HOWARD D. TROTMAN NET PATIENT ASSISTANCE PROGRAM

The Howard D. Trotman NET Patient Assistance Program was created to address the financial impact of a cancer diagnosis on Canadians with neuroendocrine cancer. The program offers a grant of up to $3,000 per family to provide some relief from economic hardship during a very challenging time. The program was founded to assist those experiencing acute financial hardship resulting directly from the diagnosis and ongoing monitoring, treatment and management of your neuroendocrine cancer.

The program is run by volunteers and funded solely on the generous support of Sue Folinsbee, CNETS and general donations to the program via CNETS. Launched in 2025, this is a pilot program.

The criteria outlined in this application are reviewed and updated annually. Please complete the application in full and provide all required documentation listed below. Before submitting your application, please use the enclosed checklist.

For any questions or support, contact us via: Email - HDTAssistance@cnets.ca or phone - 1-844-628-6788

Eligible Criteria:

- ✓ The applicant must be diagnosed and living with neuroendocrine cancer.
- ✓ The applicant must be a Canadian citizen, approved landed immigrant or permanent resident.
- ✓ Each application can be submitted for a maximum of $3,000 per family. Receipts are required for reimbursement of all expenses.
- ✓ A maximum of three applications a year, in the year that expenses were incurred is allowed up to a maximum of $3000.
- ✓ Caregiver expenses will also be considered (for example, travelling when accompanying a patient).
- ✓ The application can be completed and signed by the patient or authorized designate.
- ✓ The application must also be signed by the patient`s social worker, nurse, nurse practitioner, oncologist, or family doctor.
- ✓ Pre-approval of anticipated expenses is permitted. A committee will review the application and let you know if your pre-approval has been accepted.
- ✓ Payment will not be made until receipts are submitted using the form on page 4 of the application and according to eligible expenses.
- ✓ Alternatively, if you have already incurred your expenses, please submit the form on page 4 with receipts that correspond to each item you have listed

Eligible Expenses (but not limited to):

- ✓ Transportation to/from the center for appointments or treatment. If air travel is required, we will connect you with Hope Air
- ✓ Accommodations ($185-$250 per night)
- ✓ Meals at a per diem rate of $75 per day
- ✓ Medications that are not covered by any other plans (or non-covered % portions) related to your cancer.
- ✓ Visits to a naturopath or similar health care practitioner to support NET cancer treatments
- ✓ Cost of diagnostics not available to you under the public health system (example: Ga68 PET/CT)
- ✓ Parking at the cancer center/hospital.
- ✓ Childcare costs while travelling or while undergoing treatment.
- ✓ Expenses not listed above can be submitted for consideration by the review committee.

Please click link to get information on other financial assistance programs.

CNETS | 333 Pitt Street Suite 102 - Cornwall, Ontario K6J 3R1
www.cnets.ca | 416-628-3189 | (toll free): 1-844-628-6788 |85623 3986 RR0001

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CNETS CANADIAN NEUROENDOCRINE TUMOUR SOCIETY

HOWARD D. TROTMAN NET ASSISTANCE APPLICATION FORM

PERSONAL INFORMATION		
First Name	Last Name	
Date of Birth (DD/MM/YY)	Email	
Phone (Home)	Phone (Cell)	
Address (Street number and name)	Apartment	
City	Province	Postal code
Permission to leave voicemail on home phone number? ☐ Yes ☐ No Permission to leave voicemail on cell phone number? ☐ Yes ☐ No		
Is this your first application for assistance? ☐ Yes ☐ No		
Why is this fund important to you? Please tell us how this financial assistance will make a positive difference to you.		
What expenses are you hoping to cover with this fund?		
Are you willing to provide a testimonial for our website? ☐ Yes ☐ No		

MEDICAL INFORMATION This section must be signed by your health care professional (e.g. doctor, nurse, social worker)		
Date of Diagnosis (MM/YY):	Type of Neuroendocrine Cancer:	
Tumour Grade: (e.g., 1, 2, 3 NET or NEC)	Disease Stage: (e.g. 0, 1, 2, 3, metastatic)	
Last day of work due to diagnosis (if applicable) (DD/MM/YY):	Expected return to work date (If applicable) (DD/MM/YY):	
Name & Title of Health Care Professional		
Hospital Centre	Phone	Email
Health Care Professional's Signature:		

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REIMBURSEMENT

PAYEE INFORMATION	
Name:	Phone Number:
Mailing Address:	
Email Address:	

Once your expenses have been approved, payment will be issued

MEDICAL & RELATED EXPENSES

Please list itemized expenses below and provide copies of receipts as back-up.

Images of or uploaded receipts are to be submitted with the application

NOTE: EXPENSES MUST RELATE TO YOUR MEDICAL TREATMENT, DIAGNOSIS OR ONGOING MANAGEMENT

AND MUST BE INCURRED WITHIN THE SAME CALENDAR YEAR AS APPLICATION SUBMISSION

Expense	Date	Amount
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
TOTAL REIMBURSEMENT AMOUNT REQUESTED		$ 0

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AUTHORIZATION

If submitting form by email:

☐ I understand that email is not a secure means of communication. I consent to sending and receiving communications including banking information by email.

☐ I agree that CNETS will not be liable for any breaches of privacy, whether caused by myself, or a third party.

☐ I understand that if I am not comfortable with email, all communication will be by mail instead

I certify that the information provided in this application is accurate and complete. My data may be used anonymously through statistics to show who is using the program. I authorize CNETS to discuss my application with my medical team for verification purposes only.

My application will be reviewed by a small committee overseeing the program and I will be informed as quickly as possible about my eligibility for the program. All information will be treated as private and confidential.

Signature: (please sign or type full name)	Date:

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CHECKLIST

Important To Note:

This checklist is provided so that you can be sure that all the mandatory documents are included with your application.
We understand that the Application is comprehensive and will take some time and effort on your part to complete - at a time when you may be feeling unwell. However, we cannot review your application unless all the relevant documents are included.

Checklist for Applicant:

- ☐ All sections of application completed in full
- ☐ Application signed by applicant or authorized designate
- ☐ Application signed by Social Worker, Nurse, Nurse Practitioner, Medical Oncologist or Family Doctor
- ☐ For expense pre-approval, expenses to be covered
- ☐ Receipts for expenses already incurred.

☐ I certify that the information provided in the application is accurate and complete. My data may be used anonymously through statistics to show who is using the program. I authorize CNETS to discuss my application with my medical team for verification purposes.

☐ My application will be reviewed by a small committee overseeing the program and I will be informed as quicky as possible about my eligibility for the program. All information will be treated as private and confidential.

Please send your application (with all required documentation) by email:
HDTAssistance@cnets.ca

You can also send your application by courier mail:

CNETS, The Howard D. Trotman NET Patient Assistance Program
333 Pitt Street, Suite 102, Cornwall, ON, K6J 3R1.

PLEASE SHARE A TESTIMONIAL!

Finally, YOU CAN HELP US help other patients! When we send a THANK YOU to donors of this Fund, we would like include a TESTIMONIAL and/or information about the persons with cancer we have supported. You can help by writing a brief testimonial about your experience and how the support you received helped you and your family. We will respect your confidentiality by using your first name only in any marketing materials where we use your testimonial.

Please forward by email HDTAssistance@cnets.ca, with this application, by separate cover or by mail to CNETS, The Howard D. Trotman NET Patient Assistance Program, 333 Pitt Street, Suite 102, Cornwall, ON, K6J 3R1.

OUR PRIVACY POLICY

CNETS is committed to protecting the privacy of the personal information of its constituents. (applicants, donors, health care professionals and other stakeholders). Our policy on the rules for collection, use, disclosure, and retention of your personal health information, in any format (paper or electronic), is based on internationally recognized privacy principles.