

MOBILE MAMMOGRAPHY PROGRAM APPLICATION

ORGANIZATION

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

CONTACT PERSON

Name & Title: _____

Alternate Contact (Name & Phone): _____

Phone: _____ Fax: _____

Email: _____

Name & Cell # for Person on Screening Day: _____

SCREENING DAY

Requested Date:
(Please list your top 4 choices):

1. _____

2. _____

3. _____

4. _____

Requested Start Time*:

8:00am

9:00am

10:00am

Other: _____

Requested End Time:

3:00pm

4:00pm

5:00pm

Other: _____

*Please book the van for a minimum of 6 hours.

SCREENING LOCATION (if different than above)

Location Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

MOBILE MAMMOGRAPHY PROGRAM APPLICATION (CONT.)

EQUIPMENT

Which type of equipment would you like to have for the screening day? (see page 2)

Mobile Clinic* (large bus) Mobile Unit** (machine on wheels)

APPOINTMENTS

Appointments can be made through our medical provider. Please have women contact them directly at the toll-free number listed below to register for this screening:

1-800-453-8378 ext. 1

LANGUAGE

What languages, other than English, are spoken by the target population?

Spanish Chinese Russian Creole Bengali Korean

Will you be able to provide an interpreter for the women in the community? Yes No

HEALTH EDUCATION

An AICF representative may be on-site the day of the screening to hand out educational material and answer patients' questions.

Would you like an AICF representative to give a presentation before the visit?

Yes No

COMMUNITY SITE RESPONSIBILITIES

AGREEMENT

As an authorized representative of _____,
[Name of Organization]

I agree to host AICF's Mobile Mammography Program. I acknowledge that all services are provided at no-cost to my site. In return, my organization agrees to:

INITIAL

- _____ Partner with AICF staff to ensure that at least 35 appointments are booked at least 3 weeks before the visit.
- _____ Reserve legal parking space for the mobile clinic or private rooms for the mobile unit.
- _____ Provide a bathroom for the staff.

I understand that if these conditions are not met, the visit to my site may be cancelled or postponed. Furthermore, I understand that:

INITIAL

- _____ The Program is only open to women age 40 and older who live in NYC.
- _____ Women with health insurance must bring insurance cards to receive services.
- _____ Traffic and weather conditions may delay the arrival of the vehicle and could cause the visit to be cancelled or postponed.

 Signature

 Date

 Print Name

**Please fax the completed application to AICF at 212-517-6089 or
 mail it to AICF at 112 E. 71st Street, Suite 2B, New York, NY 10021.**

MOBILE MAMMOGRAPHY PROGRAM OVERVIEW

Background

Founded in 1980, the American-Italian Cancer Foundation (AICF) supports cancer research, education, and early detection, emphasizing the unique resources of Italy and the United States, recognizing world-class scientific excellence in medicine, and serving the medically underserved in New York City through cancer screening, outreach, and education.

AICF has been involved in providing mobile mammography services for over 20 years. **The Mobile Mammography Program provides no-cost breast cancer screening services to economically disadvantaged and medically underserved women in New York City.** Underserved women typically face economic, cultural or linguistic barriers to health care. By partnering with community-based organizations and institutions, AICF brings mammography services directly to women in their communities. To request our mobile vans or equipment, please review the information below and return the completed Application Form to AICF. A confirmation letter will be sent to you once a date has been scheduled.

Major funding provided by:

Avon Foundation Breast Care Fund • National Breast Cancer Foundation • New York City Council • New York City Department of Health and Mental Hygiene • The Greater New York City Affiliate of Susan G. Komen Race for the Cure® • The New York Community Trust • New York State Department of Health

Medical Provider

AICF partners with a licensed, accredited mammography provider who performs the medical services and operates the mobile equipment.

Patient Eligibility

This program is for women **age 40 and over** who live in New York City and have **not had a mammogram in the last 12 months.**

Uninsured

For women with no health insurance, the cost of the screening is covered by the local Screening Partnership of the New York State Cancer Services Program (NYS CSP). For more information about the NYS CSP, please call 866-442-CANCER (2262). If the NYS CSP is unable to cover the screening for an uninsured, eligible woman, services will be paid for through generous contributions by the American-Italian Cancer Foundation's donors.

Insured

For women with health insurance, the health insurance company will be billed for the services. However, women will not be charged a co-pay and will not receive any bills. **Insured women must bring their health insurance card to the screening day.**

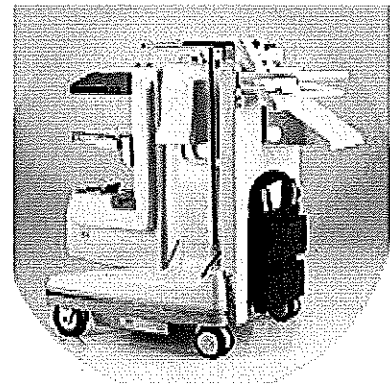
Equipment – Mobile Clinic

AICF owns two large vans that are mobile screening clinics. All of the services take place inside of the van. For this type of equipment, you will need to **reserve 40 feet of parking space**. Your local police precinct may be able to assist you. If you have a parking lot, please note that the van is 7.5 feet wide and may not be able to fit into all lots.



Equipment – Mobile Unit

AICF also owns a small van with a mobile mammography machine. This machine is set up inside of the site and is ideal health clinics and senior centers. Since this is a 300 pound that cannot go up or down stairs, your building will need to be **handicap accessible** (ramp or ground-level access and 32 wide doors). In addition, you will need to **reserve private room(s)** for the equipment. More details will follow in the confirmation letter.



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unit
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Annual Visit

The strength and success of the Mobile Mammography Program is built upon the ability to return to the same area each year. This gives women in the community the ability to receive annual breast cancer screening. Please only submit an application if your organization might be able to host the Program on an annual basis. We will not bring the mammography vans to health fairs unless the coordinating organization can host the Mobile Mammography Program in the following year.

Scheduling

Our vans are often booked months in advance. Please provide us with your top four choices for dates. If we cannot schedule the van for a requested date, we will work with you to book the next acceptable date. If you hosted the van last year, please choose a date at least one year after last year's visit. This helps to ensure coverage of the exam by health insurance companies and the New York State Cancer Services Program. The vans usually start seeing patients at 8am or 9am. You must schedule the equipment for at least 6 hours. We will do our best to accommodate any special requests for hours.

Appointments Required

Like any clinic, this is an appointment-based program and walk-ins cannot always be accommodated. A minimum of 35 appointments is required for the mobile mammography van to visit your community. ***If there are not 35 appointments confirmed 3 weeks before the screening, we reserve the right to cancel or postpone the screening.*** We will provide a toll free phone number for women to call the medical provider to book their appointment. In addition, the community site leader can choose to help collect appointment information, with assistance from an AICF professional.

Health Education

AICF may be able to provide a health educator to hand out materials or give a presentation. If requested, AICF will make every effort to send someone to distribute educational materials or give a presentation.

Community Site Responsibilities

AICF relies upon the community sites for the promotion of the screening day and, depending upon the type of equipment, the reservation of parking or private rooms. We also request that the site provide bathroom access for the van staff and patients.

- **Promotion:** Your organization's **primary responsibility** is to promote the screening day and ensure that women sign up for appointments. AICF will send flyers to you in order to advertise the screening day. We will do our best to accommodate special needs for languages other than English. We encourage you to use other methods at your organization to promote the event so that the minimum number of appointments is booked. AICF will also use its community network to help you advertise the day.
- **Parking:** If the large mobile clinic is scheduled for your location, you must reserve legal parking space for the vehicle. Your local police precinct may be able to assist you.
- **Private Room:** If the mobile unit is scheduled for your location, you must reserve a private room where the equipment can be set up for screening. You can reserve two small private rooms (at least 8 feet by 10 feet) or one large private room. The rooms should be private enough for women to feel comfortable getting undressed.
- **Bathroom Access:** Your organization will need to provide bathroom access for van staff and patients.
- **Interpreter:** AICF and its medical provider try to provide bilingual staff for the screening day. However, if your organization can provide any help with interpretation services, it would be greatly appreciated.

We look forward to working with you to serve the women in your community. If you have any questions, call 212-628-9090.

Please fax the completed Application to 212-517-6089 or mail it to 112 E. 71st Street, Suite 2B, New York, NY 10021.