



# Application For FINANCIAL ASSISTANCE From Breast Cancer Action Kingston

Applicants must:

\*Have had a diagnosis of breast cancer.

\*Be (or become) a member of BCAF to be eligible to apply. The membership fee is \$35/year, and a receipt may be issued.

Breast Cancer Action Kingston offers financial support to those individuals residing in and receiving their treatment within the South East Ontario cancer region.

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Verified Diagnosis of Breast Cancer: Yes  No  Date of Diagnosis: \_\_\_\_\_

Do you and/or your spouse/partner have a benefit plan to assist with costs? Yes  No

Company name: \_\_\_\_\_

Have you applied to other agencies to assist with costs? Yes  No

If yes, please list agencies: \_\_\_\_\_

Amount(s) requested/received: \$ \_\_\_\_\_

### What is your current employment status?

On leave with benefits  On leave without benefits  Unemployed  Other: Specify \_\_\_\_\_

Gross Monthly Household Income: \$ \_\_\_\_\_ Gross Monthly Expenses for Self/Family: \$ \_\_\_\_\_

Number of dependents: \_\_\_\_\_

Sources of Income: \_\_\_\_\_

### As of May 1/2022, Financial Cap:

Up to \$1,500 per year including any items below. Total maximum allowance per person of \$3,000.

Prosthesis - \$250 every 2 years      Partial Prosthesis - \$80 every 2 years      Lymphedema - \$1500 with max \$3000  
Wigs - \$350 1 per hair loss due to treatment      Bras (maximum 2) - 60% every 2 years

Please check the requirements below and attach any relevant documentation and/or proof of purchase receipts. Missing information may cause a delay in processing the application.

Applicant's requirement for funds:  Medications  Protheses  Wigs  Food  Accommodation  Lymphedema

Referred by: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**AMOUNT REQUESTED BCAF:** \$ \_\_\_\_\_ **DATE of REQUEST:** \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Signature of Witness)

<b>OFFICE USE ONLY</b>		
Date Received: _____	AMOUNT APPROVED: \$ _____	DATE: _____
SIGNATURE: _____	PAYABLE TO: _____	
1st Request: _____ Date: _____	2nd Request: _____	Date: _____

