



## Patient Care Fund

At Craig's Cause Pancreatic Cancer Society, we understand that a pancreatic cancer diagnosis can bring not only physical and emotional challenges, but also financial strain for patients and their families. This financial grant program was created to help ease some of that burden by providing support to those who need it most.

Our goal is to ensure that patients can focus on their care and well-being without the added stress of financial hardship. Through this program, we aim to offer meaningful support during a difficult time and to stand alongside patients as they navigate their journey.

To be eligible for this financial grant, applicants must meet the following criteria:

- Must have a confirmed diagnosis of pancreatic cancer
- Must have been diagnosed within the past 5 years
- Must be a living individual (not an estate)
- Must have a household income below the poverty line or have experienced a significant change in income due to illness.

Please email applications to [erin@craigsc ause.ca](mailto:erin@craigsc ause.ca).

Please include:

- Most recent CRA Notice of Assessment for all household members
- Letter of diagnosis from someone on your care team (oncologist, social worker, surgeon, etc)
- Completed application

Thank you!

The Craig's Cause Pancreatic Cancer Society Team



1.877.212.9582



[info@craigsc ause.ca](mailto:info@craigsc ause.ca)



[www.craigsc ause.ca](http://www.craigsc ause.ca)



## Patient Care Fund: Financial Grant Application

Please complete the below form and return to [erin@craigscouse.ca](mailto:erin@craigscouse.ca) along with the most recent CRA Notice of Assessments for all members of your household and a Letter of Diagnosis from your care team.

### Personal Information

Full Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Marital Status:

- Single
- Married / Common-law
- Divorced
- Widowed

### Employment & Household Information

Are you currently working?

- Yes (Full-time)
- Yes (Part-time)
- No

If no, is this due to your diagnosis?

- Yes
- No



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Is your partner currently working?

- Yes (Full-time)
- Yes (Part-time)
- No
- Not applicable

### Care Centre

Hospital / Cancer Centre you receive care from: \_\_\_\_\_

Referrals Received:

- Medical Oncologist
- HPB Surgeon
- Dietician/Nutritionist
- Palliative Care
- Pain Management
- Social Worker/Counselling Services
- Other: \_\_\_\_\_

### Additional Information (Optional):

Age at Diagnosis: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Do you currently smoke?

- Yes
- No
- Occasionally
- Former smoker

Do you engage in regular physical activity/exercise?

- Yes
- No



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Has a first-degree relative (parent, sibling, child) been diagnosed with pancreatic cancer?

- Yes
- No
- Unsure

Have you had genetic testing?

- Yes
- No
- Unsure

Patient Voice

Would you be willing to share your story to help raise awareness?

- Yes
- No
- Maybe (please contact me with more information)

Please briefly describe how this grant would help you.

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I confirm that the information provided in this application is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_