



INDIVIDUAL MEDICAL RELATED FUNDING APPLICATION

This is a 2-page document so please see reverse side as well for completion

Please indicate which fund you are applying for below

Cancer Fund Donation Account Nelson Fund Date of Application _____

BRIEF PROGRAM DESCRIPTIONS

The Cancer Fund & Donation Fund utilizes gifts and bequests to reduce the financial burden occurring for people who have a cancer diagnosis or other significant diagnosis warranting treatment. (Example: A diagnosis of kidney failure requiring dialysis)

The Elof & Thea Nelson fund (Nelson Fund) was established by Esther Nelson in 2009. with the intention to provide support and/or services to sustain elderly or palliative individuals in their home who have been verified as needing financial support.

Your Name: _____ Your Date of Birth: _____

Your Spouse: _____ (if applicable)

Your Address: _____ Your Telephone: _____

_____ Your Cell Phone: _____

(legal land description if Ponoka County Resident)

Secondary Contact Person (if we cannot reach you) _____

Secondary Contract Person Telephone Number: _____

Do you have dependents? If so, please list below.

Dependents and Ages: _____

Amount of Funds Requested \$ _____

For the purpose of _____ (travel, hotels, meals while in treatment etc.)

PLEASE NOTE: we are not permitted to cover costs of utilities, living expenses including rent, mortgages etc.



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PLEASE NOTE: These funds are only available to individuals living within Ponoka and the East Half of Ponoka County (as the donations to the accounts are made from local individuals, businesses and non-profits)

Description of Medical Situation/Diagnosis/Treatment Plan

(evidence of your condition and the need for travel to appointments, accommodation, parking etc. is to be attached)

PLEASE NOTE: If you do not wish to provide diagnosis, a letter from your doctor indicating you would benefit from financial support while experiencing medical issues will suffice.

What other programs/services/funding sources (INCLUDING PONOKA FCSS's) have you applied for to assist with your situation? (i.e. Home Care, Kidney Foundation, Home Support AISH, Medical EI, Health Benefits etc.) -----

Previous to diagnosis what was your household's income source -----

FOR OFFICE USE ONLY

Application Information Received by -----

Previous Applications and Dates	
Current Application Documentation Attached ? (Y/N)	
Documentation of any conversations of calls (including dates)	

Administration Approval Signatures