



Patient Financial Support Grant Application

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.

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

Please complete this application in its entirety and ensure you include all required documents. If you require assistance, please contact us at info@craigsc ause.ca or 1 877 212 9582.

Application Checklist

- I have filled out all the relevant sections of this form as completely as possible.
- I have attached proof of household income ie. copy of my Notice of Assessment(s) from the Canada Revenue Agency
- I have signed and dated **page 5** of the application form.
- 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. We value the trust of our clients, donors, volunteers, 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) will only be used to assess your application and communicate with you about your application.

CONFIDENTIAL — Application Form

Please fill out this application form as completely as possible.
You can submit it 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 to: 902 701 4849</p>
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1. How did you hear about this grant program?

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

Section 1 — Personal Information

2. Full Name:

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

4. Gender: (Circle one) **Female** **Male**

5. Complete Mailing Address:

6. Phone number: _____

Email Address: _____

7. Marital Status. (Circle one) Single Married Common-Law Divorced Widowed

8. Name of Spouse/Common-Law Partner (if applicable):

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

Section 2 — Health Information

10. What type of pancreatic cancer have you been diagnosed with?
Please attach a letter of diagnosis.

11. Type(s) of treatment you received or are receiving:

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

12. Name of Hospital/Clinic providing treatment:

13. City (where treatment takes place):

Section 3 — Financial Circumstances

14. 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

Will you be able to return to work in the next 6 months?

Yes No Unsure

If applicable, is your spouse currently working? Yes No

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

If no: Unable to work due to patient’s diagnosis Unable to work for other reasons

Will they be able to return to work in the next 6 months?

Yes No Unsure

15. Do you currently receive Employment, Disability, and / or Social Assistance?

Yes **No**

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

17. What was your **Taxable Income** in the most recent year you did your taxes?

Patient's Income: _____

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 are facing:

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 at diagnosis? _____
- 2. Ethnicity? _____
- 3. How many times a week do you exercise for 20 minutes or more? _____
- 4. Are you a smoker? Yes No Occasional
- 5. Has anyone else in your family been diagnosed with pancreatic cancer? Yes No
If yes, were they your parent/grandparent/aunt/uncle etc _____
- 6. Have you had genetic testing done? Yes No
If yes, what were the results?

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- 7. Would you be willing to share your pancreatic cancer story with others? Yes No
 - 8. If you receive financial assistance, what would it mean to you?

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, and communicate with me about my application. 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.