



ABOUT THE RUBY SLIPPER FUND

The Ruby Slipper Fund provides financial assistance to people living on the Sunshine Coast who have received a cancer diagnosis. **After all other means of support have been exhausted** the Ruby Slipper Fund aids with the costs of treatment-related transportation, some prescriptions not otherwise covered under medical plans, counselling and emergency financial assistance which covers basic living expenses such as rent, utility payments, or food. The Ruby Slipper Fund also provides hospice and palliative care equipment needed in the community managed by The Loan Cupboard and funds the local cancer support group.

Please note that all financial assistance provided to our applicants is made possible through local fundraising events and donations from the Coast community. Amounts provided for assistance are determined based on available funds and the number of monthly applicants. Because of this, some requests are not always filled. We wish to help relieve as much of the financial stress as possible and strive to do the best we can.

Please note that all first time applicants may be asked to meet with a Ruby Slipper Fund member for an informal check-in. Applicants must be Sunshine Coast residents (Langdale to Earls Cove) in order to receive assistance. All information shared will be kept strictly confidential. If you have any questions about completing this application, send an email to: rubyslipperfund@gmail.com

HOW TO APPLY

The following steps are to be completed in order to apply for assistance from the Ruby Slipper Fund:

- **Complete page 1 and 2 of this application form** (a PDF of this form can be found on our website)
- **Please include a brief letter** summarizing your current situation in order for your request to be processed in a timely manner
- Please mail or scan and email completed applications to:

Ruby Slipper Fund
P.O. Box 457
Sechelt, BC, V0N 3A0
or Email: rubyslipperfund@gmail.com

- Please allow up to 4 weeks of processing time once you have submitted your application.

RUBY SLIPPER FUND – ASSISTANCE APPLICATION

PATIENT INFORMATION (please print clearly)

Date: _____

First Name: _____ Last name: _____ M _____ F _____

Address: _____ City/postal code: _____

Home Phone #: _____ Cell: _____

Email: _____ Date of Birth: ____/____/____ (M/D/Y)

Marital status: _____ # of Dependents: _____

CONTACT PERSON INFORMATION

Contact Person: _____ (relationship to you) _____

Contact Person Home Phone #: _____ Cell: _____

RUBY SLIPPER FUND – ASSISTANCE APPLICATION

MEDICAL INFORMATION (please print clearly)

Date of Diagnosis: _____

Type of Cancer: _____ Stage: _____

Is this a new primary diagnosis? ____ Yes ____ No

Is this a recurrence? ____ Yes ____ No

Is the patient in active treatment? (chemotherapy, radiation, surgery) ____ Yes ____ No

If not in active treatment, indicate the follow up: ____ Yearly ____ 6 months ____ Other: _____

Please indicate the type of treatment(s) received in past 12 months (check all that apply)

____ Chemotherapy ____ Radiation ____ Surgery ____ Hormonal ____ Palliative care ____ Other: _____

HEALTH CARE PROFESSIONAL INFORMATION:

Doctors name: _____ Clinic: _____

INCOME INFORMATION (please print clearly)

Please indicate your **monthly** income for the following:

Employment income: \$ _____

Disability income: \$ _____

Medical EI: \$ _____

Social Assistance: \$ _____

Other income: \$ _____

TOTAL: \$ _____

EXPENSES INFORMATION (please print clearly)

Please use this space to indicate your current expenses:

ASSISTANCE REQUEST (please print clearly)

Check which of the following you are applying for and amount requested. (Attach copies of receipts or bills where applicable)

Volunteer Drivers \$ _____

Rent \$ _____

Counselling \$ _____

Prescriptions \$ _____

Essential Utilities \$ _____

Other: (please specify) _____

Food \$ _____

Gas \$ _____

Signature: _____ Date: _____