Kids with Cancer Society

REQUEST FOR FINANCIAL SUPPORT

General Information

Name of person submitting form:

Relationship to the child:

PRIMARY CONTACT INFORMATION

Address:

City: Postal Code:

Phone: Email:

Marital Status (cheque one box)

☐ Married/Common Law   ☐ Separated/Divorced   ☐ Single   ☐ Other

In instances where parents are not living together, who has primary custody of your child?

Name: ☐ Not applicable

Language spoken at home:

Information About Your Child

Name of child: DOB:

Diagnosis: Date of diagnosis:

CHECK BOX RELATING TO DIAGNOSIS

☐ On treatment, anticipated date that treatment will end:

☐ Off treatment, date that treatment ended:

☐ Relapse, anticipated date treatment will end:

Number of siblings: Siblings name and age:

Financial Information PART ONE

Please check applicable boxes to demonstrate what you have experienced in the past 12 months or expect to experience in the next 12 months:

☐ Major change in financial circumstances (e.g., unemployment, unpaid leave of absence, business failure, termination following diagnosis, retirement, etc.)

☐ Seasonal employment, part-time employment, or self-employment

☐ Medical equipment costs not covered by insurance (e.g., feeding tubes, special equipment etc.)

☐ Extra costs (e.g., travel and childcare due to the diagnosis)

☐ Other

Please briefly describe the financial challenge(s) that you have checked above and how this has impacted your financial status:

Financial Information PART TWO

Income: Please indicate what your main source of income is and approximately what your monthly household income is after taxes**:** $

Expenses: List your monthly expenses (e.g., rent/mortgage, food, car payments, line of credit etc.)

TOTAL MONTHLY EXPENSES $

Do you have FSCD? ☐ YES   ☐ NO

Do you have extended health benefits to cover prescription and other costs? ☐ YES   ☐ NO

Do quality for Treaty Status Funding? ☐ YES   ☐ NO

Do you have access to other funding (i.e., Go Fund Me, Service Clubs or Community Groups?)

☐ YES   ☐ NO   If yes, please provide details:

Date: Signature:

Privacy Statement