



## 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 COVID-19:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
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](mailto: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.