Patient Application and Consent Form

WOMEN

PATIENT INFORMATION

Last name _____ First name _____ Middle _____

Address _____

City _____ Province _____ Postal Code _____

Phone ( ) _____ Alt # ( ) _____

Email _____ Date of Birth (yyyy/mm/dd) _____

**required in order to receive reimbursement*

Applicants must be 40 years of age or younger to qualify for the program.

HEALTH INFORMATION

Health Card Number _____ Version Code _____

Cancer Type _____

FINANCIAL ARRANGEMENTS

☐ I am an applicant with a gross annual household income of $50,000 or less

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PRIVACY INFORMATION

- ☐ I have read and understand the Fertile Future Privacy Policy and am aware Fertile Future will use and retain my information as described within this policy.
- ☐ I give my physician(s) permission to disclose medical information to Fertile Future for the purpose of processing my application for the Power of Hope program.
- ☐ I agree to be contacted annually by Fertile Future in order to provide an update as to the outcome of my treatment.

Please provide an alternate contact

Name _____ Relationship to Applicant _____

Phone ( ) _____ Email _____

Patient Signature _____ Date (yyyy/mm/dd) _____

DISCLAIMER: *Fertile Future will review and process completed applications when received. To ensure prompt processing of your application, please make sure that all requested information and materials are provided. An application under this program does not guarantee funding. Fertile Future will review completed applications and make funding decisions based on program criteria, and availability of funds.*

APPLICANT CHECKLIST

PLEASE NOTE: Only complete applications that include the following documentation will be processed.

- ☐ Complete Patient Application Consent Form
- ☐ Complete Physician Information and Consent Form
- ☐ Proof of Income Statement - Please visit the following link to view details on how to obtain this document: https://www.cra-arc.gc.ca/esrvc-srvce/tx/ndvdls/prffncmsttmnt-eng.html
  - *Single Applicants: Please provide most recent Proof of Income Statement indicating a gross annual income of $50,000 or less.*
  - *Married (or Common-Law) Applicants: Please provide most recent Proof of Income Statement of applicant and applicant's significant other, indicating a combined gross annual income of $50,000 or less.*
  - *Applicants under 18 years of age: Please provide parent(s) or guardian(s) most recent Proof of Income Statement(s). Same rules apply as above.*
- ☐ Original receipt for fertility preservation treatment showing a balance of $0 (*Administering Fertility Centre must be a member of the Power of Hope Program.)*
- ☐ No more than one year has elapsed since fertility preservation was performed.