



Canadian Cancer Society  
Société canadienne du cancer

PRINCE EDWARD ISLAND

## Application for Emergency Assistance

**\*\*\*Do not send receipts at this time\*\*\***

Your last name	First name	Initial	Date of birth Month / Day / Year
Mailing address		Town/City	Postal Code
Telephone numbers (home and work)			
Emergency contact person	Relationship to you	Telephone numbers	

Assistance History	Yes or No
Is this the first time you have applied to the Canadian Cancer Society for assistance?	
If this is a reapplication, when was the last time you received assistance?	

Assistance From Other Sources	Yes or No
Do you receive social assistance (welfare)?	
If you are over 65, have you applied for the Seniors Drug Plan?	
If you have children and your income is below \$20,000, have you applied for the Family Health Plan?	
Do you have private health insurance?	
If yes, have you checked your coverage with them?	

Type of Assistance You Are Requesting (If Known) Please Circle
Drugs                      Transportation                      Diet Supplements                      Dressings                      Ostomy Supplies Oxygen                      Protheses                      Miscellaneous/Special Request

<b>**Household Income</b> We require documentation. Please see the other side for more detail.		
Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Partner <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any dependents? Please list their ages:		

Important information for you
This application has two sides. Before you return it to us, please make sure it is fully complete with your signature, your Notice of Assessment and your physician's signature.  <b>Incomplete applications may cause delays.</b>

**Diagnosis and Site of Cancer — to be completed by your doctor**

Date of diagnosis: \_\_\_\_\_ Site of malignancy: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Circle nature of cancer treatment: radiation surgery chemotherapy consultation other

If it is over 1 year since the diagnosis, is cancer treatment ongoing? \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Doctor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Reporting Total Household Income**

For this program, a "household" is defined as either (1) a single person with an income less than \$28,000.00 or (2) people living within a legal union with a combined income of less than \$33,500.00. This will be determined by adding the "Total Income" on line 150 on all your Notices of Assessment.

Call Revenue Canada at 1-800-959-8281 if you do not have your "Notice of Assessment"

If you have had a significant change in income due to your cancer, we will need proof of the change, for example your EI, Payroll and/or CPP Stubs. You will be assessed on your current income.

**When you have completed this application, please be sure to:**

1. Attach your Notice(s) of Assessment. There is an example in this booklet.
2. Ensure the application is signed, dated, and has the medical information completed.
3. Mail to: Patient Services, Canadian Cancer Society, PEI Division  
1 Rochford St., Suite #1, Charlottetown, PEI C1A 9L2.

We will tell you if you qualify by letter about one month after we receive the application. We will also return all your confidential income information to you at that time.

If you qualify your application will be sent to a volunteer in your community who will help you to get any payments. The volunteer will call you.

**For More Information:** Phone the Canadian Cancer Society at 566-4007 or Toll free 1-866-566-4007

I understand that all the information that I give to the Canadian Cancer Society is confidential.

I hereby authorize my doctors to release any personal medical information to the Canadian Cancer Society. I certify that my financial needs are more than I can provide for.

I am applying to the Canadian Cancer Society for materials and/or financial assistance.

\_\_\_\_\_  
Signature of Applicant (or Parent or Guardian)\_\_\_\_\_  
Date

**\*NOTE:** You may choose to backdate your application for up to **three months** if you already have expenses. Eligibility starts from the effective date of application and will continue for one year.

OFFICE USE ONLY

Sent Notification:

Approved By:

Date Approved: