

Wellness Programme Application Form

The Breast Cancer Foundation (BCF) provides support during and after treatment to qualified patients, who have been diagnosed with breast cancer. This assistance may also extend to families. For us to assess your eligibility, please complete the forms provided and return with supporting documents.

BCF Wellness Programme Application Form

This form must be completed in its entirety at the time of submission

Diagnosis

Provide supporting documents of your diagnosis. Medical documentation confirming your diagnosis and treatment plan, scans, reports etc.

Assistance with Outstanding Bills/Estimates

If you are seeking assistance with existing medical bills or other expenses associated with your illness, please attach copy of your letter of decline from the CICS.

If you are seeking assistance with upcoming treatment and associated expenses, you must attach a BCF Financial Aid form along with a quotation for the anticipated costs you will incur. You will be asked to provide a brief explanation of your financial situation and need for assistance (attach any relevant documents if necessary):

Attach any relevant financial documents (e.g., income statements, medical bills)

Health Insurance Coverage

We require a letter from your health insurance company stating what portion of your bills are not covered and a letter of rejection, etc. from the CICS

Other Relevant Information

Any other information that you feel is relevant.

Once application and documents are received in full, the Wellness Team will process accordingly, and will make every effort to render a decision within (3-5) three to five working days upon receipt of your request.

Should you require additional information or wish to check on your application, please call us at 923-1135 or email info@bcfcayman.ky

Yours Sincerely,

Team BCF

****Personal Information****

Full Name: _____

Date of Birth: DD - MM - YYYY

Married: Yes/No

Dependants: Yes / No _____

Email Address: _____

Phone Number: (000)- 000-0000

Physical Address:

City: _____

Country of Birth: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Are you employed: Yes / No _____

Work Permit: Yes/No

****Medical Information****

Name of GP: _____

Hospital / Clinic: _____

Name of Oncologist : _____

Hospital: _____

Name of Surgeon: _____

Hospital: _____

Health Insurance Details (Please select one and provide details)

CINICO _____

BRITCAY _____

AETNA _____

VANGUARD _____

CAYMAN FIRST _____

BAF _____

OTHER _____

Please list your diagnosis:

Type of Diagnosis: _____

Date of Diagnosis: D - M - YYYY

Type of Breast Cancer: _____

Invasive Ductal Carcinoma

Ductal carcinoma in situ (DCIS)

Inflammatory breast cancer.

Invasive lobular carcinoma.

Lobular carcinoma in situ (LCIS)

Recurrent breast cancer.

Treatments Planned: (Please list all planned treatments)

Surgery:

 Lumpectomy (Partial removal)

 Mastectomy: Single / Bilateral

 Reconstruction

Chemotherapy.

Radiotherapy.

Targeted cancer drugs and immunotherapy.

Bone strengthening drugs (bisphosphonates)

Hormonal therapy (also called endocrine therapy)

Current Medications:

Food Allergies: _____

Other Medical Conditions: _____

Support / Interests

(Please select one or more)

Nutritional Support (Consultation, G2G, etc.)

Emotional Support (Counselling, etc.)

Surgical Garments (Compression bras, soft inserts, etc.)

Post Op Garments (prosthetics, bras)

Support Groups (in person)

Whats App Groups

Other (please specify): _____

Personal Interests

- Please list any personal interests or hobbies you have:

- _____

- _____

- _____

How did you hear about Us?

(Please select one or more)

- Doctor/Healthcare Provider

- Friend/Family

- Social Media

- Website

- Other (please specify): _____

Additional Support

Are you receiving additional support? (Please select any that apply)

- GoFundMe
- Local Fundraiser (personal/friends)
- CICS (Cayman Islands Cancer Society)
- NAU (Needs Assessment Unit)
- Other (please specify): _____

The Cayman Islands Cancer Registry

All information collected is kept strictly confidential and is used for statistical purposes only. When cancer survivors provide us with this basic information about their diagnosis, we get a clearer picture of how this disease impacts the community.

Once we understand cancer trends in our population, we can do more to develop cancer and prevention strategies. Registering is fast and easy.

Please confirm:

Can BCF staff have the Cancer Registrar contact you directly about registering?

Yes/No

Name: _____

Phone: _____

Email: _____

Consent and Disclaimer

Disclaimer: This programme is only for residents of the Cayman Islands. All services provided through the Breast Cancer Foundation (BCF) Wellness Programme are subject to assessment and approval.

By signing this form, I _____ give consent to a representative from the BCF to:

Contact my health insurance provider.

Contact my medical team.

This consent is provided to assist me in acquiring the necessary services and support as part of the wellness programme. All applications are reviewed on a case-by-case basis. The granting of assistance in all cases is at the sole discretion of the Board of Directors. Failing to disclose any relevant information, providing false information or failing to advise of any change in circumstance after assistance has been provided may result in assistance being stopped immediately and further assistance being denied.

Any assistance will stop immediately upon the death of the patient.

Signature: _____

Date: 00-00-0000

Thank you for applying to the Breast Cancer Foundation Wellness Programme. We are here for you.

For Official Use Only

-Application Received on: _____

Application Reviewed by: _____

Status: Approved Not Approved

Comments:
