

## Travel Treatment Fund Application Form B (Apply by Mail or E-mail)

### 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 is a financial grant available to help offset the costs of traveling to cancer treatments.

If you are approved for the Travel Treatment Fund, you are eligible for a one-time payment per year while undergoing active treatment. This payment is made directly to you by a cheque mailed to the address provided on this form.

If you have questions about the process or the information you need to submit, please call us directly at **1-888-939-3333** or send an e-mail to [BCTravelFund@cancer.ca](mailto:BCTravelFund@cancer.ca)

We're here to help.

### Section 1 – Your eligibility

- A cancer diagnosis
- You are **currently in active treatment**, or you have **completed your cancer treatment** on or after April 1, 2023
- There is no minimum number of treatment appointments required to qualify
- Your household income and travel distance meet criteria listed in Section 4 of this form
- People who receive the BC Employment and Assistance program may still apply for the Travel Treatment Fund
- You have not received Travel Treatment Funding in the previous 12 months

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

- Fill out and sign this application form
- If you are travelling **25 km or less** (one way), please complete Section 6. You are not required to complete Section 8 (healthcare provider sign-off) for this travel distance
- If you are travelling **more than 25 km** (one way), please complete Section 6 and 8. You are required to have healthcare provider sign-off for this distance
- Healthcare provider sign-off should be done at your next regularly scheduled appointment. **Please do not schedule a new appointment to have this application signed**
- You are not required to submit any financial records or receipts

To submit application by email, please send to: [BCTravelFund@cancer.ca](mailto: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	Last Name
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
Residential Address	City
Province	Postal Code
Mailing Address (if different) <i>Please include PO Box/Apartment/Suite/Unit etc.</i>	
Email Address	Month & Year of Birth:

### Section 4 – Your household income

Please check the box that matches your **current** household financial situation:

- Less than \$29,999 annually (no minimum travel distance required)
- Between \$30,000 and \$79,999 annually (no minimum travel distance required)
- Between \$80,000 and \$99,999 annually and I am travelling more than 25 km (one way)
- Between \$100,000 and \$150,000 annually and I am traveling more than 100 km (one way)

Are your travel costs being covered in full by any other organization/third party?

- Yes       No

Patient/Caregiver Initials \_\_\_\_\_

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

What is the total distance from your home to the treatment centre? If you have travelled/expect to travel to multiple locations, please provide the distance to the location furthest from your home.

\_\_\_\_\_ km

Has **Hope Air** arranged travel support (flights) for you after October 2, 2023?

- Yes       No

### Section 6 – Your health information

BC Cancer Identifying Number

Hospital/Cancer Centre Providing Treatment

Did you/will you receive treatment on or after April 1, 2023?

- Yes       No

**Section 7 – Bone Marrow Transplant (BMT) and CAR-T Therapy**

Did you/will you receive a Bone Marrow Transplant or CAR-T Therapy?

- Yes       No

If yes, please indicate the date of the Bone Marrow Transplant/CAR-T Therapy:

Name of clinic where you received/will receive Bone Marrow Transplant/CAR-T Therapy:

\*Type of treatment you received/will receive:

- Autologous Stem Cell Transplant       Allogeneic Stem Cell Transplant       CAR-T Therapy

**Section 8 – Healthcare provider sign-off**

*(Only required if you are travelling more than 25 km)*

**Privacy Disclosure**

By checking the box, I confirm I've obtained consent from my patient to submit this referral on their behalf to the Canadian Cancer Society (CCS). I acknowledge that I have informed the patient that CCS may contact them directly regarding this referral. I have explained the purpose of the disclosure of the information to the patient and have advised the client that CCS may use the information to communicate directly with the referring health care provider. I informed the patient that CCS will keep all information confidential and will only use it for the purposes outlined below.

Patient must be made aware that CCS collects personal information to manage their participation in the program, inform them about other services and contact them to provide updates about CCS's impact and ways to support CCS or give. CCS may also use their information for program evaluation and quality assurance. CCS may share their personal information with third parties including service providers, consultants and advisors outside their province or territory or outside of Canada only to carry out the purposes identified above, or as required by law.

CCS may contact them by mail, email, phone or text. They can exercise their right to access your information or have it corrected, unsubscribe from communications or withdraw their consent by calling **1-888-939-3333** or emailing [privacy@cancer.ca](mailto:privacy@cancer.ca). For more information about CCS's privacy practices, visit [cancer.ca/privacy](http://cancer.ca/privacy).

- I confirm*

**Section 8 – Healthcare provider sign-off (continued)**

Healthcare professional name:

Healthcare professional title:

Healthcare professional's phone number:

Healthcare professional's e-mail address:

**Privacy Disclosure**

We collect your personal information through forms, by phone or in person to manage your participation in the program, inform you about other services and contact you to provide updates about our impact and ways to support us or give. We may also use your information for program evaluation and quality assurance. We may share your personal information with third parties including service providers, consultants and advisors outside your province or territory or outside of Canada only to carry out the purposes identified above, or as required by law.

We may contact you by mail, email, phone or text. You can exercise your right to access your information or have it corrected, unsubscribe from communications or withdraw your consent by calling **1-888-939-3333** or emailing [privacy@cancer.ca](mailto:privacy@cancer.ca). For more information about our privacy practices, visit [cancer.ca/privacy](http://cancer.ca/privacy).

**Healthcare Professional's Signature****X***I HEREBY CERTIFY that the applicant's situation is as indicated.***Section 9 – Our privacy policy**

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.

## Section 9 – Our privacy policy (continued)

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](mailto:BCTravelFund@cancer.ca)

For more information about our privacy practices, visit [www.cancer.ca/privacy](http://www.cancer.ca/privacy)

## Section 10 – Patient consent and signature

*(To be completed by patient or patient's caregiver)*

### If applying by e-mail:

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

- Yes       No (CCS may only communicate with you by telephone or mail only)

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

- Yes       No

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, within or outside your province or 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](mailto:BCTravelFund@cancer.ca).

For more information about our privacy practices, visit [www.cancer.ca/privacy](http://www.cancer.ca/privacy)

- I consent*

**Section 10 – Patient consent and signature (continued)**

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

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

**Signature:****X****Date:** (MM/DD/YYYY)

## **Additional Resources:**

### **Talk to a Cancer Information Specialist (1-888-939-3333)**



Cancer can be difficult to understand and coping with it can be stressful. It can help to talk to someone you can trust to give you current, reliable information. Our Cancer Information Helpline is a national, toll-free service for people with cancer, their caregivers, their families and their friends, as well as the public and healthcare professionals.

### **Free wig and breast prosthesis service**



All Canadians, no matter where they live, can access free wigs and breast accessories with just a simple call or click.

To order a wig or breast accessory, please visit:

[www.cancer.ca/en/living-with-cancer/how-we-can-help/wig-and-breast-prosthesis-service](http://www.cancer.ca/en/living-with-cancer/how-we-can-help/wig-and-breast-prosthesis-service)

If you require assistance filling out the order form, please call our Cancer Information Helpline team.

### **Find services in your community**



Our community services locator (CSL) is a directory that helps cancer patients, caregivers and healthcare providers find the services they need. We have over 4000 cancer-related services listed.

To explore the Community Services Locator, please visit: [www.cancer.ca/csl](http://www.cancer.ca/csl)

### **Connect with our free online community**



Our online peer support community is here to help. You'll find people who have been there, who can offer support, tips and insights from their lived experience. Membership in this community is free, and open to people 18 years of age and older.

To explore the community and to register, please visit: [www.cancerconnection.ca](http://www.cancerconnection.ca)