

Ruby Slipper & Black Boot Fund Assistance Application

ABOUT THE FUND

The fund provides financial assistance to full time residents of the Sunshine Coast (Port Mellon to Egmont) who have been affected by cancer, and as a result are experiencing financial hardship. Funds are the result of local fundraising events and donations from our community.

The Ruby Slipper & Black Boot Fund was established at the request of our dear friend Patsy Rothenbush who passed away in 2009. Our fund has also received donations from the Mel Foody Foundation , a group of women who also raise funds in their friends memory. Together, we provide assistance to those who are experiencing a difficult time in their lives.

APPLICATIONS

Requests for assistance are made to the Ruby Sipper & Black Boot committee using this application form. All applications require certification by a medical doctor, nurse practitioner or oncologist. Please complete the form thoroughly.

DISBURSEMENTS

The committee considers each request on a case by case basis. Amounts provided are determined based on available funds and the number of applicants being helped. Maximum assistance to any individuals is \$5000.00 (funds permitting), however, the committee does review and has the ability to assist further should it be needed.

REQUIRED DOCUMENTS

A copy of Notice of Assessment for the last fiscal year (page with detailed calculation)

A copy of Notice of Assessment for spouse (if applicable) – last fiscal year (page with detailed calculation)

A letter written by the applicant (or person on their behalf) summarizing your situation in detail. Please explain the financial impact of your diagnosis and how it has affected you, along with what the funds will be used for.

CONFIDENTIALITY

The Ruby Slipper & Black Boot Fund ensure that all applications are confidential and shared only with our committee.

MEDICAL PRACTITIONER CONTACT & CERTIFICATION

NAME _____

ADDRESS _____

PHONE _____

I CERTIFY THAT THIS PATIENT HAS A CANCER DIAGNOSIS

SIGNATURE _____

RECIPIENT INFORMATION

Name _____

Address _____

Phone number (cell) _____

Email _____

Date of Birth _____

Marital status _____ spouse _____

Dependants _____

Contact person _____ relationship _____

Phone number (cell) _____

Do you have family/friend support here on the Coast, if so name and contact information

MEDICAL INFORMATION

Date of diagnosis _____

Type of Cancer _____ Stage _____

Is this a recurrence, please indicate date of recurrence _____

Is patient in treatment
Chemotherapy _____ Radiation _____ Surgery _____

Hormonal therapy _____ Palliative care _____ Other _____

Start date of treatment _____ End date _____

Last day Worked _____ Expected return to work date _____

SOURCES OF INCOME

Employment income _____

Insurance – unemployment, disability, other _____

Welfare/social assistance _____

Retirement income _____

Other sources _____

Total income _____

EXPENSES

Home – own _____ Mortgage payment _____ Rent _____

Food _____

Car payment _____ Insurance _____ Gas _____

Hydro _____ Fortis _____ Internet/cable _____

Phone _____

Other _____

LEVEL OF SUPPORT – on a scale of 1 to 10, please rate your current level of financial need.

Assistance Request

Individual support package - \$500 - \$350.00 food card, \$150.00 gas card

Family support package - \$650.00 - \$500.00 food card, \$150.00 gas card

Prescriptions – please attach copies _____

Utilities -phone _____ Hydro _____ Cable _____

Rent _____

Other – please specify and detail _____

I certify that the above information is accurate and complete. I authorize the Ruby Slipper & Black Boot Fund to discuss my case with my medical team if needed.

Disclaimer

The Ruby Slipper & Black Boot Fund will not be responsible for harm or loss incurred from receiving care or treatments or products from the healthcare provider chosen or monetary grant from the Ruby Slipper and Black Boot Fund. By submitting this application, you, the applicant, release the Ruby Slipper & Black Boot Fund from any and all claims related to this application and use of treatments or products received as a result of it.

By submitting your application, you acknowledge that you have read all terms of application and further consent to the use of the collection and use of your personal information and that you are waiving your legal rights to take legal action against the Ruby Slipper and Black Boot Fund. It is an offence to make a false or misleading statement in an application for support through a charitable organization.

Signature of applicant

I have read and understand the stated Terms and Conditions

Signature : _____ Date: _____

Name _____