

Financial Application Form

Applications can be returned in person or by mail. DO NOT EMAIL COMPLETED APPLICATIONS.

Arrange drop off by calling:

Kim Nendsa at 780-778-0932 or Aimee Grierson at 780-262-0222

Send by mail:

Whitecourt Cancer & Wellness Society, Box 951, Whitecourt, AB T7S 1N9

Part 1

Applications for financial help are reviewed on the the 15th and month end, once approved assistance is immediately mailed out. Parking receipts can be submitted every 3 months for reimbursement.

All information provided will be kept confidential and any inquiries regarding the status of an application will only be provided to the client seeking assistance or their designated representative.

The personal information on this application is collected for the sole purpose of processing this request and is kept strictly confidential. Any payments made are non taxable income.

- I meet the requirements of a Whitecourt home address/box number and have a Whitecourt family physician.
- I have been recently diagnosed with cancer and I am/will be undergoing treatment.
- I understand that the WC&WS provides emergency financial assistance to patients in treatment for cancer. Assistance will be distributed according to the funds available at any given time and may be a one time payment.
- I have read the Privacy Policy.
- I hereby give the WC&WS permission to verify the information provided.

Date _____ Signature _____

In signing this form, I am declaring that to the best of my knowledge the information contained in this application is true and is an accurate description of my medical status.

For Office Use Only

Financial Application Form

Part 2 (please print)

Date		Office Use Only
Name of Applicant		Parent/Guardian if under 18 years of age
Date of Birth	Gender	Marital Status
Mailing Address		
City	Province	Postal Code
Phone Number (cell)	Text (check if yes) <input type="checkbox"/>	Phone Number (other)
Email		
Name of spouse/partner	Phone Number	Dependents at home
Date of Diagnosis	Treatment Start Date	
Name of Physician	Name of Clinic	
Name of Oncologist	Location	

<p>For Office Use Only</p> <p>Page 2 WC&WS v2</p>
--