



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 (i.e. copy of my Notice of Assessment(s) from the Canada Revenue Agency)
- I have signed and dated **page 6** 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.

Mail to: Craig's Cause Pancreatic Cancer Society P.O. Box 8561, Halifax, Nova Scotia, B3K 5M3	Scan entire application and e-mail to: info@craigsc ause.ca or Fax to: 902 701 4849
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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? Yes No

Section 1 — Personal Information

3. Full Name: _____

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

5. Gender: Female Male Non-Binary

6. Complete Mailing Address:

7. Phone number: _____

8. Email Address: _____

9. Marital Status: Single Married Common-Law Divorced Widowed

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

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

Section 2 — Health Information

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

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

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

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

Will you be able to return to work in the next 6 months? Yes No Unsure

17. 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

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

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

20. 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

Craig's Cause

Pancreatic Cancer Society

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 do you exercise for 20 mins or more?

4. Are you a smoker? Yes No Occasionally

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

6. If yes, what is their relationship to you (parent, sibling, aunt/uncle, etc)

7. Have you had genetic testing done? Yes No

8. If yes, what were the results:

9. Would you be willing to share your pancreatic 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, neighbour, or community member.