

BC Travel Treatment Fund Application Form – Patient Completed 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 travelling 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 **1888-939-3333**.

Section 1 – Your eligibility

- A cancer diagnosis
- You **completed** your cancer treatment between April 1st and October 2nd, 2023 and have entered follow up care
- Your household income is less than \$150,000 anually
- 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	Apar	tment	
Last name	City			
Email address	Province	Postal code		
Linui dudi ess	Trovince	1 ostal code		
Main phone number	Permission to leave voicemail o	n main number?	?	
	□ Yes □ No			
Alternate phone number	Permission to leave voicemail on alternate number?			
Humber	□ Yes □ 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 travelled more than 25km (one way) Between \$100,000 and \$150,000 annually and I travelled more than 100km (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 tro	eatment		
What is the total distance from your home to the treatment centre? If you traveled to multiple locations, please provide the distance to the location furthest from your home.				
km				
Did this distance include any flight travel?	Did you receive support f	rom <i>Hope Air</i> ?		
□ Yes □ No	□ Yes □ No			



Section 6 - Bone marrow transplant (BMT)			
Did you receive a Bone Marrow Transplant?	□ Yes □ No		
If yes, please indicate the date of the Bone Marrow Transplant			
Name of clinic where you received Bone Marrow Transplant			
Type of Transplant you will received:	□ 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 Last Treatment Appointment	Healthcare Professional's Phone Number	
Healthcare Professional's Signature	Healthcare Professional's E-mail Address	
X		
I hereby certify that the applicant's situation is as indicated.		

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	