



## Benevolent Support Program

### Program Description

There are many families for whom the financial burden of caring for their child with cancer has proved too much. Some families simply do not have the resources to provide for a burial for their child. Many families are also not able to benefit from any of Canada's social assistance or support programs.

Childhood Cancer Canada, through its Benevolent Fund steps in to help financially struggling families in their time of need by assisting with the costs of the funeral service of their child. In 2012 we hope to expand our reach and help even more families across the country who have experienced childhood cancer.

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### 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 attached must be filled out in its entirety and faxed (416-489-9812) or emailed ([gillian@childhoodcancer.ca](mailto:gillian@childhoodcancer.ca)) to Childhood Cancer Canada.

Financial assistance of a benevolent nature is provided for families who are referred by their nurse or social worker. All other sources of help must have been sought out and exhausted prior to submitting a request. This support is categorized as "*relieving poverty*".

We hope to reach even more families who need our help in 2012, and 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 2-page application must be faxed 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 home is received. Invoices must be made out to the family – an invoice made out to Childhood Cancer Canada will not be accepted.

The Chief Executive Officer reviews the application ensuring the information meets the financial assistance requirements. The approved file is forwarded to the Accountant.

Once a request for support has been approved, up to \$1000 will be paid towards the balance. If the bill is less than \$1000, Childhood Cancer Canada will pay the full amount. The Foundation will send the cheque to the funeral home and a sympathy card to the family. No other contact will be made with the family.



## Benevolent Support Application Form

To refer a family for benevolent support, please read the first two pages carefully and complete pages three & four of the application. Please fax the completed forms to Childhood Cancer Canada along with a copy of the invoice from the Funeral Home. We will call you once the application has been approved.

### Referral Information

Date: \_\_\_\_\_

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Hospital/Treatment Centre: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Have you referred families to our Benevolent Fund before? (please circle) Yes / No

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Please provide a brief history of the family's financial situation.

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Has the family been approved for any other sources of financial support for this funeral? If so, please list the organization(s) and the amount(s):

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Mother's name (first & last): \_\_\_\_\_

Father's name (first & last): \_\_\_\_\_

Family Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*\*Note, please let us know if parents live at separate addresses so that we can send an acknowledgement card to both.*

**Please read this statement and sign below.**

It is to the best of my knowledge that the information provided in this application accurately represents the current financial situation of the family in need.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

Please fax completed application form to the Childhood Cancer Foundation  
Fax Number: 416 489-9812  
Alternately you can email to Gillian Hill [gillian@childhoodcancer.ca](mailto:gillian@childhoodcancer.ca)