



Kelly Shires

**Breast Cancer
Foundation**

APPLICATION FOR FINANCIAL ASSISTANCE

(Applications must be completed in full and accompanied by mandatory supporting documents in order to be accepted)

Date of Application _____

TELL US ABOUT YOURSELF

First Name: _____ Last Name _____

Address: _____ Apt/Suite/Unit# _____

City: _____ Province: _____ Postal Code: _____

E-mail Address: _____

Home Phone #:() _____ Bus Phone #:() _____ Fax #: () _____

Canadian Citizen: YES___ NO ___ Landed Immigrant: YES___ NO___ OTHER (explain): _____

Marital Status _____ # of Dependents and ages: _____

of people in household (total, including dependants and non-dependants) _____

HELP US UNDERSTAND YOUR DIAGNOSIS

Diagnosed with Breast Cancer on (date) _____ Type: _____

Where are you being treated? (Name of facility/hospital): _____

Treatment received to date: _____

Additional Treatment required: _____

Family Doctor: _____ Phone Number: () _____

Oncologist's Name: _____ Phone Number: () _____

Social Worker Name: _____ Phone Number: () _____

PLEASE HELP US UNDERSTAND YOUR FINANCIAL SITUATION

Are you receiving financial aid from the government or other sources? YES_____ NO_____

If yes please Explain: _____

Are you self-employed? YES / NO Occupation: _____ Are you Retired? YES / NO

Are you currently working full or Part-time? YES / NO If No, Last day of work: _____

Your net monthly income \$: _____ Spouses monthly net income: \$ _____

Total Net Family Monthly Income: \$ _____

Monthly Mortgage/Rental Payment \$ _____

Groceries/Food \$ _____

Cable/phone/internet \$ _____

Utilities (Hydro/Water/gas) \$ _____

Car payment/loan \$ _____

Other Loan payment(s) \$ _____

Insurance \$ _____

Other \$ _____

Total Expenses: \$ _____

Total Income \$ _____

Less Total Expenses \$ _____

Net surplus/loss \$ _____

Please include all other income into home, such as disability income, spouse's/partner's income, rental income, alimony, child support etc. Please give any other details or comments you feel are important. Please also explain if "other" was filled in:

YOUR MEDICAL SUPPORT TEAM

(Please have your doctor/Nurse/Social Worker, Etc. Fill out this section)

Medical Diagnosis & Comments _____

I have read and reviewed this complete application and to the best of my knowledge can confirm that this applicant is currently undergoing Breast Cancer treatment and is in financial need for assistance.

Signature of medical or social expert

Contact #: () _____

Please print your name & position clearly

AUTOGRAPH (Applicant must sign and authorize release to confidential information)

I certify that the above information is accurate. I also understand that this information is to be used by the Kelly Shires Breast Cancer Snow Run/Foundation for the sole purpose of assisting me financially

(Signature of applicant)

PLEASE HELP US TO HELP OTHERS

How did you find out about our organization? _____

How could we be more helpful? _____

Other Comments or suggestions? _____

Kelly Shires Breast Cancer Foundation

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TOLL FREE 1-877-436-6467

E-mail: info@breastcancersnowrun.org

www.kellyshiresfoundation.org

www.breastcancersnowrun.org

"OFFERING FINANCIAL ASSISTANCE TO BREAST CANCER PATIENTS"

PLEASE NOTE THAT ALL 5 PAGES OF THE APPLICATION MUST BE COMPLETED IN FULL AND MAILED TO THE ADDRESS ABOVE IN ORDER TO BE ADMISSABLE

PLEASE TELL US HOW WE CAN ASSIST YOU?

Please let us know what you would like us to be able to help you with financially, our goal is to make life less stressful financially so you can focus on your recovery.

Please itemize your request (remember to include ORIGINAL receipts where applicable)

Item #1 _____ \$ _____

Item #2 _____ \$ _____

Item #3 _____ \$ _____

Item #4 _____ \$ _____

Item #5 _____ \$ _____

Item #6 _____ \$ _____

Item #7 _____ \$ _____

Item #7 _____ \$ _____

Item #8 _____ \$ _____

Item #9 _____ \$ _____

Total funds requested: \$ _____

Note: Maximum that will be approved with each request is \$1000.00, please note caps on certain items on the document listed as "criteria for assistance". Balances will NOT be carried forward to future requests. (some exceptions may apply)

MANDATORY CHECK LIST

(to be submitted with application)

We understand that life is difficult and would like to make this application process as easy as possible for applicants. Therefore, it is important to note that the documentation requested below is **MANDATORY** in order for a request to be considered. It is important to note that an application is considered to be incomplete and will not be submitted to the Approval Committee if ALL pertinent documentation is not included.

In order to establish financial need, applicants **MUST:**

- ✓ Provide medical report supporting diagnosis
- ✓ Provide current income tax notice of assessment for yourself and spouse/partner
- ✓ Provide current income tax return
- ✓ Provide Proof of citizenship/approved landed immigrant status
- ✓ Provide proof of any/all income such as disability, Ontario works, etc.
- ✓ Provide ORIGINAL receipts/estimates
- ✓ Provide rent or mortgage statement, if applicable
- ✓ provide Record of Employment (ROE), if applicable
- ✓ Sign the application and obtain signature from their medical professional
- ✓ Each application **MUST** included an item directly related to breast cancer diagnosis and/or treatment

All personal information is protected under the Canadian Privacy Act. (Kindly note if requested documentation is not included it will only delay any financial assistance that could possibly be provided).

CHECKLIST

THE FOLLOWING & CHECKLIST MUST BE INCLUDED WITH YOUR APPLICATION:

- _____ Medical Report supporting diagnosis
- _____ Current Notice of Assessment for yourself and your spouse if applicable
- _____ Current Income tax return for yourself
- _____ Proof of Citizenship or landed immigrant status/ Birth Certificate
- _____ Proof of other funding received (EI, ODSP, Ontario Works, etc)
- _____ Receipts/Estimates (ORIGINALS)
- _____ Mortgage/Rent Statement
- _____ ROE (Record of Employment), if applicable
- _____ Application signed by Medical or Social Expert
- _____ Application signed by applicant