

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

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.

	physician.
	I have been recently diagnosed with cancer and I am/will be undergoing treatment.
	I understand that the WC&WS may provide emergency financial assistance to patients in treatment for cancer. Assistance must be asked for and will be distributed according to the funds available. This 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
_	ing this form, I am declaring that to the best of my knowledge the information contained in this ation is true and is an accurate description of my medical status.
For O	ffice Use Only
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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)	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		
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