

FINANCIAL ASSISTANCE PROGRAM FOR POST-TREATMENT SEQUELAE

Financial assistance for Leucan members previously treated for pediatric cancer suffering physical or psychological sequelae

REFERENCE GUIDE

Please read this guide carefully prior to completing the application form. This guide details eligibility criteria and a list of the required documents. Please note that the issuing of grants depends on Leucan's annual budget, as approved by the Board of Trustees.

Last update: July 2016

Financial Assistance Program For Post-Treatment Sequelae

The Financial Assistance Program For Post-Treatment Sequelae is specifically intended for individuals diagnosed with pediatric cancer and suffering sequelae from the disease or its treatment. This program is available to individuals with physical, psychological or learning sequelae up to 20 years post-treatment.

OBJECTIVES

The financial assistance provided as part of this program to individuals suffering sequelae from pediatric cancer is complementary to any governmental assistance and/or private health insurance.

This program cannot be used for costs already covered or reimbursed by the State (Ministère de la Santé et des Services sociaux-MSSS, Régie de l'assurance maladie du Québec-RAMQ, school programs, etc.) and/or a private health insurance policy.

ELIGIBILITY

Eligibility criteria

The following eligibility criteria apply:

- Being diagnosed with pediatric cancer;
- Being a member of Leucan;
- Being in remission with the last treatment taking place at least two years ago;
- Suffering sequelae from cancer or from any therapy used to treat pediatric cancer;
- Applying no later than 20 years post-treatment.

The program does not apply to:

• Sequelae from a previous situation, which occurred before the pediatric cancer diagnosis

POSSIBLE SEQUELAE FROM CANCER OR TREATMENT

Below is a list of physical and psychological sequelae which shall be considered for 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, lymphdrainage
- 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

- Description of treatment
- Recommendation from a specialist defining the causal link between the treatment/care to be provided and the cancer sequelae
- Age of patient at time of diagnosis
- Planned duration of treatment
- Costs (2 submissions)
- Payment plan
- Proof that required services cannot be 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

Түре	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

Түре		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

APPLICATION FORM

The application form and all required documents must be forwarded to Leucan's information center at the address below. The form must be completed by the applicant or his/her parent or legal guardian if applicant is a minor. Sections reserved to health care professionals and specialists who will provide the requested services must also be completed and signed.

If you need assistance, please do not hesitate to contact your regional Family Services Agent/Advisor. The contact information can be found at <u>www.leucan.qc.ca/en/contact/</u>.

Please send the completed form and support documents to:

Monsieur Patrick Cossette

Librarian, Leucan information center CHU Sainte-Justine Centre de cancérologie Charles-Bruneau 3175, Chemin de la Côte-Sainte-Catherine, local B.12.46 Montréal (Québec) Canada H3T 1C5 Téléphone : 514 345-2336 (région de Montréal) Interurbain sans frais : 1 866 590-4847 Télécopieur: 514 345-2188 Patrick.Cossette2@leucan.qc.ca

APPLICATION REVIEW

Application Review Committee

Applications are forwarded to a committee comprising various specialists, mandated to make recommendations to Leucan.

Procedure

Following recommendations from the committee, Leucan will contact the applicant or his/her parent or legal guardian to inform him/her of Leucan's decision and, **if applicable, will authorize the start of treatments requested in the application.**

Note: Incomplete applications will not be submitted to the committee. Please make sure to send all required documents.

DEADLINE FOR APPLICATIONS

The completed form and all relevant documents must be sent to Leucan no later than a month before the application review:

Deadline: September 23 2016

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