

# Every Woman Counts (EWC) Program Application Form

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## Applicant Identification

- **Submission Date:** 05/14/2025
  - **Full Name:** Rebecca Owens
  - **Date of Birth:** 07/14/1990 (Age 34)
  - **Address:** 210 Birch Lane, Redding, CA 96001
  - **Phone Number:** (530) 555-7788
  - **Email:** rebecca.owens@example.com
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## Insurance & Income Information

- **California Resident:** Yes ☒
  - **Health Insurance Status:**
    - No health insurance ☒
    - Limited insurance with unaffordable copay/deductible ☐
    - Eligible for Medi-Cal ☐
  - **Monthly Household Income:** \$5,200
  - **Household Size:** 1
  - **Income as % of FPL:** 250% ☐
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## Screening Services Requested

- **Clinical Breast Exam & Mammogram (Age 40+):** Yes ☐

- Pap Test (Age 21+): Yes ☒
- HPV Test (with Pap): No ☐ Yes ☐

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### Program Referral Source

- Referred by: Private OB/GYN Office
- Referral Method:
  - Automated referral line (800-511-2300) ☒
  - Online provider locator ☐
  - In-person/mailing of EWC brochure ☐

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### Declarations & Consent

I certify that the information provided is true and accurate. I understand that these services are free of charge under the Every Woman Counts Program and that I may be referred into the Breast & Cervical Cancer Treatment Program if additional treatment is needed.

- Applicant Signature: \_\_\_\_\_ Date: //\_\_\_\_
- Staff Signature: \_\_\_\_\_ Date: //\_\_\_\_

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### Provider Notes (Office Use Only)

- Eligibility Verified By: \_\_\_\_\_ Date: //\_\_\_\_
- Income Documentation: Verified ☐ Pending ☐
- Appointment Scheduled: ☐ Date: //\_\_\_\_ Time: \_\_\_\_
- BCCTP Referral: ☐ Yes ☐ No
- Additional Remarks: \_\_\_\_\_

