



Charitable Registration #: 89188 1005 RR0001

Shine Through the Rain Foundation

Rainy Day Fund

Program Guidebook



**Shine
Through
the Rain**
Foundation

Supporting
families through
life-threatening
illnesses.

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Introduction to STTRF



Shine Through the Rain Foundation aims to help individuals and families affected by life-threatening illnesses, working hard to improve and enrich the lives of those who approach us in their time of need. We support adults, children and families from all walks of life, providing advice, guidance and financial support as they try to navigate emotional, physical and financial challenges that arise from a health crisis. Our organization offers care, comfort and compassion as we endeavour to shine a light on the devastating impact of life-threatening illness.

Rainy Day Fund Guidelines

The Rainy Day Fund is a monthly emergency funding program. We provide funding for individuals who need financial assistance for rent, utilities, groceries, gas, parking, and transportation.

Here are a few guidelines to consider:

- The Rainy Day Fund is a monthly distribution program.
- Applications do not roll over to the next month.
- The deadline for all applications is the 15th of every month, unless the 15th falls on a weekend, in which case the deadline will be Friday. Any applications submitted to STTRF after the 15th will only be considered for that month IF remaining funding exists. Therefore we highly recommend that applications be submitted between the 1st – 15th of every month.
- Financial assistance program for Canadian citizens who are currently in treatment at a maximum of \$1500 per person per year.
- The annual household income of less than \$60,000.
- You can apply for funding to help with medical parking and transportation, payment of overdue rent, utilities, and phone costs, as well as grocery and gas gift cards.
- Transportation is defined as medical parking, taxi, bus, Uber, charity ride-share, and train expenses. Please provide proof of receipts and records of appointments which must correspond to the date on the receipts. STTRF reserves the right to reimburse for transportation expenses for the current year and up to January of the following year.

Rainy Day Fund Guidelines

- You can also apply for gas gift cards in the amount of \$100 per month. All gas card requests must be accompanied with list of appointments attended and/or a copy of future treatment plans that will potentially cause the patient a great financial stressor. Gas cards are to assist with the cost of attending medical treatment appointments.
- Only utility and rental fee bills 30 days overdue will be considered. A utility request is defined as a heating, electrical or water bill.
- Utility, rent and transportation expenses must be a minimum of \$100 to be considered for funding.
- Cell phone bills are NOT eligible for funding unless it is the ONLY phone being used in the home. Cable payments, mortgage payments, car payments, insurance or tax bills and medical payments are not eligible for funding.
- Copies of all bills or rental agreements being requested must be submitted with the application.
- A brief narrative describing the patient's situation and the family's needs must be included and written by the social worker or healthcare professional.
- If the application is approved, cheque(s) will be made payable to each utility company or landlord and mailed directly to the family on or before the last day of each month.

Online Portal

Patients who are interested in applying for the Rainy Day Fund must be referred by a social worker or other medical professional.

Social workers may request a log-in and password for the application portal by emailing a request to Program Services:

program.services@shinethroughtherain.ca

Once the social worker receives their log-in information, they can submit applications on behalf of their patients through our online application portal:

<https://www.basicdatasafe.com/isapi/shine.dll/shine/index.html>

Social workers can use the online portal to submit, edit, and check the status of applications.

Program Services Log-In Information Email:

Jane Doe:

We wanted to let you know there are big changes happening at Shine Through the Rain Foundation we are no longer accepting applications via email, mail or fax. All applications will be submitted through our "NEW" secure online portal. Please see your login information below:

User: janedoe@shinethroughtherain.ca

Password: aBcdefGHij

Login to Portal here: [Shine Through the Rain](#)

Please remember to sign up for our Patient/Social Worker email to keep up to date on available funding and program changes. Sign up here: <https://shinethroughtherain.ca/> or send us an email and we will add you to the list.

Please note there is no French speaking employees currently at our organization, all documents must be submitted in English for consideration.

Sincerely,

Program Services

Submitting an Application

The deadline for all applications is on the 15th of the month, or the Friday prior if the 15th is on a weekend.

Once the social worker receives their log-in information, they can log into the online application portal:

<https://www.basicdatasafe.com/isapi/shine.dll/shine/index.html>

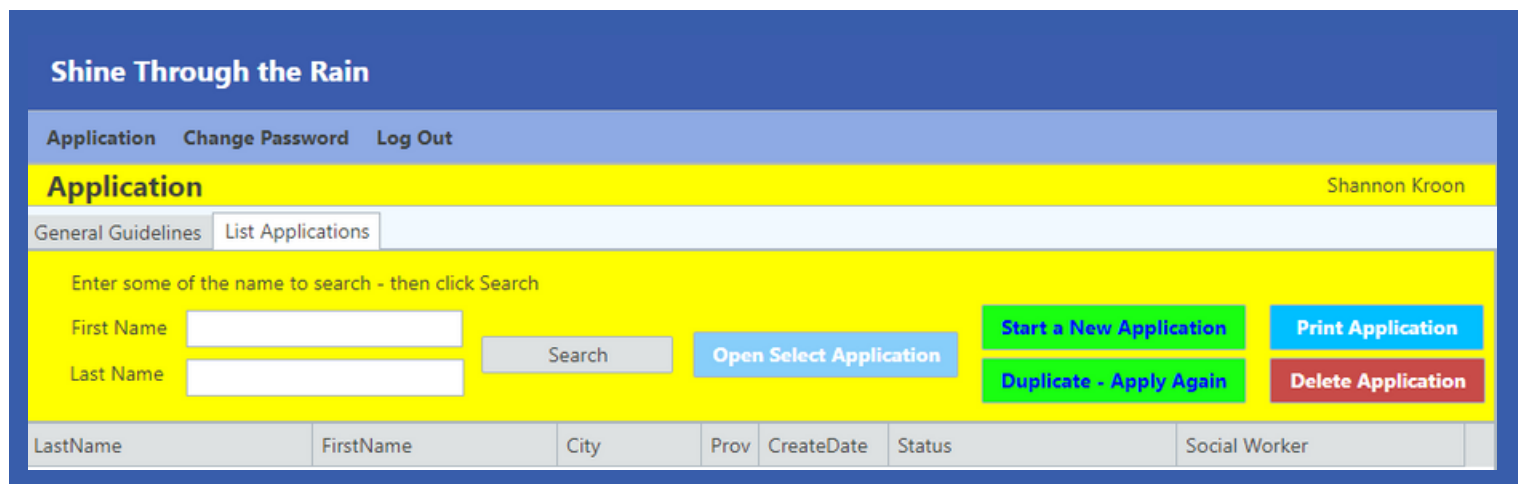
To create a new application, select **"Start a New Application"**

The Rainy-Day Fund application has six sections:

- Section One: Family Information
- Section Two: Diagnosis
- Section Three: Request for Funding
- Section Four: Further Expenses
- Section Five: Documentation
- Section Six: Submission

All six sections must be filled out accurately for consideration.

Online Portal – Home Page:



Shine Through the Rain

Application Change Password Log Out

Application Shannon Kroon

General Guidelines List Applications

Enter some of the name to search - then click Search

First Name

Last Name

Search Open Select Application

Start a New Application Print Application

Duplicate - Apply Again Delete Application

LastName	FirstName	City	Prov	CreateDate	Status	Social Worker
----------	-----------	------	------	------------	--------	---------------

Section One: Family Information

Social workers must provide the following information regarding the patient's identification and financial situation:

- Patient First Name
- Patient Last Name
- Date of Birth
- Age
- Gender
- Citizenship Status – Must be a CDN citizen
- Self-Identification as FNMI
- Full Mailing Address
- Municipal Region/District
- Sources of Monthly Income and Totals

Online Portal – Section One:

Application

Section

☒ 1. Family Information

☐ 2. Diagnosis

☐ 3. Request for Funding

☐ 4. Further Expenses

☐ 5. Documentation

☐ 6. Submit Application

Shannon Kroon

skroon@shinethroughtherain.ca

P: 289-378-6156

C:

CANCEL

SAVE

Status:

Started

7/11/2023

Submitted:

Family Information

Diagnosis

Request for Funding

Further Expenses

Documentation

Submit

Outcome

Patient First Name

Last Name

Date of Birth or Age

Age

0

Gender

☐ Male

☐ Female

Are you a Canadian Citizen?

☐ Yes

☐ No

Are you BIPOC

☐ Yes

☒ No

Do you identify as First Nations, Metis or Inuit?

☐ Yes

☐ No

If Yes

☐ Status

☐ Non Status

If yes, please include a copy of your Native Status Card. We may occasionally have additional funding available and are required to ask for proof of status. Please note, funders will not be provided with your name and contact information.

Full Mailing Address

(Include Apt/Suite/Unit)

City

Prov

Postal

Municipal Region/District

Telephone

Email

☐ No Email

Sources of Monthly Income (Please provide the dollar amount per month)

Employment

Social Assistance

Unemployment

CPP

Child Support

OAS

Disability

Other

0.00

Total Monthly

Add Up Total Monthly

Total Yearly Household Income (including above)

Calculate Yearly = Total Monthly x 12

Number of dependants age 18 and under

Section Two: Diagnosis

Social workers must provide the following information regarding the patient's condition and medical treatments.

- Patient's Diagnosis
- Date of Diagnosis
- Treatment Status – Must actively be in treatment to qualify
- Last Treatment Date
- Physician's name
- Medical Facility's Name and Address

Online Portal – Section Two:

Application

Section

☐ 1. Family Information

☒ 2. Diagnosis

☐ 3. Request for Funding

☐ 4. Further Expenses

☐ 5. Documentation

☐ 6. Submit Application

Shannon
Kroon
skroon@shinethroughtherain.ca
P: 289-378-6156
C:

CANCEL

SAVE

Family Information

Diagnosis

Request for Funding

Further Expenses

Documentation

Submit

Outcome

Diagnosis

Date of Diagnosis

Are You Currently in Active Treatment?

Most Recent Treatment Date

Name of Physician/Oncologist

Patient's Primary Medical Facility

Address

Section Three: Request For Funding

Social workers must provide the following information regarding what type of assistance the patient is requesting.

We provide assistance for **Medical Transportation Expenses:**

- Type of transportation service used while receiving treatment or medical assistance (Parking, Taxi, Uber, Bus, or Train expenses)
- Amount of funds looking to be reimbursed – Minimum of \$100.00

We provide assistance for overdue **Rent Payments:**

- Landlord's Name
- Overdue Amount – Must be at least 30 days overdue to qualify
- Status of eviction

We provide assistance for overdue **Utility Bills:**

- Payee
- Patient's Account #
- Overdue amount – Must be at least 30 days overdue to qualify
- Payment Due Date

We provide **Grocery** and **Gas cards:**

- Company/type of gift card
- Amount on gift card – Maximum of \$100.00

Note: Please remember this is an emergency funding program. Each family is eligible for a maximum of \$1,500.00 per fiscal year.

Online Portal – Section Three:

Make sure to fill in all of the information accurately.

For grocery and gas cards, there is a maximum request amount of \$100.00 per month. For utilities, rent, parking, and transportation there is a minimum request amount of \$100.00 per month.

Note: Any applications that have requested amounts outside of these guidelines will be declined.

Shine Through the Rain

ApplicationChange PasswordLog Out

Application

Section

1. Family Information

2. Diagnosis

3. Request for Funding

4. Further Expenses

5. Documentation

6. Submit Application

Shannon Kroon

skroon@shinethroughtherain.ca

P: 289-378-6156

C:

CANCEL

SAVE

Status:

Started

7/12/2023

Submitted:

Family Information

Diagnosis

Request for Funding

Further Expenses

Documentation

Submit

Outcome

Transportation Expenses

Funding application towards transportation expenses, please provide **all original applicable receipts** and a record of appointments which correspond to the original receipts. Please note we do not reimburse for gas.

Please check box(es) that apply: ☐ Parking ☐ Taxi ☐ Bus ☐ Train **Amount applying for:**

Gas Expenses

☐ \$100 Gas Card **Select Preferred Gas Card** ☐ Esso ☐ PetroCan ☐ Shell ☐ Other: **Amount applying for:**

Rent, Utilities, Phone and Grocery Expenses

Please check box(es) that apply: ☐ Rent ☐ Utilities ☐ Phone ☐ \$100 Grocery Card

For rent, please submit a copy of a letter from the landlord stating the overdue balance and how many months in arrears in order to be considered for funding.

Landlord **Amount applying for:**

Do you have any Shut-Off or Eviction Notices? ☐ Yes ☒ No If yes, please provide copy of documentation.

For utilities such as hydro electricity and gas, please provide a copy of the bill showing the date and overdue balance. Please note, financial aid towards phone data plans will not be considered.

Payee	Account #	Over Due Amount	Due Date
Utility 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Utility 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Utility 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount applying for:

Please Select Preferred Grocery Card

Amount applying for:

☐ Sobeys Gift Card can be used at: IGA, Foodland, Freshco, Lawtons Drugs, Thirft Foods & Needs
☐ President's Choice Gift Card can be used at: Loblaws, Loblaw Great Food, Dominion, No Frills, Real Canadian Superstore, Maxi, Provigo, Extra Foods, Your Independent Grocer, Atlantic Superstore, Zehres Markets, Valumart, Fortinos, and Shopper Drugmart
☐ Other:

Have you applied to other programs regarding this funding request? If so, which one(s):

Section Four: Further Expenses

Social workers must provide the following information regarding any further expenses the patient is requesting. These are expenses that are not included in Section Three.

- The nature of the expense – what it is for, when it is due, etc.
- The amount of the expense

Note: We do NOT assist with the following expenses:

- Cable
- Credit card payments
- Mortgage payments
- Auto/home insurance
- Elective medical – related expenses

In this section, patients can provide consent to having their stories and images used for promotional purposes.

Online Portal – Section Four:

The screenshot shows a web application interface for the 'Further Expenses' section. At the top, a yellow banner reads 'Application'. Below it, a navigation bar contains tabs: 'Family Information', 'Diagnosis', 'Request for Funding', 'Further Expenses' (which is highlighted), 'Documentation', 'Submit', and 'Outcome'. On the left side, there is a 'Section' dropdown menu with a list of options: '1. Family Information', '2. Diagnosis', '3. Request for Funding', '4. Further Expenses' (which is selected with a green dot), '5. Documentation', and '6. Submit Application'. Below this menu, a yellow box contains the user's name 'Shannon Kroon' and email 'skroon@shinethroughtherain.ca'. The main content area has a yellow header with the text: 'If you have concerns about additional expenses that fall outside the general remit of this fund (details in application guidelines), please indicate details and amount below (if possible). Supporting documentation such as an invoice should be provided. Consideration for further financial assistance may be given, however, please note that funding is not guaranteed.' Below this text, there is a form with two fields: 'Nature of Expense:' followed by a large text input box, and 'Amount:' followed by a small input box containing the value '0.00'.

Section Five: Documentation

Social workers must provide the appropriate supporting documents that are required for the patient's requests.

- All applications require a brief narrative letter of support, written by the social worker or medical professional submitting the application. This letter should outline the patient's medical and financial situation/needs.
- **Rent Payment:** Must submit a letter or statement from the landlord. The document should state the amount overdue and the due date.
- **Utility Bills:** Must submit the full bill. The document should state the overdue amount and account #.
- **Transportation Expenses** (including parking): Must submit the transportation receipts from that year as well as corresponding list of appointments. The costs must total a minimum of \$100.00.

Note: Documents must be submitted as Word, PDF, PNG or JPEG files.

Online Portal – Section Five:

The screenshot shows a web application interface for submitting documentation. At the top, a yellow bar contains the word "Application". Below this, a navigation bar includes tabs for "Family Information", "Diagnosis", "Request for Funding", "Further Expenses", "Documentation" (which is highlighted), "Submit", and "Outcome". On the left side, there is a "Section" dropdown menu with a list of options: "1. Family Information", "2. Diagnosis", "3. Request for Funding", "4. Further Expenses", "5. Documentation" (which is selected with a green dot), and "6. Submit Application". Below the dropdown, a yellow box contains contact information: "Shannon Kroon", "skroon@shinethroughtherain.ca", "P: 289-378-6156", and "C:". The main content area has a header bar with the number "1689178935567". Below this, there is a "Select File:" label next to a file selection button. Underneath, there is a "Description of File Contents:" label next to a large text input area. At the bottom of the form, there are two buttons: "Click to Upload" (blue) and "Remove Document" (red). A footer note states: "A Letter of Support for the Patient MUST be uploaded - PLEASE NOTE: Applications without it will not be approved."

Section Six: Submission

Social workers must indicate the consideration period – Month/Year

At this point in the application process, we recommend that the social worker reviews the application. Make sure all of the appropriate boxes are checked off and all of the required documents are uploaded.

If we request additional documentation or if you have made an error, you can edit the initial application. You do not need to select resubmit. Once the file has been added through your portal, it will automatically be updated on our end.

Note: Our monthly application process ends on the 15th of every month. If the 15th falls on a weekend, then the deadline is the Friday prior. To be considered for funding, patient's applications must be submitted before this deadline.

Online Portal – Section Six:

The screenshot shows a web application interface with a blue border. At the top is a yellow header bar labeled "Application". Below this is a navigation bar with tabs: "Family Information", "Diagnosis", "Request for Funding", "Further Expenses", "Documentation", "Submit", and "Outcome". The "Submit" tab is currently selected. On the left side, there is a "Section" dropdown menu with a list of options: "1. Family Information", "2. Diagnosis", "3. Request for Funding", "4. Further Expenses", "5. Documentation", and "6. Submit Application". The "6. Submit Application" option is selected with a green radio button. Below the dropdown menu, there is a contact information box for Shannon Kroon, with email skroon@shinethroughtherain.ca and phone number P: 289-378-6156. The main content area has a yellow background. It contains a form with a label "Indicate if you want the application considered for a specific period:" followed by a text input field and the word "(required)". Below the input field, it says "(Month / Year)". There is a paragraph of text: "When you click submit your application will be validated to ensure all information has been provided. If information is missing we will not submit the application, you will be provided with a description of which items are missing. Please correct and try to submit again." Below this paragraph, it says "A Letter of Support for the Patient MUST be uploaded - PLEASE NOTE: Applications without it will not be approved." At the bottom of the form area, there is a blue button labeled "Submit Application".

Application Status

The status of the application will be updated on the social workers' online portal. The social worker is responsible for notifying the patient of the status of their application.

Online Portal – Application Status:

The screenshot shows a web application interface with a blue header and a yellow bar at the top labeled "Application". Below the header is a navigation bar with tabs: "Family Information", "Diagnosis", "Request for Funding", "Further Expenses", "Documentation", "Submit", and "Outcome". The "Submit" tab is currently selected. On the left side, there is a "Section" list with radio buttons for: "1. Family Information", "2. Diagnosis", "3. Request for Funding", "4. Further Expenses", "5. Documentation", and "6. Submit Application" (which is selected). Below this list is a yellow box containing contact information for Shannon Kroon: "Shannon Kroon", "skroon@shinethroughtherain.ca", "P: 289-378-6156", and "C:". Below the contact information are two buttons: a red "CANCEL" button and a blue "SAVE" button. At the bottom left, there is a "Status:" section showing "Started" and "7/12/2023", and a "Submitted:" section. The main content area on the right has a light gray background and contains the text: "This page will contains notes after the application is Approved or Decided." Below this text, the "Application Status" is shown as "Started". There are three large, empty gray rectangular boxes stacked vertically, likely intended for notes or documentation.

If you would like to re-apply for the next month's consideration you can create a new application or you can duplicate the previous application.

Note: Please make sure to upload up-to-date documentation in section five and change the consideration period in section six.

Approved Applications

If the patient's application has been approved, the social worker must notify the patient.

Cheques and funding will be mailed out to patients between the 15th and last day of the month.

- Transportation and parking cheques will be addressed to the patient if they are looking to be reimbursed.
- Rent and utilities cheques will be mailed to the patient. However, the cheques themselves are addressed to a utility company or landlord.
- Grocery and Gas gift cards will be physically mailed to the patient.

Note: The patient is responsible for paying their own bills.

Contact Us



Phone: (905) 477 - 7743



program.services@shinethroughtherain.ca



<http://www.shinethroughtherain.ca>



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