



2023 FREE MAMMOGRAM BREAST CANCER ASSISTANCE PROGRAM (BCAP) APPLICATION

(HOUSTON & DALLAS, TEXAS RESIDENTS ONLY)

Sisters Network® Inc. (SNI) is pleased to continue the 2023 Karen E. Jackson Breast Cancer Assistance Program (BCAP) to provide payment for mammograms for uninsured women.



GOAL:

Early detection is critical to survival. Sisters Network® Inc. encourages women who are uninsured to apply for a 3D mammography and make their health a top priority.

BCAP HISTORY & IMPACT

Sisters Network® Inc. Breast Cancer Assistance Program is one of the leading breast cancer financial assistance and early detection mammogram programs in the United States. Founded in 2006, BCAP has provided over 1 million dollars in financial assistance and free mammogram screenings to breast cancer survivors and non-diagnosed women nationwide.

OPEN JUNE 5 - JULY 5, 2023 — closes at 6PM (CST)

Email: mammograms@sistersnetworkinc.org

To be considered please provide the following:

1. Complete BCAP Mammogram Application
2. Sign Terms and Conditions (MUST SIGN)
3. Email to mammgrams@sistersnetworkinc.org
4. Vouchers will be emailed to applicant once approved
5. Make appointment with approved Solis Mammography Centers on or before July 15, 2023 (or voucher is voided)

How did you hear about the Breast Cancer Assistance Program (BCAP) Mammogram Program?

- Sisters Network website
- Email
- Facebook/Instagram
- Breast Cancer Survivor
- Cancer Organization
- Other _____

(Paid at the negotiated rate with preferred providers)

ASSISTANCE INCLUDES:

- 3D Mammograms

(NOTE: All payments are made to the 3rd party provider.)

How have you been impacted?

- Lost job
- Lost health insurance
- Had a treatment plan change
- Other _____

ALL INFORMATION MUST BE COMPLETED.

- If approved, payments are made directly to the approved provider.
- Submission of this application does not imply or guarantee approval of financial assistance.
- ****Incomplete applications will not be reviewed and/or processed****
- Allow 10-14 days for processing

Visit sistersnetworkinc.org/programs to download the application.

Email completed application to mammograms@sistersnetworkinc.org.

For more info, please email mammograms@sistersnetworkinc.org.

Application closes July 5, 2023 @ 6 p.m. (CST).

SUPPORTED BY



2023 BREAST CANCER ASSISTANCE PROGRAM APPLICATION (3D MAMMOGRAM ONLY)

PERSONAL INFORMATION

Date: _____

First Name: _____

Last Name: _____

Date of birth (MM/DD/YYYY): _____ Cell Phone: _____

Email: _____

Current address: _____

City: _____ State: _____ Zip Code: _____

(not required to be considered) Are you a member of a Sisters Network Affiliate Chapter? Yes No

If Yes, what chapter? _____

RACE/ETHNICITY INFORMATION *(Check one)*

African American

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

White

Hispanic or Latino

ASSISTANCE REQUESTED

Do you have medical insurance? Yes No

Have you received 3D mammogram support in the last 12 months from Sisters Network[®] Inc.? Yes No

Are you currently employed? Yes No

If Yes, please name occupation: _____

If No, state reason _____

Annual Household Income under \$25K \$25K-\$49,999 \$50K-\$69,999K \$70K+

Head of Household Yes No Number in Household: _____

List Sources of Income:

Employment Child Support Public Assistance Family/friends provide support

Social Security (Retirement) Pension Disability Unemployment

EDUCATION LEVEL

Some School GED High School Graduate Some College College Graduate Post-Graduate

FREE 3D MAMMOGRAM

PHYSICIAN CONTACT TO SEND MAMMOGRAM RESULTS *(Required)*

Physician Name: _____

Organization/Hospital: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

TERMS AND CONDITIONS

- **ALLOCATION OF FUNDS:** Sisters Network® Inc. (SNI) Board of Directors allocates certain monies and other resources to the Karen E. Jackson Breast Cancer Assistance Program (BCAP) through the annual budget. The number and size granted by the Breast Cancer Program is dependent upon the allocation of Sisters Network resources to the Breast Cancer Assistance Program within Sisters Network annual budget. Sisters Network Board of Directors has exclusive determination as to those monies and resources.
- **SELECTION PROCESS:** The BCAP application, including the selection of the successful applicant is reviewed by the National Office. Sisters Network National Office reserves the right to decline a request, and/or partially grant a request based upon the allocation of funds to the program. REVIEWING OF THIS APPLICATION DOES NOT CONSTITUTE ANY PROMISE OR ASSURANCE BY SISTERS NETWORK (OR ANY OF ITS REPRESENTATIVES) TO AN APPLICANT REGARDING THE GRANTING OF THEIR FUNDING REQUEST.
- **GRANTS OF RIGHTS, RESTRICTIONS ON USE:** The information provided by applicant herein will only be utilized for Sisters Network® Inc. consideration of your BCAP Application. Your information will not be shared with anyone unaffiliated with Sisters Network. Should your request be granted, Sisters Network will not communicate with any third parties relating to your request without your prior consent. Sisters Network reserves the right to utilize your Breast Cancer Assistance Program experience to share with potential sponsors as well as the general public in order to promote the Breast Cancer Assistance Program to other women cancer survivors that could potentially participate in this program. Sisters Network reserves the right to terminate the Karen E. Jackson Breast Cancer Assistance Program at any time due to budget restraints or mitigating circumstances.
- **TIME FRAME OF PROCESS:** The complete review/approval process takes approximately 14 business days from the date that Sisters Network® Inc. received the entire BCAP application package.

OPEN JUNE 5 - JULY 5, 2023 (Closes at 6pm (CST) (must be received via email on this date)

I affirm that I have read all of the above important information, and attest that the information provided by me in this application is true and correct to the best of my knowledge.

Applicant Signature: _____

Printed Name: _____

Date Signed: _____

Email application and supporting PDF/JPG materials to: mammograms@sistersnetworkinc.org

BREAST CANCER ASSISTANCE PROGRAM IS ALSO AN EARLY DETECTION OUTREACH PROGRAM WHICH PROVIDES FREE MAMMOGRAMS PAID DIRECTLY TO THE PROVIDER