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## **Application for FREE TRANSPORTATION to LOCAL BREAST CANCER TREATMENT CENTERS**

**BBBB Free Transport Program (BFTP)** provides transportation arrangements for chemotherapy, radiotherapy and other related treatment to Breast Cancer Treatment Centers, subject to the availability of schedule and resources. We do not provide transportation for Mammograms or any other Medical or Health Needs. Transportation Request must be placed at least ONE WEEK in advance of scheduled appointment. An application must be on file with **BBBB** at least fourteen (14) days prior to requesting service.

\*Your Medical Facility must provide confirmation that you are scheduled to receive Breast Cancer Treatment(s) as patient has advised.

\*Round Trip Transportation provides a driver with various types of vehicles to pick up patients from established residence to Treatment Center Lobby and return to Pick up location. No stops or alternative drop-offs are allowed. We do not provide trips to non-medical locations like pharmacies, gyms, schools, grocery stores, etc.

\*Drivers are not obligated to escort patients to their respective treatment areas. **BBBB** does not provide Personal Assistance Staff to assist with mobility issues.

\*Photo identification must be available at both pickup and return.

\*Applicant must be a Birmingham, Jefferson County Permanent Resident.

\*Applicant must be a Breast Cancer Patient Currently undergoing Breast Cancer Treatment at a Local Structured Treatment Center.

\*Applicant must be a patient meeting at least one of the following conditions:

^Medicaid, Medicare, Receiving some form of Financial Assistance from any subsidized Welfare Program.

\*Submission of Application Form does not guarantee approval. Approval is subject to availability and transport vacancy. Hopefully, patients will be able to receive at least one Round Trip per thirty (30) days.

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip  
Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ [C] /  
\_\_\_\_\_ [LL]

Medical Office to confirm your Breast Cancer Treatment Service: Contact:  
\_\_\_\_\_ Phone: \_\_\_\_\_ / Email:  
\_\_\_\_\_

Residence/Pick-up Address:  
\_\_\_\_\_

Local Breast Cancer Treatment Center location:

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Do you have mobility issues? Please explain in detail:

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If yes, will someone be available to assist your efforts? \_\_\_\_\_ Will someone be traveling with you?

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Any additional comments:

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