BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP)
APPLICATION CHECKLIST

- ☐ Prior to beginning the application process, the provider must ensure that the patient meets the presumptive eligibility criteria:
  - ☐ Be an Oregon resident or intend to live in Oregon,
  - ☐ Have a household income at or below 250% of Federal Poverty Level,
  - ☐ Be less than 65 years old,
  - ☐ Be uninsured or underinsured, and
  - ☐ Have been diagnosed as needing treatment for breast or cervical cancer, or specific precancerous conditions.
- ☐ Download the BCCTP Enrollment form, available at www.healthoregon.org/bcc.
- ☐ Complete the form in its entirety with the patient. Please note that there are two sections: a patient section as well as a provider section.
- ☐ Fax the completed form to OHP at (503) 373-7493.