ONEBALL PATIENT FINANCIAL ASSISTANCE FUND GUIDELINE

Testicular cancer patients undergoing chemotherapy and radiation can be forced to pay over $6,000 for medications not covered by the Canadian health care system. In addition to these medications, the surgeries associated with testicular cancer can put a patient out of work for some time. It’s hard enough for most people to pay for basic amenities when they have no income, imagine how hard it is if you have to pay thousands of dollars for life-saving medications with no income. With the Oneball Patient Assistance Fund, we aim to make sure that “no ball is left behind”.

APPLICATION PROCESS:

1. Applicants must complete their application form in person with a member of Wellspring Calgary’s, Money Matters program. Please contact support@oneball.ca or Megan Holub at 403-521-5292, ext. 312.
2. Applicants will be notified of the status of their application within two (2) weeks of Wellspring Calgary receiving their completed application form and all supporting documents. *

APPLICATION GUIDELINES:

1. While the funding can go to any applicant that has been diagnosed with testicular cancer, priority will be given to those actively undergoing treatment (e.g., patents currently recovering from surgery or receiving chemotherapy)
2. The applicant must be a Canadian citizen or permanent resident, and reside within southern Alberta.
3. The applicant must complete the application and include all the necessary supporting documents outlining his need for financial assistance. Applications missing any supporting documents will be considered incomplete and not processed by Wellspring until all necessary documents are received.
4. Payments made by Wellspring out of the Oneball Patient Financial Assistance Fund will only be made directly to approved service providers. Below is a non-exhaustive list of approved service providers:
   - Utilities
   - Landlords, rental companies (per rental agreement), or banks for expenses related to accommodations (i.e., rent or mortgage payments)
   - Pharmacies
   - Grocery stores (via pre-purchased grocery gift cards purchased by Wellspring Calgary)
5. Payments will never be given directly to an applicant for any reason, except for sperm banking, which may qualify for reimbursement with the receipt showing paid in full.
6. Each applicant can apply to Wellspring Calgary for funding from the Oneball Patient Financial Assistance Fund up to three times per calendar year up to a maximum of $1,500 per application. Each applicant is therefore eligible to receive up to a maximum of $4,500.00 in funding, funds permitting, each year.
7. An applicant cannot submit a new application to Wellspring Calgary until all pending applications from the applicant have been reviewed and responded to by Wellspring Calgary.
8. Each application must include proof of at least one expense for medications or costs directly related to
the applicant’s testicular cancer diagnosis or treatment. Examples include:

- the initial fee of registering with the Diagnostic Semen Laboratory
- costs associated with sperm banking
- prescription medications not covered under a private or employee health plan
- rent/mortgage payments that are 30 days in arrears
- utility bills that are 30 days in arrears

9. The criteria for the Oneball Patient Financial Assistance Fund are reviewed at least annually by Oneball and Wellspring Calgary.

10. If an applicant receives any type of Long Term Disability coverage, a copy of the applicant's coverage must be submitted with their application.

MANDATORY APPLICATION DOCUMENTS:

For an application to be considered by Wellspring Calgary:

- Applicants must submit a complete application form
- Applicants must provide with a copy of the medical report supporting their diagnosis (e.g. pathology report or a document from the TBCC on letterhead which states their dx and treatment)
- Applicants must provide a copy of their current tax year’s income tax Notice of Assessment for the current tax year and their full income tax return.
- Applicants must provide a copy of their current tax year’s income tax Notice of Assessment for the current tax year for their spouse/partner/significant other and/or all persons over the age of 18 living in the Applicant’s household.
- Applicants must disclose all sources of income, including child or spousal support, government funding, and funding received from other government, private, or non-profit organizations or agencies.
- Applicants must provide proof of citizenship and/or evidence of Canadian Landed Immigrant status;
- Applicants applying for medication costs and costs associated with the use of the Diagnostic Semen Laboratory must provide the original supporting documentation verifying the amount that is requested for reimbursement.
- Applicants who were working before diagnosis and are now unable to work as result of treatment, must provide a copy of their Record of Employment.

EXAMPLES OF ACCEPTABLE EXPENSES:

Listed below are some examples of expenses that can be reimbursed through the Oneball Patient Financial Assistance Fund. This is not an exhaustive list and Oneball and Wellspring Calgary can approve funding for expenses not listed below.

- Transportation or parking receipts related to an applicant’s appointments or treatment to/from the cancer centre (the corresponding appointment confirmation from the clinic/hospital is required for this reimbursement)
- Temporary accommodation during treatment (e.g., hotels for out of town treatment)
- Prescription medications related to cancer treatment that are not covered by insurance, and/or non-covered co-payments.
- Child-care services during treatment.
- Supportive care, including counseling services or cancer support courses for the applicant as well as his partner and children.
- Rent or mortgage payments that are 30 days in arrears.
- Sperm banking prior to treatment initiation.

Documentation of additional expenses not listed above can be submitted and will be considered.

*Oneball and Wellspring Calgary reserve the right to review and assess applicants in special cases or circumstances not listed in this policy.

**ADDITIONAL INFORMATION/CONTACT**

Oneball Website: www.oneball.ca
Oneball Contact: support@oneball.ca
Wellspring Money Matters Website: www.wellspringcalgary.ca/money-matters
Wellspring Money Matters Phone: Megan Holub, 403-521-5292 ext. 312
ONEBALL PATIENT FINANCIAL ASSISTANCE FUND APPLICATION

TELL US ABOUT YOURSELF
Is this your first application? _________ If no, how many other applications have been filed? _______

First Name:_________________________ Last Name________________________________________
Address:_________________________________________ Apt#: __________________________
City: _________________________________ Province: ___________ Postal Code: ________________
E-mail Address: ____________________________
Home Phone #: __________________________ Bus/Cell Phone #: __________________________
Canadian Citizen: YES □ NO □ Landed Immigrant: YES □ NO □ If YES, since when ___________
If YES, have you been sponsored YES □ NO □
Marital Status________________________ # of Dependents and ages: __________________________
Number of people living at this address (including non-dependents & dependents): ______________
How are they connected to you: __________________________________________________________

HELP US UNDERSTAND YOUR DIAGNOSIS
Date Diagnosed with Testicular Cancer: _________________________________
Stage: □ 1 □ 2 □ 3 □
For Stage 2 and 3, where has the cancer spread: _________________________________

<table>
<thead>
<tr>
<th>Treatment(s) received, current, or required</th>
<th>Date (from-to)</th>
<th>Name of Facility</th>
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Are you still receiving chemotherapy and/or radiation? YES □ NO □

Are you receiving treatment related to any side effects of treatment? YES □ NO □
YOUR MEDICAL TEAM

Family Doctor: ___________________________ Phone Number ___________________ Ext.

Oncologist’s name: ___________________ Phone Number ___________________ Ext.

Navigator Nurse (if applicable) _______________ Phone Number ___________________ Ext.

PLEASE HELP US UNDERSTAND YOUR FINANCIAL SITUATION

Are you receiving financial aid from the government or other institutions? YES □ NO □
If YES, please indicate the origin: ___________________________ and amount: $ _______________

Are you presently working? YES □ Current position: ___________________________
                   Full time □ Part time □
NO □ If NO, state your last day of work: ___________________
     Position: __________________

<table>
<thead>
<tr>
<th>Household Gross Monthly Income</th>
<th>Origin</th>
<th>Yourself</th>
<th>Spouse/Partner</th>
<th>Child(ren)</th>
<th>Other Person</th>
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<tr>
<td>Salary</td>
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<td>STD/LTD</td>
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<td>Alberta</td>
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<td>Child Support</td>
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<td>Rental</td>
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<td>GST Credit</td>
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<td>Child Tax</td>
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<td>Other</td>
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<td>Total per</td>
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<tr>
<td>Total</td>
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</table>

Your monthly expenses:
- Monthly Mortgage/Rental Payment $ __________
- Groceries/Food $ __________
- Cable/phone/internet $ __________
- Utilities (hydro/water/gas) $ __________
- Car payment/loan $ __________
- Insurance $ __________
- Other (please indicate) $ __________

Total gross revenues $ __________ Total expenses $ __________ Difference $ __________
Your testicular cancer treatment related expenses:

<table>
<thead>
<tr>
<th>Type of expense (please indicate)</th>
<th>Amount</th>
<th>Receipts to include</th>
<th>Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td>$</td>
<td>Original pharmacy receipts (patient’s name)</td>
<td></td>
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<tr>
<td>Initial Registration with the Diagnostic Semen Laboratory</td>
<td>$</td>
<td>Invoice</td>
<td></td>
</tr>
<tr>
<td>Sperm Banking costs</td>
<td>$</td>
<td>Invoice</td>
<td></td>
</tr>
<tr>
<td>Travel Costs (gas, bus, train, parking)</td>
<td>$</td>
<td>Receipt/Invoice</td>
<td></td>
</tr>
<tr>
<td>Accommodation</td>
<td>$</td>
<td>Invoice</td>
<td></td>
</tr>
<tr>
<td>Meals</td>
<td>$</td>
<td>Receipts</td>
<td></td>
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<tr>
<td>Other</td>
<td>$</td>
<td>Receipt/Invoice</td>
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Total amount requested: $______________

Note:
The maximum amount payable to an applicant is $1,500 per application to be paid directly to approved support service providers only. Applicants can apply up to 3 times per year, for a maximum of $4,500 of funding per year, funds permitting. Excess amounts WILL NOT BE carried over onto future applications.

SIGNATURE

☐ I have read and understood the guidelines listed within this document. I certify that the above information is accurate. I also understand that this information and the documents included are to be used by Wellspring Calgary and Oneball for the sole purpose of assisting me financially. I acknowledge that Wellspring may confirm my cancer details.

______________________________          ____________________________
Signature of applicant                            Date of Application (MM/DD/YYYY)