

Date of Application:	

## **LRCP PATIENT ASSISTANCE PROGRAM – Application**

The Patient Assistance Program is intended to help people who experience a financial hardship as a result of their cancer diagnosis and treatment. The Program helps people at all points in their journey including diagnosis, treatment, palliative care and survivorship.

Incomplete information will result in delays processing your application.

EANU VINICORNATION		
FAMILY INFORMATION Patient Name: (Include middle initial)	Date of Birth:	
Address:		
City:		
Postal Code:		
Patient's Email:		
If follow up is required can we contact you by email? Yes	No	
Referred By: Healthcare Provider Self	Other (Please Spe	cify):
HEALTH INFORMATION		
Type of Cancer:		
Current Treatment:		
Oncologist / Surgeon:	Hospital / Fac	ility:
REQUEST FOR FUNDING (Explanation of need and anticip	pated costs)	
All original receipts must be attached and less th		ACTUAL / ANTICIPATED COST
Childcare during treatment		\$
Drugs/Prescriptions (Note: Trillium Drug Program assists Ontario reduced costs, relative to their household income. For more information Program at 1-800-575-5386 or visit their website <a href="http://www.health">http://www.health</a>	· · · · · · · · · · · · · · · · · · ·	
Equipment rentals (e.g., wheelchairs)	\$	
Lymphedema supplies (e.g., compression sleeves) Portion not covered by Assistive Devices Program (ADP)	\$	
Mastectomy bras (maximum of four)	\$	
1 Mastectomy swimsuit and breast form	\$	
Nutrition beverages (e.g., Ensure, Boost, etc.) Dietitian referral rec	\$	
Prostheses (portion not covered by the ADP)	\$	
Respite care	\$	
Transportation (when volunteer drivers are not available through the other organizations). Pre-approval required.	ociety or \$	
Parking. Pre-approval required.		\$
1 Wig (up to a maximum of \$800)	\$	
Other head coverings (up to a maximum of \$200)	\$	
Other:	\$	

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## LRCP Patient Assistance Program – Application continued

Do you have extended health benefits to cover some of these expenses related to your treatment? (e.g., wigs, Personal Support Worker, etc.)					□NO		
Do you have a private drug plan?				YES	□NO		
Are you receiving services from Community Care through the South West LHIN? (formerly Community Care Access Centre)			YES	□NO			
Are you seeking: Reimbursement (attach original receipts) or Direct payment to vendor							
Financially, how has the diagnosis and/or Please explain:	treatment of	your cancer im	pacted your ability to pay for t	these expense	es?		
OTHER SOURCES OF FUNDING RE	CEIVING C	R APPLIED	(If YES, for what expens	ses)			
Trillium Drug Program	YES	□NO					
Assistive Devices Program (ADP)	YES	□NO					
Kelly Shires Fund (Breast Cancer)	YES	□NO					
Other:							
HOUSEHOLD INCOME							
(A household is a single person or two or r	more people v	who are depend	lent on each other financially.	.)			
Do you have dependents living in your home? (e.g., spouse, children)  If YES, please list the ages of the dependents:				YES	□NO		
Financial Benefits You are Receiving o	or Made App	lication To (p	lease check 🗹 all that apply	y):			
			APPLICANT (PATIENT) RECEIVING APPLIED	SPOUS RECEIVI	<b>SE (PARTNER)</b> NG APPLIED		
Employed							
Ontario Works							
Employment Insurance - Sick Benefits							
Ontario Disability Support Program							
Canada Pension Plan Disability				닏			
Short Term Disability Benefits from Employ					님		
Long Term Disability from Employer							
(e.g., critical illness insurance, retirement be	anofite)				Ш		
(e.g., critical limess insurance, retirement benefits)  The information provided in this application accurately reflects my current financial situation. I have experienced financial hardship as a result of being diagnosed with cancer and undergoing treatment.							
APPLICANT'S NAME (PLEASE PRINT):					DATE:		
APPLICANT'S SIGNATURE:							
OFFICE USE ONLY							
APPROVED BY:				1	DATE:		
AMOUNT APPROVED:							
COMMENTS:							

Completed forms can be dropped off at the Patient and Family Resource Centre, located on Level 1 in Atrium;
Or mailed to: Attention: Patient Assistance Fund, London Regional Cancer Program, London Health Sciences Centre,
800 Commissioners Road East, London, ON N6A 5W9