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## Breast Cancer Assistance Program-S2S Application (BCAP)

Serving Middlesex, Somerset, Union Counties

Gilbert Pilarte, MSW Social Services  
BCAP Coordination  
Dorothy J. Reed, President  
Sharyce N. Toppin, Vice President

**PLEASE PRINT ALL INFORMATION CLEARLY**

**Personal Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Race: Black\_\_\_\_ White\_\_\_\_ Hispanic\_\_\_\_ Asian\_\_\_\_ Other\_\_\_\_\_

Are You a Member of Sister2Sister:        \_\_\_Yes        \_\_\_ No

**Treatment Information:**

Date of breast cancer diagnosis: \_\_\_\_\_ Age \_\_\_\_\_

Circle all Treatment: Lumpectomy Mastectomy Chemo Radiation Surgery

Are you currently in treatment? \_\_\_Yes \_\_\_No If Yes, Type of Treatment: \_\_\_\_\_

If Yes, Treatment Dates: Start: \_\_\_\_\_ Approximate Finish: \_\_\_\_\_

**Financial Status:**

Are you currently employed? \_\_\_Yes \_\_\_No If No, state reason: \_\_\_\_\_

List source of income: \_\_\_\_\_

Head of Household: \_\_\_Yes \_\_\_No        Number in Household: \_\_\_\_\_

Annual Household Income: \_\_\_Under \$25K \_\_\_\$25k-\$49,999 \_\_\_\$50K-\$69 \_\_\_\$70K

Amount of Request: \_\_\_\_\_ Please briefly state why you need funds:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your application WILL NOT be processed if the following required documents are not included in your return information package.

\_\_\_\_ Completed Application Forms     S2S BCAP     BCEAF

\_\_\_\_ Copy of bill(s) you want paid

\_\_\_\_ Doctor's note stating your **diagnosis** and that you are presently **in active treatment** for breast cancer, undergoing chemotherapy or radiation therapy.

Your application will be responded to within 15 business days once S2S has received the required completed documentation.

If approved, assistance will be provided in the form of a check or bill payment made directly to the appropriate payee (s). Submission of this application does not imply or guarantee approval of financial assistance.

Eligible bills for payment or assistance: Utilities (gas, electric, oil, water) Phone (home/cell) Rent/Mortgage, Wig Certificate, Lymphedema Sleeve, Food Card, Transportation

I have read and understand all of the above and certify that my statements are true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Disclosure: BCAP-S2S funds are designed for breast cancer survivors in active treatment facing financial challenges living in Middlesex, Somerset and Union counties.

Active treatment is defined as the period after a positive diagnosis of breast cancer has been made with a diagnostic biopsy, and during therapies are being administered, including surgical procedures (e.g. single or bilateral mastectomy, lumpectomy, auxiliary dissection or sentinel node biopsy), chemotherapy or radiation. For the purposes of active treatment this does not include long-term hormonal therapies (including Tamoxifen, Fareston, Arimidex, Aromasin, Femara, Zoladex/Lupron, Megace and Halotestin).

**FOR OFFICE USE ONLY**

**Date Rec'd:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_ On Hold \_\_\_\_\_

<b>Bills Paid</b>	<b>Date</b>	<b>Amount</b>
Food Card		
Wig Certificate		
	Total	

**COMMENTS/REFERRALS:**

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Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_