



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.
- Financial assistance program for Canadian citizens who are currently in active treatment.
- The deadline for all applications is the 15th of every month, unless it falls on a weekend, in which case the deadline will be Friday. After the 15th, only if remaining funding exists, so it's recommended to submit between the 1st and 15th of each month.
- Applications do not roll over to the next month.
- Eligible patients may receive up to \$1500 annually, subject to the following conditions: the individual's net annual income must not exceed \$32,500, and the family's net annual income must not exceed \$60,000.
- You can apply for funding to help with transportation, rent, utility, phone costs, gas cards, and grocery 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 by a list of appointments attended and/or a copy of future treatment plans that will cause great financial stress to the patient. 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: Social Worker Letter
- Section Five: Photo / Waiver
- Section Six: Submission
- Section Seven: Outcome

All six sections must be filled out accurately for consideration.

Online Portal - Home

The screenshot shows the 'Shine Through the Rain' online application portal. At the top is a dark blue header with the text 'Shine Through the Rain'. Below this is a light blue navigation bar with links: 'Application', 'Change Password', and 'Log Out'. The main content area has a yellow background. At the top of this area is a yellow bar with the text 'Application' on the left and 'Jane Doe' on the right. Below this is a white bar with two tabs: 'General Guidelines' and 'List Applications'. The 'List Applications' tab is active. Below the tabs is a yellow box with the text 'Enter some of the name to search - then click Search'. There are two input fields: 'First Name' and 'Last Name'. To the right of these fields is a 'Search' button. Below the 'Search' button is an 'Open Select Application' button. To the right of the 'Open Select Application' button are four buttons: 'Start a New Application' (green), 'Print Application' (blue), 'Duplicate - Apply Again' (green), and 'Delete Application' (red). At the bottom of the page is a table with the following columns: 'LastName', 'FirstName', 'City', 'Prov', 'CreateDate', 'Status', and '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

Shine Through the Rain

Application Change Password Log Out

Application

Section

☒ 1. Family Information
☐ 2. Diagnosis
☐ 3. Request for Funding
☐ 4. Social Worker Letter
☐ 5. Photo / Waiver
☐ 6. Submit Application

Jane Doe
janedoe@shinethroughtherain.ca
P:
C:

CANCEL
SAVE

Status:
Started
12/22/2023

Submitted:

Family Information Diagnosis Request for Funding Social Worker Letter Photo / Waiver Submit Outcome

Patient First Name

Last Name

Date of Birth or Age

Age

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

Total Monthly

Add Up Total Monthly

Total Yearly Household Income (including above)

Calculate Yearly = Total Monthly x 12

Number of dependants ages 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

Shine Through the Rain

Application Change Password Log Out

Application

Section

☐ 1. Family Information

☒ 2. Diagnosis

☐ 3. Request for Funding

☐ 4. Social Worker Letter

☐ 5. Photo / Waiver

☐ 6. Submit Application

Jane
Doe
janedoe@shinethroughtherain.ca
P:
C:

CANCEL

SAVE

Family Information **Diagnosis** Request for Funding Social Worker Letter Photo / Waiver Submit Outcome

Diagnosis

Date of Diagnosis

Are You Currently in Active Treatment?

☐ Yes ☐ No

Most Recent Treatment Date

Name of Physician/Oncologist

Patient's Primary Medical Facility

Address

Section Three: Request For Funding

Social workers may request funding for the following subjects:

- Medical Transportation Expenses
- Gas Expenses
- Parking Expenses
- Rent Payments
- Utility Bills
- Phone Bills
- Other Additional Expenses
- Camp Scholarships
- Christmas Funding

Each form of funding has its own application tab. There are different required documents for each funding request.

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

Medical Transportation Expenses

When requesting funding for medical transportation expenses, social workers must provide the following information:

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

The following documentation must accompany the request:

- Transportation receipts from that year
- Corresponding list of appointments

Please Note: The costs must total a minimum of \$100.00

Online Portal – Section Three: Transportation

The screenshot shows the 'Shine Through the Rain' online portal. The top navigation bar includes 'Application', 'Change Password', and 'Log Out'. The main section is titled 'Application' and has a sidebar with a 'Section' dropdown menu. The sidebar menu includes: 1. Family Information, 2. Diagnosis, 3. Request for Funding (selected), 4. Social Worker Letter, 5. Photo / Waiver, and 6. Submit Application. The main content area has tabs for 'Family Information', 'Diagnosis', 'Request for Funding' (selected), 'Social Worker Letter', 'Photo / Waiver', 'Submit', and 'Outcome'. Under the 'Request for Funding' tab, there are sub-tabs for 'Transportation', 'Gas', 'Parking', 'Rent', 'Utilities', 'Phone', 'Groceries', 'Other', 'Camp', and 'Christmas Hamper'. The 'Transportation' sub-tab is selected, showing the 'Transportation Expenses' section. It includes a form with checkboxes for 'Taxi', 'Bus', and 'Other', and a text input for 'Amount applying for:'. Below the form, there is a note: 'Funding for 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.' At the bottom, there is a message: 'Supporting Documentation MUST be uploaded for each funding request or the request will not be considered.' and buttons for 'Remove Document' and 'Click to Upload Supporting Documentation'. A table at the bottom has columns for 'Documentation', 'Filename', and 'Description'.

Shine Through the Rain

Application Change Password Log Out

Application

Section

- ☐ 1. Family Information
- ☐ 2. Diagnosis
- ☒ 3. Request for Funding
- ☐ 4. Social Worker Letter
- ☐ 5. Photo / Waiver
- ☐ 6. Submit Application

Jane Doe
janedoe@shinethroughtherain.com
P:
C:

Family Information Diagnosis **Request for Funding** Social Worker Letter Photo / Waiver Submit Outcome

Transportation Gas Parking Rent Utilities Phone Groceries Other Camp Christmas Hamper

Transportation Expenses

Please check box(es) to apply: ☐ Taxi ☐ Bus ☐ Other:

Amount applying for:

Funding for 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.

Supporting Documentation MUST be uploaded for each funding request or the request will not be considered.

CANCEL **SAVE** **Remove Document** **Click to Upload Supporting Documentation**

Documentation	Filename	Description
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Gas Expenses

When requesting funding for gas expenses, social workers must provide the following information:

- Amount on gift card – \$25, \$50, \$75, and \$100
- Company/type of gift card

The following documentation must accompany the request:

- List of appointments attended and/or a copy of future treatment plans that will potentially cause great financial stress to the patient

Please Note: Maximum of \$100.00 gift cards.

Online Portal – Section Three: Gas

Shine Through the Rain
Application Change Password Log Out

Application

Section
☐ 1. Family Information
☐ 2. Diagnosis
☒ 3. Request for Funding
☐ 4. Social Worker Letter
☐ 5. Photo / Waiver
☐ 6. Submit Application

Family Information Diagnosis Request for Funding Social Worker Letter Photo / Waiver Submit Outcome

Transportation **Gas** Parking Rent Utilities Phone Groceries Other Camp Christmas Hamper

Gas Expenses
Please check box to apply: ☐ Gas Card **Amount applying for:** ☐ \$100 ☐ \$75 ☐ \$50 ☐ \$25

Select Preferred Gas Card
☐ Esso
☐ PetroCan
☐ Shell
☐ Other:

Funding for 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.

Supporting Documentation **MUST** be uploaded for each funding request or the request will not be considered.

Documentation	Filename	Description
---------------	----------	-------------

Parking Expenses

When requesting funding for parking expenses caused by medical treatment, social workers must provide the following information:

- Amount looking to be reimbursed

The following documentation must accompany the request:

- Parking receipts from that year
- Corresponding list of appointments

Please Note: The costs must total a minimum of \$100.00

Online Portal – Section Three: Parking

Shine Through the Rain

Application Change Password Log Out

Application

Section

- ☐ 1. Family Information
- ☐ 2. Diagnosis
- ☒ 3. Request for Funding
- ☐ 4. Social Worker Letter
- ☐ 5. Photo / Waiver
- ☐ 6. Submit Application

Jane Doe
janedoe@shinethroughtherain.ca
P:
C:

Family Information Diagnosis Request for Funding Social Worker Letter Photo / Waiver Submit Outcome

Transportation Gas **Parking** Rent Utilities Phone Groceries Other Camp Christmas Hamper

Parking Expenses Funding for parking expenses, provide receipts and a record of appointments which correspond to the original receipts.

Please check box to apply: ☐ Parking **Amount applying for:** 0.00

Supporting Documentation MUST be uploaded for each funding request or the request will not be considered.

CANCEL **Remove Document** **Click to Upload Supporting Documentation**

Documentation	Filename	Description
---------------	----------	-------------

Rent Payments

When requesting funding for overdue rent payments, social workers must provide the following information:

- Landlords name
- Landlords full address
- Total amount requested
- Eviction status

The following documentation must accompany the request:

- A letter from the landlord stating the overdue amount and the number of months in arrears

Please Note: All rental bills must be at least 30 days overdue.

Online Portal – Section Three: Rent

Shine Through the Rain

Application Change Password Log Out

Application

Section

☐ 1. Family Information

☐ 2. Diagnosis

☒ 3. Request for Funding

☐ 4. Social Worker Letter

☐ 5. Photo / Waiver

☐ 6. Submit Application

Jane Doe
janedoe@shinethroughtherain.ca
P:
C:

CANCEL

SAVE

Family Information Diagnosis Request for Funding Social Worker Letter Photo / Waiver Submit Outcome

Transportation Gas Parking Rent Utilities Phone Groceries Other Camp Christmas Hamper

Rent Expenses

Please check box to apply: ☐ Rent Amount applying for: 0.00

Funding for rent expenses, 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 Name

Landlord Full Address to send payment (street, city, prov, postal)

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

Supporting Documentation MUST be uploaded for each funding request or the request will not be considered.

Remove Document

Click to Upload Supporting Documentation

Documentation

Filename

Description

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Utility Bills

When requesting funding for overdue utility bills, social workers must provide the following information:

- Name of payee
- Patient's account #
- Overdue amount for each bill
- Payment due date – Must be at least 30 days overdue to qualify
- Shut-off status
- Total amount requested

The following documentation must accompany the request:

- A copy of the full bill, stating the overdue amount, date, and account #

Online Portal – Section Three: Utilities

Shine Through the Rain
Application Change Password Log Out

Application

Section

Family Information Diagnosis Request for Funding Social Worker Letter Photo / Waiver Submit Outcome

☐ 1. Family Information

☐ 2. Diagnosis

☒ 3. Request for Funding

☐ 4. Social Worker Letter

☐ 5. Photo / Waiver

☐ 6. Submit Application

Jane Doe

janedoe@shinethroughtherain.ca

P:

C:

Transportation Gas Parking Rent Utilities Phone Groceries Other Camp Christmas Hamper

Utilities and Phone Expenses
Please check box to apply: ☐ Utilities
For utilities such as hydro electricity and gas please provide a copy of the bill showing the date and overdue balance. Please note these are emergency payments, bills must be 30 days overdue to be considered for funding.

Payee	Account #	Over Due Amount	Due Date
Utility 1			
Utility 2			
Utility 3			

Do you have any Shut-Off Notices?

☐ Yes

☒ No

Amount applying for: 0.00

Supporting Documentation MUST be uploaded for each funding request or the request will not be considered.

CANCEL

Remove Document

Click to Upload Supporting Documentation

Documentation	Filename	Description
---------------	----------	-------------

Phone Expenses

When requesting funding for overdue phone expenses, social workers must provide the following information:

- Phone company
- Patient's account #
- Total amount requested
- Payment due date – Must be at least 30 days overdue to qualify

The following documentation must accompany the request:

- A copy of the full bill, stating the overdue amount, date, and account #

Online Portal – Section Three: Phone

Shine Through the Rain

Application Change Password Log Out

Application

Section

☐ 1. Family Information

☐ 2. Diagnosis

☒ 3. Request for Funding

☐ 4. Social Worker Letter

☐ 5. Photo / Waiver

☐ 6. Submit Application

Jane
Doe
janedoe@shinethroughtherain.ca
P:
C:

Family Information **Diagnosis** **Request for Funding** Social Worker Letter Photo / Waiver Submit Outcome

Transportation Gas Parking Rent Utilities **Phone** Groceries Other Camp Christmas Hamper

Phone Expenses


Please check box to apply: ☐ Phone

Please note, financial aid towards phone data plans will not be considered.

Phone Company (to be paid):

Account #

Over Due Amount

Due Date 

We cannot fund any BELL ALIANT requests. Any submissions will automatically be declined

Supporting Documentation MUST be uploaded for each funding request or the request will not be considered.

CANCEL

SAVE

Remove Document

Click to Upload Supporting Documentation

Documentation Filename Description

Grocery Cards

When requesting funding for grocery cards, social workers must provide the following information:

- Amount on gift card – \$25, \$50, \$75, and \$100
- Company/type of gift card

The following documentation must accompany the request:

- The social worker should include the patient's need for financial assistance for groceries within their supporting letter

Please Note: Maximum of \$100.00 worth of gift cards.

Online Portal – Section Three: Groceries

Shine Through the Rain

Application Change Password Log Out

Application

Section

☐ 1. Family Information

☐ 2. Diagnosis

☒ 3. Request for Funding

☐ 4. Social Worker Letter

☐ 5. Photo / Waiver

☐ 6. Submit Application

Jane
Doe
janedoe@shinethroughtherain.ca
P:
C:

CANCEL

SAVE

Family Information Diagnosis **Request for Funding** Social Worker Letter Photo / Waiver Submit Outcome

Transportation Gas Parking Rent Utilities Phone **Groceries** Other Camp Christmas Hamper

Grocery Expenses

Please check box to apply: ☐ Grocery Card ☐ \$100 ☐ \$75 ☐ \$50 ☐ \$25

Please Select Preferred Grocery Card

☐ Sobeys Gift Card can be used at: Freshco, IGA, Foodland, Lawtons Drugs, Thrifty Foods

☐ President's Choice Gift Card can be used at: No Frills, Loblaws, Loblaw Great Food, Dominion, Real Canadian Superstore, Maxi, Provigo, Extra Foods, Your Independent Grocer, Atlantic Superstore, Zehrs Markets, Valu-mart, Fortinos, and Shopper Drugmart

☐ Metro, Food Basics

☐ Walmart

☐ Other:

Other Additional Expenses

When requesting funding for additional expenses that weren't included in the previous sections, social workers must provide the following information:

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

Please Note: We do NOT assist with the following expenses:

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

Online Portal – Section Three: Other

Shine Through the Rain

Application Change Password Log Out

Application

Section

1. Family Information

2. Diagnosis

3. Request for Funding

4. Social Worker Letter

5. Photo / Waiver

6. Submit Application

Jane Doe
janedoe@shinethroughtherain.c
P:
C:

CANCEL

SAVE

Family Information Diagnosis Request for Funding Social Worker Letter Photo / Waiver Submit Outcome

Transportation Gas Parking Rent Utilities Phone Groceries Other Camp Christmas Hamper

Other Expenses

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.

Nature of Expense:

Amount applying for: 0.00

Supporting Documentation MUST be uploaded for each funding request or the request will not be considered.

Remove Document

Click to Upload Supporting Documentation

Documentation

Filename

Description

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Camp Scholarships

When requesting funding for camp scholarships, social workers must provide the following information:

- Campers full name
- Campers birthdate – Must be under the age of 16 y/o
- Applicant's relationship to camper
- Camp information (camp name, type of camp, and full address)
- Camp start date
- Total amount requested

The following documentation must accompany the request:

- A camp invoice or registration form
- The social worker should include the patient's need for financial assistance within their supporting letter

Please Note: The costs must total a maximum of \$500.00

Online Portal – Section Three: Camp

The screenshot displays the 'Shine Through the Rain' online portal. At the top, there are links for 'Application', 'Change Password', and 'Log Out'. The main navigation bar includes 'Application', 'Change Password', and 'Log Out'. The 'Application' section is highlighted in yellow. Below this, there are tabs for 'Family Information', 'Diagnosis', 'Request for Funding' (which is selected), 'Social Worker Letter', 'Photo / Waiver', 'Submit', and 'Outcome'. The 'Request for Funding' tab is further divided into sub-tabs: 'Transportation', 'Gas', 'Parking', 'Rent', 'Utilities', 'Phone', 'Groceries', 'Other', 'Camp', and 'Christmas Hamper'. The 'Camp' sub-tab is selected. The form fields include: 'Camp' (checkbox), 'Camper First Name', 'Last', 'Birthdate', 'Applicant Relationship to Camper', 'Camp Name', 'Type of Camp', 'Address', 'City', 'Prov', 'Postal', 'Camp Start Date', 'Camp Cost' (0.00), and 'Amount applying for' (0.00). A message states: 'Supporting Documentation MUST be uploaded for each funding request or the request will not be considered.' Below this, there are buttons for 'CANCEL', 'SAVE', 'Remove Document', and 'Click to Upload Supporting Documentation'. At the bottom, there is a table with columns for 'Documentation', 'Filename', and 'Description'.

Christmas Funding Program

Please Note: Only open for funding from November 1 – December 15.

When requesting funding for Christmas hamper and grocery gift cards, social workers must provide the following information:

- Children's full name
- Birthdate - Must be under the age of 15 y/o
- Company/type of gift card
- Amount on grocery gift card - \$25, \$50, \$75, and \$100

The following documentation must accompany the request:

- The social worker should include the patient's need for financial assistance within their supporting letter

Online Portal – Section Three: Christmas Hamper

Shine Through the Rain
Application Change Password Log Out

Application

Section

☐ 1. Family Information
☐ 2. Diagnosis
☒ 3. Request for Funding
☐ 4. Social Worker Letter
☐ 5. Photo / Waiver
☐ 6. Submit Application

Jane Doe
janedoe@shinethroughtherain.c
P:
C:

CANCEL

SAVE

Family Information Diagnosis Request for Funding Social Worker Letter Photo / Waiver Submit Outcome

Transportation Gas Parking Rent Utilities Phone Groceries Other Camp Christmas Hamper

Christmas Hamper Please check box to apply: ☐ Christmas Hamper

Children Under the Age of 15

Children First Name	Last	Birthdate	Age	Gift Card (\$100 value)
			0	
			0	
			0	
			0	
			0	

Number of Children Under 15

Christmas Groceries - Please Select Preferred Card (\$100 value)

☒ Sobeys ☐ Presidents Choice ☐ Metro ☐ Walmart
☐ Other:

Applied For Gifts 0.00

Applied For Groceries 0.00

Supporting Documentation MUST be uploaded for each funding request or the request will not be considered.

Remove Document

Click to Upload Supporting Documentation

Documentation	Filename	Description
---------------	----------	-------------

**RAINY DAY FUND \ **
SHINE THROUGH THE RAIN FOUNDATION

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Section Four: Social Worker Letter

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. The letter should also explicitly state the specific type of funding the patient is requesting.

This is **required** for all applications to be considered for funding. Documents must be submitted as Word, PDF, PNG or JPEG files.

Please Note: All applications that do not have this letter will be declined, please ensure to include this statement.

Online Portal – Section Four

Shine Through the Rain

Application Change Password Log Out

Application

Section

☐ 1. Family Information

☐ 2. Diagnosis

☐ 3. Request for Funding

☒ 4. Social Worker Letter

☐ 5. Photo / Waiver

☐ 6. Submit Application

Jane Doe
janedoe@shinethroughtherain.c
P:
C:

CANCEL

SAVE

Family Information Diagnosis Request for Funding Social Worker Letter Photo / Waiver Submit Outcome

A Letter of Support for the Patient MUST be uploaded - PLEASE NOTE: Applications without it will not be approved.

Remove Document

Click to Upload Social Worker Letter

Documentation	Filename	Description
---------------	----------	-------------

Section Five: Photo / Waiver

Shine Through the Rain Foundation depends on donations and the kindness of people to allow us to provide our services. In order to garner support, members of our community must be aware of the impact that their contributions and time or skills may make. In order to demonstrate how our organization assists patients and their families when they are suddenly faced with life issues as a result of a health crisis, we humbly ask our candidates to please consider allowing us to share the stories!

In this section, patients are encouraged to tell us their stories through photos and text that they feel comfortable sharing.

Online Portal – Section Five

Shine Through the Rain

Application Change Password Log Out

Application

Section

1. Family Information

2. Diagnosis

3. Request for Funding

4. Social Worker Letter

5. Photo / Waiver

6. Submit Application

Jane Doe
janedoe@shinethroughtherain.c
P:
C:

CANCEL

SAVE

Family Information Diagnosis Request for Funding Social Worker Letter Photo / Waiver Submit Outcome

Photo Waiver and Release Information

(This section must be completed for the application to be considered.)

To provide our services, Shine Through the Rain Foundation relies on donations and the kindness of others to help us raise awareness, deliver effective programs of support and develop our portfolio of services for those in need. To generate support our community must understand the difference they can make through donations and volunteering their time or services. We ask our applicants to please kindly consider allowing us to share their stories as an example of how our organization helps patients and their families when unexpectedly faced with life challenges as a result of a health crisis.

☐ I authorize Shine Through the Rain Foundation to use my story for the promotion of its programs and support services, although would prefer to be contacted before initial publication of material featuring my story.

☐ I authorize Shine Through the Rain Foundation to photograph me (and/or use images I have provided of myself and family). I acknowledge the STTRF will retain the right to use these images in marketing materials (both web and print) for the purposes of promoting the organization and associated services, events and activities.

☐ I DO NOT authorize Shine Through the Rain Foundation to use my story or image for any advocacy efforts, events or activities delivered by the organization or associated parties.

Remove Document

Click to Upload Photos

Documentation

Filename

Description

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 review 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.

Please Note: The application is due on the 15th of every month. If the 15th falls on a weekend, then the deadline is the Friday prior.

Online Portal – Section Six

Shine Through the Rain

Application Change Password Log Out

Application

Section

- ☐ 1. Family Information
- ☐ 2. Diagnosis
- ☐ 3. Request for Funding
- ☐ 4. Social Worker Letter
- ☐ 5. Photo / Waiver
- ☒ 6. Submit Application

Jane Doe
janedoe@shinethroughtherain.ca
P:
C:

CANCEL

SAVE

Family Information Diagnosis Request for Funding Social Worker Letter Photo / Waiver Submit Outcome

Provide the MONTH and YEAR you want the application considered: (required)
(Month / Year)

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.

A Letter of Support for the Patient MUST be uploaded - PLEASE NOTE: Applications without it will not be approved.

Submit Application

Section Seven: Outcome

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 – Section Seven

The screenshot displays the 'Shine Through the Rain' online portal. The top navigation bar includes 'Application', 'Change Password', and 'Log Out'. The 'Application' section is highlighted in yellow. The sidebar on the left lists sections 1 through 6, with '6. Submit Application' selected. The main content area shows the 'Outcome' tab, indicating the application status is 'Started'. The page contains notes after approval or denial, with three large grey rectangular boxes for text. At the bottom left, there are 'CANCEL' and 'SAVE' buttons. The user's name 'Jane Doe' and email 'janedoe@shinethroughtherain.ca' are visible in the sidebar.

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

Note: Please make sure to upload up-to-date documentation in section three 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



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<http://www.shinethroughtherain.ca>



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