



SPIPA

Native Women's Wellness Program



☐ New NWWP Participant ☐ Existing NWWP Participant

Last Name	First Name	MI	DOB	Social Security Number
Address				Phone number

Race:

- ☐ American Indian
- ☐ Alaska Native/Eskimo
- ☐ Pacific Islander/Native Hawaiian
- ☐ Black
- ☐ White/ Caucasian
- ☐ Asian
- ☐ Other _____
- ☐ Unknown

Ethnicity:

- ☐ Hispanic origin
- ☐ Non-Hispanic origin
- ☐ Unknown

Gender Identity:

- ☐ Female
- ☐ Transgendered/ Two Spirited

Insurance Coverage:

- ☐ No Insurance
- ☐ Medicaid/ Medicare
- ☐ Insurance Coverage: Primary: _____

Secondary: _____

- | | |
|--|--|
| Do you currently use tobacco products? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Would you like information on cessation? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you have a previous history of breast cancer? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you have a previous history of any other cancers? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you have a family history of breast cancer? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you have a family history of ovarian cancer? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

After reviewing the income chart, please verify if you are income eligible

☐ YES ☐ NO

Were you referred to the Health Insurance Marketplace or Medicaid to explore coverage options?

☐ YES ☐ NO

What SPIPA will pay for if eligible:

Breast and Cervical Screening exams for women, which may include:

- A clinical breast exam, mammogram & screening breast MRI for women who are identified as high risk by the Provider
- A pelvic exam, PAP and HPV lab tests (if needed).
- Approved breast and cervical diagnostic tests in follow-up if indicated.

What SPIPA Does NOT Pay For:

- Mammograms for women under 40 unless they have symptoms or are identified as high risk.
- Other tests a doctor may order, like blood or urine tests that are unrelated to your cancer screening.
- Cancer treatment.

Other Important Information:

- If I have other insurance, my insurance will be billed first. SPIPA will pay for the co-pay or deductible if I qualify. I have talked with my clinic about how I will pay for tests that SPIPA doesn't cover.
- SPIPA may remind me when it's time for my next screening and send health information.
- My doctor, clinic, lab, or hospital can share my screening and follow-up results with SPIPA.
- My name, address, and other personal information will ONLY be used by this program. Some details may be used for studies to improve cancer care, but my name will not be included. Cancer data will also be shared with the Washington State Cancer Registry.

By signing this form, I confirm that I have reviewed the income eligibility chart and that the information I provided is true and accurate to the best of my knowledge. I understand the guidelines for SPIPA's Native Women's Wellness Program and confirm that I would like to be enrolled.

Print Name: _____ **Date:** _____

Signature: _____ **Clinic Location:** _____