

## FAMILY PLANNING, ACCESS, CARE AND TREATMENT (PACT)

<b>WHO IS ELIGIBLE?</b>	<ul style="list-style-type: none"> <li>Persons with low income living in California who are not eligible for Medi-Cal, have no other source of health care coverage for family planning services or have a Medi-Cal share of cost on the date of service.</li> </ul>
<b>WHAT SERVICES ARE OFFERED?</b>	<ul style="list-style-type: none"> <li>Reproductive health information, education and counseling services</li> <li>General reproductive and preventive health care</li> <li>Medical contraceptive services</li> <li>Preconception counseling</li> <li>Maternal and fetal health counseling</li> <li>Screening is done in the initial office visit. Providing a medical examination which includes a breast exam for cancer detection, a blood pressure check, a urine test screening diabetes, and sexually transmitted disease testing, if indicated. Will treat for vaginal bladder infections and provide referrals for related medical problems.</li> </ul>
<b>IS THERE AN INCOME LIMIT?</b>	<ul style="list-style-type: none"> <li>Yes, income has to be at or below 200% of the federal poverty level.</li> </ul>
<b>IS THERE A PROPERTY LIMIT?</b>	<ul style="list-style-type: none"> <li>No.</li> </ul>
<b>CAN SERVICES BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?</b>	<ul style="list-style-type: none"> <li>No.</li> </ul>
<b>HOW MUCH DOES IT COST?</b>	<ul style="list-style-type: none"> <li>Free to persons whose income is under 200% of the Federal Poverty Level.</li> </ul>
<b>IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?</b>	<ul style="list-style-type: none"> <li>No.</li> </ul>
<b>WHEN WILL SERVICES BEGIN?</b>	<ul style="list-style-type: none"> <li>Service will be provided at time of application or by appointment.</li> </ul>
<b>WHERE WOULD I APPLY OR RECEIVE MORE INFORMATION?</b>	<ul style="list-style-type: none"> <li>Patients should call or come in to make an appointment. <b>Services are available with any health provider that is an approved Medi-Cal provider.</b></li> <li>Contact the Fresno-Madera Medical Society at (559) 224-4277 for the nearest physician accepting Medi-Cal OR see the list of clinics for list of family planning clinics.</li> <li>Internet site: <a href="http://www.dhs.cahwnet.gov/pcf/office/FamPACT/">www.dhs.cahwnet.gov/pcf/office/FamPACT/</a></li> </ul>

## COMMUNITY TEEN PREGNANCY RESOURCE CENTER

<b>WHO IS ELIGIBLE?</b>	<ul style="list-style-type: none"> <li>• Any pregnant or parenting female up to 20 years of age.</li> </ul>
<b>WHAT SERVICES ARE OFFERED?</b>	<ul style="list-style-type: none"> <li>• Education, early prenatal care, childbirth preparation, referrals, adoption information, nutrition counseling, support groups, and parenting classes.</li> </ul>
<b>IS THERE AN INCOME LIMIT?</b>	<ul style="list-style-type: none"> <li>• No.</li> </ul>
<b>IS THERE A PROPERTY LIMIT?</b>	<ul style="list-style-type: none"> <li>• No.</li> </ul>
<b>CAN SERVICES BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?</b>	<ul style="list-style-type: none"> <li>• Yes.</li> </ul>
<b>HOW MUCH DOES IT COST?</b>	<ul style="list-style-type: none"> <li>• Services are free of charge.</li> </ul>
<b>IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?</b>	<ul style="list-style-type: none"> <li>• No.</li> </ul>
<b>WHEN WILL SERVICES BEGIN?</b>	<ul style="list-style-type: none"> <li>• Services can begin immediately.</li> </ul>
<b>WHERE WOULD I APPLY OR RECEIVE MORE INFORMATION?</b>	<ul style="list-style-type: none"> <li>• Community Teen Pregnancy Resource Center (559) 459-4533</li> </ul>

## **BREAST AND CERVICAL CANCER CONTROL PROGRAM (BCCCP)**

<b>WHO IS ELIGIBLE?</b>	<ul style="list-style-type: none"> <li>• Women ages 25 and older.</li> </ul>
<b>WHAT SERVICES ARE OFFERED?</b>	<ul style="list-style-type: none"> <li>• Pap tests and pelvic exams (Colposcopy with or without biopsy) for women ages 25 and older.</li> <li>• Mammograms, clinical breast exams for women ages 40 and older.</li> </ul>
<b>IS THERE AN INCOME LIMIT?</b>	<ul style="list-style-type: none"> <li>• Yes, income must be at or below Federal Poverty Level (FPL).</li> </ul>
<b>IS THERE A PROPERTY LIMIT?</b>	<ul style="list-style-type: none"> <li>• No.</li> </ul>
<b>CAN SERVICES BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?</b>	<ul style="list-style-type: none"> <li>• Yes.</li> </ul>
<b>HOW MUCH DOES IT COST?</b>	<ul style="list-style-type: none"> <li>• Free of charge if income is at or below Federal Poverty Level.</li> </ul>
<b>IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?</b>	<ul style="list-style-type: none"> <li>• No.</li> </ul>
<b>WHEN WILL SERVICES BEGIN?</b>	<ul style="list-style-type: none"> <li>• Services can begin immediately.</li> </ul>
<b>WHERE WOULD I APPLY OR RECEIVE MORE INFORMATION?</b>	<ul style="list-style-type: none"> <li>• Community Women’s Health Center (559) 459-5755</li> <li>• Community Adult Health Centers (559) 459-1550 or (559) 459-5742</li> <li>• Community Medical Center – Firebaugh (559) 659-1433</li> </ul>

## **BREAST CANCER EARLY DETECTION PROGRAM (BCEDP)**

<b>WHO IS ELIGIBLE?</b>	Women, aged 40 and over, who meet the income criteria and are either uninsured or underinsured.
<b>WHAT SERVICES ARE OFFERED?</b>	Breast Cancer Early Detection. Free clinical breast exams, mammograms, and necessary diagnostic procedures.
<b>IS THERE AN INCOME LIMIT?</b>	Yes. 200% poverty or below.
<b>IS THERE A PROPERTY LIMIT?</b>	No.
<b>CAN SERVICES BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?</b>	Yes, if the woman is unable to meet her co-pays or deductibles.
<b>HOW MUCH DOES IT COST?</b>	There is no cost.
<b>IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?</b>	Yes, a woman must be a California resident.
<b>WHEN WILL SERVICES BEGIN?</b>	As soon as she goes through the very brief eligibility process.
<b>WHERE WOULD I APPLY OR RECEIVE MORE INFORMATION?</b>	Contact The Central California Breast Cancer Partnership at: 1-800-604-6789