

# BreastCare Referral

BreastCare provides no-cost screening and follow-up testing for breast and cervical cancer to women living in Arkansas

Date of Referral: \_\_\_\_\_

## Referring Agency

Agency Name: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

## Client Information

Client Name: \_\_\_\_\_

Client Phone: \_\_\_\_\_

Interpreter needed?  Yes  No Type \_\_\_\_\_

## Reason for Referral

Mammogram

Pap smear

Other \_\_\_\_\_

## Client History

Has never had a mammogram

Has had a mammogram over 2 years ago

Has never had a Pap smear



## Program Eligibility

- ✓ Arkansas resident, woman
- ✓ 21-64 years old for cervical cancer services
- ✓ 40-64 years old for breast cancer services
- ✓ Under 40 years old with breast cancer symptoms
- ✓ Household income at or below 250% of the federal poverty level
- ✓ Uninsured (including Medicaid or Medicare) OR
- ✓ Underinsured; requiring diagnostic testing AND meets criteria for financial barrier



**Arkansas BreastCare**  
4815 W. Markham St., Slot 11  
Little Rock, AR 72205 Phone:  
501-661-2942

**Submit referral form by fax (501-280-4049) or email ([breastcare@arkansas.gov](mailto:breastcare@arkansas.gov))**