

Annual Women's Cancer Screening Program (WCSP)/WISEWOMAN Enrollment Form

Directions:

- Complete this form for WCSP clients every year when eligible for screening or if this is the first time you are seeing a client in your office.
- Start by completing the Woman's Eligibility and Applicant Information (Sections 1 and 2) below.
- Have applicant read the program descriptions for WCSP and WISEWOMAN (Section 3), if applicable (age 40-64), and sign the *Financial Eligibility and Consent for Release of Information* (Section 4) on the other side of this form.

• Return completed form to:

DATA MANAGER RIDOH's WCSP 3 CAPITOL HILL PROVIDENCE, RI 02908-5097 Med-IT #_____

PROVIDENCE, RI 02908-5097								
Section 1: Woman's Eligibility								
WCSP Clinical Eligibility Criteria	YES	NO						
Age 21-29: Cytology only (Pap test) every three years								
Age 30-39: Cytology only (Pap test) every three years OR co-testing (Pap test and HPV test) every five years								
Women younger than 40: a clinical breast exam is covered if performed when the client is due for a Pap test								
Age 40-64: Cytology only (Pap test) every three years OR co-testing (Pap test and HPV test) every five years; AND eligible for an annual clinical breast exam and mammogram regardless of when the Pap test is performed								
Age 65 or older: Only eligible if woman does not have Medicare Part B or is undocumented; eligible for all program services								
Woman, any age, with a discrete, palpable mass or symptoms suspicious of breast cancer								
Health insurance coverage for annual breast/cervical cancer screening								
 [] If at least two bold squares are checked, continue to WCSP Income Eligibility. [] If fewer than two bold squares are checked, inform applicant that she is not eligible for the WCSP. 								
WCSP Income Eligibility Criteria								
Number of family members living in applicant's home (including applicant): Total family income: \$ (Check one: [] Annual [] Month [] Week) Use the WCSP Family Size and Eligible Income Levels Table to determine if the applicant's family size and income is program eligible. (WCSP Income Level Table is revised annually.) [] Yes, applicant meets all eligibility requirements of WCSP: (Staff initials)								
WISEWOMAN Eligibility Criteria [] Meets WCSP eligibility criteria and is age 40 – 64.								
Section 2: Applicant's Information								
Patient's name:								
Are you a US citizen? YesNo If No, what is your immigration status? (Check one.) []Permanent resident alien, more than five years []Permanent resident alien, less than five years []Undocumented (Undocumented clients are eligible for WCSP services.) Date of Birth: Telephone:								
(MM) (DD) (YYYY) Address:								
City/Town:								
County: []Providence []Kent []Newport []Bristol []Washington (South)								
Race: []White []Black []Asian/Pacific Islander []Native American []Other []Unknown Are you of Hispanic origin? []Yes []No []Unknown								
Have you ever had a Pap test? []Yes []No Date of last Pap test?/ If exact date is not known, was it done within the last:[]Two years []Four years []Five years []More than five years								
Please complete both sides of this form. Patient's signature is required, and WISEWOMAN Program agreement box must be checked.								

Section 3: Program descriptions

<u>WCSP</u>: The Rhode Island Department of Health (RIDOH) has received federal support for providing breast and cervical cancer screening services for eligible women in this State. Specifically, this program will help eligible women by paying for services that help identify these cancers in their earliest stages. Having breast and cervical screening regularly, as recommended by the American Cancer Society (ACS), can lead to a decreased risk of dying from breast cancer or developing cervical cancer. You are eligible to take part in this Program. The Program offers:

- Screening for breast cancer: a clinical breast examination, and possibly a breast X-ray (mammogram)
- Screening for cervical cancer: a pelvic examination and a scraping from the cervix (opening of the uterus) called a Pap smear You must be uninsured/underinsured and meet the age and income eligibility guidelines of the Program. If you do, your screening and most follow-up testing will be at no cost to you.

If you have an abnormal screening test, the Program can pay for some diagnostic services. However, since this is a screening program, it cannot pay for all surgical or treatment services. You may be eligible for additional coverage if you need surgery or other treatment following an abnormal screening test.

WISEWOMAN Program: RIDOH has received federal funding to provide cardiovascular disease screening services to women, age 40-64, who are enrolled in the WCSP. The WISEWOMAN Program is designed to help reduce the risk of heart disease, stroke, and other chronic diseases by providing no-cost screening tests and counseling that will focus on ways to eat smart, be fit, and live well. In addition, WISEWOMAN may offer healthy behavior support programs at no cost to support healthy eating and physical activity.

Section 4: Financial Eligibility and Consent for Release of Information

To become a participant in the WCSP, you must consent to the following conditions:

- I hereby certify that all the information is, to the best of my knowledge and belief, accurately reported on this form.
- I have read and understand the WCSP description in Section 3.
- I give permission to provide all relevant information to the WCSP concerning the results of my Pap tests, breast exam, mammogram, and follow-up care. The recipients will include any and all of my doctors, clinics, and/or hospital; RIDOH; any RIDOH-authorized data management contractor; and anonymous reporting to the Centers for Disease Control and Prevention (CDC).
- I am aware that any information provided to the WCSP and RIDOH will remain confidential. This means that the information will be available only to me, my healthcare providers, and to staff of the WCSP and its authorized data management contractor. Also, the information will be used only to meet the purposes of this Program. Furthermore, any published reports will contain only statistics on groups of women. Thus, it will not be possible to identify information on any one person.
- I understand that my participation in this Program is voluntary and that I may drop out of the Program and I may, at any time, withdraw my consent to release information.

[] Check this box if you AGREE to the conditions of participation in the WISEWOMAN Program.

As a WISEWOMAN participant I agree:

- 1. My doctor's office may check my height, weight, waist/ hip circumference, and blood pressure; and can take a blood sample to check blood lipids (cholesterol) and blood sugars (glucose).
- 2. I may experience minor discomfort from giving a blood sample. These tests do not take the place of a medical exam and may not reveal if I have a medical problem.
- 3. If my blood pressure or laboratory tests are outside of the normal, healthy range during the WISEWOMAN screening, I may be referred to a healthcare provider who will help me manage these health concerns.
- 4. I accept the responsibility for following up with a healthcare provider if it is suggested that I do so.
- 5. I understand that I will be asked some questions about my family, my medical history, and health behavior questions.
- 6. I understand that my information will be provided to RIDOH and to CDC. Prior to sharing data with the CDC, my name will be removed so that my information is anonymous. The information will be used only to meet the purposes of this Program, and any published reports will contain only statistics on groups of women. Thus, it will not be possible to identify information on any one person.
- 7. I understand that it is very important for me to return to the doctor's office in 12-18 months so I, and the WISEWOMAN program can learn if there are any changes in my heart disease risk and determine if I am still eligible for the Program. If I am still eligible for WISEWOMAN, the same screening tests and paperwork will be completed. If I am no longer eligible for the program, the doctor's office may provide the WISEWOMAN program with my clinical values in order to determine if my risk of heart disease changed.
- 3. I understand that physical activity may be a part of the WISEWOMAN program. I will discuss starting an exercise program with staff and/or alert staff if I have any concerns about my ability to safely increase my current physical activity level. If the Program staff members think I may have trouble increasing my level of physical activity, I may be referred to a doctor to determine if I can safely participate in the physical activity part of this Program.

				Place your office stamp here.
Patient signa	ture:		Date:	
Print name:				
	First	Middle	Last	