



## **Benevolent Support**

### **Needs Assessment**

There are many families for whom the financial burden of caring for their child with cancer has proved too much. Some families whose children die do not have the resources to provide for the burial of the child and an appropriate marker. Some families are not able to benefit from any of Canada's social assistance or volunteer support programs.

### **Program Description**

For individual families, requests are reviewed on a case-by-case basis. Financial assistance of a benevolent nature is provided for families who are referred by Interlink nurses, parent support groups or professional institutions. All other sources of help must have been sought out and exhausted prior to submitting a request. This support is categorized as "relieving poverty"

### **Operations**

Interlink Nurses, treatment centre social workers or Parent Support Group Leaders may refer families in need of financial support. The referral is made by forwarding a letter outlining a brief history of the child's illness and the family's financial situation by fax to the National Office. The Chief Executive Officer reviews all applications ensuring the information meets the financial assistance requirements. The approved file is forwarded to the Accountant. The standard procedure; upon receipt of an invoice or copy, from the cemetery or funeral home (made out to the family – an invoice made out to Childhood Cancer Foundation will not be accepted) Childhood Cancer Foundation will pay up to \$1,000 toward the balance. If the bill is less than \$1,000, Childhood Cancer Foundation will pay the full amount. Childhood Cancer Foundation does not contact the funeral home or the family. The Accountant maintains all files with regard to this program.

### **On-going Needs**

Funding to support the many requests for financial support may not be available at the time of request.



## Benevolent Support Application Form

To refer a family for Benevolent assistance, please read page one carefully and complete the following form. Fax the completed form to Childhood Cancer Foundation's National Office along with a copy of invoice from Funeral Home. A confirmation call or fax will be forwarded when the application is approved.

### Referral Information

On behalf of a family requiring financial assistance a referral is being made by:

Name:

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Title:

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Institution/Parent Group:

Phone:

Email:

Fax:

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### Family Information

Names of child's parents:

Mother

Father

Family Name

Describe how the financial assistance will be used.

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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.

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Please fax to the Chief Executive Officer at 416 489-9812.