

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF WOMEN'S HEALTH  
BREAST AND CERVICAL CANCER PROGRAM**

**REQUIRED VERIFICATION**

You **must** include the following verification with your enrollment/re-enrollment packet in order for your paperwork to be processed.

- **Income** Verification (2 most recent paycheck stub or recent 1040 tax form)
- **Age** Verification (copy of your driver's license, ID card or birth certificate)

**Medicaid Verification**

If you have Medicaid, it should cover the charges for your exams and screenings. If you are on a spend-down, you may still qualify for the Program. Please include the amount of any spend-down payment that is required to be paid by you

Amount of spend-down \$ \_\_\_\_\_

**Insurance Verification**

If you have private insurance and it will cover any of the charges for your exams you do not qualify for the program. If your insurance does not cover your annual exams and screenings, you must have your insurance company submit authorization that they will not pay in order to qualify for the Program.