Childhood Cancer Canada

P.O. Box 17, 20 Queen Street W., Toronto ON M5H 3R3 www.childhoodcancer.ca Charitable No. 8282 52346 RR0001



The Benevolent Fund

To refer a family to The Benevolent Fund, please read the application instructions carefully and complete all answers on the application. Please scan and email the completed application along with a copy of the invoice from the funeral service provider. We will call you once the application has been approved.

As of January 2022, The Benevolent Fund will provide increased support for bereaved childhood cancer families, funding up to \$1,500 in expenses to the family's funeral service provider for final arrangements and memorial services.

This increase was made possible because of a generous gift from Kindred Foundation, dedicated to funding programs, projects, and research in the areas of childhood cancer, youth mental and physical health, and community support.

The Benevolent Fund is also funded by TD Underwriters of Hope and the generosity of Foundation donors.

Application Process

All requests for support must be submitted by the child's nurse or social worker. We are not able to accept applications directly from families or those acting on their behalf that are not part of the child's medical team.

The application form below must be filled out in its entirety and scanned and emailed to Childhood Cancer Canada (info@childhoodcancer.ca).

Financial assistance of a benevolent nature is provided for families who are referred by their nurse or social worker.

We hope to reach even more families who need our help. Because of this, we appreciate the pre-selection done by health care providers to ensure that only requests for families in critical financial need are submitted.

The Standard Procedure

The completed application must be submitted using the form below or emailed to Childhood Cancer Canada by the child's nurse or social worker. The application is not complete until an invoice from the funeral service provider is received. Invoices must be made out to the family; an invoice made out to Childhood Cancer Canada will not be accepted.

The Executive Director reviews the application ensuring the information meets the financial assistance requirements. The approved file is forwarded to accounting to issue payment.

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Referral Information

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Once a request for support has been approved, up to \$1,500 will be paid towards the balance. The Foundation will send the cheque to the funeral service provider and a sympathy card to the family.

To refer a family for benevolent support, please read the form carefully and complete all questions in the application. Please submit or send the completed forms to Childhood Cancer Canada along with a copy of the invoice from the funeral service provider. We will call you once the application has been approved.

Date:		
On behalf of a childhood cancer family requiring f made by:		ng
Name:		
Title:		
Hospital Treatment Centre:		
Phone:		
Email:		
Have you referred families to our Benevolent Fund	d before (please circle): Yes / N	٧o
If no, how did you hear about our Fund:		
Family Information		
Full name of child:	Age:	
Please provide a brief history of the child's illness:		

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Please provide a brief history of the family's financial situation:		
Has the family been approved	d for any other sou	rces of financial support for this funeral? If
so, please list the organization	n(s) and the amour	nt(s):
Parent's Names (first & last):		
1		
2		
Family's Address:		
		Postal Code:
*Note: please let us know if pa	arents live at separ	ate addresses so that we can send an
acknowledgement card to bo	th.	
Please read this statement a	and sign bolow	
	•	
_		ation provided in this application accurately
represents the current financia	al situation of the f	amily in need.
Signature		Date (mm/dd/yyyy)

The application form below must be filled out in its entirety and scanned and emailed to Childhood Cancer Canada (info@childhoodcancer.ca).