

Onondaga County

Cancer Services Program

Your partner for cancer screening, support and information



Referral for Onondaga County Cancer Services Program

Name (Last, First): _____

Date of Birth (MM/DD/YYYY): ____/____/____ Age: _____

Complete Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Best phone # you can be reached at on weekdays between

8:30am - 4:30pm (____) ____ - _____

Best Time to Call: Morning Afternoon Leave Message: Yes No

Do you currently have health insurance including Medicaid, Medicare, or private insurance?

Yes No

Client Signature: _____ Date: _____

**Please fax to Emily Young - Onondaga County
Cancer Services Program at (315) 435-2835**

Who's Eligible for the CSP?

****Women aged 40 – 64
with no health insurance
-Free Mammogram
-Free Pap Test**

****Men and women aged 50 – 64
with no health insurance
-Free colorectal cancer
screening**