



## “A COMMUNITY HELPING WOMEN”

Dollars for Mammograms, Inc. is a non profit 501(C)(3) public foundation established solely for the purpose of providing no cost mammograms to area women who are uninsured or under insured and cannot afford the cost of a mammogram.

- Breast cancer is the most frequently diagnosed cancer among women with the exception of skin cancer.
- It is the second leading cause of cancer death in women, after lung cancer.
- **Florida ranks third in the nation** in the number of new cases of breast cancer.
- The good news is that breast cancer death rates are decreasing largely due to early detection and newer, better treatments.
- The earliest sign of breast cancer is usually detected on a mammogram before it can be felt by a woman or health care provider.
- Women should know how their breasts normally feel and report any breast change promptly to their health care provider.
- **Yearly mammograms are recommended for women starting at age 40.**

Through the efforts of Dollars for Mammograms, Inc., and our sponsors, fund raising events are held to financially support this program. We also rely on contributions from individuals and local businesses. A tax deductible donation can be mailed to the above address or made at our website [www.dollarsformammograms.org](http://www.dollarsformammograms.org)

**APPLICATIONS:** Can be obtained from North Port Health Center, Charlotte County Health Department (Punta Gorda), Englewood Community Care Clinic, Family Health Centers of Southwest Florida Inc., CARE, Helping Hands, your physician’s office, writing to Dollars for Mammograms at the above address, or at our website [www.dollarsformammograms.org](http://www.dollarsformammograms.org)

## APPLICATION GUIDELINES:

- Age 40 and above unless medically necessary at a younger age.
- Must have financial need based on total combined yearly household income. (See application for details)
- Only full-time Florida residents are eligible to apply with **proof of residency**. **Attach** one of the following: copy of Florida drivers license, Florida Voter Registration Card, or Florida ID to application.
- You may submit only one application in a twelve (12) month period.
- Prescription for mammogram (from healthcare provider) must be attached to completed application.
- You must go to a Dollars for Mammograms assigned facility to ensure payment of mammogram.
- Failure to provide accurate information and/or follow our guidelines may result in current and/or future rejection from this program.

Applicant’s Signature\* \_\_\_\_\_

Date \_\_\_\_\_

*\*SIGNATURE REQUIRED ON SECOND SIDE*

You will be notified in writing by Dollars for Mammograms, Inc. if you have been accepted or rejected.

**Dollars for Mammograms, Inc. is a tax deductible 501(C)(3) Non Profit Public Foundation**

Rev. 11/14

**Over →**



*Dollars For Mammograms, Inc.*  
www.dollarsformammograms.org

P.O. Box 366  
Englewood, FL 34295-0366

## Application Form

*This program is designed to assist women who cannot afford to have a mammogram and are Full Time Residents of Englewood, Grove City, Cape Haze, Rotonda West, Placida, Boca Grande, Port Charlotte, Punta Gorda, North Port and Venice. Upon receipt of an application, that meets our guidelines, you will be notified in writing of your acceptance or rejection.*

**\*You must attach a prescription for a mammogram, proof of residency (Florida Drivers License, Florida ID or Florida Voter Registration Card) to this application to be considered. Application must be filled out completely.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_

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

Mailing Address, if different from above: \_\_\_\_\_

Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth:(mm/dd/yr) \_\_\_\_\_ Marital Status: \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ Employer \_\_\_\_\_

Do you have private health insurance? (circle) YES or NO Deductible \_\_\_\_\_

Do you have Medicaid? (circle) YES or NO Monthly Share of Cost \_\_\_\_\_

Do you have Medicare? (circle) YES or NO Type: A \_\_\_\_\_ Type B \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

What is the **total combined YEARLY income** for all members of your household including **Unemployment, Workmen's Comp, Disability or any other form of income?** \_\_\_\_\_

Brief statement about your financial situation: \_\_\_\_\_

Have you ever had a mammogram?  Yes  No

Date and place of last mammogram: (mm/dd/yr) \_\_\_\_\_  
*This question must be answered.*

Reasons for requesting this mammogram: \_\_\_\_\_  
*You may attach a detailed explanation if necessary.*

**\*You must attach a prescription for a mammogram, proof of residency (Florida Drivers License, Florida ID or Florida Voter Registration Card) to this application to be considered. Application must be filled out completely.**

I certify that the above information is correct to the best of my knowledge. Dollars For Mammograms will make a determination of your eligibility for our program. Failure to provide accurate information and/or follow our guidelines may result in current and/or future rejection from this program.

Applicant's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*SIGNATURE REQUIRED ON SECOND SIDE

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Return this form to: Dollars For Mammograms, Inc. • P.O. Box 366 • Englewood, FL 34295-0366