



Central Plains Cancer Services Hearts of Hope Assistance Program

INSTRUCTIONS:

Our Hearts of Hope program may provide wishes, gifts, special events, and assistance with expenses and is intended to help people and their families who experience a financial hardship as a result of their cancer diagnosis and treatment.

Signed applications will be accepted by mail, fax or email, or in-person at our office. **Phone:** 204-857-6100

Address: 318 Saskatchewan Avenue E., Portage la Prairie, MB, R1N 0K8. **Fax:** 204-857-8389 **Email:** info@cpcancerservices.ca

CONTACT INFORMATION		
First Name	Last Name	Date
Email: If follow up is required can we contact you by email: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Phone	Home Phone	Cell Phone
Languages Spoken Fluently (Other than English)		
Mailing Address		
City/Town	Province	Postal Code
EMERGENCY CONTACT		
Full Name	Phone	
HEALTH INFORMATION		
Type of Cancer:		
Current Treatment:		
Oncologist/Surgeon:	Hospital/Facility:	
PATIENT FINANCIAL INFORMATION		
Marital Status? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced		
What is your current employment status? <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled		
If unemployed or disabled, what date did you begin receiving benefits: _____		
How many people live in your household and are claimed as dependents on your tax return? (Example: You, your spouse and two children = 4) _____		
What's your family's gross annual income last calendar year? _____		
PERSONAL STATEMENT		
Funds Request (Bill/Invoice Description)	Amount	

PERSONAL STATEMENT: Please provide a brief description of your need and a little about yourself.

I verify that the information provided in my application is complete, accurate and true. I further understand that reported financial information may be verified by an audit as deemed necessary by the Foundation. I understand that if I am approved for assistance by the Central Plains Cancer Services Hearts of Hope Program, assistance will terminate if Central Plains Cancer Services becomes aware of any fraudulent activity related to my application or the assistance provided by Central Plains Cancer Services.

Signature: _____

Date: _____

Please return this completed form to info@cpcancerservices.ca or mail to:

Central Plains Cancer Services
318 Saskatchewan Avenue E
Portage la Prairie, MB R1N 0K8

