

Application Form for Free Breast and Cervical Cancer Screening

Please Print

Name _____

Age _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____

Work Phone () _____

If no phone leave message phone

Number of Family Members _____

Annual Income _____

Insurance _____

Social Security # _____

Physician _____

Please Mail to:



**Webster County
Health Department**

Joan Peterson, RN
BCCEDP Coordinator

330 1st Ave North
Fort Dodge, IA 50501

Office: 515-573-4107
Fax: 515-955-1682

For More Information

Contact the
Program Coordinator
of



at

**Webster County
Public Health
Nursing Service
BCCEDP**

330 1st Avenue North
Fort Dodge, IA 50501

(515) 573-4107

a partner in the

**Iowa Breast and Cervical
Cancer Early Detection
Program**



**No Cost
Screening Program
for
Qualified Women
Age 50 and Over**

*Your best protection is
early detection!*

**Breast and Cervical
Cancer Screening**

Local program
facilitated by

**Webster County
Breast and Cervical
Cancer Coalition**

All women need to:

- Do a breast self-exam every month.
- Get a PAP test and clinical breast exam every year.
- Talk with your doctor about when to start and how often to get mammograms.

Women 50 Years & Over need to:

- Do a breast self-exam every month.
- Get a PAP test and clinical breast exam every year.
- Get a mammogram every year.

The Iowa Department of Public Health has been awarded funds through a five year cooperative agreement to implement a statewide breast and cervical cancer screening program.

The goal is to reduce deaths from breast and cervical cancer by screening to detect cancer early when it is more treatable.

This material was developed with Centers for Disease Control and Prevention of Breast and Cervical Cancer Early Detection Program and with support from the Iowa Department of Public Health.

Screening Exams Offered:

- PAP Tests and Pelvic Exams
- Clinical Breast Exams
(done by your doctor or nurse)
- Mammograms
(breast x-rays)

Who is Eligible?

Women over the age of 50 who:

- Have not had a mammogram or PAP smear in the past 12 months.
- Have no insurance program for these services
- Meet all eligibility requirements and cannot pay the deductible or co-insurance payment.
- Have a household income meeting the following guidelines:

# in household	Yearly Income	Monthly Income
1	\$27,225	\$2,269
2	36,775	3,065
3	46,325	3,860
4	55,875	4,656
5	65,425	5,452
6	74,975	6,248
7	84,525	7,044
8	94,075	7,840

For more information, contact the program coordinator at (515) 573-4107

How do I apply?

1. Please fill out the registration form on the reverse side of this brochure.
2. Cut on the dotted line.
3. Mail the form in an envelope to the address on the bottom of the form.

If you prefer, you may telephone (515) 573-4107 to register and to receive more information.

After your registration is received, you will be contacted by telephone to assist you in setting up an appointment to enroll you for screening.

Depending on the number of requests, it may take several weeks to schedule your screening for breast and cervical cancer.