



COVID-19 Emergency Fund To apply for the Childhood Cancer Canada and Coast to Coast Against Cancer Foundation COVID-19 Emergency Fund, please fill out the following form. Please provide as much information as possible.

1. Social Worker or Interlink Nurse or Nurse Practitioner or Oncologist:

a. Name: _____

b. Email: _____

c. Telephone number: _____

2. Name of hospital: _____

3. Parent, Legal Guardian or Caregiver:

a. Name: _____

b. Email: _____

c. Mailing address: _____

d. Telephone number: _____

e. Relationship between yourself and the other parent, legal guardian, or caregiver:

4. Other Parent, Legal Guardian or Caregiver:

a. Name: _____

b. Email: _____

c. Mailing address: _____

d. Telephone number: _____

5. Your child:

a. Name: _____

b. Diagnosis: _____

c. Is your child in active treatment? Please circle one: Yes No

6. Please provide a short description on how your family has been financially impacted by COVID19:

Childhood Cancer Canada

P.O. Box 17, 20 Queen Street W., Toronto ON M5H 3R3

www.childhoodcancer.ca

Charitable No. 8282 52346 RR0001



7. Would you like to receive communications from Childhood Cancer Canada / Coast to Coast Against Cancer Foundation?

Please circle one: Yes No

Thank you. We will be in touch as soon as possible with information about your application.

Please send your completed application to: info@childhoodcancer.ca or 20 Queen Street W., Unit 702, Toronto, ON M5H 3R3. Please note that processing applications by mail will take a little longer than an electronic submission.