



## 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 **1 888-939-3333**.

### 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 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](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	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 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 treatment

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?

- Yes     No

Did you receive support from **Hope Air**?

- Yes     No





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 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