London Health Sciences Centre
London Regional Cancer Program

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.

FAMILY INFORMATION

Patient Name: (Include middle initial)	Date of Birth:
Address:	
City:	Province:
Postal Code:	Daytime Telephone:
Patient's Email: If follow up is required can we contact you by email? ☐ Yes ☐ No	
Referred By: ☐ Healthcare Provider ☐ Self ☐ Other (Please Specify):	

HEALTH INFORMATION

Type of Cancer:	
Current Treatment:	
Oncologist / Surgeon:	Hospital / Facility:

REQUEST FOR FUNDING (Explanation of need and anticipated costs)

All original receipts must be attached and less than 6 months old.	ACTUAL / ANTICIPATED COST
☐ Childcare during treatment	$
☐ Drugs/Prescriptions (Note: Trillium Drug Program assists Ontario residents with high prescription drug costs, relative to their household income. For more information, contact the Trillium Drug Program at 1-800-575-5386 or visit their website http://www.health.gov.on.ca)	$
☐ 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 required	$
☐ Prostheses (portion not covered by the ADP)	$
☐ Respite care	$
☐ Transportation (when volunteer drivers are not available through the Canadian Cancer Society or other organizations). **Pre-approval required.**	$
☐ Parking. **Pre-approval required.**	$
☐ 1 Wig (up to a maximum of $800)	$
☐ Other head coverings (up to a maximum of $200)	$
☐ Other:	$

See over →

Do you have extended health benefits to cover some of these expenses related to your treatment? ☐ YES ☐ NO
(e.g., wigs, Personal Support Worker, etc.)

Do you have a private drug plan? ☐ YES ☐ NO

Are you receiving services from Community Care through the South West LHIN? ☐ YES ☐ NO
(formerly Community Care Access Centre)

Are you seeking: ☐ Reimbursement (attach original receipts) or ☐ Direct payment to vendor

Financially, how has the diagnosis and/or treatment of your cancer impacted your ability to pay for these expenses?
Please explain:

OTHER SOURCES OF FUNDING RECEIVING OR APPLIED (If YES, for what expenses)

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 more people who are dependent on each other financially.)

Do you have dependents living in your home? (e.g., spouse, children) ☐ YES ☐ NO

If YES, please list the ages of the dependents: ______

Financial Benefits You are Receiving or Made Application To (please check ☑ all that apply):

	APPLICANT (PATIENT)		SPOUSE (PARTNER)	
	RECEIVING	APPLIED	RECEIVING	APPLIED
☐ Employed	☐	☐	☐	☐
☐ Ontario Works	☐	☐	☐	☐
☐ Employment Insurance - Sick Benefits	☐	☐	☐	☐
☐ Ontario Disability Support Program	☐	☐	☐	☐
☐ Canada Pension Plan Disability	☐	☐	☐	☐
☐ Short Term Disability Benefits from Employer	☐	☐	☐	☐
☐ Long Term Disability from Employer	☐	☐	☐	☐
☐ Other ______	☐	☐	☐	☐

(e.g., critical illness 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: 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