



Application: Financial Support Program/Financial Support Drug Program

Please complete this application to apply for financial assistance from:

1. The **Canadian Cancer Society Financial Support Program** and/or
2. The **BC Cancer Agency Financial Support Drug Program**.

The **Canadian Cancer Society Financial Support Program** provides a reimbursement subsidy to British Columbia residents who have a cancer diagnosis, are traveling to and from active cancer treatment at recognized cancer treatment facilities, and meet the financial eligibility criteria for this program.

- **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.

The **Canadian Cancer Society Financial Support Program** provides a reimbursement subsidy, covering a portion of a person's eligible transportation and accommodation costs, up to a maximum limit, for a one-year period.

The **BC Cancer Agency Financial Support Drug Program** covers a portion of the cost of prescribed symptom control medications that are not covered by Fair PharmaCare, for BC Cancer Agency patients, who meet the financial eligibility criteria for this program. This program helps with the cost of eligible medications for a one-year period.

When applying to the Financial Support Program and/or the Financial Support Drug Program:

- The application form needs to be submitted to the Canadian Cancer Society office, closest to the applicant's permanent residence.
- If approved, financial support begins on the date the application was received at the appropriate Canadian Cancer Society office.
- The Canadian Cancer Society/BC Cancer Agency is not able to cover costs which occur prior to the application form's arrival at the Canadian Cancer Society office.
- If a client is re-applying to the Financial Support Program and/or the Financial Support Drug Program after his/her year of coverage has expired, the client's oncologist must complete the Medical Status Form to verify that the client is in active cancer treatment.

Completing the Application

To ensure that your application can be processed quickly, 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. You may also find the answer to your question on the list of Frequently Asked Questions on page 3 of this document.



Please submit your completed application to the Support Programs Coordinator at the Canadian Cancer Society Regional Office closest to your permanent residence.

Vancouver Island

101 – 1537 Hillside Avenue, Victoria, BC V8T 2C1

Phone: (250) 380-2353 ext. 224 Toll Free: 1 800 663-7892 Fax: (250) 414-4259

Greater Vancouver and Fraser Valley (*Includes Surrey, Delta, & Maple Ridge*)

565 West 10th Avenue, Vancouver, BC V5Z 4J4

Phone: 604-675-7122 Toll Fee: 1-800-822-8664 Fax 604-675-7301

Southern Interior (*Lac La Hache and South, includes Interior and Kootenay-Boundary*)

19-9th Avenue South, Cranbrook, BC V1C 2L9

Phone: (250) 426-8916 Toll Free: 1 800 656-6426 Fax: 1 877 517-2765

Northern (*150 Mile House and North*)

1100 Alward Street, Prince George, BC V2M 7B1

Phone: (250)-645-2368 Toll Free: 1-800-811-5666 Fax: 250-563-0385.

Checklist for Applicants

- Have I filled out all of the relevant sections of this form as completely as possible?
- 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 signed and dated page 6 of the application form?

If you are **re-applying** to the travel program and/or the drug program after your year of coverage has expired, your **oncologist** must complete the **Medical Status Form** to verify that you are currently in active cancer treatment.

Privacy Statement

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.

The information you provide (i.e., including your medical information) to the Canadian Cancer Society Financial Support Program and/or the BC Cancer Agency Financial Support Drug Program will only be used to assess your application, communicate with you about your application, process eligible expense claim forms, seek your feedback about the program, and make appropriate referrals to internal/external resources and/or service providers.

This information will be stored in a secured location and entered into a Canadian Cancer Society secure electronic database. **For further information, email our Privacy Officer at privacyofficer@bc.cancer.ca or call 604 675 7101.**

Frequently Asked Questions

Q1: What are the financial eligibility criteria for the Financial Support Program and the Financial Support Drug Program?

A1: Please visit our website at www.cancer.ca (BC and Yukon Division) for up-to-date details regarding the financial eligibility criteria for the Financial Support Program and Financial Support Drug Program.

Q2: What if I did not file an income tax return last year?

A2: You will need to provide proof of your current income so that the Canadian Cancer Society can determine if you qualify for assistance through the Financial Support Program and/or the Financial Support Drug Program. If you have not completed your income tax return, there may be Volunteer Tax Preparation Clinics in your community that can help you to complete it. Please call the Cancer Information Service at 1 888 939-3333 for a list of these organizations.

Q3: I filed an income tax return last year, but I do not have my Notice of Assessment. What should I do?

A3: You can call the Canada Revenue Agency (CRA) at 1 800 959-8281. When you hear the recorded message, press 1 for general tax information and then press * to speak to an agent. Please ask the CRA staff person for an Option C printout, which is a line-by-line account of your income and deductions for the last tax year. You will receive this print-out by mail within three to five business days. Please attach this document to your Financial Support Program application when you send it in to the Canadian Cancer Society. If your appointment is within the next two weeks, please contact the Regional Coordinator who is closest to your permanent residence (see page 2 for a list of regional offices).

Q4: What if I do not have a Fair PharmaCare number or I have lost my Fair PharmaCare number?

A4: If you are not currently registered for Fair PharmaCare or if you are registered but do not know your number, you can call Health Insurance BC at either of the following phone numbers:

- From the Lower Mainland, call 604 683-7151
- From the rest of BC, call toll-free 1 800 663-7100

Or you can register online at <https://pharmacare.moh.hnet.bc.ca/>

Please note that your Fair Pharmacare number is different from your CareCard number.

Q5: Is 'Persons With Disabilities' funding the same as 'CPP-Disability' funding?

A5 These are two different types of funding. 'Persons With Disabilities' is funding from the BC provincial government. 'CPP-Disability' is funding from the federal government of Canada.

Q6: What expenses are eligible for reimbursement through the Financial Support Program?

A6: Once an application is approved, travel and accommodation expenses related to cancer treatment can be reimbursed up to the approved maximum subsidy, such as mileage, taxi fares, bus/airline tickets, parking fees, and stays at our Canadian Cancer Society Lodges. Meals, rent/mortgage costs at a person's permanent address, and equipment costs are not covered.

CONFIDENTIAL — Application Form

Please fill out this application form as completely as possible. Once you have completed the form, please return it to the Canadian Cancer Society office, which is closest to your permanent residence. *(Please see page 2 for the list of office locations.)*

I am applying for (please make a selection):

- Financial Support Program Only** (Travel and Accommodations)
- Financial Support Drug Program Only** (Symptom Control Drugs)
- Financial Support Program and Financial Support Drug Program**

Have you **previously** received assistance from the:

- Financial Support Program? Yes No
- Financial Support Drug Program? Yes No

Section 1 — Personal Information

Name of Person Receiving Treatment		Date of Application	
Name of Parent/Guardian <i>(i.e., if person receiving treatment is 18 years of age or younger)</i>		Language Spoken at Home	
Date of Birth (of person receiving treatment) <i>(e.g., May 15, 1955)</i>		Gender (of person receiving treatment) <input type="checkbox"/> Female <input type="checkbox"/> Male	
Mailing Address			
City		Province	Postal Code
Phone (Daytime)		Phone (Evening)	
Email Address		Marital Status	
Name of Spouse/Common-Law Partner		Number of Dependents (18 years of age or younger) at Home	



Section 2 – Health Information (of person receiving treatment)

BC Personal Health Number (CareCard)	Type of Cancer
Type(s) of Cancer Treatment <input type="checkbox"/> Surgery <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation <input type="checkbox"/> Other (Please describe below)	
Name of Hospital/Clinic Providing Treatment	City (where treatment takes place)
Date of Next Appointment	Anticipated Number of Appointments (If known)

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

1. Do you currently receive BC Employment and Assistance (i.e., Social Assistance)? • If yes, please call the BC Ministry of Social Development and Social Innovation at 1-866-866-0800.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you currently receive BC Assistance for Persons With Disabilities payments (i.e., Social Assistance)? • If yes, please call the BC Ministry of Social Development and Social Innovation at 1-866-866-0800. • Mark 'No' if you are receiving CPP-Disability.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you eligible for benefits through the Veterans Affairs Canada to cover travel and accommodations for medical appointments ? • If yes, please call Veterans Affairs Canada at 1-866-522-2122.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have any extended health benefits or disability insurance that covers travel and accommodations for medical appointments ? • If yes, please contact your plan to assist with coverage.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have a registered Status Card issued by the Government of Canada ? • If yes, please call the First Nations Health Authority (i.e., Non-Insured Health Benefits in BC) at 1-800-317-7878.	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Section 5 – Income Information (continued)

What is the **Taxable Income (line 260)** and the **Total Payable (line 435)** listed on you and your spouse/partner's **Notice of Assessment from the Canada Revenue Agency** for the most recently completed tax year?

Please attach a copy of the Notice of Assessment(s) 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).

If you do not have your Notice of Assessment from the Canada Revenue Agency, please see Q2 and Q3 in the Frequently Asked Questions on page 3 of this document to learn how to get this information.

Applicant Line 260:

\$ _____

Applicant Line 435:

\$ _____

Spouse/Partner Line 260:

\$ _____

Spouse/Partner Line 435:

\$ _____

Section 6 – Special Financial Circumstances

Please indicate if you have experienced in the past 12 months or expect to experience in the next 12 months:

- Major change in financial circumstances (e.g. retirement, unemployment, unpaid leave of absence, business failure)
- Seasonal employment, part-time employment, or self-employment
- Medical equipment costs not covered by insurance (e.g. feeding tubes)
- Extra child care costs due to cancer diagnosis
- Other

Please briefly describe the financial challenge(s) that you have checked above.

Statement of Understanding

I understand the statements above and ask for assistance from the Canadian Cancer Society Financial Support Program 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.

I understand that my personal information will only be used to assess my application, communicate with me about my application, process eligible expense claims, seek my feedback about the program, and make appropriate referrals to internal and/or external resources/service providers. I understand that I can request additional details regarding the use of my personal information.

Signature of Applicant

Date

Signature of Witness*

Date

*A witness can be a spouse, family member, friend, neighbor, or community member.