

## Travel Treatment Fund Application Form Form A – Submit Online

### Consent Requirements

This application form is to be completed by patients, caregivers, or hospital/cancer clinic staff only. Patient information can only be submitted if the patient or their authorized representative has given consent to share their information with the Canadian Cancer Society (CCS).

### 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 travelling 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 direct deposit (or cheque mailed to the address provided on this form if direct deposit is not preferred/possible)

### Getting Started

Before proceeding with the online form, ensure the following:

- 1.) BC Cancer Number: Obtain this information from your healthcare professional.
- 2.) Eligibility Criteria: this form is for patients travelling less than 25km for their cancer-related appointment. You do not need a healthcare professional sign-off to complete this online form.

If your travel distance is more than 25km, [click here to download and submit Form B.](#)

If you are receiving a bone marrow transplant or CAR-T therapy, [click here to download and submit Form C.](#)

If you have questions about the process or the information you need to submit, please call us at **1-888-939-3333** or e-mail [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 will soon be undergoing active treatment
- Your household income and travel distance meet criteria listed in Section 3 of this form
- You have not received Travel Treatment Funding in the previous 12 months

**Note:** there is no minimum number of treatment appointments required to qualify for the Travel Treatment Fund.

## Section 2 – Your contact/personal 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 3 – Your household income

Please select the option that matches your current household financial situation

- Less than \$29,999 annually and I am travelling less than 25 km (one way)
- Between \$30,000 and \$79,999 annually and I am travelling less than 25 km (one way)
- Between \$80,000 or greater and I am travelling less than 25 km (one way)

Are your travel costs for treatment being fully covered by another organization or third party?  
(Examples include flights, accommodations, or travel expenses)

- Yes       No

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

### Section 4 – 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

### Section 5 – Your health information

BC Cancer Identifying Number

Hospital/Cancer Centre Providing Treatment

You are currently in active treatment or will soon be undergoing active treatment

- Yes       No

**\*\*REMOVE ALL MENTION OF/QUESTIONS RELATED TO BONE MARROW TRANSPLANT/CAR-T THERAPY FROM THE ONLINE FORM\*\***

## Section 6 – Preferred payment method

Please select your preferred method of payment for eligible funding

- Cheque (mailed to you via Canada Post)
- Direct Deposit (we will contact you if you are approved for funding to discuss next steps)

## Section 7 – 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. The 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 8 – Patient Consent and Signature (to be completed by patient or patient's caregiver)

- 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.
- I agree to send and receive communications including personal health information by email.
- I agree that the Canadian Cancer Society will not be liable for any breaches of privacy, whether caused by me or a third party.



<b>Patient or Caregiver Full Name:</b>  X	<b>Date:</b> (MM/DD/YYYY)