Charitable Registration #: 89188 1005 RR0001

Shine Through the Rain Foundation

Rainy Day Fund Program Guidebook

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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 and 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 individual's gross annual income must not exceed \$32,500, and the family's gross annual income must not exceed \$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 by a list of appointments attended and/or a copy of future treatment plans that may 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.
- 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 seven 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

Sections 1 - 6 must be filled out accurately for consideration.

Online Portal - Home Page:



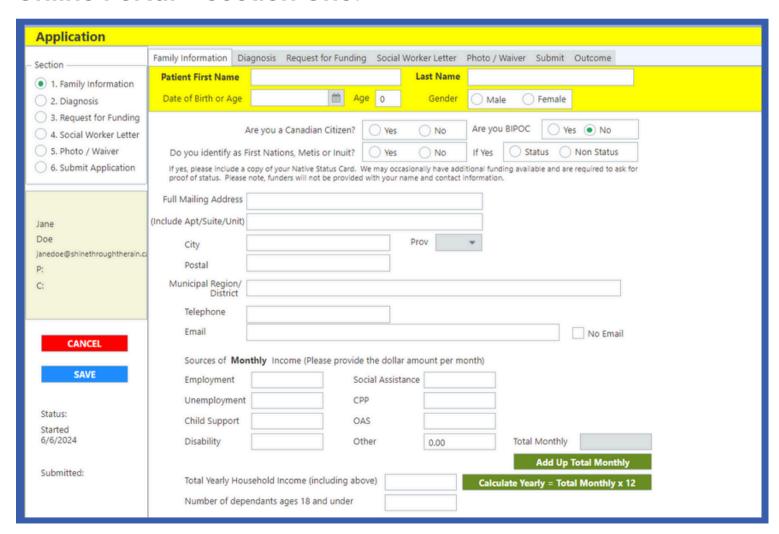
Section One: Family Information

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
- Telephone and email

- Citizenship status Must be CDN citizen
- Self-identification as FNMI or BIPOC
- Full mailing address
- Municipal region/district
- Annual Gross Must be ≤ \$60,000 (family)
 or ≤ \$32,500 (individual)

Online Portal - Section One:

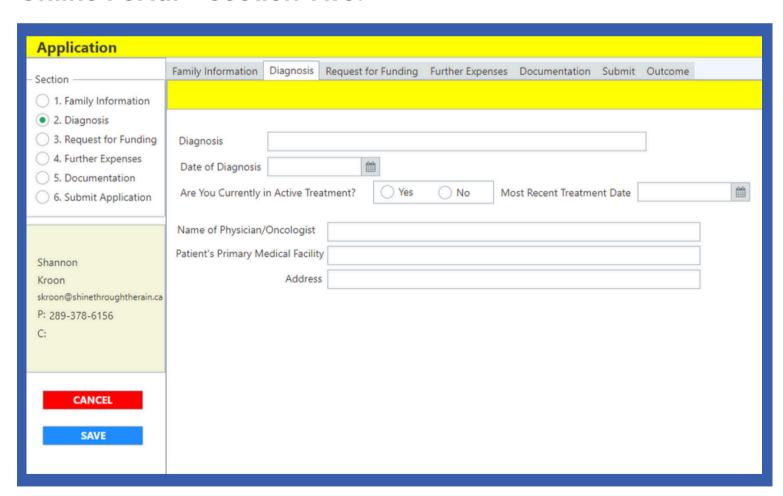


Section Two: Diagnosis

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:



Social workers can request various types of funding based on the assistance the patient needs. The type of funding we offer:

- Transportation Expenses Reimbursement Cheque
- Gas Expenses Gas Company Gift Card
- Parking Expenses Reimbursement Cheque
- Rental Expenses Cheque payable to Landlord
- Utility Expenses Cheque payable to Utility Company
- Phone Expenses Cheque payable to the Phone Company
- Grocery Expenses Grocery Company Gift Card
- Other Expenses Cheque
- Camp Scholarship Funding Cheque payable to Camp
- Christmas Hamper Funding Gift Card

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

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

These documents must be uploaded directly into the application through the online portal.

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

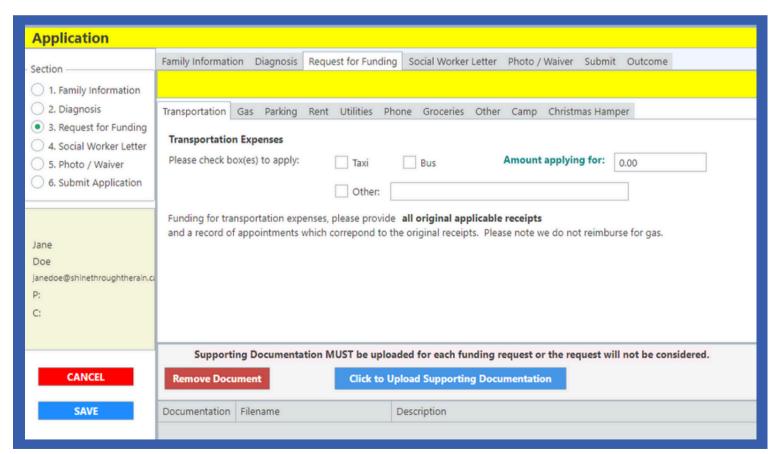
We provide assistance for **Medical Transportation Expenses**:

Required Information:

- 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

Required Documentation:

- Record of appointments
- Corresponding original transportation receipts



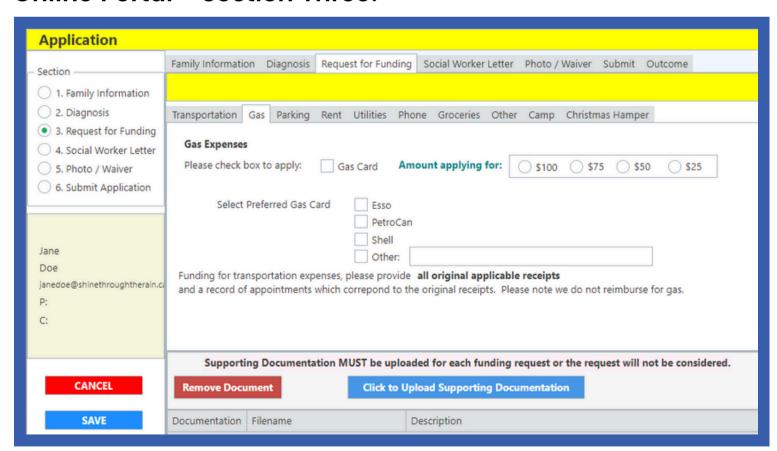
We provide assistance for Gas Expenses:

Required Information:

- Would you like to request funding for gas expenses?
- Type of gift card company
- Amount on the gift card Maximum of \$100.00

Required Documentation:

- Record of appointments
- Corresponding original gas receipts



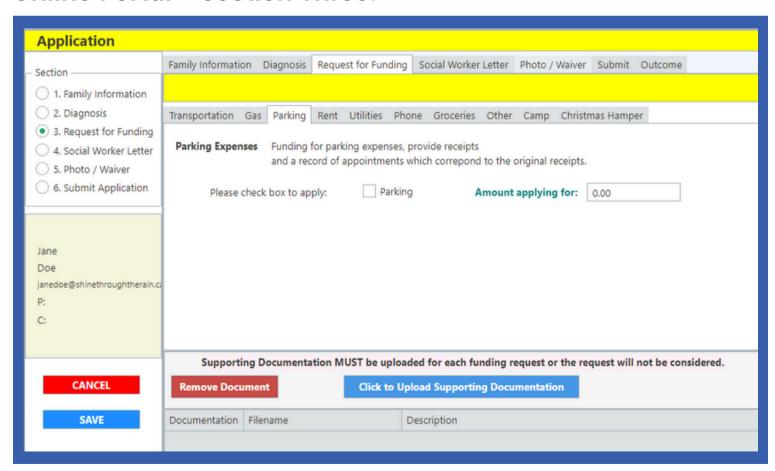
We provide assistance for Parking Expenses:

Required Information:

- Would you like to request funding for parking expenses?
- Amount of funds looking to be reimbursed Minimum of \$100.00

Required Documentation:

- Record of appointments
- Corresponding original parking receipts



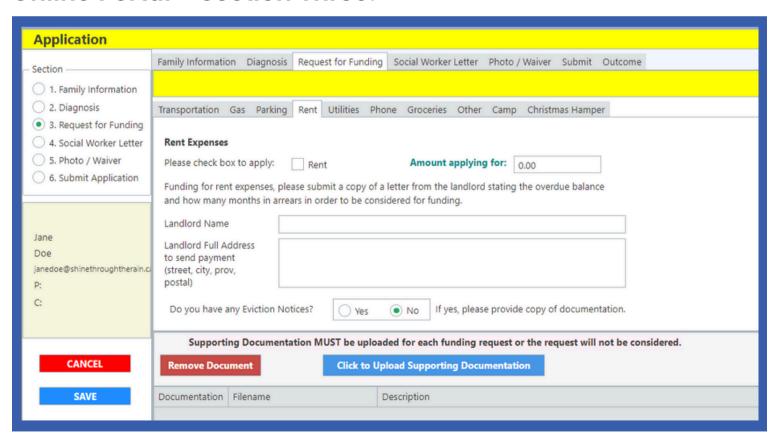
We provide assistance for **Rental Expenses:**

Required Information:

- Would you like to request funding for rental expenses?
- Landlord's name and full address
- Overdue amount Must be at least 30 days overdue to qualify
- Status of eviction

Required Documentation:

• Letter from the landlord - Must state the amount and overdue date



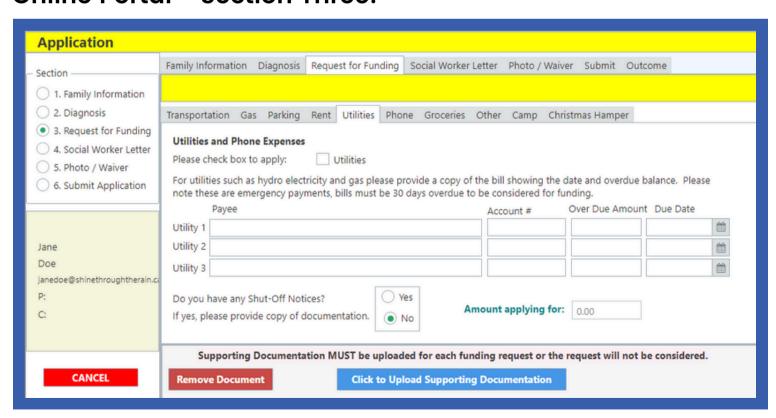
We provide assistance for Utility Expenses:

Required Information:

- Would you like to request funding for utility expenses?
- Payee
- Patient's account #
- Overdue amount Must be at least 30 days overdue to qualify
- Payment due date
- Shut-off status

Required Documentation:

Copy of Bill - Must state the due date and overdue balance



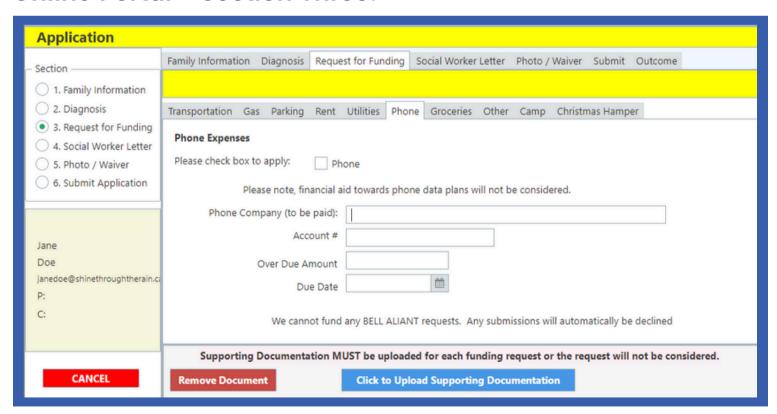
We provide assistance for **Phone Expenses:**

Required Information:

- Would you like to request funding for phone fees?
- Payee
- Patient's account #
- Overdue amount Must be at least 30 days overdue to qualify
- Payment due date

Required Documentation:

• Copy of Bill - Must state the due date and overdue balance



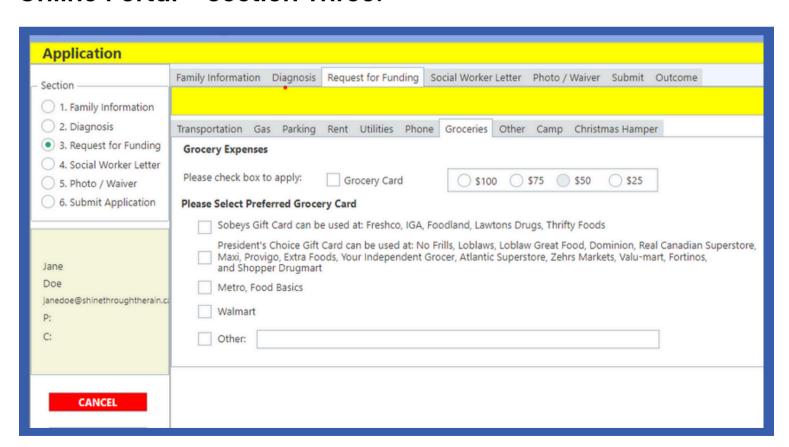
We provide assistance for **Grocery Expenses**:

Required Information:

- Would you like to request funding for grocery expenses?
- Type of gift card company
- Amount on the gift card Maximum of \$100.00

Required Documentation:

• The social worker explains the patients need for this and how this benefits the patients quality of life in their letter for section four.



We provide assistance for Other Expenses:

Required Information:

- 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

Required Documentation:

Any documentation/proof they think is necessary



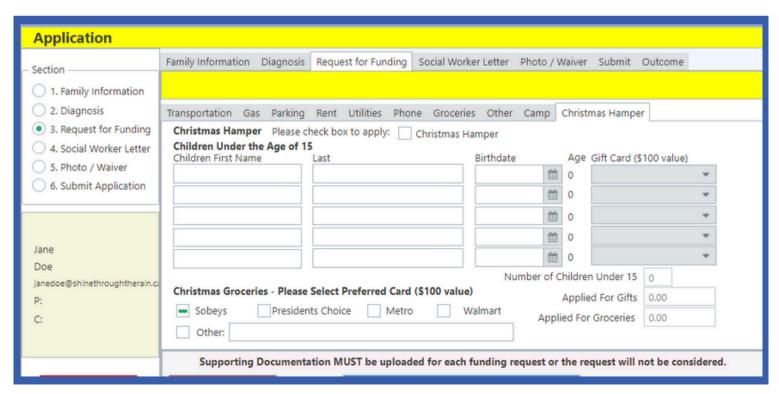
We provide assistance for Christmas Expenses:

Required Information:

- Would you like to request funding for Christmas gifts and groceries?
- Child's full name
- Child's date of birth Must be 15 years old or younger
- Type of gift store card \$100.00 each card
- Type of grocery store card
- Amount on the grocery store card Maximum of \$100.00

Required Documentation:

Any documentation/proof they think is necessary



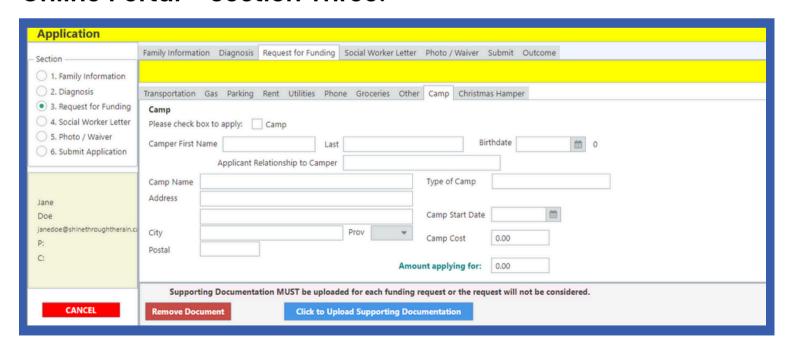
We provide assistance for Camp Expenses:

Required Information:

- Would you like to request a camp scholarship?
- Campers full name
- Campers date of birth Must be 15 years old or younger
- Applicants relationship to the camper
- Camp name and type of camp
- Camps full address
- Camp cost
- Amount requested

Required Documentation:

• Camp invoice or registration documents

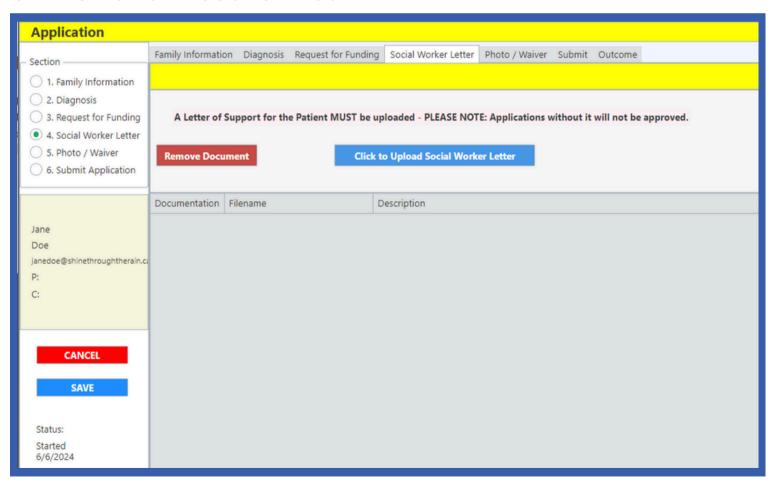


Section Four: Social Worker Letter

Social workers must submit a brief narrative letter of support, written by either the social worker or the medical professional submitting the application. This letter should outline the patient's medical and financial situation, explicitly stating the specific type of funding requested. This requirement is mandatory for all applications to be considered for funding.

Note: Applications without this letter will be declined. Ensure to include this statement.

Online Portal - Section Four:

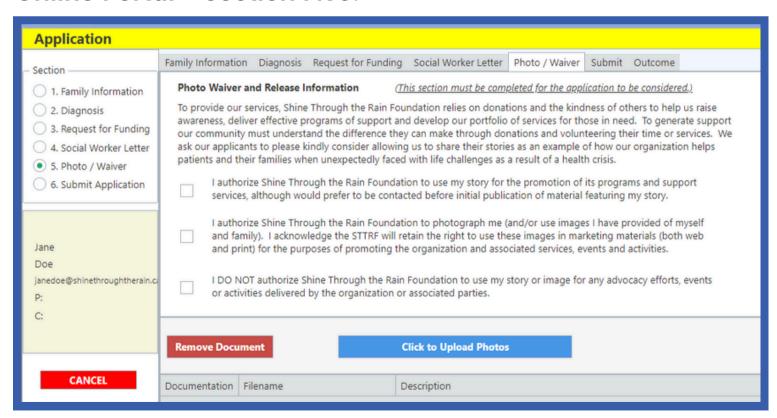


Section Five: Photo / Waiver

The Shine Through the Rain Foundation relies on donations and the generosity of individuals like you. To sustain our vital services, it's crucial for our community to understand the profound impact their contributions and time can make. We invite our candidates to consider allowing us to share stories that showcase how our organization supports patients and their families during challenging health crises.

In this section, patients are encouraged to share their stories through photos and text, empowering them to express their experiences in their own words.

Online Portal - Section Five:



Section Six: Submission

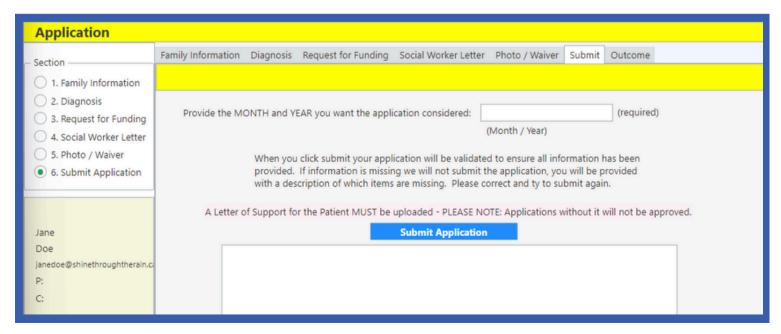
Social workers must indicate the consideration period - Month/Year

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.

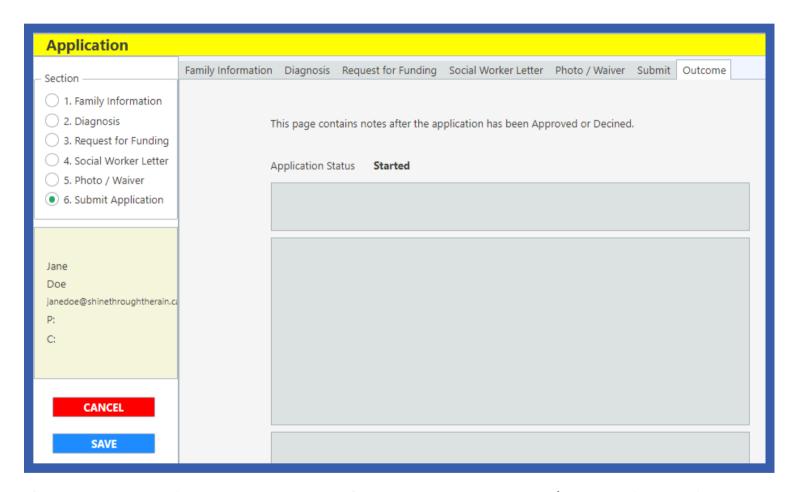
Online Portal - Section Six:



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 - Outcome:



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 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 reimbursement cheques will be addressed to the patient.
- Rent, utilities, and phone cheques will be mailed to the patient.
 However, the cheques themselves are addressed to a landlord or utility/phone company.
- Camp scholarship cheques will be mailed to the patient. However, the cheques themselves are addressed to the camp.
- Grocery, Gas, and Store gift cards will be physically mailed to the patient.

Note: The patient is responsible for paying their own bills by mailing the cheques to the appropriate company in a timely manner.

Once the patient receives their funding in the mail, please send back the confirmation receipt using the return envelope or utilize our online submission form at:

https://shinethroughtherain.ca/confirmation-receipt-for-funding/

Contact Us

- Phone: (905) 477 7743
- program.services@shinethroughtherain.ca
- http://www.shinethroughtherain.ca
- Charitable Registration #: 89188 1005 RR0001

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