

ScreenWise Eligibility

You must meet these requirements to enroll in ScreenWise

Location, income, and insurance status are self declared. No proof is required.

Age:

- Age 18-39 and need breast or cervical cancer **diagnostic services**.
Need for services must be determined by a doctor.
- Age 40 or older need breast or cervical cancer **screening or diagnostic services**.
 - Examples of screening and diagnostic services:
 - > Screening: Mammogram, Pap, and HPV.
 - > Diagnostic: Ultrasound, biopsy and colposcopy.

Location: Live in Oregon or intend to.

Income: Household income at or below 250% of the federal poverty level. See page 2.

Insurance status:

- No health insurance, or
- Have health insurance, but not enough to cover needs. For example, it does not cover screening or diagnostic services.

For more about screening and general program information, call the ScreenWise program at 971-673-0581.



Income guidelines for the ScreenWise Program: Effective March 1, 2025

Persons in household	250% of federal poverty guidelines (FPL)	
Size	Monthly	Annual
1	\$3,261	\$39,125
2	\$4,407	\$52,875
3	\$5,553	\$66,625
4	\$6,698	\$80,375
5	\$7,844	\$94,125
6	\$8,990	\$107,875
7	\$10,136	\$121,625
8	\$11,282	\$135,375
9	\$12,428	\$149,125
10	\$13,573*	\$162,875*

*If you have more than ten persons in your family, add \$1,146 per month or \$265 per week for each additional family member.

What is Federal Poverty Level (FPL)?

It is a measure of income that is created yearly by the Department of Health and Human Services (HHS). Federal Poverty Levels are used to determine eligibility for certain programs such as ScreenWise.



You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact ScreenWise Program at screenwise.info@odhsoha.oregon.gov or 1-877-255-7070 (voice). We accept all relay calls.

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ScreenWise Program
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