

## Kentucky Colorectal Cancer Eligibility and Enrollment

Information shaded grey on this form will be entered into the patient and program management system

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Last)

(First)

(MI)

Social Security Number

Date of Birth:

Gender:

Race:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year

Male ☐  
Female ☐

White ☐ Black ☐  
Asian ☐ Other ☐

Hispanic or Latino Origin?  
Yes ☐ No ☐

Mailing Address:

County of Residence:

Phone:

Other Phone:

### Family Doctor or Health Provider

Do you have a family doctor or regular health care provider you usually see? Yes ☐ No ☐

Name of Provider:

Name of Office or Practice:

Phone: ( ) -

Month and Year of last visit : /

Address:

City:

State:

ZIP:

### Eligibility Determination

1. Age: 50-64; African Americans age 45-64. A person under age 50 may qualify if certain high risk conditions/factors exist, <u>please consult the program manual.</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. US Citizen or Qualified Alien.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Legal Resident of Kentucky.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Must be Uninsured.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Income at or below 250% of the federal poverty level.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Increased or High Risk Determination

An answer of yes to any item below qualifies a person as being at high risk for colon cancer. ★

1. Previous diagnosis of colon or rectal cancer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
2. Previous removal of adenomas ( pre-cancerous polyps)? *	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
3. Family history of colon cancer or removal of pre-cancerous polyps (adenomas) in one first degree relative or 2 or more second degree biological relatives diagnosed <60 . **	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
4. HCP stated family history of Familial Adenomatous Polyposis (FAP)? ***	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
5. HCP stated Hereditary Non-Polyposis Colorectal Cancer (HNPCC)? ****	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
6. Diagnosis of Ulcerative Colitis? *****	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
7. Diagnosis of Crohn's Disease? *****	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
8. Increase in bright red blood from the rectum or bloody stools in past 6 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
9. Recent new diarrhea/ constipation lasting > two weeks within last 30 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
10. Unexplained weight loss of more than 10% of your body weight?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>

1. EVER been tested for colon cancer?  
Yes ☐ No ☐ Unknown ☐

2. When was this test? 1 year or less ☐  
More than 1 year but less than 5 years ☐  
5 years or more ☐ Not Applicable ☐

3. Type of test: FIT or FOBT ☐ Colonoscopy ☐ Sigmoidoscopy ☐ Barium Enema ☐ Other ☐ NA ☐

4. Result of Previous Test: Normal (No cancer - No pre-cancer) ☐

Abnormal (positive FIT or FOBT; pre-cancer or cancer) ☐ Unknown ☐

**5. CRC Screening Test Assignment: FIT ☐ Colonoscopy ☐ Not needed due to recent test ☐**

I agree to participate in the Kentucky Colon Cancer Screening Program and as such, I understand that I must do my best to prepare for tests as instructed. I authorize all providers involved in my screening to share my patient information with me, the patient navigator, anyone involved in my care and the Kentucky Department for Public Health Colon Cancer Screening Program.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Navigator: \_\_\_\_\_ Date: \_\_\_\_\_ Navigation Site: \_\_\_\_\_

## Eligibility Determination Additional Information

### Income Eligibility:

Local Health Departments have standards in place to determine a person's household annual income range. For this program, persons in households at or below 250% of the federal poverty level are eligible for colon cancer screening.

These standards are defined in the Administrative Reference For Local Health Departments, which can be found at the following link: <http://chfs.ky.gov/dph/Administrative+Reference.htm>. Please refer to Volume II in the Administrative Reference (AR) and the section titled, Patient Services Reporting System (PSRS). The table titled "Uniform Percentage Payment Schedule – Federal Poverty Levels" which is used to determine the households is located on page 77.

### Increased or High Risk Determination:

★ If you have marked "unknown" in all of questions 1-10 then a FIT test is given.

2. \* Previously removal of pre-cancerous polyps:

- Polyp type must be adenoma not hyperplastic. If unsure of type do a FIT.
- If requested scope is sooner than 5 years need to attempt to obtain actual procedural report.

3. \*\* Family History:

- First degree relative < 60 when dx. If > 60 do a FIT test.
- Second degree relative <60 when dx. If >60 do a FIT (second degree relatives include biologically related aunts, uncles, grandparents, grandchildren, nieces, nephews or half-siblings.)

4. \*\*\* Family history of FAP, a person would have 100's of polyps.

5. \*\*\*\* HNPCC (Lynch Syndrome) Will have multiple primary cancers such as endometrium, ovary, stomach, urinary tract, small bowel, bile ducts, sebaceous skin tumors.

6/7. \*\*\*\*\* Colitis is a general term meaning inflammation of the colon. Only Ulcerative Colitis and Crohns put the person at increased risk for CRC.

### Lack of Insurance Coverage:

By statute, this program serves only the **uninsured**. Kentucky health insurance regulations require that policies cover colon cancer screening. A small number of people may have a policy which was "grandfathered" and therefore does NOT include coverage for colon cancer screening. If this is verified by the screening site, the person **IS** eligible for this program.

Uninsured means the person does not have:

- Any type of health insurance coverage through employer, or spouse
- A personal health insurance policy regardless of deductible or out of pocket expenses
- Medicaid or Medicare

Hospitalization insurance (hospital stays only) does not cover any prevention services, doctor care or labs that are preformed outside of a hospital admission and thus the person **is eligible** for the Colon Cancer Screening Program.

