

Craig's Cause

Pancreatic Cancer Society

Craig's Cause Pancreatic Cancer Society provides financial support grants to patients who are diagnosed with pancreatic cancer and who meet the financial criteria for this program.

Craig's Cause Pancreatic Cancer Society's Patient Financial Support Grants will be provided in a \$500.00 or \$1000.00 amount. Successful applicants will receive their grant within 30 days from when application is received.

Application Information

To ensure that your application can be processed quickly, please complete this application in its entirety and ensure to attach all required document(s). If you require assistance, please contact us at info@craigsc ause.ca or 1 877 212 9582.

Application Checklist

- o I have filled out all the relevant sections of this form as completely as possible.
- o I have attached proof of household income ie. copy of my Notice of Assessment(s) from the Canada Revenue Agency
- o I have signed and dated **page 6** of the application form.
- o I have included a letter confirming my diagnosis.

Privacy Statement

Craig's Cause Pancreatic Cancer Society is committed to protecting the privacy of personal information in our possession or under our control. We value the trust of our donors, volunteers, clients, participants, and staff. We recognize that maintaining this trust requires accountability and transparency in handling personal information.

The information you provide (i.e., including your medical information) to Craig's Cause Pancreatic Cancer Society will only be used to assess your application and communicate with you about your application.

Craig's Cause Pancreatic Cancer Society
P.O. Box 8561, Halifax, Nova Scotia, B3K 5M3
info@craigsc ause.ca
1 877 212 9582

Craig's Cause

Pancreatic Cancer Society

CONFIDENTIAL — Application Form

Please fill out this application form as completely as possible. Submit via mail, fax or email.

<p>Mail to: Craig's Cause Pancreatic Cancer Society P.O. Box 8561, Halifax, Nova Scotia, B3K 5M3</p>	<p>Scan entire application and e-mail to: info@craigscause.ca</p> <p>Fax Number: 902 701 4849</p>
--	---

1. How did you hear about this grant program?

2. Have you previously received a Patient Financial Support Grant from Craig's Cause Pancreatic Cancer Society? Circle one. Yes No

Section 1 — Personal Information

3. Full name of patient:

4. Date of birth of patient (e.g., May 15, 1955):

5. Gender of patient: (Circle one) Female Male

6. Complete Mailing Address:

7. Phone Number: _____

Craig's Cause Pancreatic Cancer Society
P.O. Box 8561, Halifax, Nova Scotia, B3K 5M3
info@craigscause.ca
1 877 212 9582



8. Email Address: _____

9. Marital Status. (Circle one) **Single** **Married** **Common-Law** **Divorced**

10. Name of Spouse/Common-Law Partner:

11. Number of Dependents (18 years of age or younger) at home: _____

Section 2 — Health Information

12. Type of pancreatic cancer diagnosed with. Please attach a letter of diagnosis from physician.

13. Type(s) of cancer treatment received and / or receiving:

- Surgery
- Chemotherapy
- Radiation
- Other (Please describe below)

Craig's Cause

Pancreatic Cancer Society

14. Name of Hospital/Clinic providing treatment:

15. City (where treatment takes place):

Section 3 — Financial Circumstances

16. Are you currently working? Yes No

If yes: **Part-time Full-time**

If no: **Unable to work due to diagnosis Unable to work for other reasons**

17. Will you be able to return to work in the next 6 month? Yes No Unsure

18. Do you currently receive Employment, Disability, and / or Social Assistance?
Circle one. Yes No

19. If yes, please provide detail about the assistance you receive:

20. What was your Taxable Income for you and your partner last year?

Patient's Income:

Craig's Cause Pancreatic Cancer Society
P.O. Box 8561, Halifax, Nova Scotia, B3K 5M3
info@craigsc ause.ca
1 877 212 9582

Craig's Cause

Pancreatic Cancer Society

Partner's Income (if applicable):

Please attach a copy of the Canada Revenue Agency Notice of Assessment(s) showing the taxable income for you and your spouse/partner for the most recently completed tax year.

Please indicate if you have experienced in the past 12 months or expect to experience in the next 12 months:

- Major change in financial circumstances (e.g. retirement, unemployment, unpaid leave of absence, business failure)
- Seasonal employment, part-time employment, or self-employment
- Medical costs not covered by insurance (e.g. feeding tubes)
- Extra child care costs due to cancer diagnosis
- Treatment expense related to diagnosis
- Transportation expenses related to diagnosis
- Other

Please briefly describe the financial challenge(s) that you have checked above.

Craig's Cause

Pancreatic Cancer Society

OPTIONAL Questions

We are collecting data on pancreatic cancer patients in order to better understand who is being affected by this disease. These questions will NOT affect your grant application.

1. Age diagnosed? _____

2. Ethnicity? _____

3. How many times a week do you exercise for 20 minutes or more? _____

4. Do you smoke? Yes No Occasional

5. Has anyone else in your family been diagnosed with pancreatic cancer?
Yes No

6. If yes, were they your parent/grandparent/aunt/uncle etc _____

7. Have you had genetic testing done? Yes No
 a. If yes, what were the results?

8. Would you be willing to share your pancreatic cancer story with others?
Yes No

9. If you receive financial assistance, what would it mean to you?

Craig's Cause Pancreatic Cancer Society
P.O. Box 8561, Halifax, Nova Scotia, B3K 5M3
 info@craigsc ause.ca
 1 877 212 9582

Craig's Cause

Pancreatic Cancer Society

Section 3 - Statement of Understanding

I understand the statements above and ask for assistance from Craig's Cause Pancreatic Cancer Society and their Patient Financial Support Grant Program. The information I have provided in this application is true and complete, to the best of my knowledge.

I understand that my personal information will only be used to assess my application, communicate with me about my application, process eligible expense claims, seek my feedback about the program, and make appropriate referrals to internal and/or external resources/service providers. I understand that I can request additional details regarding the use of my personal information.

Signature of Applicant

Date

* Signature of Witness

Date

*A witness can be a spouse, family member, friend, neighbor, or community member.

Craig's Cause Pancreatic Cancer Society
P.O. Box 8561, Halifax, Nova Scotia, B3K 5M3
 info@craigsc ause.ca
 1 877 212 9582