



**APPLICATION FOR FINANCIAL ASSISTANCE**

**Date of Current Application:** \_\_\_\_\_

Have you applied before? If so please list the dates: \_\_\_\_\_

\_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ # of Dependents: \_\_\_\_\_

Ages of Dependents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Explain Your Financial Circumstances**

(Information is required for first time applicants, or if financial situation has changed.)

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Net Monthly Income: \_\_\_\_\_ Spouse/Partner Net Monthly Income: \_\_\_\_\_

**Total Net Family Monthly Income:** \_\_\_\_\_

Monthly Mortgage/Rental Payment \_\_\_\_\_

Groceries/Food \_\_\_\_\_

Cable/Phone/Internet \_\_\_\_\_

Utilities (Hydro/Water/Heating) \_\_\_\_\_

Car Payment/Loan \_\_\_\_\_

Other Loan Payments \_\_\_\_\_

Insurance \_\_\_\_\_

Other (Gas, Transportation, \_\_\_\_\_

Child/Spousal/Parent Care, etc)

**Total Expenses:** \_\_\_\_\_

**Total Income:** \_\_\_\_\_

**- Total Expenses:** \_\_\_\_\_

**Net Surplus/Loss:** \_\_\_\_\_

Please include all other income into household: Financial Aid, Government Assistance, Health Insurance, ODSP, CPP/OAS, Rental Income, Child Support Payments, Child Benefit amounts etc.

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

**Please Explain How the CSRP can be of assistance to you.**  
(Please attach another sheet of paper if needed.)

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**Please Explain Your Diagnosis**

Date of Diagnosis: \_\_\_\_\_ Type of Cancer \_\_\_\_\_

Name of Treatment Centre/Clinic: \_\_\_\_\_

Treatment Received to Date: \_\_\_\_\_

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Additional Treatment Required: \_\_\_\_\_

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Family Doctor: \_\_\_\_\_

Naturopathic Doctor: \_\_\_\_\_

**Medical or Support Professional Section**

(Please have your Family Doctor, Oncologist, Social Worker, Registered Naturopathic Doctor, Nurse Practitioner, Registered Nurse, etc fill out this section.)

Medical Diagnosis & Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have read and reviewed this complete application and can confirm to the best of my knowledge that this applicant is currently undergoing Cancer Treatment.**

\_\_\_\_\_  
Signature of Professional Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name & Professional Designation

**Applicant Release of Confidential Information**

I certify that the above information is accurate, to the best of my knowledge. I also understand that this information is confidential and will not be released to others unless so directed by myself or unless law requires it. The information enclosed in the application will only be used for the CSRP Trust Fund. I understand that my identity will be protected and kept confidential.

\_\_\_\_\_  
Applicant Signature Date: \_\_\_\_\_

**IMPORTANT WARNING: This application and any files transmitted with it contain CONFIDENTIAL information, including PRIVATE AND CONFIDENTIAL HEALTH INFORMATION which is intended for the use of the CSRP. If the reader of this application/attachment is not the intended recipient, employee, or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, reproduction, reading, or copying of this information is STRICTLY PROHIBITED. If you received this application in error, please notify the sender immediately and the CSRP at [info@csrp.ca](mailto:info@csrp.ca) or (519-426-0219).**

**Please Help the CSRP Help Others in Norfolk**

How did you hear about the CSRP? \_\_\_\_\_

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What other ways could the CSRP be of assistance to Cancer patients & families?

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Other comments or suggestions: \_\_\_\_\_

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**Please ensure all of the following are included**

- \_\_\_\_\_ Current Pathology Report (if available)
- \_\_\_\_\_ Current Notice of Assessment
- \_\_\_\_\_ Proof of Citizenship or Landed Immigrant Status
- \_\_\_\_\_ Proof of other funding received
- \_\_\_\_\_ Receipts / Estimates
- \_\_\_\_\_ Mortgage / Rental Statement

**Cancer Support & Resource Program**  
**645 Norfolk ST N**  
**Simcoe, ON N3Y4L2**  
**519-426-0219**  
Email: [info@csrp.ca](mailto:info@csrp.ca)     [www.csrp.ca](http://www.csrp.ca)

**Helping Our Community "FACE CANCER WITH COURAGE"**