/ Applicant	Gross Amount/ Partner or Spouse	Net Amount/ Partner or Spouse	Additional Contributions from Members of Household
Salary					
Short or Long-Term Disability					
Employment Insurance					
EI Sick Benefits 15 weeks)					
Provincial Social Assistance (ie. Trillium or ODSP)					
CPP Pension					
CPP Disability Pension					
Child Tax Credit					
Alimony					
Rental Income					
Other					
TOTAL					



FINANCIAL INFORMATION *(continued)*

Employment History:

Occupation: _____ Currently Employed: ☐ Yes ☐ No

If currently on leave from work, provide copy of ROE.

Recent Employment History: _____ *(use back if necessary)*

Are you self-employed? ☐ Yes ☐ No

If yes, provide copy of form T2125 and/or T5013 or an audited profit and loss statement.

Request for Financial Assistance / List of Expenses

Original receipts required and must be incurred by patient. *(mortgage + rent documents may be photocopies)*

Expense	Amount

Signature of attending physician, primary nurse or social worker

I have read and reviewed this complete application and to the best of my knowledge can confirm that this applicant is currently undergoing breast cancer treatment and is in need of financial assistance.

Signature of Social Worker, Oncologist or Primary Care Nurse

Please PRINT name: _____

Phone number: _____ Email: _____

Date signed: _____



Please Read Carefully!

We provide this checklist so that you can be sure that all of the mandatory documents are included with your application.

We understand that the Application is comprehensive and will take some time and effort on your part to complete - at a time when you may be feeling unwell. **However, we cannot review your Application unless all of the relevant documents are included.**

Checklist for Applicant:

- ☐ Application signed by Applicant
- ☐ Medical Report specifying diagnosis and/or treatment plan
- ☐ Application signed by Social Worker, Medical Oncologist or Primary Care Nurse
- ☐ Proof of salary for current year (ie: copies of pay stubs or bank statement showing direct deposit) for applicant - *and spouse if applicable*
- ☐ Copy of latest Income Tax Return – for patient and spouse or partner if applicable
- ☐ Note: CRA 1-800-959-8281
- ☐ Proof of citizenship or landed immigrant status
- ☐ Receipts for expenses (must be originals)
- ☐ Proof of other sources of funds referenced on applications
(ie: EI, Disability payments, ODSP, CPP, Canadian Cancer Society, etc.)
- ☐ Rental agreement or mortgage statement (*If renting, we cannot provide support without copy of legal rental/lease agreement. If mortgage free, please state.*)
- ☐ Receipts and/or proof of payment for utilities
- ☐ Copy of Record of Employment (ROE) (*if applicable*)
- ☐ Self-Employed must include a copy of T2125 and/or T5013 or an audited statement

For inquiries or clarifications: email info@breastcancersupportfund.ca or call 416.233.7410

Your documents will be returned to you if you do not receive financial assistance.

I hereby confirm that the information on this form is accurate. I authorize a representative from the Advisory Committee of the Canadian Breast Cancer Support Fund to contact the health care professional listed on this form.

APPLICANT signature: _____

Date: _____

How did you find out about the Canadian Breast Cancer Support Fund?

(ie: social worker at cancer centre, internet search friend etc)



LASTLY, there are two ways YOU CAN HELP US help other patients:

When we send a THANK YOU to donors, we often include a TESTIMONIAL and/or information about the women we have supported.

Please indicate if we may contact you about sharing all or part of your story with breast cancer.

- ☐ Yes, I am willing to share all or part of my story. I understand I can share this information anonymously or be identified by first name, first and last name, city etc.
- ☐ You have my permission to contact me after this date: _____

(Please note that your privacy and anonymity will be respected.)

AND/OR:

You can also help by writing a brief testimonial about your experience and how the support you received helped you and your family. *(Forward it by email or by mail)*

Please mail your application (pages 4 to 8) and documents to:

**Breast Cancer Support Fund
1002-39 Old Mill Road Suite #1002
Toronto, ON M8X 1G6
info@breastcancersupportfund.ca**

OUR PRIVACY POLICY

The Breast Cancer Support Fund (BCSF) is committed to protecting the privacy of the personal information of its constituents. (applicants, donors, health care professionals and other stakeholders)

We have taken the necessary actions to ensure that our Policy on the rules for collection, use, disclosure, and retention of your personal health information, in any format (paper or electronic), is based on internationally recognized privacy principles.

BCSF adheres to the requirements of the Personal Health Information Protection Act. (PHIPA)

The Canadian Breast Cancer Support Fund provides financial assistance for expenses not covered or not adequately covered by health insurance, social assistance and family income.

