



Canadian Breast Cancer Network
Réseau canadien du cancer du sein

SAMPLE CHECKLIST

FINANCIAL PLANNING FOR CANCER CARE

INCOME/ASSETS

- Date of last day of work: _____
- Date of last full paycheque: _____
- Short term illness pay starts: _____
- Employment Insurance starts: _____ ends: _____
- Date to apply for LTD: _____
- Date LTD starts (if approved): _____

Short term illness amount (approx.) \$ _____

Employment Insurance amount \$ _____

LTD amount (approx.) \$ _____ or CPP \$ _____

Health Benefits Yes No

Drug Plan Yes No Copayment amount per Rx \$ _____

BILLS

- Rent/Mortgage \$ _____ Due: _____
- Electricity/Hydro \$ _____ Due: _____
- Wireless/Phone \$ _____ Due: _____
- Water \$ _____ Due: _____
- Cable/Internet \$ _____ Due: _____
- Loan(s) \$ _____ Due: _____
- Credit Card(s) \$ _____ Due: _____
- Insurance \$ _____ Due: _____
- Car Payment/Lease \$ _____ Due: _____
- Benefit Premium \$ _____ Due: _____
- Pension Payment \$ _____ Due: _____
- Other \$ _____ Due: _____

- Do my loans/credit cards/mortgage have insurance? Yes No _____
- Which bills are overdue and can be negotiated/budgeted? _____
- Which bills can be deferred temporarily? _____

EXPENSES

- Groceries
- Gas/public transportation
- Clothing
- Medical Supplies
- Prescriptions
- Pet care
- Child care
- Elder care
- Home care
- Massage/therapy/counselling

Which expenses might:
Increase? Decrease?
Be covered under benefits?
Need help?

WHAT AM I GOING TO NEED HELP WITH THE MOST? _____

WHAT KIND OF HELP WILL I NEED? _____

WHAT ARE MY NEXT STEPS? _____

SOURCES OF HELP

- Savings Amount: _____
- Family Who: _____
- Charity Fund(s) Contact Info: _____
