

**MDHHS-6127, BREAST AND CERVICAL CANCER CONTROL NAVIGATION PROGRAM
(BC3NP) CLIENT REFERRAL**

Michigan Department of Health and Human Services (MDHHS)
(New 1-25)

SECTION 1 – CLIENT INFORMATION

Last Name First Name Middle Initial

Date of Birth Phone Number County of Residence

Client Age

- BC3NP: Between 40-64 for Breast services (Mammograms) – Eligible
 BC3NP: Between 21-64 for Cervical services (Pap Tests) – Eligible

SECTION 2 – BC3NP SERVICES

BC3NP Services Needed (select all that apply)

- Mammogram
 Follow-up for an abnormal Mammogram and / or breast exam (or diagnostics)
 Pap test
 Human Papillomavirus (HPV) test
 Follow-up for an abnormal Pap test and / or HPV test (or diagnostics)

SECTION 3 – INSURANCE INFORMATION

Insured with high deductible? Yes (amount of deductible) No

Eligible for Diagnostics ONLY through BC3NP. Mammograms/Pap tests should be covered under client's ins.

No insurance (eligible)

Household Members and Income (Must be completed for program eligibility)

Yearly Income Number of people that the client's yearly income supports (including client)

2024 FEDERAL POVERTY GUIDELINES

Number of people in house	Income	Number of people in house	Income
1	\$37,650.00	4	\$78,000.00
2	\$51,100.00	5	\$91,450.00
3	\$64,550.00	6	\$104,900.00

Sender Name

Date sent to BC3NP

Send completed form via email to bc3np@michigan.gov.

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