



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 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:

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
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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 \leq \$60,000 (family) or \leq \$32,500 (individual)

Online Portal – Section One:

The screenshot shows the 'Application' portal for the Rainy Day Fund. The 'Family Information' tab is selected. The form includes fields for Patient First Name, Last Name, Date of Birth or Age, and Gender. It also has checkboxes for Canadian Citizenship and BIPOC status, with a section for First Nations, Metis, or Inuit identification. The full mailing address is entered in multiple lines, followed by City, Postal, and Municipal Region/District. Telephone and Email fields are present, with a 'No Email' checkbox. A section for 'Sources of Monthly Income' includes input fields for Employment, Unemployment, Child Support, Disability, Social Assistance, CPP, OAS, and Other. A 'Total Monthly' field is calculated, and a 'Calculate Yearly' button is provided. The form also includes a 'Status' section showing the start date (6/6/2024) and a 'Submitted' field. Navigation buttons for 'CANCEL' and 'SAVE' are located on the left side of the form.

Application

Section: 1. Family Information (selected), 2. Diagnosis, 3. Request for Funding, 4. Social Worker Letter, 5. Photo / Waiver, 6. Submit Application

Family Information

Patient First Name: [Text Field] Last Name: [Text Field]

Date of Birth or Age: [Text Field] 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: [Text Field]
(Include Apt/Suite/Unit): [Text Field]

City: [Text Field] Prov: [Dropdown]

Postal: [Text Field]

Municipal Region/District: [Text Field]

Telephone: [Text Field]

Email: [Text Field] ☐ No Email

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

Source	Amount
Employment	[Text Field]
Unemployment	[Text Field]
Child Support	[Text Field]
Disability	[Text Field]
Social Assistance	[Text Field]
CPP	[Text Field]
OAS	[Text Field]
Other	0.00

Total Monthly: [Text Field]

Add Up Total Monthly

Total Yearly Household Income (including above): [Text Field] **Calculate Yearly = Total Monthly x 12**

Number of dependants ages 18 and under: [Text Field]

Status: Started 6/6/2024

Submitted: [Text Field]

CANCEL **SAVE**

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?

☐ Yes

☐ No

Most Recent Treatment Date

Name of Physician/Oncologist

Patient's Primary Medical Facility

Address

Section Three: Request For Funding

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.

Section Three: Request For Funding

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

Online Portal – Section Three:

Application

Section: **Request for Funding**

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 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.

Remove Document **Click to Upload Supporting Documentation**

Documentation	Filename	Description
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Section Three: Request For Funding

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

Online Portal – Section Three:

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**

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.

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

SAVE

Documentation	Filename	Description
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Section Three: Request For Funding

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

Online Portal – Section Three:

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

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

Jane Doe
janedoe@shinethroughtherain.ca
P:
C:

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

SAVE

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

Documentation	Filename	Description
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Section Three: Request For Funding

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

Online Portal – Section Three:

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 InformationDiagnosisRequest for FundingSocial Worker LetterPhoto / WaiverSubmitOutcome

TransportationGasParkingRentUtilitiesPhoneGroceriesOtherCampChristmas Hamper

Rent Expenses

Please check box to apply: ☐ RentAmount 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

Section Three: Request For Funding

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

Online Portal – Section Three:

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

Remove Document

Click to Upload Supporting Documentation

Family Information

Diagnosis

Request for Funding

Social Worker Letter

Photo / Waiver

Submit

Outcome

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

If yes, please provide copy of documentation.

Amount applying for: 0.00

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

Section Three: Request For Funding

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

Online Portal – Section Three:

The screenshot shows a web application interface for a funding request. The top navigation bar is yellow and labeled 'Application'. Below it, a series of tabs includes 'Family Information', 'Diagnosis', 'Request for Funding' (which is active), 'Social Worker Letter', 'Photo / Waiver', 'Submit', and 'Outcome'. On the left side, there is a sidebar with a 'Section' dropdown and a list of steps: 1. Family Information, 2. Diagnosis, 3. Request for Funding (selected with a green dot), 4. Social Worker Letter, 5. Photo / Waiver, and 6. Submit Application. Below the sidebar, a yellow box contains the user's name 'Jane Doe', email 'janedoe@shinethroughtherain.ca', and fields for 'P:' and 'C:'. The main content area has a sub-navigation bar with tabs: 'Transportation', 'Gas', 'Parking', 'Rent', 'Utilities', 'Phone' (selected), 'Groceries', 'Other', 'Camp', and 'Christmas Hamper'. The 'Phone Expenses' section is active, showing a checkbox for 'Phone' (unchecked) and a note: 'Please note, financial aid towards phone data plans will not be considered.' Below this are input fields for 'Phone Company (to be paid):', 'Account #', 'Over Due Amount', and 'Due Date' (with a calendar icon). A disclaimer states: 'We cannot fund any BELL ALIANT requests. Any submissions will automatically be declined.' At the bottom, a grey bar contains the text: 'Supporting Documentation MUST be uploaded for each funding request or the request will not be considered.' and three buttons: 'CANCEL' (red), 'Remove Document' (red), and 'Click to Upload Supporting Documentation' (blue).

Section Three: Request For Funding

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.

Online Portal – Section Three:

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

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, Loblaws 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:

Section Three: Request For Funding

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

Online Portal – Section Three:

The screenshot shows a web application interface for the 'Rainy Day Fund'. The top navigation bar is yellow and labeled 'Application'. Below it, a series of tabs are visible: 'Family Information', 'Diagnosis', 'Request for Funding' (which is highlighted), 'Social Worker Letter', 'Photo / Waiver', 'Submit', and 'Outcome'. On the left side, there is a sidebar with a 'Section' dropdown menu and a list of numbered options: '1. Family Information', '2. Diagnosis', '3. Request for Funding' (which is selected with a green dot), '4. Social Worker Letter', '5. Photo / Waiver', and '6. Submit Application'. Below this list, there is a yellow box containing the user's name 'Jane Doe' and email 'janedoe@shinethroughtherain.ca', along with labels 'P:' and 'C:'. The main content area has a sub-header 'Other Expenses' and a paragraph of 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 is a large text input field labeled 'Nature of Expense:'. At the bottom, there is a label 'Amount applying for:' followed by a text input field containing the value '0.00'. The entire form is enclosed in a blue border.

Section Three: Request For Funding

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

Online Portal - Section Three:

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**

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: 0

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.

Section Three: Request For Funding

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

Online Portal – Section Three:

The screenshot shows a web application interface for requesting funding. The main header is 'Application' in a yellow bar. Below it, a navigation bar shows tabs: Family Information, Diagnosis, Request for Funding (selected), Social Worker Letter, Photo / Waiver, Submit, and Outcome. On the left, a sidebar lists steps: 1. Family Information, 2. Diagnosis, 3. Request for Funding (selected), 4. Social Worker Letter, 5. Photo / Waiver, and 6. Submit Application. Below the sidebar, user information is displayed: Jane Doe, janedoe@shinethroughtherain.ca, P:, and C:. The main form area has sub-tabs: Transportation, Gas, Parking, Rent, Utilities, Phone, Groceries, Other, Camp (selected), and Christmas Hamper. The 'Camp' section includes a checkbox 'Please check box to apply: ☐ Camp'. Below this are fields for Camper First Name, Last Name, Birthdate (with a calendar icon and '0' in the year field), and Applicant Relationship to Camper. Further down are fields for Camp Name, Type of Camp, Address, City, Prov (dropdown), Postal, Camp Start Date (with a calendar icon), and Camp Cost (0.00). At the bottom, there is a field for 'Amount applying for:' (0.00). A red 'CANCEL' button is on the left. A red 'Remove Document' button and a blue 'Click to Upload Supporting Documentation' button are at the bottom. A note states: 'Supporting Documentation MUST be uploaded for each funding request or the request will not be considered.'

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:

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
6/6/2024

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
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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:

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:

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
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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. At the top, a yellow banner reads "Application". Below this is a navigation bar with tabs: "Family Information", "Diagnosis", "Request for Funding", "Social Worker Letter", "Photo / Waiver", "Submit", and "Outcome". The "Submit" tab is currently selected. On the left side, there is a sidebar with a "Section" dropdown menu. The menu options are: "1. Family Information", "2. Diagnosis", "3. Request for Funding", "4. Social Worker Letter", "5. Photo / Waiver", and "6. Submit Application". The "6. Submit Application" option is selected, indicated by a green dot. Below the sidebar, there is a user profile section for "Jane Doe" with the email "janedoe@shinethroughtherain.ca" and fields for "P:" and "C:". The main content area of the "Submit" tab contains the following text: "Provide the MONTH and YEAR you want the application considered:" followed by a text input field and the word "(required)" in parentheses. Below this, it says "(Month / Year)". A paragraph of text follows: "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 is another line of text: "A Letter of Support for the Patient MUST be uploaded - PLEASE NOTE: Applications without it will not be approved." At the bottom of the main content area is a blue button labeled "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 – Outcome:

The screenshot shows a web application interface titled "Application". It features a yellow header bar with the title. Below the header is a navigation bar with tabs: "Family Information", "Diagnosis", "Request for Funding", "Social Worker Letter", "Photo / Waiver", "Submit", and "Outcome". The "Outcome" tab is currently selected. On the left side, there is a sidebar with a "Section" dropdown menu and a list of six sections, each with a radio button. The sections are: 1. Family Information, 2. Diagnosis, 3. Request for Funding, 4. Social Worker Letter, 5. Photo / Waiver, and 6. Submit Application. The "Submit Application" section is selected. Below the sidebar, there is a yellow box containing the user's name "Jane Doe" and email "janedoe@shinethroughtherain.ca". Below this box are two buttons: a red "CANCEL" button and a blue "SAVE" button. The main content area of the "Outcome" tab displays the text "This page contains notes after the application has been Approved or Decided." and "Application Status Started". Below this text are three large, empty gray rectangular boxes for notes.

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>



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