

KELLY SHIRES BREAST CANCER FOUNDATION

Criteria for Financial Assistance

Title: Criteria for funds administration

Revisions: May 1, 2010

Policy: Criteria governing how the charity will administer funds to breast cancer patients in need across Canada.

Purpose: This policy is to guide the association in assessing requests from (the) applicants who submit a formal application to the charity requesting financial assistance in relation with their breast cancer treatment/diagnosis. The mission is to provide assistance to women/men in order to make their fight with breast cancer a little less challenging.

NOTE: We are NOT funded by any government agencies. We are a charity run by volunteers relying solely on the generous support of donations from the general public and business communities.

Policy Statements:

1. Application **must** complete in full, and **must** include the mandatory supporting documents outlining their need for financial assistance. Application's missing the mandatory documents are considered incomplete and cannot be processed until required documentation is received. (Please refer to #6 in the policy statement for a complete list of required documents)
2. The applicant must be diagnosed with breast cancer. (priority given to those on active treatment)
3. The applicant must be a Canadian citizen or an approved landed immigrant.
4. Each application can be submitted for a maximum of **\$1000.00** (funds permitting).
5. The applicant can apply 4 times to the Trust per calendar year, however no more than once per month (funds permitting).
6. In order to establish financial need:
 - ✓ Applicants **must** provide current income tax notice of assessment and your current full income tax return.
 - ✓ Applicants **must** provide the current notice of assessment for their spouse/partner/significant other
 - ✓ Applicants must disclose ALL sources of income (including but not limited to child support, spousal support, etc.)

- ✓ Receipts (and/or estimates) **must** be provided for amounts claimed through the fund (note receipts dated prior to diagnosis will not be considered).
- ✓ Proof of citizenship/approved landed immigrant status **must** be provided.
- ✓ Applicants applying for financial assistance for rent or mortgage **must** supply supporting documentation verifying the amount they are requesting.
- ✓ Applicants that were working (self employed or employed by other means) that are now currently not working must submit their ROE (record of employment)
- ✓ **ORIGINAL** receipts/estimates must accompany your application
- ✓ Proof of any and all funding/income received by other organizations, agencies or family support
- ✓ Applicant must include medical report supporting diagnosis

(Please note that applications cannot be considered complete and put before the committee unless **ALL** pertinent documentation is included, documentation requested is mandatory – if documentation is not included it will only delay any financial assistance that could be provided).

7. On occasion testimonials can be requested by approval committee indicating how the charity has helped the applicant.
8. All applications will be reviewed by at least 3 of the approval committee members. If requests for funding do not meet the criteria listed, especially in cases where alternative medicines are being sought, these requests will also be reviewed by a licensed medical practitioner.
9. Policies and criteria are reviewed annually and amended accordingly.
10. All personal information is protected under the Canadian Privacy Act.
11. The Approval Committee, under their discretion, retains the right to deny any application.

Some examples that fit the funding criteria (but not limited to):

- Transportation to/from the centre for appointments or treatment
- Accommodation
- Medications that are not covered by any other plans (or non-covered % portions) related to your cancer.
- Parking at the cancer centre/hospital
- Food costs while on **active** treatment
- Child-care services while at the centre/hospital for an appointment or treatment or in hospital
- Home health aides
- Prosthetics/specialized lingerie/Wigs
- Rent payment/mortgage payment
- Supportive care: counseling services for patient, partner and/or children; attendance to a cancer support program/course
- Rehabilitation supportive care: e.g., lymphedema management, weight management/nutrition consultation special needs due to chemo treatment (e.g. prescription glasses due to change of vision. Will need approval from a licensed medical practitioner)
- Other expenses related to treatment, living costs during treatment & recovery
- Expenses not listed above can be submitted and considered after review by Directors and approval committee

NOTE: Some items carry a cap on amount(s) that can be approved by the Committee.

Application Process:

1. Submit a **completed** Kelly Shires Breast Cancer Foundation application by **mail**. Applications can be downloaded on-line at www.kellyshiresfoundation.org or requested by calling 1-877-436-6467. The applicant must disclose if they are receiving any financial assistance from other sources (e.g., programs in centre, health insurance programs, and group insurance programs).

2. Priority will be given to:

- to low income applicants (size of family will be taken into consideration, low income determined by Stats Canada)
- To applications where costs are medically related to breast cancer diagnosis and treatment
- All Canadian residents can apply for assistance to this fund. Quebec residents need to apply directly to the Quebec chapter. The Quebec chapter can be reached at www.randonneesneiges.org or 1-877-717-7773.

3. Applicants will be notified of application status within 5 business days of the Charity receiving a **completed** application form & mandatory supporting documents.

4. The charity reserves the right to review and assess special cases or circumstances not listed in this policy.

OTHER APPLICATIONS OF THE FUND:

At fiscal year-end, the charity can choose to donate funds to cancer centers, hospitals or research within Canada. (Funds permitting)

Please note that in order to help as many breast cancer patients as possible assistance for funds relating to the following items (but not limited to the list) will be capped at the following amounts per application:

- Mortgage/rent will be capped at \$700/request
- Groceries will be capped at \$500/request
- Utilities (i.e. Hydro, gas, electricity, water, heating/cooling) will be capped at \$400/request
- Fuel/travel costs will be capped at \$200/request
- Lifetime financial assistance will be capped at \$10,000.00

Items that will **not** be considered for approval are as follows (but not limited to):

- Credit card payments
- Property taxes/condominium maintenance fee's
- Car repairs
- Cable/internet (with exception)
- Cellular phone (with exception)
- House, life, car, critical illness insurance, etc.

This policy and criteria is reviewed and changed annually according to demand and limitation of funds.



Kelly Shires
**Breast Cancer
Foundation**

APPLICATION FOR FINANCIAL ASSISTANCE
*(Applications must be completed in full and accompanied by mandatory supporting documents **and check-list** 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) _____

Relation: _____

HELP US UNDERSTAND YOUR DIAGNOSIS

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

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

Are you still receiving chemotherapy or radiation therapy? ___ YES ___ NO

If no, please let us know your last date of treatment for above: _____

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 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 \$ _____

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

Please include all other income into home, such as disability income, spouse's/partner's income, rental income, alimony, child support etc. Please provide description of all sources of income and amounts you receive monthly. Feel free to 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

523 Elizabeth Street, Suite 101

Midland, Ontario L4R 2A2

TOLL FREE 1-877-436-6467

E-mail: info@breastcancersnowrun.org

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, receipts that have multiple items on them need to have items highlighted that you wish financial aid with)

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

PLEASE NOTE THAT ALL 6 PAGES OF THE APPLICATION MUST BE COMPLETED IN FULL AND MAILED TO THE ADDRESS BELOW IN ORDER TO BE CONSIDERED ADMISSABLE BEFORE THE COMMITTEE.

**KELLY SHIRES BREAST CANCER FOUNDATION
523 ELIZABETH STREET
SUITE #101
MIDLAND, ONTARIO
L4R 2A2**

"Offering Financial Assistance"

Questions regarding this application can be sent to info@breastcancersnowrun.org