



**Qualifications for Free Prostate Cancer Services Funded by Krewe of Lafitte in Partnership with Woodlands Medical Specialists**

Prostate screening tests (PSA Blood Tests and Digital Rectal Exams) for prostate cancers as well as ultrasounds and prostate biopsies are provided on a first come, first serve basis, in order to schedule an appointment, you will need to complete the form below with our on-site Woodlands Care Coordinator located at 4724 North Davis Highway, in Pensacola, FL. For inquiries please contact 850-696-4000.

**Eligibility Requirements**

- Age 50 or older.
- Or under age 45 who are at an increased risk for prostate cancer.
- A resident of Escambia, Santa Rosa, Okaloosa or Walton Counties in the State of Florida.
- Have no insurance and are ineligible for Medicaid or Medicare coverage or any other form of public assistance.
- Or meet income eligibility guidelines based on the size of your family.
  - Income guidelines are based on 200% of the national poverty level as published in the Federal Register. The guidelines listed below are based on 2020 poverty guidelines. *\* Applicant must show proof of income by providing current tax form.*
  - You should make less than the annual or monthly income listed next to the size of your family.

Continued on Page 2.

Family Size	Annual Gross Income	200% AGI	200% Monthly Gross Income
1	\$12,760	\$25,520	\$2,127
2	\$17,240	\$34,480	\$2,873
3	\$21,720	\$43,440	\$3,620
4	\$26,200	\$52,400	\$4,367
5	\$30,680	\$61,360	\$5,113
6	\$35,160	\$70,320	\$5,860
7	\$39,640	\$79,280	\$6,607
8	\$44,120	\$88,240	\$7,353

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: FLORIDA Zip: \_\_\_\_\_ County: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_ Number of Persons in Household: \_\_\_\_\_

Have you ever had a prostate cancer screening: Yes No If yes, when: \_\_\_\_\_

Do you currently have insurance: Yes No If yes, name of insurance: \_\_\_\_\_

Have you exhausted other forms of public financial assistance? Yes No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Woodlands Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scheduled On: \_\_\_\_\_