



SPIPA Native Women's Wellness Program Consent Form



New Participant Existing Participant

Last Name	First Name	MI	DOB	Last 4 of Social Security
Mailing Address				Phone number
Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown				
Ethnicity <input type="checkbox"/> Hispanic origin <input type="checkbox"/> Non-Hispanic origin <input type="checkbox"/> Unknown			Gender Identity <input type="checkbox"/> Female <input type="checkbox"/> Two-Spirit/Transgendered	
Insurance <input type="checkbox"/> No Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid Plan: _____ <input type="checkbox"/> Private Insurance Name: _____				
If you have No Insurance coverage , were you referred to the Tribal Assister or to the Health Insurance Marketplace <input type="checkbox"/> Yes <input type="checkbox"/> No				
Personal Health History <input type="checkbox"/> Breast cancer <input type="checkbox"/> Cervical cancer <input type="checkbox"/> Other cancer(s): _____				
Do you use commercial Tobacco/Vape products? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, call 1-800-QUIT-NOW or talk to doctor today for help)				

What SPIPA will pay for if eligible:

- A clinical breast exam, mammogram & screening breast MRI for women who are identified as high risk by the Provider
- A pelvic exam, PAP, HPV lab test, and other medically necessary labs (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 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. I authorize my health care provider to share medical, screening, diagnostic, and billing information with the SPIPA NWWP for the purposes of determining eligibility, coordinating care, paying for services, and meeting program reporting requirements.

After reviewing the income chart on the back page, please verify if you are income eligible YES NO

Signature: _____ **Date:** _____ **Tribal Clinic:** _____



South Puget Intertribal Planning Agency

Native Women's Wellness Program

Program Income Guidelines

Effective January 13, 2026 - January 31, 2027



The Federal Poverty Level (FPL) Tables are used to determine an individual's income eligibility for the SPIPA Native Women's Wellness Program

% Gross YEARLY Income	
Family Size	250% FPL
1	\$39,900
2	\$54,100
3	\$68,300
4	\$82,500
5	\$96,700
6	\$110,900
7	\$125,100
8	\$139,300
8+	
Add per each additional member	\$14,200

% Gross MONTHLY Income	
Family Size	250% FPL
1	\$3,325.00
2	\$4,508.33
3	\$5,691.67
4	\$6,875.00
5	\$8,058.33
6	\$9,241.67
7	\$10,425.00
8	\$11,608.33
8+	
Add per each additional member	\$1,183.33

Who is Eligible?

Women between 21-64 who are uninsured or underinsured with an income at 250% Federal Poverty Level or below

What is Underinsured?

You might be underinsured if

- 1.) You cannot afford the out-of-pocket costs for breast/cervical cancer screenings
- 2.) The health plan you have does not cover preventative care