

## Travel Treatment Fund - Application Form

### Nova Scotia

#### 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.

This payment is made directly to you by electronic fund transfer (auto deposit) or by 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 **1-888-939-3333** or send an e-mail to [Transportation@cancer.ca](mailto:Transportation@cancer.ca)

We are here to help.

#### Section 1 – Your eligibility

- You have a cancer diagnosis
- You must travel to a hospital or cancer centre to undergo active cancer treatment
- You meet the household income criteria listed in Section 5 of this form
- You have not received Travel Treatment Funding in the previous 12 months
- You do not have your medical travel expenses covered by a 3<sup>rd</sup> party

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

- A signed and completed application form. If you do not complete all required sections, your application will be delayed.
- Completed healthcare professional sign-off (Section 4 of this form).
- A completed and signed EFT Enrollment Form (Section 7 of this form) **as well as a void cheque or direct deposit form from your bank** if you wish to have funds deposited directly into your bank account. If Section 7 of this form is not complete, it will delay funding.
- If auto deposit is not possible or preferred, a cheque will be mailed to you instead.

### Section 3 – Your contact information and address

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 – Patient Health Information

*To be completed by any member of the healthcare team (Doctor, Nurse, Social Worker)*

Patient will travel to a hospital or cancer centre to undergo active cancer treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	
Treatment start date: (MM/DD/YYYY)	
Treatment completion date if known: (MM/DD/YYYY)	
Name of hospital/cancer centre providing treatment:	
Healthcare professional name:	
Healthcare professional title:	

**Section 4 – Patient Health Information (continued)**

Healthcare professional's phone number:

Healthcare professional's e-mail address:

**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.

 *I confirm*

Healthcare professional's signature:

**X***I HEREBY CERTIFY that the applicant's situation is as indicated.***Section 5 – Your household income**Please check the box that matches your **current** household financial situation.

**Note:** Income for any dependents (under the age of 25) living at home with you should not be counted towards the household total.

- My gross household annual income is less than \$40,000
- My gross household annual income is between \$40,000 - \$80,000

Patient/Caregiver initials \_\_\_\_\_

Please do not submit income verification documentation (copies of bank statements/previous years' tax returns). This information is not required and will be destroyed if received.

## Section 6 – Patient 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. 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 [Transportation@cancer.ca](mailto:Transportation@cancer.ca)

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

*I consent*

I understand that e-mail 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*

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)

To submit completed application **by email**, please send to: [Transportation@cancer.ca](mailto:Transportation@cancer.ca)

To submit completed application **by mail**, please send to:

*Canadian Cancer Society c/o Juravinski Hospital  
Attn: Travel Treatment Fund  
711 Concession Street, Hamilton, Ontario L8V 1C3*

## Section 7 - Electronic Fund Transfer Enrollment Form

Please fill out this section in full. We will not be able to issue funds by direct deposit if the information below is incomplete.

Payee Information	
<b>Full Name:</b>	<b>Phone Number:</b>
<b>Mailing Address:</b>	
<b>E-mail Address:</b> (optional)	

Financial Institution Information	
<b>Bank Name:</b>	<b>Account Holder's Full Name:</b>
<b>Transit #:</b> (5 digits)	<b>Bank #:</b> (3 digits)
<b>Account #:</b> (up to 12 digits)	

Payee Sign-Off	
I authorize the Canadian Cancer Society to initiate credit deposit via electronic fund transfer to the designated bank account identified on this form.	
<b>Signature:</b> (Please type full name here if filling out electronically)  X	<b>Date:</b> (MM/DD/YYYY)

The Canadian Cancer Society will transmit your payment electronically and provide an electronic payment stub based on the information provided. It is important that any changes to your contact or banking information be communicated to the Society to ensure prompt and accurate payment.

## **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)