

# 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 friend's 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 Slipper & 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. Any decision as to disbursement shall be in the sole discretion of the committee.

## 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 will hold all applications confidential and the information provided will be shared only with our committee or as required to verify information provided.

### MEDICAL PRACTITIONER CONTACT & CERTIFICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I CERTIFY THAT THIS PATIENT HAS A CANCER DIAGNOSIS

Signature \_\_\_\_\_

**RUBY SLIPPER & BLACK BOOT FUND  
FINANCIAL ASSISTANCE APPLICATION**

**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 \_\_\_\_\_

**RUBY SLIPPER & BLACK BOOT FUND  
FINANCIAL ASSISTANCE APPLICATION**

**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.**

\_\_\_\_\_

# RUBY SLIPPER & BLACK BOOT FUND FINANCIAL ASSISTANCE APPLICATION

## 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 for any reason whatsoever including any care or treatments or products the undersigned receives from the healthcare provider chosen or monetary grant from the Ruby Slipper and Black Boot Fund. By submitting this application, you, the applicant, agree to indemnify and hold the Ruby Slipper and Black Boot Fund harmless from and against all damages, claims, actions, suits and expenses whatsoever arising, directly or indirectly, from any claim you may have and you release the Ruby Slipper & Black Boot Fund from any and all claims direct or indirect related to this application including the 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

\_\_\_\_\_

Name \_\_\_\_\_