

**MOBILE NO-COST BREAST CANCER SCREENING PROGRAM APPLICATION**

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**ORGANIZATION**

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**CONTACT PERSON**

Name & Title: \_\_\_\_\_

Alternate Contact (Name & Phone): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name & Cell # for Person on Screening Day: \_\_\_\_\_

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**SCREENING DAY**

Requested Date:  
(Please list your top 4 choices):  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Requested Start Time\*:  
 9:00am  
 10:00am  
 Other: \_\_\_\_\_

Requested End Time:  
 3:00pm  
 4:00pm  
 5:00pm  
 Other: \_\_\_\_\_

\*Please book the van for a minimum of 6 hours.

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**SCREENING LOCATION** (if different than above)

Location Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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## MOBILE NO-COST BREAST CANCER SCREENING PROGRAM APPLICATION (CONT.)

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### EQUIPMENT

All of the no-cost breast cancer screening services take place inside the van. You will need to **reserve 40 feet of parking space** for this equipment on the screening day. Your local police precinct may be able to assist you.

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### APPOINTMENTS

- AICF uses its medical provider's toll free phone number when promoting screening days. In addition to the toll free number, does your organization want to help collect appointments?
    - No, we prefer to have women call the medical provider's phone number.
    - Yes, my organization will also collect appointments. Please put the following phone number on our flyers: \_\_\_\_\_
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### LANGUAGE

What languages, other than English, are spoken by the target population?

Spanish  Chinese  Russian  Creole  Bengali  Korean

Will you be able to provide an interpreter for the women in the community?  Yes  No

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### HEALTH EDUCATION

An AICF representative may be on-site the day of the screening to hand out educational material and answer patients' questions.

Would you like an AICF representative to give a presentation before the visit?

Yes  No

## COMMUNITY SITE RESPONSIBILITIES

### AGREEMENT

As an authorized representative of \_\_\_\_\_ ,  
[Name of Organization]

I agree to host AICF's Mobile No-Cost Breast Cancer Screening Program. I acknowledge that all services are provided at no-cost to my site. In return, my organization agrees to:

### INITIAL

- \_\_\_\_\_ Partner with AICF staff to ensure that at least 35 appointments are booked at least 3 weeks before the visit.
- \_\_\_\_\_ Reserve legal parking space for the mobile clinic.
- \_\_\_\_\_ Provide a bathroom for the staff.

I understand that if these conditions are not met, the visit to my site may be cancelled or postponed. Furthermore, I understand that:

### INITIAL

- \_\_\_\_\_ The Program is only open to women age 40 and older who live in NYC and have not had a mammogram in the last 12 months.
- \_\_\_\_\_ Women with health insurance must bring insurance cards to receive services.
- \_\_\_\_\_ Traffic and weather conditions may delay the arrival of the vehicle and could cause the visit to be cancelled or postponed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Please fax the completed application to AICF at 212-517-6089 or  
mail it to AICF at 112 E. 71<sup>st</sup> Street, Suite 2B, New York, NY 10021.**

## MOBILE NO-COST BREAST CANCER SCREENING PROGRAM OVERVIEW

### **Background**

Founded in 1980, the American-Italian Cancer Foundation (AICF) supports cancer research, education, and early detection, emphasizing the unique resources of Italy and the United States, recognizing world-class scientific excellence in medicine, and serving the medically underserved in New York City through cancer screening, outreach, and education.

AICF has been involved in providing mobile mammography services for over 20 years. **The Mobile No-Cost Breast Cancer Screening Program provides no-cost breast cancer screening services to economically disadvantaged and medically underserved women in New York City.** Underserved women typically face economic, cultural or linguistic barriers to health care. By partnering with community-based organizations and institutions, AICF brings mammography services directly to women in their communities. To request our mobile van, please review the information below and return the completed Application Form to AICF. A confirmation letter will be sent to you once a date has been scheduled.

### **Major funding provided by:**

Avon Foundation Breast Health Outreach Program • National Breast Cancer Foundation • New York City Council • New York City Department of Health and Mental Hygiene • The Greater New York City Affiliate of Susan G. Komen Race for the Cure® • New York State Department of Health

### **Medical Provider**

AICF partners with a licensed, accredited mammography provider who performs the medical services and operates the mobile equipment.

### **Patient Eligibility**

This program is for women **age 40 and over** who have a New York City mailing address and have **not had a mammogram in the last 12 months.**

### **Uninsured**

For women with no health insurance, the cost of the screening is covered by the local Screening Partnership of the New York State Cancer Services Program (NYS CSP). For more information about the NYS CSP, please call 866-442-CANCER (2262). If the NYS CSP is unable to cover the screening for an uninsured, eligible woman, services will be paid for through generous contributions by the American-Italian Cancer Foundation's donors.

### **Insured**

For women with health insurance, the health insurance company will be billed for the services. However, women will not be charged a co-pay and will not receive any bills. **Insured women must bring their health insurance card to the screening day.**

### Equipment – Mobile Clinic

AICF owns a large van that is a mobile screening clinic. All of the services take place inside of the van. For this type of equipment, you will need to **reserve 40 feet of parking space**. Your local police precinct may be able to assist you. If you have a parking lot, please note that the van is 7.5 feet wide and may not be able to fit into all lots.



### Annual Visit

The strength and success of the Mobile No-Cost Breast Cancer Screening Program is built upon the ability to return to the same area each year. This gives women in the community the ability to receive annual breast cancer screening. Please only submit an application if your organization might be able to host the Program on an annual basis. We will not bring the mammography van to health fairs unless the coordinating organization can host the Mobile No-Cost Breast Cancer Screening Program in the following year.

### Scheduling

Our van is often booked months in advance. Please provide us with your top four choices for dates. If we cannot schedule the van for a requested date, we will work with you to book the next acceptable date. If you hosted the van last year, please choose a date at least one year after last year's visit. This helps to ensure coverage of the exam by health insurance companies and the New York State Cancer Services Program. The van usually starts seeing patients at 9am or 10am. You must schedule the equipment for at least 6 hours. We will do our best to accommodate any special requests for hours.

### Appointments Required

Like any clinic, this is an appointment-based program and walk-ins cannot always be accommodated. A minimum of 35 appointments is required for the mobile van to visit your community. ***If there are not 35 appointments confirmed 3 weeks before the screening, we reserve the right to cancel or postpone the screening.*** We will provide a toll free phone number for women to call the medical provider to book their appointment. In addition, the community site leader can choose to help collect appointment information, with assistance from an AICF professional.

### **Health Education**

A member of AICF's outreach staff will be contacting you prior to the screening day to schedule a workshop on the importance of breast cancer screening. As a site coordinator, you have the option of making this workshop available to the women at your site.

### **Community Site Responsibilities**

AICF relies upon the community sites for the promotion of the screening day. We also request that the site provide bathroom access for the van staff and patients.

- **Promotion:** Your organization's **primary responsibility** is to promote the screening day and ensure that women sign up for appointments. AICF will send flyers to you in order to advertise the screening day. We will do our best to accommodate special needs for languages other than English. We encourage you to use other methods at your organization to promote the event so that the minimum number of appointments is booked. AICF will also use its community network to help you advertise the day.
- **Parking:** You must reserve legal parking space for the vehicle. Your local police precinct may be able to assist you.
- **Bathroom Access:** Your organization will need to provide bathroom access for van staff and patients.
- **Interpreter:** AICF and its medical provider try to provide bilingual staff for the screening day. However, if your organization can provide any help with interpretation services, it would be greatly appreciated.

We look forward to working with you to serve the women in your community. If you have any questions, call 212-628-9090.

Please fax the completed Application to 212-517-6089 or mail it to 112 E. 71<sup>st</sup> Street, Suite 2B, New York, NY 10021.