



## Application For FINANCIAL ASSISTANCE From Breast Cancer Action Kingston

Breast Cancer Action Kingston (BCAK) offers financial support to those individuals residing in and receiving their treatment within the Home and Community Care Support Services South East (formerly LHIN, Local Health Integration Network).

BCAK is not funded by any government agencies. We are a small, local, non-profit charity run by volunteers relying solely on the generous support of donations from our members, fundraising, the public, and business communities.

While we acknowledge that every person who is diagnosed with breast cancer experiences a financial impact, our directive is to provide financial assistance for patients who do not have the resources to cover the costs of necessities such as food and shelter as well as medical and additional expenses related to their treatment. Applications are prioritized according to household income levels and frequently find that we provide financial assistance to patients who are living at or below the poverty line. If you have a monthly surplus your application can possibly be denied.

The Financial Assistance Committee, (FA Committee) with discretion, retains the right to deny any application. All Applications are Kept Strictly Confidential. Applicants will be contacted after the FA Committee reviews the application.

### **Criteria**

1. You have had a diagnosis of breast cancer.
2. Include invoices for breast cancer diagnosis related expenses and proof of payment or a letter from Social Worker.
3. Applicants must disclose all sources of household income (including but not limited to spousal support, child support, rental income).
4. Expenses that fit BCAK funding criteria are outlined in the expense section of application (but does not limit other expenses that might be considered by the FA Committee – detailed explanation and receipts will be required).
5. Applicants are encouraged to canvas other sources of funds available in the community as well as support from BCAK.

### **Process for Applications**

- Complete the Application Form online or
- Contact the BCAK office to pick up or request a copy be sent to you.
- Ensure the application is fully completed, signed, and witnessed.
- Attach any relevant information.
- Submit the application to the Financial Assistance Committee at BCAK either by mail, fax or deliver to our office during office hours.
- The FA Committee will review the application and contact the applicant in a timely manner.



**Application For FINANCIAL ASSISTANCE From Breast Cancer Action Kingston**

**Date of Request:** \_\_\_\_\_

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

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

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

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

Are you currently in treatment: Yes\_\_\_\_ No\_\_\_\_

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

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

**What is your current employment status?**

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

If other, please specify\_\_\_\_\_

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

Monthly Household Income (Net)

| Source of Income *   | Net Amount | Source of Income*   | Net Amount |
|----------------------|------------|---------------------|------------|
| Salary               |            | ODSP                |            |
| Employment Insurance |            | CPP                 |            |
| EI Sick Benefits     |            | OASP                |            |
| STD**                |            | Other Pension Plans |            |
| LTD**                |            | Alimony             |            |
| Benefits **          |            | Other. Explain      |            |
| Rental Income        |            | Other. Explain      |            |
| Total Monthly Income |            |                     |            |

\*This should reflect both applicant and partner

\*\*My benefits are due to a breast cancer diagnosis. Yes\_\_\_\_ No\_\_\_\_

Monthly Household Expenses:

| Type of Expense          | \$ Amount |
|--------------------------|-----------|
| Rent or Mortgage         |           |
| Groceries                |           |
| Utilities                |           |
| House/Apt insurance      |           |
| Childcare                |           |
| Auto payment             |           |
| Outstanding Loans        |           |
| Internet / Phone / Cable |           |
| Other: Explain           |           |
| Total of above expenses  |           |

Expenses related to breast cancer diagnosis.

| Type of Expense                              | \$ Amount |
|--|-----------|
| Wig  |           |
| Scarf or hat                                 |           |
| Prosthetics                                  |           |
| Bras   |           |
| Sleeves                                      |           |
| Medical travel expenses                      |           |
| Parking, meals expenses during the treatment |           |
| Accommodation due to travel distance         |           |
| Other: Explain                               |           |
| Other: Explain                               |           |
| Total of above expenses                      |           |

BCAK has their Wig & Bra Bank which holds an inventory of free wigs, bras, and prostheses. Applicants are required to consult the Wig & Bra Bank first before seeking reimbursement of these items.

For breast prostheses: Provide proof of application to the Assistive Devices Program (ADP) Yes\_\_\_\_\_ No\_\_\_\_\_

Have you applied to other agencies to assist with costs? If yes, please indicate the agency and amount.

Agency\_\_\_\_\_ Amount\_\_\_\_\_

Agency\_\_\_\_\_ Amount\_\_\_\_\_

**Total of Income**\_\_\_\_\_ **Total of Expenses**\_\_\_\_\_

**Difference**\_\_\_\_\_

**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     Prostheses     Wigs     Food     Accommodation     Lymphedema

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

**AMOUNT REQUESTED BCAK:** \$ \_\_\_\_\_ **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: _____        |