Canadian Cancer Society

Version 4.0

Travel Treatment Fund (TTF)
Application Form

Overview

We understand 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. At the Canadian Cancer Society (CCS), we offer transportation support for those who are currently attending cancer treatment.

Our Travel Treatment Fund (TTF) may be able to offset some of your travel costs. You can apply for it if you live in one of the areas listed below, and you can reapply each year as long as you are still receiving treatment. We will do a financial assessment to see if you qualify.

Complete all the sections of this application form except section 5. Have your doctor or someone else from your healthcare team complete section 5.

If you have questions about the process or the information you need to submit, call our **Cancer Information Helpline** at **1-888-939-3333**.

Section 1 – Your eligibility

- You must be undergoing active cancer treatment.
- If you travel less than 200 km one way to your treatment centre, you must have a minimum of 10 appointments related to your treatment in the year.
- If you live in **AB**/**SK**/**MB**/**ON**, you must also live in an area supported by the TTF. To find out if you live in one of these areas, call us.
- If you live in **BC**/**ON**/**NB**/**PEI**/**NS** and are travelling more than 200 km one way, there is no minimum number of appointments needed to qualify.
- If you live in **QC** and are more than 200 km from your treatment centre, you may be able to get financial assistance through the government. Before you apply here for the TTF, call us at 1-888-939-3333 to find out if you may qualify for government assistance instead.
- If you live in **AB**/**SK**/**MB**/**ON** and are approved for the TTF, you will not be able to access the volunteer driver program for a period of one year.

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

1. A completed and signed copy of **this application form**. If you don't complete all sections, your application may be delayed.
2. A copy of the previous year's **Notice of Assessment(s)** from the Canada Revenue Agency for yourself and anyone in your family who is 18 years of age or older and lives in your household. To obtain a copy of a Notice of Assessment, please contact the **Canada Revenue Agency** toll-free **1-800-959-8281**.

3. A completed and signed **EFT Enrollment Form** (Section 8 of this form) with your bank account information. We need this form to be able to deposit money into your account. If you didn't receive the form from us or have questions about how to fill it in, call us.

4. A **void cheque or a direct deposit form** from your bank for the above bank account.

Section 3 – Your household income (financial assessment)

Check the box that matches your current family financial situation. A family unit includes any person in the family who lives permanently at the same address as you.

- ☐ My family unit consists of 1 person whose gross annual income is less than $30,000.
- ☐ My family unit consists of 2 people whose combined gross annual income is less than $37,000.
- ☐ My family unit consists of 3 people whose combined gross annual income is less than $44,500.
- ☐ My family unit consists of 4 people whose combined gross annual income is less than $53,500.
- ☐ My family unit consists of 5 people whose combined gross annual income is less than $60,000.
- ☐ My family unit consists of 6 people whose combined gross annual income is less than $67,500.
- ☐ My family unit consists of 7 or more people whose combined gross annual income is less than $74,500.

☐ I am the beneficiary of a government social/income assistance program.

Section 4 – Your contact information

Application date (MM/DD/YYYY)	Address	Apartment
Last name	City	
First name	Province	
Date of birth (MM/DD/YYYY)	Postal code	
Home phone number	Permission to leave voicemail on home phone number? ☐ Yes ☐ No	
Cell phone number	Permission to leave voicemail on cell phone number? ☐ Yes ☐ No	
Email address		

Section 5 – Patient health information
(This section must be completed by a healthcare professional)

Type(s) of cancer diagnosed	Name of healthcare professional
Minimum of 10 treatment-related appointments expected for the current year? ☐ Yes ☐ No	Healthcare professional's title
Treatment start date (MM/DD/YYYY)	Healthcare professional's phone number
Treatment end date – if known (MM/DD/YYYY)	Healthcare professional's email address
Name of hospital(s)/clinic(s) providing treatment	**Healthcare professional's signature** **X** I hereby certify that the applicant's situation is as indicated.

Section 6 – Your consent and signature

I understand that the information I provide for the Travel Treatment Fund Program will be used to register me as a client and to communicate with me about my application in accordance with the Canadian Cancer Society's (CCS) privacy policy.

(Find more information on CCS's privacy policy at cancer.ca/en/about-our-site/privacy-policy/)

I authorize CCS to deposit any payments directly into the provided bank account and agree to promptly notify CCS of any change in my bank account information.

Submitting application by email

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 (If you choose No, CCS will communicate with you by telephone or mail only.)

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

☐ Yes ☐ No

Collecting your information

CCS collects your personal contact and health information in order to provide you with services. We may also use your information, in accordance with our privacy policy, to keep in touch around other CCS activities that may interest you, such as our support programs, fundraising opportunities or feedback to improve our services.

Do you give your consent to collect this information for these additional purposes?

☐ Yes ☐ No

Your signature **X**	**Date (MM/DD/YYYY)**

Section 7 – Where to send this application

If you live in:	**Return this form and supporting documents by post, fax or email to:**
British Columbia Alberta Saskatchewan Manitoba Ontario New Brunswick Prince Edward Island Nova Scotia	Canadian Cancer Society, c/o Juravinski Hospital Attn: Travel Treatment Fund (TTF) 711 Concession Street, Hamilton, ON L8V 1C3 Phone: 1-888-939-3333 Fax: 1-866-263-6757 Email: transportation@cancer.ca
Quebec	Canadian Cancer Society, Attn: Travel Treatment Fund (TTF) 5151, Boulevard de l'Assomption, Montréal, QC H1T 4A9 Phone: 1-888-939-3333 Fax: 514-255-2808 Email: aidefinanciere@cancer.ca

Canadian Cancer Society

Section 8 - EFT/ACH Enrollment Form
Canadian Cancer Society

PAYEE INFORMATION	
Name:	**Phone Number:**
Mailing Address:	
Email Address: (optional)	

FINANCIAL INSTITUTION INFORMATION	
Bank Name:	**Account Holder's Full Name:**
Transit Number: (5 digits)	**Bank Number:** (3 digits)
Account Number: (up to 12 digits)	
Attach a cheque marked "VOID" or the direct deposit information provided by your bank verifying the account holder's name and bank details.	

AUTHORIZATION

If submitting form by Email:

I understand that email is not a secure means of communication. I consent to sending and receiving communications including banking information by email.

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

I understand that if I am not comfortable with email, all communication will by mail or fax instead.

I authorize the Canadian Cancer Society to initiate ACH credit deposit to the above designated bank account identified on this form.

Signature: (please type full name if filling out electronically)	**Date:**

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.