POGO
PEDIATRIC ONCOLOGY GROUP OF ONTARIO
FOR KIDS WITH CANCER
FOR NOW, FOR LIFE.

POGO Financial Assistance Program Claim Form

Please complete one claim form for each month, for each treatment centre (if treated at more than one hospital). Submit the claim form at the treatment centre where the treatment occurred. **Claims must be validated, by date, with the signature of the social worker or POGO Interlink Nurse at the treatment centre**.

Child's name: ____ Birthdate: _____/_____/_____
Last name First name Year Month Day

Address: ____
Street number Street name/RR# Apt # City Postal Code

Phone Number: (   ) ___________________ Email: _______________________________________

Has this contact info changed since last claim submission: ☐ No ☐ Yes

Child's Treatment Status *(check one)*:

☐ Active Treatment
(period of receiving treatment)

☐ Active Follow-up, please provide treatment end date: ______ /______ /_____
Year Month Day
Note: Coverage for families entered into follow-up prior to May 8, 2020

Treatment Hospital: ____ **POGO Family ID:** _________

See your POGO Interlink Nurse or social worker for more info on claim submissions.

CLAIMS MORE THAN 3 MONTHS FROM TREATMENT DATE WILL NOT BE PROCESSED

Date(s)	Food Allowance		Accommodations RMH $10/night Other $20/night (Receipts required)	Child Care (CC) $8.00/hour*		Social Worker or POGO Interlink Nurse Validation
	Outpatient Treatment $7.50/day	Inpatient Treatment $15.00/day		# of Hours	Total CC$	
SUB-TOTALS						**TOTAL DUE:**

**Maximum 120 hrs/yr starting from date of first child care claim*

I hereby certify that the dates listed above are a true indication of treatment dates and the hours claimed for child care are provided by a child care service and does not include care by family members.

Parent/Legal Guardian Signature:_________________________________ Date: ______ /______ /______
Year Month Day

HOSPITAL USE ONLY: DEPT APPROVAL

Name: ______________________________________ Signature: ______________________________

NOTE: Please copy, scan or take a photo for your records