Quebec Breast Cancer Foundation

FINANCIAL AID APPLICATION FORM

1- PERSONAL INFORMATION

First Name		Last Name
Date of Birth (DD/MM/YY)		Email
Phone (Home)		Phone (Cell)
Address		Apartment
City	Province **Quebec**	Postal code

☐ Married ☐ Common-law ☐ Widow(er) ☐ Single ☐ Divorced/Separated

Number of dependants under the age of 18

What are your current sources of income?

- ☐ Employment income
- ☐ Salary insurance/ employment insurance / disability insurance
- ☐ Retirement income
- ☐ Welfare
- ☐ Other, please specify : _____

IMPORTANT : Please sign this form on the back side!

2- MEDICAL INFORMATION

*** This section must be completed by <u>your health care professional</u> (e.g. doctor, nurse or social worker) ****

Date of **Breast Cancer** diagnosis (MM/YY)		If this is a recurrence, please indicate date of recurrence (MM/YY)

☐ Stage 0 ☐ Stage 1 ☐ Stage 2 ☐ Stage 3 ☐ Stage 4 ☐ Unknown

Last treatment received ☐ Mastectomy ☐ Chemotherapy/Immunotherapy ☐ Radiation therapy ☐ Other : _____	Start date of treatment (DD/MM/YY)	End date of treatment (if applicable) (DD/MM/YY)

Last day of work due to diagnosis (DD/MM/YY): (<u>Mandatory if applicable</u>)	Expected return to work date (DD/MM/YY): (<u>Mandatory if applicable</u>)
Name of Health Care Professional	Title

Hospital Center	Phone	Email

Health Care Professional's signature *(attesting the accuracy of the information indicated above)*	Date (DD/MM/YY)

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3- ELIGIBILITY CRITERIA

In order to consider your request for financial aid, you must meet the following criteria:

- your gross family annual income, estimated for the current year, must be lower than the following, depending on your situation:

☐	Single person/parent (26 000$)	☐	Couple (35 000$)
☐	+ 1 dependent child* (32 000$)	☐	+ 1 dependent child* (41 000$)
☐	+ 2 dependent children* (38 000$)	☐	+ 2 dependent children* (47 000$)
☐	+ 3 dependent children* (44 000$)	☐	+ 3 dependent children* (53 000$)

**The dependent child must be under 18 years of age*

- you must be currently undergoing treatment OR up to one-year post-treatment (mastectomy, chemotherapy, immunotherapy, radiotherapy or other *)

** Exclusion: hormone therapy, reconstructive surgeries*

4- REQUIRED DOCUMENTS

If you meet the eligibility criteria, please attach the following documents to the completed form:

☐ A copy of your provincial notice of assessment for the last fiscal year (the page with the detailed calculations)

☐ A copy of your spouse's (if applicable) provincial notice of assessment for the last fiscal year (the page with the detailed calculations)

☐ Only if you are on sick leave: Proof that you had employment income in the year prior to your breast cancer diagnosis (e.g. your last pay stub, recent proof of salary or disability insurance, or employment insurance)

**If needed, we may ask you for other documents*

5- SIGNATURE

I certify that the above information is accurate and complete. The anonymized data will be used for statistics. For verification purposes, I authorize the Quebec Breast Cancer Foundation to discuss my file with members of my medical team. I understand that the Quebec Breast Cancer Foundation reserves the right to refuse any request for a reason that it deems reasonable, that the amounts paid must respect the limits of the budget allocated annually for this program and that the amounts granted and eligibility criteria are subject to change without notice.

Signature	Date (MM/DD/YY)

Those eligible for the financial assistance program may receive up to:

- $ 1000 / application, for people diagnosed with metastatic breast cancer (stage 4)
- $ 750 / application, for those who are on sick leave because of breast cancer (stage 0-3), and under the age of 65
- $ 250 / application for all other types of expenditure

A minimum of 6 months must separate each request.

Please send your application (with all the required documents) by mail, fax or email:

Quebec Breast Cancer Foundation – Financial assistance program
279 Sherbrooke Street West, Suite 305, Montreal (Quebec) H2X 1Y1
Phone (toll-free) : 1 877 990-7171 #245
Fax : 514 871-9797
aidefinanciere@rubanrose.org