



APPLICATION FOR TREATMENT-RELATED FINANCIAL ASSISTANCE

Breast Cancer Action Kingston (BCAK) is a survivor-directed, volunteer-led registered charity supporting those impacted by breast cancer across Kingston and Southeastern Ontario. We receive no government funding and rely solely on the generous support of donations from our members, the public, local business, and grants within our community to sustain this program.

BCAK may provide limited financial assistance for direct, documented expenses arising from breast cancer diagnosis, preventative, and active treatment. This program is not designed to provide general support.

Eligible Expenses

The following expenses may be considered:

- Prescription medications exceeding insurance*
- Breast prosthetics; post-surgical clothing
- Compression sleeves, lymphatic massage
- Wigs and head coverings
- Childcare required on active treatment days
- Medical travel and parking (Kingston and region)
- Meal support for individual and immediate family on active treatment days

Ineligible Expenses

The program does not cover:

- Rent or mortgage payments
- Bills and Utilities
- General groceries
- Debt repayment
- Auto payments
- General living expenses
- *Medications outside Ontario Drug Formulary

Invoices and/or itemized receipts must be submitted with your application alongside proof of payment (where applicable). BCAK maintains a supply of meal cards, taxi vouchers and resources including wigs, head covers, breast prosthetics, bras and swimwear. Please stop by or contact the Kingston office to access these items.

Funding Limits

- Maximum Annual Support per Individual: \$2,000
- Lifetime Maximum Support per Individual: \$4,000

Category caps may apply and funding is subject to annual budget availability.

In the event of limited funds, BCAK member applications will be prioritized for funding.

Process for Applications

- Complete the Application Form, available from www.bcakingston.ca
- Ensure your application is fully completed and signed, attaching all receipts and supporting documents.
- Submit the application and a **copy of your Notice of Assessment from the last calendar year** by email to office@bcakingston.ca or, deliver to the office during business hours.
- Applicants will be contacted after the Financial Assistance Committee reviews your application.



APPLICATION FOR FINANCIAL ASSISTANCE

DATE OF APPLICATION: _____

NAME: _____ **REFERRED BY:** _____

MAILING ADDRESS: _____

TELEPHONE: _____ **EMAIL:** _____

Are you an active member of Breast Cancer Action Kingston? Yes _____ No _____

Date of breast cancer diagnosis, and/or preventative treatment: _____

Please describe treatment(s) currently underway: _____

What is your current employment status?

On leave with benefits _____ On leave without benefits _____ Unemployed _____ Other (specify) _____

Number of dependents and their ages: _____

Current Monthly Household Income* (Net) _____

**Please reflect income of the applicant and partner, including all government benefits.*

Do you or your spouse/partner have private or employer health insurance? Yes _____ No _____

If yes, attach coverage summary and proof of submission for any expenses submitted first through insurance.

REQUESTED EXPENSES

Description of Expense	Date Incurred	Total Cost	Amount Covered by Insurance/ Assisted Devices	Amount Requested from BCAF	Receipt or Invoice Attached

Please attach additional sheets as necessary. Applications without receipts or documentation will not be considered.

(Applicant's Signature)

(Date)

BCAF OFFICE USE ONLY			
Date Received _____	Amount Approved _____	Reviewers: _____	Date _____