



Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP)

APPLICATION PACKET Client and Website Only

For questions please call:	
Regional Coordinator:	
Counties Served by Region:	
Phone:	Confidential Fax:

Please use checklist below to ensure all paperwork is completed and returned with this coversheet to:

Regional FBCCEDP Office via confidential fax or mail to:

Florida Department of Health County
 Florida Breast and Cervical Cancer Early Detection Program

CLIENT CHECKLIST

	Annual Applicant Agreement
	Financial Eligibility Form
	Client Enrollment Form
	Initiation of Services <i>(for County Health Departments only)</i>
	Authorization to Disclose Confidential Information
	Your Provider’s Mammogram Order