

# Alabama Breast and Cervical Program's Referral Form

The referral will take less than 5 minutes to complete.

Thank you for your interest in completing a screening through the Alabama Breast and Cervical Health Program (ABCCEDP). Through our program, Alabama women may access no cost screenings and navigation assistance.

In order to qualify you must :

1) Be a resident of Alabama ( have an Alabama address)

2) Be between 21 - 64 years old

o Breast Cancer Screening 40 – 64 years old\*\*

o Cervical Cancer Screenings 21 – 64 years old

• HPV Solo-testing also available

3) Have a household income at or below 250% of the Federal Poverty Level

(<https://www.alabamapublichealth.gov/bandc/assets/incomeeligibilityguidelines.pdf>

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By submitting contact information, you agree to be contacted by Alabama Breast & Cervical Cancer Early Detection Program to confirm eligibility, and receive assistance to complete screenings.

\*\*Women younger than 40 with symptoms and/or physical findings may qualify.

\* Required

\* This form will record your name, please fill your name.

1. First Name \*

2. Last Name \*

3. Phone Number \*

4. Email Address

5. Age \*

6. Primary Language \*

- English
- Spanish
- Vietnamese
- Cantonese

Other

7. Select cancer-screening services needed: \*

- Breast Cancer Screening (Mammography)
- Cervical Cancer Screening (Pap/HPV Test)
- Both

8. Location (City) \*

9. Location (County) \*

10. Are you experiencing any breast or cervical problems? \*

- No. I just need a routine screening
- Yes

11. Who is completing this form? \*

- I am completing this form for myself.
- I am completing this form for a friend or family member
- 
- Other

12. Person Completing Form's Name: \*

(Please skip this question if you are filling this out for yourself)

13. Person Completing Form's Email Address: \*

(Please skip this question if you are filling this out for yourself)

14. Notes: \*

(Please provide any additional information that would be helpful for us to know about this referral)