



www.americanitaliancancer.org

2019 MOBILE, NO-COST BREAST CANCER SCREENING PROGRAM APPLICATION

Organization Name:

Street Address:

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Screening Event Site Name and Address (if different):

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

CONTACT PERSONS

1. Primary Contact Person Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

2. Secondary Contact Person Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

➤ Name and cell number for person attending screening (required):

➤ Please include a phone number for the promotional flyer (required):

SCREENING DAY

Our Mobile Care Clinic is available for screening events Wednesday through Sunday 9am-5pm;

Staten Island sites from 9:30am – 5pm.

Weekdays screening events in Manhattan are from 10am – 5pm

Requested Date (Please list your top 3 choices):

1. _____ (9am-5pm)

2. _____ (9am-5pm)

3. _____ (9am-5pm)

MOBILE CARE CLINIC PARKING REQUIREMENTS

Our Mobile Care Clinic requires a reserved parking space on the screening day. Reserved parking space must:

- Be 40 feet (approximately 4 spaces) of parking
- Be on level ground
- Not block a fire hydrant or a bus stop, and must be 15 feet away from fire hydrant (as per NY State law)
- Have passenger side of the vehicle (right side of the vehicle) open to the sidewalk. The Mobile Care Clinic **cannot** park or drive against traffic.

‘No-Parking’ signs posted 48 hours prior to screening day. Contact your local police precinct’s Community Liaison for assistance securing No Parking signs.

Please indicate where you anticipate the parking to be reserved:

In front of Screening Site Parking Lot Side Street - please specify: _____

APPOINTMENTS

The American-Italian Cancer Foundation (AICF) requires host sites to recruit **25 women** interested in getting a mammogram. **Names and phone numbers** are required for each of the 25 women. Please submit your list to Farah Chatila at farahchatila@americanitaliancancer.org **at least three weeks prior** to the screening date. Our Patient Navigators will call your list of women to confirm their eligibility and medical information; please inform the women that we will be reaching out to them. If your organization does not have 25 appointments confirmed 3 weeks before the screening, we reserve the right to cancel or postpone the screening.

Yes, my organization will collect at least 25 appointments by: _____

Bathroom Access:

Your organization will need to provide bathroom access for our Mobile Care Clinic patients and staff for the duration of the 8-hour screening event.

Where are bathrooms located? _____

LANGUAGE

To better assist patients and provide appropriate educational materials, please indicate the language needs of your community:

English Spanish Chinese Russian Creole Bengali Korean
 Other: _____

Our Mobile Care Clinic staff is bilingual (English & Spanish). Will you be able to provide an interpreter for the women attending the screening that speak other languages? Yes No

BREAST HEALTH EDUCATIONAL PRESENTATIONS: We offer additional breast health educational presentations prior to screening events (additional application required). Would you like additional information about our presentation? Yes No

COMMUNITY OUTREACH

Please list 3 organizations within your neighborhood or community serving a large number of women. This could consist of nearby churches, schools, cultural centers, etc. We ask for this information in order to reach out to nearby organizations to promote your upcoming screening.

	Organization Name	Contact Person	Contact Number & Email Address
1.			
2.			
3.			

COMMUNITY SITE RESPONSIBILITIES

(Please keep a copy for yourself)

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 organization or the women we serve. In return, my organization agrees to:

- Provide AICF with at least 25 names and phone numbers of women eligible for breast cancer screening 3 weeks prior to the event.
- Reserve legal parking space for the mobile care clinic. Secure parking spot by displaying parking permit near assigned parking space at least 48 hours before the event. The passenger side (the right side) of the Mobile Care Clinic will open to the sidewalk.
- Provide a bathroom for patients and AICF screening staff for the the eight-hour screening day.
- Provide a waiting area for the patients, particularly in inclement weather.
- Provide an interpreter if the majority of the population speaks a language other than English & Spanish to assist patients with paperwork.

Additionally, I, and my organization, understand:

The Program is only open to women age 40 -79 who live in NYC and have not had a mammogram within the last 12 months.

- Women with health insurance (including Medicaid and Medicare) must bring their insurance card to receive services.
- Flyers and other advertisements created by the host site need to include our logo, a list of our funders/sponsors and must be approved by AICF prior to dissemination.
- In addition to the names collected by my organization, AICF may also make appointments through their outreach efforts.
- Please note, extreme weather conditions (i.e. severe snowstorms, torrential rain) may cause screenings to be canceled or postponed. We will make every effort to anticipate this and make alternate plans

INITIAL:

_____ I understand that these conditions need to be met.

SIGNATURE

DATE

PRINTED NAME