2024 BREAST CANCER ASSISTANCE PROGRAM (BCAP) APPLICATION

(Spring/Summer 2024)

Sisters Network® Inc. (SNI) is pleased to announce the Spring/Summer 2024 Breast Cancer Assistance Program (BCAP) is now open to provide much needed financial assistance to breast cancer survivors and mammograms for non-diagnosed women. BCAP is designed to assist breast cancer survivors in active treatment facing financial challenges while undergoing surgery, radiation or chemotherapy treatment. BCAP is open two times per year for the Spring/Summer and Fall/Winter cycles.

BCAP HISTORY & IMPACT

Sisters Network® Inc. Karen E. Jackson Breast Cancer Assistance Program is one of leading breast cancer survivor financial assistance and early detection mammogram programs in the United States. Founded in 2006, the BCAP has provided over 1.5 million dollars in financial assistance and free mammogram screenings.

OPEN JUNE 3, 2024 - JULY 1, 2024
(must be received via email by July 1, 2024 by 6pm CST)

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 ONLY ONE:* Utility bill (Gas, Electric or Water), Lease Agreement or Mortgage Statement (must be scanned and show mailing address)
4. Signed Terms and Conditions
5. Provide proof of current type of eligible treatments or treatment plan (IV or Port Chemotherapy, Radiation)

Note: BCAP program may close early due to funding being depleted or extended if additional funds additional funds are received.

Open June 3- July 1, 2024

PICK ONE ITEM—ASSISTANCE WILL BE AWARDED UP TO $350

ASSISTANCE CATEGORIES: _____Utility Bill (Gas, Water or Electric)   _____Rent   _____Mortgage

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

☐ Sisters Network website
☐ Email
☐ Facebook/Instagram/X(formerly Twitter)

☐ Breast Cancer Survivor
☐ Cancer Organization
☐ Other_____

How have you been impacted?

☐ Lost job
☐ Lost health insurance

☐ Had a treatment plan change
☐ Other_____

ALL INFORMATION MUST BE COMPLETED.   **SUBMIT TO bcap@sistersnetworkinc.org**

- Application **must** be **scanned (no photographs accepted)** *NO EXCEPTIONS.*
- Only **complete applications** will be processed. ***Incomplete applications will not be reviewed and/or processed***
- Applicants who received financial assistance in 2023 are not eligible.
- Please allow 30-40 days for review and processing.
- If approved, payments are made directly to the Third-Party Provider.
- Submission of this application does not imply or guarantee approval of financial assistance.

Visit **sistersnetworkinc.org/programs** to download the application.
Email completed application to **BCAP@sistersnetworkinc.org**.
(NO MAILED APPLICATIONS ARE ACCEPTED)

**APPLICATION CLOSES
JULY 1, 2024 - 6PM (CST)**

Rev. 6/2024

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PERSONAL INFORMATION

Today's Date:_____

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

If YES, what chapter? _____

First and Last Name: _____

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

Email: _____

Current address: _____

City:_____ State:_____ Zip Code: _____

PHYSICIAN CONTACT (FILL OUT COMPLETELY FOR VERIFICATION)

You must be currently **IN ACTIVE TREATMENT** receiving one of the following:

☐ Radiation   ☐ IV/Port Chemotherapy

RACE/ETHNICITY INFORMATION: *(Check one)*

☐ Black or African American   ☐ Asian

☐ Hispanic or Latino   ☐ American Indian or Alaska Native

☐ White   ☐ Native Hawaiian or Other Pacific Islander

ASSISTANCE REQUESTED *(please select one)*

Please check which category of assistance: ☐ Utilities   ☐ Rent   ☐ Mortgage

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

FINANCIAL STATUS

Are you currently employed? ☐ Yes ☐ No   Do you have insurance? ☐ 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

Year diagnosed:_____

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

Type of Breast Cancer: ☐ DCIS   ☐ TNBC   ☐ IOC   ☐ HRT   ☐ HR-   ☐ Inflammatory

Current Stage of Breast Cancer: ☐ Stage 1   ☐ Stage 2   ☐ Stage 3   ☐ Stage 4

TREATMENT

Currently in treatment? ☐ Yes ☐ No

Treatment dates: _____ *(Attach treatment plan or letter from physician.)*

Start:_____ Approximate End: _____

Treatment/Medication: _____

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.

APPLICATION CLOSES JULY 1, 2024 at 6PM (CST)
(must be received by 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: BCAP@sistersnetworkinc.org.

BREAST CANCER ASSISTANCE PROGRAM (BCAP)

- This program assists breast cancer survivors currently in active treatment and facing financial challenges.
- Financial Assistance is paid directly to third-party providers for utilities (gas-water-electric), mortgage or apartment rental.
- Please allow 30 - 45 days for review and processing.