



# CCCT Financial Support Request

The Community Cancer Care Team is a volunteer organization and a registered charity that receives funds through the generosity of local donors in our community. We are committed to allocating these funds to residents in need of financial support during cancer treatment.

If you would like to be considered for assistance with medical costs incurred as part of your treatment, please complete the following:

Name: \_\_\_\_\_ Caregiver (if needed): \_\_\_\_\_  
 Contact number: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Date of Diagnosis: \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_

Do you or your partner have 3<sup>rd</sup> party insurance coverage? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you received other funding support? (ie Go Fund Me) Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that a request for financial support will be shared with the directors of the Community Cancer Care Team who will need to approve the request. Your request will be kept confidential.

I request support for the following cancer related travel

Request	Yes/No	Provide details including an estimated cost
Transportation		
Accommodation		
Other (specify)		

Is there any thing else you would like us to know about your financial situation?

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

<b>Internal Use only</b>
Decision: _____
Date: _____

- Place the completed form in the mail (Box 3776, Smithers BC V0J 2N0) and someone will be in contact with you in 1-2 weeks. The completed form will be securely stored at BVDH Cancer Clinic
- For more information, please contact: Alice at 250-847-6226 or Sheri at 250-847-6219

Note: Reimbursement amounts will be considered depending on funds available. Receipts are required.