Ladies First Application

Referred by: _____

Ladies First can pay for breast and cervical cancer screenings as well as heart health screenings. Applicants must meet guidelines to qualify. Applicants who have Medicare Part B are not eligible for Ladies First.

Ladies First
Keeping Vermont Women Healthy

Mail this application to:
Vermont Department of Health, PO Box 70 Drawer 38 (LF), Burlington, VT 05402-0070

Fax this application to: 802-657-4208

For deaf and hard of hearing individuals, please use Vermont Relay Service 711 and give our number: 1-800-508-2222.

If you have questions or need interpretation services, call 1-800-508-2222.

Si vous avez des questions ou besoin de services d'interprétation, composez le 1-800-508-2222.

Ukoliko imate dodatnih pitanja ili Vam je potreban prevodilac, javite se na 1-800-508-2222.

Si usted tiene preguntas o necesita servicios de interpretación, llame al 1-800-508-2222.

Haddii aad su'aalo qabto ama aad u baahan tahay adeeg tarjumaan, wac lambarka hoos ku qoran 1-800-508-2222.

Kama una maswali au unahitaji huduma za tafsiri, piga 1-800-508-2222.

စကားပြန် ဝန်ဆောင်မှုလုပ်ငန်းကိုအလိုရှိပါက 1-800-508-2222 သို့ဖုန်းဆက်ခေါ်ပါ။

यदि तपाईंलाई दोभाषे सेवाको जरुरत परेमा, 1-800-508-2222 मा कल गर्नुहोस्।

Section 1: Tell us about yourself.

Are you already a member of Ladies First? ☐ Yes ☐ No

Name *(your legal name or as it appears on Social Security card)*:

Date of birth: _____ /_____ /_____

Social Security number:

Street address *(required)*:

E-mail address:

City State Zip Code

Primary phone number: ☐ Home ☐ Work ☐ Cell

(_____) _____-_____

Is it ok to leave a message? ☐ Yes ☐ No

What is the best time to reach you? _____

Mailing address *(if different than above)*:

City State Zip Code

Alternate phone number: ☐ Home ☐ Work ☐ Cell

(_____) _____-_____

Is it ok to leave a message? ☐ Yes ☐ No

What is the best time to reach you? _____

Do you live in Vermont? ☐ Yes ☐ No

Are you a U.S. Citizen, U.S. National, or qualified immigration status? ☐ Yes ☐ No

Are you of Latino or Hispanic origin? ☐ Yes ☐ No

How do you prefer to be contacted? ☐ Phone ☐ Email ☐ Mail

What race or races do you identify with? (Select up to 2)

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska native
- ☐ Don't know/Not sure
- ☐ Don't want to answer

What is the highest grade you have completed?

- ☐ Less than 9th grade
- ☐ Some high school
- ☐ High school graduate or equivalent
- ☐ Some college or higher
- ☐ Don't know/Not sure
- ☐ Don't want to answer

What is the primary language spoken in your home?

☐ English ☐ Spanish ☐ Arabic ☐ Chinese ☐ French ☐ Vietnamese ☐ Other _____ ☐ Don't want to answer

Section 2: Tell us about your INCOME. Please fill this out even if you have given us this information in the past.

This must be filled out in order for you to receive services. If you have questions about how to answer please call 1-800-508-2222.

Total household income before taxes: $_____ per year OR $_____ per month OR $_____ per week.

Total number of people who live on this income: _____ Include yourself, spouse/partner, and children who are claimed on tax return.

Section 3: Tell us whether or not you have health insurance.

☐ I do not have health insurance at this time. **Please go to Section 4**.

☐ I have health insurance. **Please tell us about your insurance below.** Please note, if you have Medicare Part B you are not eligible for Ladies First.

Name of insurance company:	Coverage start/end date *(required)*: _____ until_____ *(leave blank if no end date)*
Policy holder's name:	Policy or ID number:
Group or account number:	How much is your deductible?

How much are your co-pays, co-insurance or cost-sharing?

Section 4: How can Ladies First help you?

Ladies First can help you with the following. Please check what you need:

☐ Transportation
☐ Child Care
☐ Elder Care
☐ Language/ need interpreter
☐ Other: _____

Are you limited in any way in any activities because of physical, mental, or emotional problems? ☐ Yes ☐ No

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? ☐ Yes ☐ No

Section 5: Tell us about your health history.

Do you have a doctor, physician assistant, or nurse practitioner? ☐ Yes ☐ No If yes, give us the name of the practice.

Practice name and phone number:_____

Name of Provider: _____

If no, do you need help finding one? ☐ Yes ☐ No

When were your last two Pap tests? ☐ Never had a Pap test

Date: ___ /___ /___ Location and provider name: _____

Date: ___ /___ /___ Location and provider name: _____

Have you had an abnormal Pap test in the last two years? ☐ Yes ☐ No

When were your last two mammograms? ☐ Never had a mammogram

Date: ___ /___ /___ Location: _____

Date: ___ /___ /___ Location: _____

Do you have any breast changes or concerns? ☐ Yes _____ ☐ No

Have you been told that you need treatment for breast or cervical cancer or a precancerous condition? ☐ Yes ☐ No

Section 5, continued: Tell us about your health history.

Our program is required to collect these questions on an annual basis. Your responses will help us better serve you and connect you to resources and lifestyle programs that support your health.

1. Do you have high cholesterol?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know/Not sure
   - ☐ Don't want to answer

2. Do you have hypertension (high blood pressure)?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know/Not sure
   - ☐ Don't want to answer

3. Do you have diabetes (either Type 1 or Type 2)?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know/Not sure
   - ☐ Don't want to answer

4. Have you been diagnosed by a healthcare provider as having any of these conditions: coronary heart disease/chest pain, heart attack, heart failure, stroke/transient ischemic attack (TIA,) vascular disease or congenital heart defects?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know/Not sure
   - ☐ Don't want to answer

5. Do you take medication to lower your cholesterol?
   - ☐ Yes
   - ☐ No
   - ☐ No – could not obtain medication
   - ☐ Not applicable
   - ☐ Don't know/Not sure
   - ☐ Don't want to answer

6. Do you take medication to lower your blood pressure?
   - ☐ Yes
   - ☐ No
   - ☐ No – could not obtain medication
   - ☐ Not applicable
   - ☐ Don't know/Not sure
   - ☐ Don't want to answer

7. Do you take medication to lower your blood sugar (for diabetes)?
   - ☐ Yes
   - ☐ No
   - ☐ No – could not obtain medication
   - ☐ Not applicable
   - ☐ Don't know/Not sure
   - ☐ Don't want to answer

8. During the past 7 days (including today), on how many days did you take prescribed medication to lower your cholesterol?
   - ___ days
   - ☐ None
   - ☐ Not applicable
   - ☐ Don't know/Not sure
   - ☐ Don't want to answer

9. During the past 7 days, on how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure?
   - ___ days
   - ☐ None
   - ☐ Not applicable
   - ☐ Don't know/Not sure
   - ☐ Don't want to answer

10. During the past 7 days, on how many days did you take prescribed medication to lower blood sugar (for diabetes)?
    - ___ days
    - ☐ None
    - ☐ Not applicable
    - ☐ Don't know/Not sure
    - ☐ Don't want to answer

11. Do you measure your blood pressure at home or using other calibrated sources?
    - ☐ Yes
    - ☐ No, was never told to measure
    - ☐ No, don't know how to measure
    - ☐ No, don't have equipment to measure
    - ☐ Don't know/Not sure
    - ☐ Don't want to answer

12. How often do you measure your blood pressure at home or using other calibrated sources?
    - ☐ Multiple times per day
    - ☐ Daily
    - ☐ A few times per week
    - ☐ Weekly
    - ☐ Monthly
    - ☐ Don't know/Not sure
    - ☐ Don't want to answer

13. Do you regularly share blood pressure readings with a health care provider for feedback?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know/Not sure
    - ☐ Don't want to answer

14. How many cups of fruit do you eat in an average day?

    Examples: 1 cup = 1 large orange or banana; 1 medium pear or grapefruit; 1 small apple; 8 large strawberries; 15 grapes; ½ cup dried fruit such raisins, prunes or apricots; 2–3 plums; 1 large peach; 1 small watermelon wedge; 1 large cantaloupe wedge; 1 cup of 100% fruit juice; 1 cup applesauce; etc.

    ___ cups

15. How many cups of vegetables do you eat in an average day?

    Examples: 1 cup = 1 large bell pepper; 1 ear of corn; 1 tomato; 1 cucumber; 1 medium potato; 1 large sweet potato; 1 cup cooked greens; 2 cups raw leafy greens, such as lettuce or spinach; 2 medium carrots or 12 baby carrots; 2 large stalks of celery; 1 cup dry beans; 1 cup corn; 1 cup cauliflower; 1 cup broccoli; 1 cup green wax beans; 1 cup peas; 1 cup mushrooms; 1 cup onions; 1 cup cabbage; etc.

    ___ cups

16. Do you eat 2 servings or more of fish weekly

    Example: 1 serving size = palm of hand or deck of cards

    - ☐ Yes
    - ☐ No

17. Do you eat 3 ounces or more of whole grains in an average day?

Examples: 1 ounce = one slice of whole wheat or rye bread; 1 cup of whole grain cold cereal; ½ cup of oatmeal, brown rice, or whole wheat pasta; 1 small whole wheat or corn tortilla; etc.

☐ Yes ☐ Don't want to answer
☐ No

18. Do you drink less than 36 ounces (450 calories) of beverages with added sugar weekly?

Examples: Non-diet soda; fruit drink, like lemonade, or other sweetened beverages such as Kool-Aid, sweet tea, etc.

☐ Yes ☐ Don't want to answer
☐ No

19. Are you currently watching or reducing your sodium or salt intake?

☐ Yes ☐ Don't want to answer
☐ No

20. How many minutes of moderate physical activity do you get in a week?

Examples: Moderate activities are those that make you breathe a little harder but still allow you to talk while you do them, such as brisk walking, bicycling, vacuuming, gardening, water aerobics, tennis doubles, dancing, etc.

___ minutes ☐ Don't want to answer
☐ None

21. How many minutes of vigorous physical activity do you get in a week?

Examples: Vigorous activities make you breathe harder and make it difficult to talk, such as race walking, jogging, running, swimming laps, tennis singles, jumping rope, hiking uphill or with a backpack, etc.

___ minutes ☐ Don't want to answer
☐ None

22. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form).

☐ Yes, current smoker ☐ Never smoked
☐ Quit 1–12 months ago ☐ Don't want to answer
☐ Quit more than 12 months ago

If yes, could we make a referral to 802Quits for you?

☐ Yes ☐ No

Does 802Quits have permission to leave a detailed message on your answering machine voice mail or with the person who answers the phone?

☐ Yes ☐ No

23. About how many hours a day, on average, are you in the same room or vehicle with another person who is smoking?

___ hours a day ☐ None
☐ Less than one ☐ Don't want to answer

24. Thinking about your physical health, which includes physical illness and injury, on how many days during the past 30 days was your physical health not good?

___ days ☐ Don't want to answer
☐ Don't know/Not sure

25. Thinking about your mental health, which includes stress, depression, and problems with emotions, on how many days during the past 30 days was your mental health not good?

___ days ☐ Don't want to answer
☐ Don't know/Not sure

26. During the past 30 days, on about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

___ days ☐ Don't want to answer
☐ Don't know/Not sure

Section 6: How did you find out about Ladies First?

☐ Doctor, nurse, clinic
☐ Outreach worker: _____
☐ Friend or relative
☐ Website
☐ Facebook
☐ Somewhere else: _____

Section 7: Member consent – rights and responsibilities: Please read this page before signing below.

- I understand that by completing this consent form, I am enrolling in the Ladies First Program, a program of the Vermont Department of Health. I understand that Ladies First is a program supported by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the WISEWOMAN Program (Well Integrated Screening and Evaluation of Women across the Nation), programs of the Centers for Disease Control and Prevention (CDC). The NBCCEDP exists to provide uninsured and underserved women access to timely breast and cervical cancer screening and diagnostic services. WISEWOMAN exists to provide uninsured and underserved women with chronic disease risk factor screening, lifestyle programs, and referral services in an effort to prevent cardiovascular disease.
- I acknowledge that Ladies First is a breast, cervical and heart health screening program and that the program **does NOT cover the costs of care that are not associated with these screening services.**
- I acknowledge that the Ladies First program provides program members with access to preventive services, including screenings for cardiovascular disease risk factors (assessment of body mass index, blood pressure, cholesterol and blood sugar/glucose), risk reduction counseling, medical follow up (if required) and healthy behavior support options in an effort to prevent cardiovascular disease.
- I understand that Ladies First only pays for certain tests. Ladies First **does not pay for ANY cancer treatment**. I have talked to someone from the Ladies First program or the health clinic about what choices I have, and understand that I may have to pay for some tests and treatment that Ladies First does not cover.
- I understand that Ladies First has rules about who may enroll in the program. Ladies First members can have private insurance. If I have private insurance, my insurer will be billed first. Ladies First is unable to enroll women who have Medicare Part B. All of the information I have given is true as far as I know.
- I understand that when I enroll in Ladies First I am giving permission for the program to share information about my eligibility with other Agency of Human Services programs in order to coordinate services.
- I understand that when I enroll for Ladies First I am giving permission for the program to share personal health information related to breast and cervical cancer screenings, heart disease risk factor screening, and diagnosis and treatment care to be shared with my doctor, nurse, hospital, clinics, health care providers involved in my tests and treatment. My information is also shared with the Centers for Disease Control and Prevention (the National Breast and Cervical Cancer Early Detection Program and the WISEWOMAN Program). Ladies First is very careful to keep my information private.
- I understand that Ladies First looks at the health and demographic information of women enrolled in the program to help improve the health of all women.
- I authorize my doctor, clinic, hospital, the laboratory, and lifestyle programs to share my information with the Ladies First Program so that they can make sure I receive the highest quality care. The information is also needed in order for Ladies First to pay my medical bills.
- I understand that I have the right to withdraw from the Ladies First program. If I no longer want to be enrolled in the program, I will inform Ladies First so that I can be withdrawn. Please send a letter to: **Vermont Department of Health, P.O. Box 70, Drawer 38, Burlington, VT 05402-0070 or call our Member Services Coordinator at 1-800-508-2222**.

Acknowledgement & signature – please read carefully

To apply for Ladies First, you must sign below. Unsigned applications will not be processed and will be returned for signature. By signing below:

- I hereby acknowledge that I have completed the application and have read and understand the member consent.
- I also acknowledge that I received a copy of the Notice of Privacy Practices.
- I authorize Ladies First to access and share my health information for the above purposes for as long as I am part of this program.
- I understand that my membership in Ladies First may start up to three months before the date signed below, allowing Ladies First to pay eligible claims during that period.

Signature: _____ Date: _____