COVID-19 BREAST CANCER ASSISTANCE PROGRAM (BCAP) APPLICATION

A NATIONAL AFRICAN AMERICAN BREAST CANCER SURVIVORSHIP ORGANIZATION

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

2020 APPLICATION PERIOD IS FROM MAY 15, 2020 – JULY 3, 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. Email (1) unpaid utility or rent
4. Signed Terms and Conditions

All documents listed above must be submitted at one time.

ASSISTANCE WILL BE AWARDED UP TO $300

ASSISTANCE INCLUDES:
• Utility Bill (Gas, Water or Electric)
• Rent
• Groceries
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   ☐ Breast Cancer Survivor

☐ Facebook   ☐ Cancer Organization

☐ Sisters Network website   ☐ Other_____

How have you been impacted by COVID-19?

☐ Lost job   ☐ Had a treatment plan change

☐ Lost health insurance   ☐ Other_____

☐ Contracted coronavirus

We would like to invite you to connect with one of the Affiliate Chapters which can be found at
www.sistersnetworkinc.org (click on chapters)

2020 BREAST CANCER ASSISTANCE PROGRAM (BCAP) APPLICATION

If Approved, Payments are made directly to the Provider or Survivor.

Submission of this application does not imply or guarantee approval of financial assistance.

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 below information to support the bill you are submitting:

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 _____

Annual Household Income ☐ under $25K   ☐ $25K-$49,999   ☐ $50K-$69K   ☐ $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

BREAST CANCER STATUS

Are you currently:

☐ In treatment   ☐ Metastatic   ☐ Survivor but no longer in treatment

When was your breast cancer diagnosed?_____

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

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 unmitigating circumstances.

• **TIME FRAME OF PROCESS:** The complete review /approval process takes approximately 20–30 business days from the date that Sisters Network Inc. received the entire BCAP application package.

BCAP 2020 APPLICATION PERIOD ENDS ON JULY 3, 2020
BCAP 2020 APPLICATION PERIOD IS FROM MAY 15, 2020 – JULY 3, 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: admin3@sistersnetworkinc.org.

Sponsors

Genentech
A Member of the Roche Group

Eisai

ComericA Bank

THE UNIVERSITY OF TEXAS
MD Anderson
Cancer Center
Making Cancer History®

H·E·B
Helping Here.

Community Partners

National
Partner

ALPHA KAPPA ALPHA SORORITY, INC
ALPHA KAPPA OMEGA CHAPTER
Local Partner

The Links,
Incorporated
Linked in Friendship, Connected in Service

Regional Partner

Rev. 5/5/20