



Southeast Cancer Support Services *Hearts of Hope Assistance Program*

INSTRUCTIONS:

Our Hearts of Hope program is designed to create a positive life experience, bringing joy and hope to cancer patients. It 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:** 204-326-8571

Office: #215 – 98 Brandt Street, Steinbach, Manitoba R5G 1Y2 **Mail:** #3-20 Brandt St Box 231, Steinbach, MB R5G 0V6

Email: info@secancersupport.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 Southeast Cancer Support Services Hearts of Hope Program, assistance will terminate if Southeast Cancer Support Services becomes aware of any fraudulent activity related to my application or assistance provided by Southeast Cancer Support Services

Signature: _____

Date: _____

Please return this completed form to
info@secancersupport.ca
Drop off at office: #215-98 Brandt St, Steinbach, MB
Or mail to: Southeast Cancer Support Service
Unit 3-20 Brandt St. Box 231 Steinbach, MB R5G 2C3

Southeast Cancer Support Services' **HEARTS OF HOPE PROGRAM** is sponsored by: