



## Application Form

### Travel Treatment Fund/Financial Support Drug Program

#### Income Eligibility

| <p>1. Is your Net Household Annual Income higher than the Net Taxable Income Limit listed below?</p> <p>Net Taxable Income is <b>Taxable Income (line 260)</b> minus <b>Total Payable (line 435)</b> listed on <b>Notice of Assessment from the Canada Revenue Agency</b> for the most recently completed tax year.</p> <p>Household size is the number of people in a family unit. It can refer to married or common-law partners with or without dependent children.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Number of People in Household</th> <th style="text-align: left;">Net Taxable Income Limit</th> </tr> </thead> <tbody> <tr> <td>1 person</td> <td>\$20,065</td> </tr> <tr> <td>2 persons</td> <td>\$24,978</td> </tr> <tr> <td>3 persons</td> <td>\$30,707</td> </tr> <tr> <td>4 persons</td> <td>\$37,283</td> </tr> <tr> <td>5 persons</td> <td>\$42,285</td> </tr> <tr> <td>6 persons</td> <td>\$47,692</td> </tr> <tr> <td>7 or more persons</td> <td>\$53,097</td> </tr> </tbody> </table> | Number of People in Household | Net Taxable Income Limit    | 1 person | \$20,065 | 2 persons | \$24,978 | 3 persons | \$30,707 | 4 persons | \$37,283 | 5 persons | \$42,285 | 6 persons | \$47,692 | 7 or more persons | \$53,097 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|-------------------------------|-----------------------------|----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-------------------|----------|------------------------------|-----------------------------|
| Number of People in Household   | Net Taxable Income Limit      |                             |          |          |           |          |           |          |           |          |           |          |           |          |                   |          |                              |                             |
| 1 person  | \$20,065                      |                             |          |          |           |          |           |          |           |          |           |          |           |          |                   |          |                              |                             |
| 2 persons   | \$24,978                      |                             |          |          |           |          |           |          |           |          |           |          |           |          |                   |          |                              |                             |
| 3 persons   | \$30,707                      |                             |          |          |           |          |           |          |           |          |           |          |           |          |                   |          |                              |                             |
| 4 persons   | \$37,283                      |                             |          |          |           |          |           |          |           |          |           |          |           |          |                   |          |                              |                             |
| 5 persons   | \$42,285                      |                             |          |          |           |          |           |          |           |          |           |          |           |          |                   |          |                              |                             |
| 6 persons   | \$47,692                      |                             |          |          |           |          |           |          |           |          |           |          |           |          |                   |          |                              |                             |
| 7 or more persons   | \$53,097                      |                             |          |          |           |          |           |          |           |          |           |          |           |          |                   |          |                              |                             |
| <p>2. Do you currently receive <b>BC Employment and Assistance</b> (i.e., Social Assistance)?</p> <ul style="list-style-type: none"> <li>• If yes, please call the BC Ministry of Social Development and Social Innovation at 1-866-866-0800.</li> </ul>  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |          |          |           |          |           |          |           |          |           |          |           |          |                   |          |                              |                             |
| <p>3. Do you currently receive BC Assistance for <b>Persons With Disabilities</b> payments (i.e., Social Assistance)?</p> <ul style="list-style-type: none"> <li>• If yes, please call the BC Ministry of Social Development and Social Innovation at 1-866-866-0800.</li> <li>• Mark 'No' if you are receiving CPP-Disability.</li> </ul>  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |          |          |           |          |           |          |           |          |           |          |           |          |                   |          |                              |                             |
| <p>4. Are you eligible for benefits through the <b>Veterans Affairs Canada to cover travel and accommodations for medical appointments</b>?</p> <ul style="list-style-type: none"> <li>• If yes, please call Veterans Affairs Canada at 1-866-522-2122.</li> </ul>  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |          |          |           |          |           |          |           |          |           |          |           |          |                   |          |                              |                             |
| <p>5. Do you have any <b>extended health benefits or disability insurance that covers travel and accommodations for medical appointments</b>?</p> <ul style="list-style-type: none"> <li>• If yes, please contact your plan to assist with coverage.</li> </ul>   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |          |          |           |          |           |          |           |          |           |          |           |          |                   |          |                              |                             |
| <p>6. Do you have a registered <b>Status Card</b> issued by the <b>Government of Canada</b>?</p> <ul style="list-style-type: none"> <li>• If yes, please call the First Nations Health Authority (i.e., Non-Insured Health Benefits in BC) at 1-800-317-7878.</li> </ul>  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |          |          |           |          |           |          |           |          |           |          |           |          |                   |          |                              |                             |

**If you have answered YES to any of the above questions you are not eligible for the Travel Treatment Fund or Financial Support Drug Program. Contact the Canadian Cancer Society's Cancer Information Service at 1-888-939-3333.**



**To be eligible for the Travel Treatment Fund and/or Financial Support Drug Program you must be undergoing active cancer treatment.**

**Active cancer treatment** is directed towards a cure or palliative symptom relief. It includes treatments such as chemotherapy, radiation and surgery, as well as related diagnostic tests, such as blood/lab work and PET/CT scans, which are needed to determine the course of a person's treatment. Clinical trials that are approved by the BC Cancer Agency and recommended by a person's oncologist are also considered active treatment (and qualify for financial support), as the objective is to increase a person's chances of survival.

|  |                              |                             |
|--|------------------------------|-----------------------------|
| I am currently enrolled in active cancer treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

**I am applying for** (please make a selection):

- Travel Treatment Fund** (Grant to assist with Travel and Accommodations)
- Financial Support Drug Program** (Symptom management drugs).

### Section 1 – Personal Information

|  |   |             |
|--|---|-------------|
| Name of Person Receiving Treatment   | Date of Application (MM/DD/YY)  |             |
| Name of Parent/Guardian in the case of a minor or alternate contact person if person receiving treatment is unavailable/unwell   | Language Spoken at Home   |             |
| Date of Birth(MM/DD/YY)  | Gender (of person receiving treatment)<br><input type="checkbox"/> Female <input type="checkbox"/> Male |             |
| Mailing Address  |   |             |
| City   | Province  | Postal Code |
| Phone One  | Phone Two   |             |
| Email Address  |   |             |
| What is your household size? Household size is the number of people in a family unit. It can refer to married or common-law partners with or without dependent children. |   |             |



### Section 2 – Health Information

|   |                                    |
|---|------------------------------------|
| BC Personal Health Number (CareCard)                                  | Type of Cancer                     |
| Name of Hospital/Clinic Providing Treatment                           | City (where treatment takes place) |
| Number of KM from your home to hospital or clinic providing treatment |                                    |

### Section 3 – Fair PharmaCare Information

- Complete this section **only** if you are applying for the Financial Support Drug Program.
- To register for Fair PharmaCare, or if you are registered but do not know your number, you can contact Health Insurance BC:
  - From the Lower Mainland, call 604 683-7151
  - From the rest of BC, call toll-free 1 800 663-7100
  - Register online at <https://pharmacare.moh.hnet.bc.ca/>

Fair PharmaCare Registration Number (e.g. A12345678): \_\_\_\_\_

### Section 4 – Income Information

|  |   |
|--|---|
| <p>What is the <b>Taxable Income (line 260)</b> and the <b>Total Payable (line 435)</b> listed on you and your spouse/partner's <b>Notice of Assessment from the Canada Revenue Agency</b> for the most recently completed tax year?</p> <p><b>Please attach a copy of the Notice of Assessment(s)</b> to this application for you and your spouse/partner for the most recently completed tax year (i.e., the page with lines 260 and 435, usually page 2, sometimes page 3).</p> <p>Applicants who are unable to locate their Notice of Assessment can contact Canada Revenue Agency at 1-800-959-8281 to request an Option C print out. Clients who use their online CRA account will be able to access and print their Notice of Assessment.</p> | <p>Applicant Line 260:<br/>\$ _____</p> <p>Applicant Line 435:<br/>\$ _____</p> <p>Spouse/Partner Line 260:<br/>\$ _____</p> <p>Spouse/Partner Line 435:<br/>\$ _____</p> |
|--|---|

### Statement of Understanding

I understand the statements above and ask for assistance from the Canadian Cancer Society Travel Treatment Fund and/or the BC Cancer Agency Financial Support Drug Program. The information I have provided in this application is true and complete, to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## Completing the Application

Please fill out the form as completely as possible and attach the required document(s). **If you need help with your application, please call the Cancer Information Service at 1-888 939-3333.** Assistance is available in English and French. For people who speak other languages, there are interpreters who can help you.

## How to Submit

Please send your completed Application to the Travel Treatment Fund Program one of the following ways or by dropping it off at a local Canadian Cancer Society office.

- By Email: [traveltreatmentfund@bc.cancer.ca](mailto:traveltreatmentfund@bc.cancer.ca)
- By Fax: 1-888-675-6507
- By Mail: Travel Treatment Fund – Canadian Cancer Society  
565 West 10th Avenue Vancouver, BC V5Z 4J4
- Or Call: 1-800-663-2524 ext. 7122 (Toll Free)  
778-808-6462 (Local Call)

## Checklist for Applicants

- Have I filled out all of the relevant sections of this application as completely as possible?
- Have I read and reviewed the **Privacy Statement and Consent Form**?
- Have I attached a copy of my **Notice of Assessment(s)** from the **Canada Revenue Agency** for the most recently completed tax year for myself and my spouse/partner?
- Have I attached a copy of my **Confirmation of Active Cancer Treatment**?
- Have I attached a copy of the **Direct Deposit Form** and attached a copy of a void cheque?
- Have I **signed and dated** page 3 of the application form?

## How did you learn about the Travel Treatment Fund/Financial Support Program?

- Nurse
- Social Worker/Counselor
- Oncologist
- General Practitioner/Doctor
- Surgeon
- Canadian Cancer Society Staff or Volunteer
- Friend or Family
- Printed Material
- Canadian Cancer Society Website
- Television/Radio/Newspaper
- Other \_\_\_\_\_



## Privacy Statement and Consent Form

The Canadian Cancer Society, BC and Yukon Division is committed to protecting the privacy of personal information in our possession or under our control in accordance with the Personal Information Protection Act (PIPA). PIPA regulates the way we collect, use, keep, secure and disclose personal information. The Society values the trust of our donors, volunteers, clients, participants and staff. We recognize that maintaining this trust requires accountability and transparency in handling personal information. For further information email our Privacy Officer at [privacyofficer@bc.cancer.ca](mailto:privacyofficer@bc.cancer.ca) or call 604 675 7101.

The information you provide for your Travel Treatment Fund and Financial Support Drug Program application will be used to register you as a client, communicate with you about the program and your application. As a client of the Travel Treatment Fund and Financial Support Drug Program, you are a participant in a Canadian Cancer Society program and as such, the Society may use your general contact information collected in this application to also keep you informed of Canadian Cancer Society activities, including programs, services, special events, funding needs, and opportunities for you to volunteer or to give including our on-line giving program. CCS-BCY collects your medical and financial information. This specific personal information will only be used to confirm your eligibility for the program and to maintain our program statistics and will be filed in a secure location.

If you **do not** wish to be contacted to keep you informed of Canadian Cancer Society activities, including programs, services, special events, funding needs, and opportunities for you to volunteer or to give including our on-line giving program, **please check this box**. If you have previously consented to be contacted and you check this box you will not be contacted for program reasons in the future, but there may be a delay of 4 months if communication has been initiated.

This information will be stored in a secured location and entered into a CCS secure electronic database.

If you have been a donor to the Canadian Cancer Society and would like to stop receiving information about funding appeals and opportunities, please contact donor services at extension 604-675-7141 or call 1800 663 2524 ext 7141. To review the full Canadian Cancer Society Privacy Policy, please visit [www.cancer.ca](http://www.cancer.ca).

*If you are interested, please check the boxes below to provide consent for a Canadian Cancer Society Staff person to contact you regarding:*

- information about your cancer diagnosis, treatment, or community resources
- speaking with a trained volunteer who has had a similar cancer experience
- it is okay to leave a phone message if I am not available

## Confirmation of Active Cancer Treatment

The Canadian Cancer Society's **Travel Treatment Fund** provides a grant for to cancer patients in financial need to assist with a portion of travel and accommodation costs to attend cancer treatment and/or related diagnostic tests. **The Financial Support Drug Program** provides access to symptom management drugs through a partnership with the BC Cancer Agency.

In order to assess a client's application, the Canadian Cancer Society and the BC Cancer Agency require confirmation of medical status as it relates to the client's cancer treatment and/or related diagnostic tests. A health professional such as a healthcare social worker, family doctor, oncology nurse, or oncologist can complete the following information, which will be held in compliance with the Personal Information Protection Act.

***Active cancer treatment** is directed towards a cure or palliative symptom relief. It includes treatments such as chemotherapy, radiation and surgery, as well as related diagnostic tests, such as blood/lab work and PET/CT scans, which are needed to determine the course of a person's treatment. Clinical trials that are approved by the BC Cancer Agency and recommended by a person's oncologist are also considered active treatment (and qualify for financial support), as the objective is to increase a person's chances of survival.*

**Client Name:** \_\_\_\_\_

**Client PHN:** \_\_\_\_\_

**Client BCCA ID:** \_\_\_\_\_

**Health Professional's Name and discipline:** \_\_\_\_\_  
(Please PRINT)

**Health Professional's Phone #:** \_\_\_\_\_

**Please indicate client status below**

**Current, Active Treatment:** Yes  No

**Cancer Treatment Location (s) :** \_\_\_\_\_

**Health Professional's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Canadian Cancer Society  
Société canadienne  
du cancer

Canadian Cancer Society  
565 West 10<sup>th</sup> Avenue  
Vancouver, BC V5Z 4J4

Subject: Payment of Travel Treatment Fund Expense claims via Electronic Funds Transfer

Dear TTF Client,

Canadian Cancer Society BC Yukon is changing its method of payment. As part of continuing effort to reduce cost, and improve efficiency, CCSBCY is trying to eliminate payments by cheque and moving to electronic funds transfers (EFT).

To avoid any delay in payment, please complete the enclosed direct deposit application form and return it either by email to [traveltreatmentfund@bc.cancer.ca](mailto:traveltreatmentfund@bc.cancer.ca) or forward the form to the address at the top of the form.

Thank you for your immediate attention to this request. If you have any questions, please do not hesitate to contact me at the accounting support email address.

Yours truly,

Accounts Payable  
Finance Department

**British Columbia and Yukon Division**  
565 West 10<sup>th</sup> Avenue  
Vancouver, BC V5Z 4J4  
**T** 778-808-6462 • 1-800-663-2524  
**F** 1-888-675-6507  
[traveltreatmentfund@bc.cancer.ca](mailto:traveltreatmentfund@bc.cancer.ca)



**Canadian  
Cancer  
Society**

BRITISH COLUMBIA AND YUKON

## Direct Deposit Application and Authorization / Change Form

New Application

Change of Financial Institution

Send Completed form to: Canadian Cancer Society, BC & Yukon Division – Accts Payable  
565 West 10<sup>th</sup> Avenue, Vancouver, BC V5Z 4J4  
Phone # 778-808-6462  
Fax # 1-888-675-6507  
Email: [traveltreatmentfund@bc.cancer.ca](mailto:traveltreatmentfund@bc.cancer.ca)

### IDENTIFICATION

Name / Corporate Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

**Barb Henry**

**TTF**

Contact Name

Title/Position

B

### ANKING INFORMATION

ATTACH VOID CHEQUE HERE  
\*\*MUST BE PRE-PRINTED

\*\* If applicant's name and address are not pre-printed on cheque, please have bank complete the following

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

Institution Code \_\_\_\_ \_

Branch \_\_\_\_ \_

Account Number \_\_\_\_ \_

Financial Institution Stamp

### REMITTANCE INFORMATION

How would you prefer to receive the payment details? (Please check one and provide email address if applicable)

No remittance advice necessary

E-mail address \_\_\_\_\_

### AUTHORIZATION

By signing below, the undersigned:

- Authorizes Canadian Cancer Society BCY to deposit any (non payroll) payments due by CCSBCY directly into the above mentioned account
- Agrees to promptly notify CCSBCY within seven (7) days of any changes to the banking information herein provided by filling in a new Direct Deposit Application form to modify the present request.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_