



Patient Financial Support Grant Application

Craig's Cause Pancreatic Cancer Society provides financial support grants to patients who are diagnosed with pancreatic cancer and who meet the financial criteria for this program.

Our Patient Financial Support Grants were created to help ease financial burdens during diagnosis and treatment.

Costs that our Patient Financial Assistance Grants hope to assist patients with are;

- ~ Traveling to and from active cancer treatment (treatment directed towards a cure or palliative symptoms relief, diagnostic tests and clinical trials)
- ~ Accommodation costs when treatment is outside of patient's province.
- ~ Costs of medications
- ~ Utility Bills
- ~ Childcare
- ~ Groceries
- ~ Rent/Mortgage
- ~ Counselling

Craig's Cause Pancreatic Cancer Society's Patient Financial Assistance Grants will be provided in a \$500.00 or \$1000.00 amount. These grants will be awarded on individual basis and our Board of Directors will determine the amount for successful candidates. Successful applicants will receive their grant within 30 days from when application is received.

Application Information

To ensure that your application can be processed quickly, please complete this application in its entirety and ensure to attach all required document(s). If you require assistance, please contact us at info@craigsc ause.ca or 1 877 212 9582.

When the application has been completed in its entirety, **please mail to Craig's Cause Pancreatic Cancer Society, P.O. Box 8561, Halifax, Nova Scotia, B3K 5M3 OR** scan entire application and **e-mail to info@craigsc ause.ca**

Craig's Cause Pancreatic Cancer Society
P.O. Box 8561, Halifax, Nova Scotia, B3K 5M3
info@craigsc ause.ca
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Application Checklist

- I have filled out all the relevant sections of this form as completely as possible.
- I have attached proof of household income ie. copy of my Notice of Assessment(s) from the Canada Revenue Agency
- I have signed and dated page 6 of the application form.
- I have included a letter, from my physician, confirming my diagnosis.

Privacy Statement

Craig's Cause Pancreatic Cancer Society is committed to protecting the privacy of personal information in our possession or under our control. We value the trust of our donors, volunteers, clients, participants, and staff. We recognize that maintaining this trust requires accountability and transparency in handling personal information.

The information you provide (i.e., including your medical information) to Craig's Cause Pancreatic Cancer Society will only be used to assess your application, communicate with you about your application, seek your feedback about the program and make appropriate referrals to internal and external resources and/or service providers.

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CONFIDENTIAL — Application Form

Please fill out this application form as completely as possible. Submit via mail or email.

Mail to: Craig's Cause Pancreatic Cancer Society P.O. Box 8561, Halifax, Nova Scotia, B3K 5M3	Scan entire application and e-mail to: info@craigsc ause.ca
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1. Have you previously received a Patient Financial Assistant Grant from Craig's Cause Pancreatic Cancer Society? Circle one. **Yes** **No**

Section 1 — Personal Information

2. Full name of patient applying for assistance:

3. Date of birth of patient (e.g., May 15, 1955):

4. Gender of patient. Circle one. **Female** **Male**

5. Complete Mailing Address:

6. Phone Number: _____

Email Address: _____

7. Marital Status. Circle one. Single Married Common-Law Divorced

8. Name of Spouse/Common-Law Partner: _____

9. Number of Dependents (18 years of age or younger) at home: _____

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Section 2 — Health Information

10. Type of pancreatic cancer diagnosed with. Please attach a letter of diagnosis from physician.

11. Type(s) of cancer treatment received and / or receiving.

- Surgery
- Chemotherapy
- Radiation
- Other (Please describe below)

12. Name of Hospital/Clinic providing treatment:

13. City (where treatment takes place):

14. Do you currently receive Employment, Disability, and / or Social Assistance? Circle one.

Yes **No**

15. If yes, please provide detail about the assistance you receive.



We encourage you to seek assistance from all available sources. Having access to assistance from any of the below organizations **does not** disqualify you from receiving a Craig's Cause Pancreatic Cancer Society Financial Assistance Grant.

16. Are you eligible for benefits through the Veterans Affairs Canada to cover travel and accommodations for medical appointments? Circle one. **Yes** **No**

Please call Veterans Affairs Canada at 1-866-522-2122.

17. Do you have any extended health benefits or disability insurance that covers travel and accommodations for medical appointments? Circle one. **Yes** **No**

Please contact your plan to assist with coverage.

18. Do you have a registered Status Card issued by the Government of Canada? **Yes** **No**

Please call the First Nations Health Authority (i.e., Non-insured Health Benefits in BC) at 1-800-317-7878.

19. What was your Taxable Income for you and your partner last year?

Patient's Income: _____

Partner's Income: _____

Please attach a copy of the Notice of Assessment(s) to this application for you and your spouse/partner for the most recently completed tax year (i.e., the page with lines 260 and 435, usually page 2, sometimes page 3).

Section 3 — Special Financial Circumstances

20. Please indicate if you have experienced in the past 12 months or expect to experience in the next 12 months:

- Major change in financial circumstances (e.g. retirement, unemployment, unpaid leave of absence, business failure)
- Seasonal employment, part-time employment, or self-employment
- Medical costs not covered by insurance (e.g. feeding tubes)
- Extra child care costs due to cancer diagnosis
- Treatment expense related to diagnosis
- Transportation expenses related to diagnosis
- Other

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Please briefly describe the financial challenge(s) that you have checked above.

Section 3 - Statement of Understanding

I understand the statements above and ask for assistance from Craig's Cause Pancreatic Cancer Society and their Patient Financial Assistance Grant Program. The information I have provided in this application is true and complete, to the best of my knowledge.

I understand that my personal information will only be used to assess my application, communicate with me about my application, process eligible expense claims, seek my feedback about the program, and make appropriate referrals to internal and/or external resources/service providers. I understand that I can request additional details regarding the use of my personal information.

Signature of Applicant

Date

* Signature of Witness

Date

*A witness can be a spouse, family member, friend, neighbor, or community member.

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