## Take Charge! Eligibility Form

Take Charge! provides free breast and cervical cancer screening services to eligible Oklahoma women. Services are provided to women who meet the age and income guidelines. Eligibility is determined by completing this form and sending it to the Take Charge! Administrative Office for processing. Please refer to the back of this form for additional information.

**For immediate processing**, Fax the completed form to 405-900-7609 or mailed to Take Charge! Program, **Attention**: OSDH, 123 Robert S. Kerr Ave., Ste. 1702, TC! Eligibility Unit, Oklahoma City, OK 73102-6406.

Facility Information Complete this section if you are a healthcare facility assisting a woman with eligilibity for Take Charge!					
Facility name:		Facility site number:			
Facility phone number:		Facility fax number:			
Contact person:		Date faxed to Take Charge! Program:			
Patient Information					
First name:		Last name:			
List any other names used in the past:					
Address:					
City:	State:	Zip:	County:		
		Social security number:			
Email:		Date of birth:	/ /	Age:	
Total household income*:		Income amount is:	Weekly Bi-w	eekly Monthly	
Number of people in your household supported by this income:					
*Income includes: wages, tips, savings, net income from farm self-employment, unemployment compensation, alimony, royalties, rental income, pension, savings or bonds. Income is any net income or funds the woman has access to for the purchase of food, clothing, shelter, entertainment or health care. <b>Verbal statement accepted</b> . Verification of income by reviewing checking stubs, tax records, etc. is not required.					
Currently insured: Yes No	If yes, name of insurance company:				
	Do you have an unmet deductible of \$150 or more? Yes No				
If younger than 50 years of age, have you had a form of sterilization such as tubal ligation/hysterectomy?  Yes No					
Have you been told you have a breast and/or cervical abnormal result and need further testing? Yes No					
If yes, please check type of testing needed: abnormal breast finding abnormal cervical finding					
***Fax abnormal results with eligibility form***					
*Postcard identification number:					
Take Charge! Administrative Office	Use Only:				
Initials of reviewer: [	Date received:	Date faxed	d to facility:	_	
Eligible Yes No	Eligibility expires on:				
Eligible for: CBE, Pap an	d HPV test	CBE, Pap, HPV test, ar	nd mammogram	Dysplasia services	





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## Services based on Eligibility Criteria

Age	Funded Eligible Service
21-49	Clinical Breast Exam (CBE), Pelvic exam, Pap test, Human Papillomavirus (HPV) test
	Women who are eligible for Family Planning Waiver should be screened through Family Planning Program
21-49 (symptomatic of cervical cancer)	Clinical Breast Exam (CBE), Pelvic exam, Pap test, Human Papillomavirus (HPV) test, Dysplasia services
	Women can be transferred into Take Charge! for Dysplasia services <b>ONLY</b> from Oklahoma County Health Departments that are not eligible for Oklahoma Cares due to citizenship status.
40-49 (symptomatic of breast cancer)	Clinical Breast Exam (CBE), Pelvic exam, Pap test, Human Papillomavirus (HPV) test
	Mammogram (requires prior approval from Take Charge! Administrative staff- must have abnormal clinical breast exam documented, <b>not self-reported</b> )
50-65	Clinical Breast Exam (CBE), Mammogram, Pelvic exam, Pap test, Human Papillomavirus (HPV) test
Over 65 years of age	Clinical Breast Exam (CBE), Pelvic exam, Pap test, Clinical Breast Exam (HPV) test, Mammogram. Please use current clinical guidance from U.S. Preventative Services Task Force (USPSTF), National Comprehensive Cancer Network (NCCN), American Cancer Society (ACS) to determine if screening is clinically necessary.

Please note: Contracted healthcare providers will make the final determination of the services provided. Some limited diagnostic services are available through the Take Charge! Program.

If the eligibility form is completed by a healthcare facility, eligible/non-eligible results will be faxed back to the referring healthcare provider. An eligibility letter and packet will be mailed to the woman who applied for Take Charge! screening services.





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<sup>\*</sup>Please include postcard identification number located on the back of the Take Charge! postcard.