SOROPTIMIST INTERNATIONAL OF RIM OF THE WORLD

APPLICATION FOR 2025 MAMMO-GRANT PROGRAM * * *

Name: _____

Mailing Address: _____

Physical Address: _____

(Please attach current utility bill or another document to confirm residency)

Phone Number: Home:_____ E-mail address:_____

Cell: _____

1. Date of last mammogram: _____ Birth Date: _____
2. Family history of breast cancer? Explain. _____

_____

3. Health insurance carrier: _____ Deductible: _____
4. Does your health insurance include Preventive Care Coverage? Yes ☐ No ☐
5. Are you a MediCal or Medicare Recipient Yes ☐ No ☐
6. Employer: _____
7. Monthly Family Income: _____ Number of family members at this address: _____
8. Doctor's name: _____ Phone: _____
9. How did you hear about this program? _____
10. MCH can inform SIROW the date screening was performed Yes ☐ No ☐

I confirm that the above information is true and accurate to the best of my knowledge.

Signature _____ Date _____

*** Qualifications are as follows:

- Local resident (Crestline to Green Valley Lake);
- No medical insurance or a high deductible; and
- Cannot afford screening.

If application is approved, this offer is valid from October 1 through October 31, 2025.

Mammograms must be scheduled prior to Thursday, October 31, 2025, with Mountains Community Hospital. We suggest that you schedule as soon as possible to ensure an available appointment time by calling Radiology Department (909) 336-3651 ext. 3130.

Diagnostic mammograms are also included in the program

Please complete and return to:

SIROW

PO Box 1211

Lake Arrowhead, CA 92352

Questions: Call 951-318-2331

(9:00 AM- 5:00 PM)

Soroptimists Office:

☐ Date Application Received _____

☐ Voucher Mailed/Delivered _____