

**Breast or Cervical Cancer Treatment (BCCT) Medical Assistance Application**

**Purpose:** To provide a signed application/ eligibility statement by the claimant when she wishes to apply for the BCCT program.

**Number of Copies and Distribution:** Complete one copy of the form in ink and file in the case record.

**Instructions for Completion:** This form is to be completed by the claimant. It is to be accepted at the MC+ Service Centers or local DFS offices.

The BCCCP casemanager is to record her/his name and phone number in the gray box located in the upper left hand corner of the application.

Upon receipt of this form enter the Claimant's DCN, date of application, service representative load number in the "For Office Use Only" section.

**Section A through C:** Claimant completes all of Section A through C and signs the form. Review the form for legibility and accuracy.

**Section A**

**Mailing Address:** Claimant enters name, date of birth, social security number, race/ethnic group, address, mailing address, county, home and other telephone numbers.

**Section B**

1. Claimant checks "yes" or "no" if she is a U. S. Citizen. If the answer is "no", information is needed on immigration status, registration number, and date of entry.
2. Claimant answers "yes" or "no" to indicate if she currently has healthcare insurance. If "yes", list name of company, policy number, what type of coverage, and if there are limitations to the coverage.

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3. Claimant answers "yes" or "no" if she has children under the age of 19 in her household. If she answers "yes" then the caseworker should explore eligibility for Medical Assistance for Families.
4. Claimant answers "yes" or "no" if she is pregnant. If she answers "yes" then caseworker needs to explore eligibility for MC+ for pregnant women.
5. Claimant answers "yes" or "no" if she is blind. If she answers "yes" then Blind Pension or Supplemental Aid to the Blind eligibility needs to be explored by the caseworker.
6. Claimant answers "yes" or "no" to being disabled or incapacitated at this time. If she answers "yes" to this question then the caseworker should explore for Medical Assistance.

#### **Section C**

**Written Provisions:** The claimant reads the provisions prior to signing the form.

**Signature Section:** The claimant signs and dates the form.