Canadian Cancer Society

TRAVEL TREATMENT FUND APPLICATION FORM
(Prince Edward Island)

PATIENT INFORMATION (This section must be completed by the APPLICANT)		
☐ Female ☐ Male	Application date (MM/DD/YY):	
Last name	Address	Apartment
First name	City	
Date of birth (MM/DD/YY)	Province	Postal code
Phone ( )	Email (**mandatory**)	
☐ Married ☐ Common-law partner ☐ Widow(er) ☐ Divorced ☐ Separated ☐ Single		
Number of people in the family unit (including the applicant):	Name of spouse/partner ☐ or caregiver ☐:	
Number of people under 18 years old:	Phone of spouse/partner ☐ or caregiver ☐: ( )	

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** ☐ Less than 10 trips (more than 200 km) ☐ Chemotherapy ☐ Radiotherapy ☐ Surgery ☐ Other treatment or diagnostic tests (specify):	Treatment starting date (MM/DD/YY) End date for treatment (MM/DD/YY)
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:

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ELIGIBILITY CRITERIA

To be eligible to this program, you must be undergoing active cancer treatment and **meet the following low-income criteria**. You also need to have at least 10 appointments during the year related to your treatments OR live more than 200 km away from your treatment centre. Beneficiaries of the social assistance program are not eligible for this program. Only one travel allowance is granted per year.

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

☐	This **application form** with all boxes filed and your signature below
☐	The most recent **Notice of Assessment** from Canada Revenue Agency for all members of the family unit over 18 years old.
☐	IMPORTANT: If your financial situation (or your partner's) 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 Enrolment Form** with your **signature** and a **void cheque** **Note that the payment of the allowance will be made by DIRECT DEPOSIT ONLY for an indefinite period.**

APPLICANT'S SIGNATURE

I consent 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. The CCS collects your medical and financial information only to confirm your eligibility for the program, for statistical purpose and keeps it in secured location.

Applicant's signature:

x

Please note that, for an indefinite period, we will not be able to process requests received by mail.

PLEASE RETURN THIS FORM BY FAX OR E-MAIL TO:

Travel Treatment Fund / Canadian Cancer Society
Phone: 1 888 939-3333 / Fax: 514 255-2808
Email: financialassistance@cancer.ca

Canadian Cancer Society	DIRECT DEPOSIT ENROLMENT FORM

In the context of the spread of the coronavirus (COVID-19) and in order to limit contact with people at higher risk (such as the clientele we serve), the Canadian Cancer Society will no longer issue checks for payment of financial assistance for transportation.

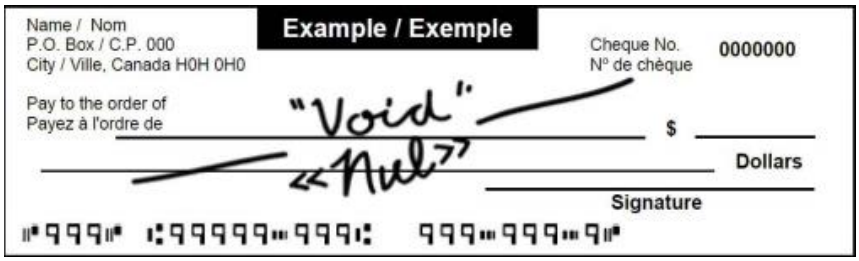
Without a valid signed Direct Deposit Consent Form and a void cheque, you will be unable to receive a payment.

Identification information

First name		Last name
Address		
City	Province	Postal code

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 statement from your bank) will be accepted for a direct deposit.



Consent

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

Applicant’s signature	Date