Canadian Cancer Society / Société canadienne du cancer

Travel Treatment Fund (TTF) Application Form

PATIENT INFORMATION (This section must be completed by the APPLICANT)		
Application date (MM/DD/YY):		
Last name	Address	Apartment
First name	City	
Date of birth (MM/DD/YYYY)	Province	Postal code
Phone (include area code)	Email	
☐ Married ☐ Common-law partner ☐ Single		
Number of people in immediate family unit (including you):	Name of spouse/partner ☐ or caregiver ☐:	
Number of people under 18 years old:	Phone of spouse/partner ☐ or caregiver ☐ (include area code):	

PATIENT HEALTH INFORMATION (This Section Must Be Completed by the HEALTH CARE PROFESSIONAL) ** Please note that any missing information will incur delays **	
Cancer diagnosis (mandatory):	Name(s) of hospital(s) / clinic(s) providing treatment:
☐ 10 appointments or more for **the current year** ☐ Chemotherapy ☐ Radiation ☐ Surgery ☐ Other treatment or diagnostic tests (specify):	Treatment starting date (MM/DD/YYYY) End date for treatment – if known (MM/DD/YYYY)
Name of health care professional (in block letters):	Health care professional's title:
Health care professional's signature (doctor, nurse or social worker only) **X** I hereby certify that the applicant's situation is as indicated	Phone: E-mail:

ELIGIBILITY CRITERIA

- You must be undergoing active cancer treatment and reside in an area supported by the Travel Treatment Fund (to determine eligibility for serviceable areas, please contact us directly by phone or e-mail transportation@cancer.ca).
- If travelling less than 200 KM (one-way) to your treatment facility, you must have **a minimum of 10 appointments** in a year related to your treatment.
- If travelling more than 200 KM (one way), there is no minimum number of appointments required in order to qualify.
- In Quebec, a government financial assistance program for transportation exists for those who live more than 200 km from their treatment centre. Please contact us for more information.
- You must meet income criteria listed below - **Beneficiaries of social assistance programs are not eligible for fund.**

Please check the box that corresponds to your current FAMILY UNIT FINANCIAL SITUATION.

A family unit includes any person in the family who resides permanently at the same address as the person with cancer.

My family unit consist of one (1) person whose gross annual income is less than $25,920.	☐
My family unit consist of two (2) people whose gross annual income is less than $32,270.	☐
My family unit consist of three (3) people whose gross annual income is less than $39,672.	☐
My family unit consist of four (4) people whose gross annual income is less than $48,166.	☐
My family unit consist of five (5) people whose gross annual income is less than $54,630.	☐
My family unit consist of six (6) people whose gross annual income is less than $61,612.	☐
My family unit consist of seven (7) or more people whose gross annual income is less than $68,598.	☐
I am a beneficiary of the social assistance program.	☐

DOCUMENTS REQUIRED TO COMPLETE YOUR APPLICATION

**** An incomplete application will incur delays ****

☐ This application form with **all information completed** and your **signature** below

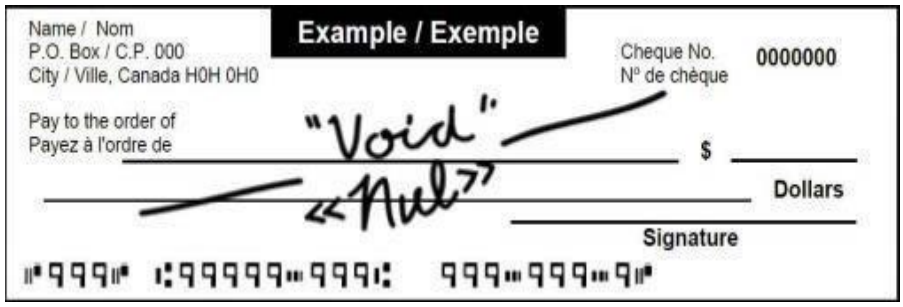
☐ The most recent **NOTICE OF ASSESSMENT** from the Canada Revenue Agency for **all members of the family unit** over 18 years old (line 150).

IMPORTANT: If your financial situation (or that of your spouse) has changed during the year, you must also send a proof of your current family unit income (record of Employment Insurance, bank statements for the past 3 months or any official document that will help us see your current income level).

☐ The Direct Deposit Enrollment Form (provided separately) with your **signature** and a **void cheque** (**if applicable**)

PERSONAL BANKING INFORMATION

Please attach a “void” cheque to this form (see example below). The cheque must be associated with the Canadian bank account where your payment will be deposited. Only a void cheque (or a deposit form from your bank) will be accepted for a direct deposit.



APPLICANT'S CONSENT & SIGNATURE

I understand that the information I provide for the Travel Treatment Fund Program will be used to register me as a client and to communicate with me about my application in accordance with CCS's Privacy Policy. If you would like more information on CCS's Privacy Policy, please visit our website: https://www.cancer.ca/en/about-our-site/privacy-policy/

By signing below, I authorize the Canadian Cancer Society (CCS) to deposit any payment directly into the abovementioned account and agree to promptly notify the CCS of any change in the banking information herein provided.

The Canadian Cancer Society collects your personal and personal health information in order to provide you with services. We may also use your information, in accordance with our privacy policy, to keep in touch around other CCS activities that may interest you, such as our Support programs, fundraising opportunities or feedback to improve our services.

Do we have your consent to collect this information for these additional purposes? ☒ **Yes** ☐ **No**

If submitting application by Email:

I understand that email is not a secure means of communication. I consent to sending and receiving communications including personal health and banking information by email.

I agree that the Canadian Cancer Society will not be liable for any breaches of privacy, whether caused by myself, or a third party. ☐ **Yes**

I understand that if I am not comfortable with email, all communication will occur by mail or fax instead.

Applicant's signature: **X**	**Date:**

IF YOU RESIDE IN:	PLEASE RETURN THIS FORM AND SUPPORTING DOCUMENTS BY POST, FAX OR E-MAIL TO:
British Columbia	*Canadian Cancer Society, Attn: Travel Treatment Fund (TTF)* 330 Strathcona Ave, Kelowna BC V1Y 5K7 Phone: 1 888 939 3333 Fax: 1 888 675-6507 E-mail: traveltreatmentfund@cancer.ca
Alberta Manitoba Saskatchewan	*Canadian Cancer Society, Attn: Travel Treatment Fund (TTF)* 200-325 Manning Rd NE, Calgary AB T2E 2P5 Phone: 1 800 263 6750 Fax: 1 866 263 6757 E-mail: transportation@cancer.ca
Ontario	*Canadian Cancer Society, Attn: Travel Treatment Fund (TTF)* 1550 Upper James Street Suite 300, Hamilton ON L9B 2L6 Phone: 1 800 263 6750 Fax: 1 866 263 6757 E-mail: transportation@cancer.ca
Quebec New Brunswick Prince Edward Island	*Canadian Cancer Society, Attn: Travel Treatment Fund (TTF)* 5151 de, Boulevard de l'Assomption, Montréal, QC H1T 4A9 Phone: 1 888 939 3333 Fax: (514) 255-2808 E-mail: aidefinanciere@quebec.cancer.ca