

ILLINOIS BREAST AND CERVICAL CANCER PROGRAM

Enrollment Forms

Please complete the attached enrollment forms to the best of your knowledge. *Signing and dating* of required forms will be necessary prior to our being able to schedule your appointments.

C H E C K L I S T

List of forms to be **returned**:

1. _____ **Eligibility Determination Form**
 Complete, Sign & Date
2. _____ **Health Assessment** (Breast and Cervical Screening Questions)
 Complete to the best of your knowledge
3. _____ **Cornerstone Consent Form**
 Complete, Sign & Date. This gives IBCCP Personnel permission to enter the information you provided into our computer system. Only the IBCCP Personnel have access to this information. This allows the IBCCP Personnel to keep your breast and cervical cancer screenings up-to-date, on a yearly basis.
4. _____ **Client Participation Agreement & Release of Information**
 Read, Sign & Date
5. _____ **Authorization to Obtain Information**
 Please Sign and Date
6. _____ **Required Verification**
 Include required information
7. _____ **Joint Notice of Privacy Practices and Consent**
 Please Sign and Date
8. N/A **Medical Providers**
 Please put a check mark next to the provider that you would like your appointment(s) made with.