CCNM | Integrative Cancer Centre
Canadian College of Naturopathic Medicine

Application for Reduced Rates for Patients of the CCNM Integrative Cancer Centre

At the CCNM Integrative Cancer Centre, we believe that integrative cancer care should be accessible to everyone who needs it regardless of income. We offer a financial assistance program for people with clear financial need or who are on social assistance or ODSP.

In order to apply, you will need to complete this application form detailing your financial situation so we can obtain a clear picture of your specific financial need and determine the assistance level appropriate to you.

CCNM Privacy Statement: *We understand the importance of privacy and protecting your personal information. We are committed to collecting, using, and disclosing your personal information responsibly. All information provided in this application will be retained by CCNM and shall not be released to any other party without expressed written consent of the applicant.*

A. Applicant Information

Last Name:____First Name:________________________________

Address: Phone: ___________________ h

___________________________ ___________________ w

___________________________ ________________ other

May we leave a message for you?

HOME: Y / N
WORK: Y/ N

Email:____ Date of Birth:____

B. Income Information

List gross monthly income (before deductions). Please include all household income including partner's income.

	Name	Source (i.e. employment, EI, pensions, income assistance, etc.)	Gross Monthly Income ($)
1			
2			
3			
4			
5			
6			
7			
8			

C. Application Checklist

Before returning your Application for Reduced Rates, have you:

- Completed your application in full.
- Enclosed a copy of income verification.
  - Include most recent "Notices of Assessment" for self and partner
- Signed and dated the application in the space below

I declare:

- This is my application; and
- All the information in it is correct and complete to the best of my knowledge and belief.

I understand:

- That this application does not constitute any agreement on the part of the CCNM Integrative Cancer Clinic to provide me with reduced rates.
- That it is my responsibility to advise the CCNM Integrative Cancer Clinic of any changes to the information given in this application and to provide any supporting materials required for my application.
- That the reduced rates will only apply after the application is processed.
- That I will not be entitled to reimbursement of fees already paid to CCNM Integrative Cancer Centre and the Robert Schad Naturopathic Clinic.

Signature of Applicant:____ Date:______________________

Please complete this form and return it, along with proof of financial need to clinic reception. You may also email or fax the application to the attention of:

Paula Chronopoulos
PChronopoulos@ccnm.edu
Fax: 416-498-1611

THIS SPACE FOR OFFICE USE ONLY			
Income Verification Provided:	Application Approved:	Processed By:	Date:
Subsidization level provided:			
Notes:			