



2022 KAREN E. JACKSON BREAST CANCER ASSISTANCE PROGRAM (BCAP) APPLICATION

(Fall Cycle)

Sisters Network® Inc. (SNI) is pleased to announce the 2022 Karen E. Jackson Breast Cancer Assistance Program (BCAP) is now open to provide much needed financial assistance to breast cancer survivors. BCAP is designed to assist breast cancer survivors 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.



GOAL:

To reduce some financial burden and provide support to as many survivors as we can.

OPEN OCTOBER 7-NOVEMBER 4, 2022

(Closes @ 6PM (CST))

**TO BE CONSIDERED FOR FINANCIAL ASSISTANCE,
PLEASE PROVIDE THE FOLLOWING:**

1. Completed BCAP application
 2. Treatment plan
 3. **EMAIL ONLY ONE:** Utility bill (Gas, Electric or Water), rental/lease agreement or mortgage statement (**MUST BE SCANNED**, no photographs accepted) agreement or mortgage (Note: applicant name must be on the lease or mortgage statement)
 4. Signed terms and conditions statement
 5. Email application & supporting documents - **BCAP@sistersnetworkinc.org**.
- Not eligible: Cell, cable, or Medical bills

BCAP HISTORY & IMPACT

Sisters Network® Inc. Breast Cancer Assistance Program is one of the leading breast cancer survivor financial assistance and early detection mammogram programs in the United States. Founded in 2006, the BCAP has provided hundreds of thousands of dollars in financial assistance and free mammogram screenings to over 10,000 breast cancer survivors and non-diagnosed women nationwide.

**Fall Application Cycle:
October 7 - November 4, 2022**

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

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

ASSISTANCE INCLUDES:

- Utility Bill (Gas, Water or Electric)
- Housing (Rent/Mortgage)

(NOTE: If Approved, payments are made directly to the 3rd Party Provider).

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

- | | |
|--------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Sisters Network website | <input type="checkbox"/> Breast Cancer Survivor |
| <input type="checkbox"/> Sisters Network E-List | <input type="checkbox"/> Cancer Organization |
| <input type="checkbox"/> Facebook/Instagram | <input type="checkbox"/> Other _____ |

How have you been impacted?

- | | |
|------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Lost job | <input type="checkbox"/> Had a treatment plan change |
| <input type="checkbox"/> Lost health insurance | <input type="checkbox"/> Other _____ |

ALL INFORMATION MUST BE COMPLETED.

- If Approved, Payments are made directly to the Third-Party Provider.
- Submission of this application does not imply or guarantee approval of financial assistance.
- Only **complete applications** will be processed. ****Incomplete applications will be declined****
- **Note:** Applicants who received financial assistance in the last year are not eligible.
- Application **must** be scanned (**no photographs accepted**) **NO EXCEPTIONS.**

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

For more info, please email BCAP@sistersnetworkinc.org.
(Closes @ 6 pm (CST))

SUPPORTED BY:



2022 KAREN E. JACKSON BREAST CANCER ASSISTANCE PROGRAM (BCAP) APPLICATION

PERSONAL INFORMATION

Date: _____

First and Last Name: _____

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

Email: _____

Current address: _____

City: _____ State: _____ Zip Code: _____

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

If YES, what chapter? _____

RACE/ETHNICITY INFORMATION: (Check one)

☐ Black or African American

☐ White

☐ Hispanic or Latino

☐ Native Hawaiian or Other Pacific Islander

☐ Asian

☐ American Indian or Alaska Native

ASSISTANCE REQUESTED (please select one)

Please provide the information to support the invoice you are submitting: ☐ Utilities ☐ Gas ☐ Electric
☐ Water ☐ Rent ☐ Mortgage

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

FINANCIAL STATUS

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

OPEN OCTOBER 7-NOVEMBER 4, 2022 (Closes @ 6PM (CST))

ALL AREAS MUST BE COMPLETED:

Are you in active treatment? ☐ Yes ☐ No If yes, ☐ Chemotherapy ☐ Radiation ☐ Surgery

When were you diagnosed with breast cancer? _____ (MM/DD/YR)

Type of breast cancer?

☐ Hormonal Receptor-Positive ☐ HER2- Positive ☐ Triple-Negative ☐ Inflammatory ☐ Hereditary

What stage of breast cancer do you have? DCIS ☐ Stage _____ ☐ Early Stage ☐ Metastatic ☐ Other _____

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

Treatment dates: _____

Start: _____ Approximate End: _____

Treatment: _____

PHYSICIAN CONTACT (FILL OUT COMPLETELY FOR VERIFICATION)

Physician Name: _____

Organization/Hospital: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

NOTE: Applicants must be in active treatment for consideration. Sisters Network Inc. Breast Cancer Assistance Program (BCAP) defines active treatment as the period after a diagnosis of breast cancer has been made, you have received a treatment plan from the doctor and are receiving chemotherapy, radiation or a surgical procedure to remove the cancer (single or bilateral mastectomy, lumpectomy, axillary dissection or sentinel node biopsy). Oral chemotherapy, Immunotherapy, Reconstruction and long-term Oral Hormonal therapies do not qualify as active treatment for this program.

TERMS AND CONDITIONS

- **ALLOCATION OF FUNDS:** Sisters Network® Inc. (SNI) Board of Directors allocates certain monies and other resources to fund the Karen E. Jackson Breast Cancer Assistance Program (BCAP). The number and size granted by the Breast Cancer Assistance Program is contingent upon 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.
- **APPLICATION PROCESSING:** The complete review/approval process takes up to 45 business days from the date that Sisters Network® Inc. received the completed BCAP application and supporting materials.

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(must be received via email)

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 scanned application and required supporting materials to: BCAP@sistersnetworkinc.org.

KAREN E. JACKSON BREAST CANCER ASSISTANCE PROGRAM (BCAP)

- BCAP assists breast cancer survivors nationwide currently in active treatment and facing financial challenges.
- 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), mortgage or lease.

