leucan

2017 Financial Assistance Application Form
Physical and psychological sequelae arising from pediatric cancer

This form and the other required documents must be sent before August, 19th by mail or email using the following addresses :

Leucan Information Centre
CHU Sainte-Justine
3175 Côte-Sainte-Catherine, Room B1246
Montréal, Québec, H3T 1C5

Or at patrick.cossette2@leucan.qc.ca

Please refer to the Reference Guide for assistance

IDENTIFICATION		
Applicant's name and surname		Date of birth: _____/_____/____ MONTH/DAY/YEAR
Name and surname of parent or legal guardian (if applicant is a minor)		Check if child's legal guardian ☐

Applicant's contact information (parent/legal guardian's contact information if applicant is a minor)		
Address (no and street):	Apt.:	City:
Postal code:	Email:	
Phone number at home :	At work:	Cell:

Supplementary information on diagnosis	
Date of diagnosis:	Diagnosis :
Hospital :	Date of last treatment:
Date of last follow-up visit:	Attending physician during treatments:

SECTION 1

TO BE COMPLETED AND SIGNED BY THE ONCOLOGIST OR OTHERWISE THE FAMILY PHYSICIAN. THIS SECTION DOES NOT HAVE TO BE COMPLETED IF YOU HAVE SUBMITTED AN APPLICATION FOR THIS PROGRAM IN 2015 OR 2016.

1. **Describe the sequelae(s) for which financial assistance is required and the causal link between the cancer treatments and sequelae(s):**

2. **Describe the impact of sequelae(s) on the patient's health and quality of life:**

Name:	**Signature :**	**Date :**	**Phone:** **Email:**

SECTION 2.1. : FIRST ESTIMATE

TO BE COMPLETED AND SIGNED BY THE HEALTH CARE PROFESSIONAL (OR OTHER QUALIFIED PROFESSIONAL) WHO WILL PROVIDE THE CARE/SERVICES

1. Type of proposed treatment/service (including description and frequency):

2. Total cost of treatment/service (including taxes) :

Estimate cost (if not free): _____$

3. Payment modes required (how many and amounts) :

Name and occupation:	**Signature:**	**Date:**	**Phone:** **Email:**

SECTION 2.1. : FIRST ESTIMATE

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1. Type of proposed treatment/service (including description and frequency):

2. Total cost of treatment/service (including taxes):

Estimate cost (if not free): _____$

3. Payment modes required (how many and amounts):

Name and occupation:	**Signature :**	**Date :**	**Phone:** **Email:**

More than one type of treatment/service can be covered by the grant. Please complete Sections 2.1 and 2.2 (estimates) for each one of them.

Note: Please attach any documentation supporting your financial assistance request (see list below). Incomplete applications will not be processed.

FINAL AMOUNT

<u>Voluntary contribution</u>:

Leucan wishes to distribute the budget of $ 30,000 dedicated to the 2017 Financial assistance program for post-treatment sequelae as equitably as possible and maximize its impact. If you are able to contribute financially to some of the costs of the service, please indicate how much your contribution could be in dollars or percentages: _____

I request a total grant in the amount of: _____ $

Signature of the applicant, parent or legal guardian : _____

Date : _____

Please take note :

1. **Leucan may reimburse the estimate(s), independently of the request being granted.**
2. **Leucan has the right to determine the amount of the grant(s), whether the submission is partially or totally covered. Leucan is not required to explain its decisions.**

Section reserved for Leucan's management	
Date of receipt:	Notes :

IMPORTANT

Make sure your application is complete before submitting this form

Section 1 : Completed and signed by the oncologist or family physician
Sections 2.1 et 2.2 : Completed and signed by the professional who will provide the care/services requested

POSSIBLE SEQUELAE FROM CANCER OR TREATMENT

Below is a list of physical and psychological sequelae which shall be considered in the granting of financial assistance under this program.

Physical sequelae

- Visual or auditory impairment (hearing or visual aid required)
- Issues requiring special or cosmetic surgeries
- Remedial dental care
- Orthopaedic disorder: need for special prosthesis or orthotic device
- Chronic pain and remedial treatment: physiotherapy, psychotherapy, osteopathy, lymph-drainage
- Need for supervised physical training

Psychological sequelae

- Need for private psychological care: psychologist, social worker, sexologist or any other member of a relevant professional body (depending on the suggested form of therapy)

*Note: Psychiatric fees are covered by RAMQ

Learning disabilities

- Need for services due to learning difficulties or disabilities: neuropsychological assessment and treatment, remedial instruction, speech therapy, educational guidance, educational consultant, etc.
- Need for adaptive equipment (computer, etc.)

Required documentation for all applications:

- Applicant's name and diagnosis;
- Section 1 : recommendation from a physician;
- Sections 2 : two estimates;
- If possible, proof that required services cannot be totally or partially provided by school, local CLSC, etc.;
- In case of radiation therapy, copy of treatment plan from a radiation oncologist specifying the treatment area and radiation dose.

Specific documents to include with application:

Physical sequelae

TYPE	REQUIRED DOCUMENTS AND INFORMATION TO SUPPORT THE REQUEST
• Dental care	• Copy of initial assessment consultation with dentist when diagnosis was made • Two (2) treatment plan submissions with pictures showing current dentition situation

Learning disabilities

TYPE	REQUIRED DOCUMENTS TO SUPPORT THE REQUEST
• Need for services due to learning difficulties or disabilities: neuropsychological assessment and treatment, remedial instruction, speech therapy, educational guidance, educational consultant, etc.	• Intervention plan for special education needs
• Need for adaptive equipment (computer, etc.)	• Recommendation of a specialist explaining the need for and the type of adaptive equipment required • Confirmation from school administration that required equipment can be used in class and that student will be supported by a member of staff in the use of said equipment • Two (2) bids for similar equipment, including a list of required software to meet the student's needs