



## 2015 Transportation Funding Guidelines

In order to be considered for transportation funding, please read and follow these instructions.

**Please Note: Applying to the Transportation Fund does NOT guarantee funding.**

1. The Transportation Fund is a distribution program for Canadian Citizens.
2. **Only requests submitted on this form will be considered for funding.**
3. A maximum of \$500.00 may be approved per person, per calendar year. If an application is denied, the patient is welcome to apply the following month with an updated request.
4. **All sections of the application must be completed. Failure to complete the entire application will result in ineligibility of funding.**
5. A brief narrative describing the patient's situation and the family's need, written and signed by a member of the medical team (i.e. Social Worker, Nurse, Doctor, or Hospice Representative), must be included. Be sure to include any additional, compelling and relevant information, as this narrative plays a vital role in the application selection process.
6. Please provide proof of medical appointments for which the transportation fees apply.
7. The patient may apply for financial aid towards transportation costs including train fare, taxi fare, bus passes, parking, and the Routes program. Please note that for parking only one fee per day can be reimbursed.
8. If the application is approved, cheque(s) will be cut and distributed on or before the last day of the month.
9. Cheques will be made payable to the patient (or transportation company if applicable) and mailed directly to the patient. Unique situations may call for an alternative mode of reimbursement, as determined by the CRFC.
10. If the cheque is not cashed within 60 days of the printing date, Cancer Recovery Foundation has the right to cancel the cheque.
11. Applications **MUST** be emailed or faxed to the following locations:
  - a. **Email:** [program.services@cancerrecovery.ca](mailto:program.services@cancerrecovery.ca)
  - b. **Fax:** [905-477-4251](tel:905-477-4251)



## 2015 Transportation Funding Application

**PLEASE WRITE LEGIBLY FOR CLARITY OF REVIEW.**

**Please Note: Applying to this program does NOT guarantee funding.**

Date: \_\_\_\_\_

### **Section 1: Family Information**

Patient's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Are you a CA Citizen?: \_\_\_\_\_

Email Address: \_\_\_\_\_

Sources of **Monthly** Income: (Please write the dollar amount per month)

Employment: \_\_\_\_\_ Unemployment: \_\_\_\_\_ Child Support: \_\_\_\_\_

Disability: \_\_\_\_\_ Welfare: \_\_\_\_\_ Other: \_\_\_\_\_

Total **Yearly** Family Income (Including costs listed above): \_\_\_\_\_

### **FOR OFFICE USE ONLY:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Payable to: \_\_\_\_\_

Amount: \_\_\_\_\_ Payable to: \_\_\_\_\_

Amount: \_\_\_\_\_ Payable to: \_\_\_\_\_

Amount Available: \_\_\_\_\_ Amount remaining for this year \_\_\_\_\_

Notified SW/N on: \_\_\_\_\_ By Email: \_\_\_\_\_ By Phone: \_\_\_\_\_



**Section 2: Health Information**

Diagnosis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Name of Physician/Oncologist: \_\_\_\_\_

Name of your Medical Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Social Worker/Nurse: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Section 3: Request for Transportation Funding**

Please check the appropriate box(es) for the type of funding being requested. Additionally, list each company, the cost associated with the bill, and its due date.

Taxi

Parking

Bus Pass

Routes

Train

**Total Amount you are applying for: \$ \_\_\_\_\_**

Please provide the reason you are applying for funding:



**Section 5: Narrative**

Attach a brief narrative describing the patient's situation and the family's need. Be sure to include any additional, compelling and relevant information.

**Section 6: Proof of Appointment**

Please attach proof of the medical appointment in which the transportation fees apply.

**Section 7: Review and Sign**

*I have reviewed this application and, to the best of my knowledge, this information is true and correct.*

Patient Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Worker/Case Manager Signature (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Section 8: Photo Waiver and Release Form – this section must be filled out for the application to be considered complete.**

**Please check the appropriate box below.**

I authorize The Cancer Recovery Foundation of Canada to use my story for the programs and advocacy efforts of CRFC.

I DO NOT authorize The Cancer Recovery Foundation of Canada to use my story for the programs and advocacy efforts of CRFC.

**(Only if checked “yes” above)** I authorize The Cancer Recovery Foundation of Canada to photograph me (or use provided photos of me & my family) and acknowledge that all photographs become the property of CRFC and will be used exclusively for the programs and advocacy efforts of CRFC.

**Please attach or email your photo to [program.services@cancerrecovery.ca](mailto:program.services@cancerrecovery.ca)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 9: Success Story Profile Questionnaire**

Name:

Age:

Location:

When were you diagnosed with cancer? What treatments did you go through? Where did you receive treatment? (Basically, tell us a short description of the medical side of your story)

How did you hear about the Transportation Funding?

What is your biggest burden during treatments? (Financial or otherwise)



How have you stayed mentally and physically healthy? (Support groups, exercises, diets, family, friends, doctors/nurses, etc.)

What kind of lifestyle changes have you made since the diagnosis? What was the most effective?

Where do you find the most support? (A person, a group, a book, a place, anything)

What brought the most joy or fun to your life while you were going through treatment?

What has been your happiest moment since after you were diagnosed?

Is there any advice you would like to share? (Advice for cancer patients, acknowledge someone special, another side to your story?)

**The Cancer Recovery Foundation of Canada truly appreciates the time you have taken to answer these questions.**