COVID-19 BREAST CANCER ASSISTANCE PROGRAM (BCAP) APPLICATION

Breast Cancer Assistance Program (BCAP) is designed to assist breast cancer survivors facing financial challenges while undergoing surgery, radiation or chemotherapy treatment.

2020 APPLICATION STARTS OCTOBER 12, 2020

To be considered for Financial Assistance, please provide the following:

1. Completed BCAP Application
2. Required Email Address: Must be provided to receive progress updates
3. ONLY Email (1) unpaid utility or mammogram invoice
4. Signed Terms and Conditions

1. ALL INFORMATION MUST BE COMPLETED.
2. If Approved, Payments are made directly to the Provider or Survivor.
3. Submission of this application does not imply or guarantee approval of financial assistance.

PICK ONE ITEM—ASSISTANCE WILL BE AWARDED UP TO $250

ASSISTANCE INCLUDES:

• Utility Bill (Gas, Water or Electric)
• Groceries
• Mammograms

**Payments will be made directly to the provider with the exception of groceries where the payment will be made directly to the survivor.**

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

☐ Email
☐ Facebook
☐ Sisters Network website
☐ Breast Cancer Survivor
☐ Cancer Organization
☐ Other ________________________________

How have you been impacted by COVID-19?

☐ Lost job
☐ Lost health insurance
☐ Contracted coronavirus
☐ Had a treatment plan change
☐ Other ________________________________

We would like to invite you to connect with one of the Affiliate Chapters which can be found at [www.sistersnetworkinc.org](http://www.sistersnetworkinc.org) (click on chapters)
2020 BREAST CANCER ASSISTANCE PROGRAM (BCAP) APPLICATION

PERSONAL INFORMATION

Today’s Date: __________________________

Are you a member of a Sisters Network Affiliate Chapter? ☐ Yes ☐ No

If YES, what chapter? _____________________________________________________________

First Name: ____________________________________________________________________________

Last Name: _____________________________________________________________________________

Date of birth (MM/DD/YYYY): ___________________________________________________________________

Cell Phone: _____________________________________________________________________________

Email: ________________________________________________________________________________

Current address: ___________________________________________________________________________

City: ___________________________________________________________________________________

State: ___________________________________________________________________________________

Zip Code: _________________________________________________________________________________

RACE/ETHNICITY INFORMATION: (Check one)

☐ Black or African American ☐ Asian

☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

☐ White ☐ Hispanic or Latino

ASSISTANCE REQUESTED (please select one)

Please provide the information to support the invoice you are submitting: ☐ Utilities  ☐ Mammogram  ☐ Groceries

Have you received BCAP in the last 12 months? ☐ Yes ☐ No

FINANCIAL STATUS

Are you currently employed? ☐ Yes ☐ No

If Yes, please name occupation: ______________________________________________________________

If No, state reason _________________________________________________________________


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
BREAST CANCER STATUS

Are you currently:
☐ In treatment  ☐ Surgery  ☐ Survivor, but not on CHEMO PILL

When was your breast cancer diagnosed? _____________________________________________________________

Have you had multiple diagnoses? ☐ Yes  ☐ No  If yes, how many?________________________________________

TYPE OF TREATMENT

Type of Breast Cancer: ____________________________________________________________________________

Current Stage of Breast Cancer: _____________________________________________________________________

Currently in treatment? ☐ Yes  ☐ No

Treatment dates: _________________________________________________________________________________

Start:__________________________________________  Approximate End: _________________________________

Treatment: _______________________________________________________________________________________

PHYSICIAN CONTACT

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 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 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 30 business days from the date that Sisters Network Inc. received the entire BCAP application package.
BCAP APPLICATION STARTS OCTOBER 12, 2020

I affirm that I have read the 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: admin3assistance@sistersnetworkinc.org.

BREAST CANCER ASSISTANCE PROGRAM (BCAP)

• This program assists breast cancer survivors currently in treatment and facing financial challenges due to the current covid-19 pandemic and employment crisis
• BCAP is also an early detection outreach program which provides free Mammograms paid directly to the provider
• Financial Assistance is paid directly to third-party providers for utilities (gas-water-electric)
• Financial Assistance is paid directly to survivors for groceries

SPONSORS