Northern Ontario Families of Children with Cancer

APPLICATION FORM FOR EMERGENCY FUNDS

(PLEASE PRINT CLEARLY & FILL OUT FORM COMPLETELY)

Date of Application: _____

Child's Name: _____ Birth Date: ____/____/____
First Last Month Day Year

Status: ☐ Active Treatment ☐ Active Follow Up (start date): ____/____/____
(period of receiving treatment) (1-year following end of active treatment)

_____
Street Address Apt # City Province Postal Code

Needs of Family: _____

Invoice Attached: Yes ☐ No ☐ Other Services Contacted: Yes ☐ No ☐ Approved: Yes ☐ No ☐ Pending ☐

Name of Service: _____ Amount requested/received: $_____

Address of Service: _____

Amount requested from NOFCC: $_____ Amount Approved: $_____

Support to be sent by email transfer:

Payable to: _____
First Name Last Name

Email: _____
(for email money transfer)

NOFCC Office Use Only

Approved by: _____ Date approved: _____

Date Entered on Tracking Sheet: _____ Amount to date for this Family: $ _____

EFT #: _____

Unit #18, 1375 Regent St. South, Sudbury, ON P3E 6K4
705.586.3229 or 1.888.993.9227
Web: www.nofcc.ca **Email**: info@nofcc.ca

Striving to improve the lives of families dealing with childhood cancer