



## Ontario Patient Application and Consent Form

### Men

#### Patient Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Alternative Number: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth:    /    /    (dd/mm/yyyy)

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

#### Health Information

Health Card Number: \_\_\_\_\_ Version Code: \_\_\_\_\_

Cancer Type: \_\_\_\_\_

#### Financial Information

Please check the following statement that applies to you

- I am a single applicant with a gross annual income of \$50,000.00 or less.
- I am a married (or common-law) applicant with a gross annual income of \$75,000.00 or less.



## 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:        /        /        (dd/mm/yyyy)

**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
- Option C Documentation *(Please call the Canada Revenue Agency at 1-800-959-8281 to request your 'Option C' documentation.)*
  - Single Applicants: Please provide most recent Option C document indicating a gross annual income of \$50,000 or less.
  - Married (or Common-Law) Applicants: Please provide most recent Option C document of applicant and applicant's significant other, indicating a combined gross annual income of \$75,000 or less.
  - Applicants under 18 years of age: Please provide parent(s) or guardian(s) most recent Option C document(s). Same rules apply as above.
- Original receipt for fertility preservation treatment showing a balance of \$0 - OR proof of OHIP coverage *(Administering Fertility Centre must be a member of the Power of Hope Program.)*
- If applicable, completed expense reimbursement form (Appendix A) along with original receipts of expenses incurred due to your fertility preservation procedure (example: fuel, hotel, meals).
- No more than one year has elapsed since fertility preservation was performed.
- Submit completed application by email (scanned originals accepted) at [info@fertilefuture.ca](mailto:info@fertilefuture.ca) or by mail



## Physician Information and Consent Form

### Men

#### Patient Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

#### Oncologist Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Treatment Centre: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone/Extension: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Treatment centre's Power of Hope administrator (if known): Name: \_\_\_\_\_

Phone/Extension: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_



### Health Information of Patient

Cancer Type: \_\_\_\_\_

Past treatment and dates of treatment completed (if applicable): \_\_\_\_\_

If the patient has had a history of cancer and treatment has already occurred:

- At least one year must have passed since completing that treatment, and;
- Additional cancer treatment is planned imminently that will further affect fertility.

Treatment Plan (please indicate location of surgery, type of chemotherapy, location(s) and dose of radiation, if applicable): \_\_\_\_\_

**Please note:** Only complete applications that include the information as outlined on page 2 of this application will be processed.

I believe that this patient's cancer treatment presents a risk to his fertility and support fertility preservation as a safe and appropriate option for this patient.

Oncologist Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)



## Fertile Future Ontario Patient Expense Reimbursement Policy

### 1. INTRODUCTION

On December 21, 2015, the Ontario government began funding IVF treatments creating a significant increase in the volume of patients moving forward with IVF. As of March 15, 2016, the Power of Hope Program will help fund other expenses incurred that are related to fertility preservation including: additional medication costs, cryopreservation, and travel. This policy provides guidance for the reimbursement of expenses incurred by Ontario applicants of Fertile Future's Power of Hope Cost Reduction Program.

It is understood that the amount reimbursed to a claimant will be in direct proportion to the sliding scale based on individual or combined income as indicated in the Power of Hope brochure and application forms.

### 2. GENERAL GUIDANCE

- 2.1 Fertile Future will reimburse expenses that are legitimate, reasonable, and appropriate for the activity undertaken.
- 2.2 Expenses must have been incurred by the claimant; no person may request reimbursement for expenses that have been paid by another individual.
- 2.3 Original receipts from suppliers must support all expense reimbursements. When expenses are charged to a credit card, both the credit card slip and the detailed receipt listing the items purchased should be submitted.

### 3. ACCOMMODATIONS

- 3.1 Reimbursement for accommodations at a hotel, motel, or bed and breakfast facility while travelling to the fertility centre may be made up to the a maximum of \$150.00 per night plus applicable taxes. If one's spouse is accompanying an individual at personal expense, any additional room charges for the second person are a personal expense.

### 4. AUTOMOBILE EXPENSES

- 4.1 Applicants travelling by automobile to the fertility centre.

Reimbursement will be made for the following costs:

- Gasoline while travelling to and from the fertility centre within 100 kilometres. Gasoline used for trips of more than 100 kilometres is a personal responsibility. No reimbursement shall be made for premium gasoline under any circumstances.

### 5. MEALS

- 5.1 Meals consumed while travelling to and from the fertility centre.

- a) No alcoholic beverages will be reimbursed under any circumstances.
- b) All claims for reimbursement should include documentation explaining the reason for the meal expense.

Meals will be reimbursed based on the presentation of original receipts up to the following maximum amounts (excluding taxes and gratuities):

- Breakfast \$11.00 plus taxes and maximum 15% gratuity
- Lunch \$16.50 plus taxes and maximum 15% gratuity
- Dinner \$27.50 plus taxes and maximum 15% gratuity

### 6. AIR OR RAIL TRAVEL

- 6.1 When air or rail travel is required to reach the fertility centre, the most economical means must be taken, with due consideration to the time involved.
- 6.2 Boarding passes must be submitted with claims for reimbursement for air and rail travel.
- 6.3 Options for travel are as follows:
  - a) Air travel in economy class at the least expensive rate obtainable. Fees for advance seat selection may not be claimed. When return travel dates or times may be subject to change, individuals should consider the cost of fare changes in determining which fare class to book.
  - b) Rail travel at the least expensive rate obtainable. Additional cost of Via1 or other business class may be claimed when trip exceeds four hours if total cost is still less than flying, including meals, transportation to airport, parking, etc.



Expense Reimbursement Form

Full Name: \_\_\_\_\_

	DATE	DESCRIPTION	TOTAL
<b>HOTEL</b>			
<b>TRANSPORTATION</b>			
<b>FUEL</b>			
<b>MEAL(S)</b>			
		<b>GRAND TOTAL:</b>	

Once completed please mail or email this form to:

Fertile Future  
 100 - 250 City Centre Avenue  
 Ottawa, Ontario K1R 6K7  
 info@fertilefuture.ca

*Expenses reimbursable to the maximum allowable amount in accordance with your indicated income and in compliance with the expense reimbursement guidelines on the Fertile Future website.*