



BC Travel Treatment Fund Application Form – Patient in Active Treatment

Overview

We know that getting to cancer treatment can be difficult, especially if you are also dealing with physical or financial challenges, or if the treatment centre is far from home. Our Travel Treatment Fund offers short-term financial assistance to cover some costs of traveling to cancer treatments. This includes expenses like fuel, taxi or public transit fares, lodging/accommodations.

If you have questions about the process or the information you need to submit, please call us at **1 888-939-3333**.

Section 1 – Your eligibility

- A cancer diagnosis
- You are **currently** undergoing active cancer treatment or will be undergoing active cancer treatment in the current year
- Your household income is less than \$150,000 annually
- You meet the mileage criteria (see Section 4 below)
- You have not received Travel Treatment Funding (TTF) in the previous 12 months

Section 2 – What you need to send us for this application

- A completed and signed copy of this application form including all required information
- Healthcare provider's signature in Section 7 (if traveling further than 25 km to treatment). Any member of your healthcare team may sign Section 7
- Healthcare provider sign-off should be done at your next regularly scheduled appointment. **Do not make a new appointment to have this application signed**

To submit application by e-mail, please send to: BCTravelFund@cancer.ca

To submit application by mail, please send to: Canadian Cancer Society
Attn: Travel Treatment Fund (TTF)
575 W 10th Ave, Vancouver, BC V5Z 4C3



Section 3 – Your contact information

First name	Address	Apartment
Last name	City	
Email address	Province	Postal code
Main phone number	Permission to leave voicemail on main number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alternate phone number	Permission to leave voicemail on alternate number? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 4 – Your household income

Please check the box that matches your **current** household financial situation (excluding any children who may reside with you)

- Less than \$29,999 annually
- Between \$30,000 and \$79,999 annually
- Between \$80,000 and \$99,999 annually and I am traveling more than 25 km (one way)
- Between \$100,000 and \$150,000 annually and I am traveling more than 100 km (one way)

I HEREBY CERTIFY that the information provided above is complete, true, and correct.

Initials _____

Section 5 – Estimated distance (one way) travelled to your treatment

What is the total distance from your home to the treatment centre? If travelling to multiple locations, please provide the distance to the location furthest from your home.

_____ km

Does this distance include any flight travel?

- Yes No

Are you receiving support from **Hope Air**?

- Yes No



Section 6 – Bone marrow transplant (BMT)

Are you receiving a Bone Marrow Transplant? Yes No

If yes, please indicate the date of the Bone Marrow Transplant

Name of clinic where you will receive Bone Marrow Transplant

Type of Transplant you will be receiving: Auto (Autologous Stem Cell Transplant)
 Allo (Allogeneic Stem Cell Transplant)

Section 7 – Patient health information (required if traveling further than 25 km) This section must be completed and signed by a health professional

BC Cancer Identifying Number	Healthcare Professional Name
Hospital/Cancer Centre Providing Treatment	Healthcare Professional Title
Date of Next Treatment Appointment	Healthcare Professional's Phone Number
Healthcare Professional's Signature X I hereby certify that the applicant's situation is as indicated.	Healthcare Professional's E-mail Address

Section 8 – Your consent and signature

We collect your personal information through this and other forms to register you as a client and to communicate with you about your application for the Travel Treatment Fund. Information collected may also be used for other applicable CCS transportation, accommodation, information programs and services. We may share your personal information with third parties, including Hope Air, within or outside the province of British Columbia or outside Canada to carry out the purposes identified above, or as required by law.



You have the right to withdraw your consent to the use or communication of your information at any time. We may contact you by mail, email, phone or text. You can exercise your right to access your information or have it rectified or unsubscribe from communications by calling **1 888-939-3333** or emailing BCTravelFund@cancer.ca

For more information about our privacy practices, visit www.cancer.ca/privacy

I understand that the information provided in this application will be validated by CCS staff and additional financial documentation may be requested if necessary.

If applying by email: I understand that email is not a secure means of communication. I agree to send and receive communications including personal health information by email.

I agree that CCS will not be liable for any breaches of privacy, whether caused by me or a third party.

Signature

Date

X