Wyoming Integrated Cancer Services

Wyoming Department of Health

Colorectal and Breast & Cervical Cancer Screening Programs Enrollment Form

I am enrolling in: ☐ Breast and Cervical (WBCCEDP) and/or ☐ Colorectal (WCCSP) or ☐ Both

APPLICANT INFORMATION

First Name, MI, Last Name:		Date of Birth: Age:
Please Circle: MALE FEMALE	Primary Phone:	Secondary Phone:
Current Address:		County:
City:	State:	ZIP Code:
Alternate Contact/Relationship:		Phone:
Email Address:		

What race/ethnicity are you? (circle all that apply)

American Indian	White	Asian	Unknown
Black/African American	Pacific Islander/Hawaiian	Hispanic/Latino	Other:

What is your primary language?

Have you been a Wyoming resident for at least 1 (one) year?	**YES**	**NO**
Do you currently smoke/use tobacco products?	**YES**	**NO**

HOW DID YOU HEAR ABOUT OUR PROGRAM? (circle all that apply)

Health Care Provider	Patient Navigator	Mailing/Flyer
Indian Health Services	Wyoming Cancer Resource Services	Website
Public Health Nurse	Family/Friend	Television/Radio
Free Clinic	Health Fair/ Community Event	Newspaper/Magazine
Other:		

PROVIDER INFORMATION

Name of Healthcare Provider (if applicable):

Phone:	City:	State:

INSURANCE INFORMATION

Do you currently have medical insurance?	**YES**	**NO**
Do you have Medicaid?	**YES**	**NO**
Do you have Medicare? **Part A only or Part A&B**		**NO**

What is your household's monthly gross income (before taxes)?
Be sure to include all income from all members in the household.

How many people live in your household?

IF YOU ARE APPLYING FOR A FREE COLONOSCOPY

Have you ever been diagnosed with any of these conditions? Circle all that apply:

Colon or rectal cancer	Crohn's Disease	Familial Adenomatous Polyposis
Ulcerative Colitis	Inflammatory Bowel Disease	Hereditary Non Polyposis Colorectal Cancer

Have you ever had the following screenings?

Fecal Occult Blood Test (FOBT) Fit Test	NO	YES	Date:	FIT Result:	Positive	Negative	Don't know
Colonoscopy	NO	YES	Date:	Were polyps removed?			

Have any family members (parents, siblings, children) been told they have colon or rectal cancer or colon polyps?	YES NO How many?
How many of those family members were under the age of 60 when diagnosed with colon cancer?	

IF YOU ARE APPLYING FOR A FREE MAMMOGRAM OR PAP TEST

Have you had a hysterectomy?	YES	NO	If yes, was your cervix removed?	YES	NO
Have you had breast cancer?	YES	NO	If yes, when?		
When was your last Pap test?		Date:	Was it abnormal?	YES	NO
When was your last mammogram?		Date:	Was it abnormal?	YES	NO
When was your last clinical breast exam?		Date:	Was it abnormal?	YES	NO

If you have had an abnormal exam in the last three months, a copy of the report is required.

AUTHORIZATION

By signing below, I am certifying that the information I have provided is accurate to the best of my knowledge. I understand that if I am accepted into this program, and I have knowingly provided false information, I may be required to repay any benefits I have received. By agreeing to take part in this program, I give my permission to healthcare providers, billing agencies, Wyoming Department of Health, the Centers for Disease Control and Prevention, and others involved in my care to share medical information obtained from me for the purpose of screening, diagnosis, treatment, payment, and program evaluation and other operations, as well as for any other purpose permitted by the HIPAA Privacy Rule, as described in the WDH Notice of Privacy Practices (NoPP). The WDH NoPP can be found on the Wyoming Department of Health's website at www.health.wyo.gov or a copy can be requested by calling 1-800-264-1296.

Patient Signature: Date:

Print Name:

Please submit the application by email, mail or fax:

Mailing Address: **Wyoming Integrated Cancer Services**
6101 Yellowstone Road, Suite 510
Cheyenne, WY 82002

Fax: 307-777-3765

Email: wdh.cancerservices@wyo.gov

If you have any questions or concerns, contact the program at 1-800-264-1296 or visit our website: www.health.wyo.gov/publichealth/prevention/cancer

Office use only:	Approved	Denied	Date:
Staff Notes:			State ID:
			Ref Loc: