BCCTP Eligibility Screening Worksheet
&
Documentation Requirements

TO: **Arizona Department of Health Services (ADHS)** **150 N. 18th Ave., Suite 300** **Phoenix, AZ 85007**	**FROM (Provider Name and Address):**
Phone: (602) 542-1219	Provider Phone: ( )
FAX: (602) 542-7520	Provider FAX: ( )

This referral confirms that the woman named below has been screened, diagnosed and determined to need treatment for breast cancer, cervical cancer or a pre-cancerous cervical lesion through a licensed provider in Arizona.

Woman's name:

Date of diagnosis:

Diagnosis: ☐ Breast Cancer ☐ Cervical Cancer ☐ Pre-cancerous Cervical Lesion

Copies of the following documents are attached: (Check all that apply)

- ☐ Application for AHCCCS Health Insurance
- ☐ Immigration and Naturalization Service (INS) card (both front and back)
- ☐ Proof of U.S. citizenship
- ☐ Proof of identity
- ☐ Health insurance card (both front and back)
- ☐ Proof of income for: _____

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APPLICANT'S NAME:	DATE:

A) BCCTP ELIGIBILITY SCREENING: (Answer all questions)	**YES**	**NO**	
Under age 65?			If there are <u>any</u> <u>checkmarks in shaded areas</u>, the woman is not Medicaid eligible for the BCCTP. – <u>Exception:</u> If the woman has insurance but claims it does not cover cancer treatment, she may still be eligible for Medicaid.
Arizona resident?			
U.S. citizen or a non-citizen legally residing in the U.S.?			
Social Security number?			
Any of the following types of health insurance? ▪ AHCCCS (Medicaid)			
▪ Medicare			If <u>all checkmarks are in unshaded areas</u> the woman is potentially Medicaid eligible.
▪ Individual health insurance			
▪ Group health insurance			
▪ Military coverage (e.g., Tricare)			
▪ Coverage under another person's health insurance policy			

B. DOCUMENTS NEEDED FOR BCCTP APPLICATION

1) Does the woman have a Social Security card or other proof of her <u>Social Security number</u>?
   - ☐ Yes. Ask her to bring her Social Security card or other proof of her number.
   - ☐ No AHCCCS will contact the Social Security Administration to verify that her number is valid.

2) Is the woman a <u>U.S. citizen</u>?
   - ☐ No – Ask her to bring her USCIS (INS) card. (Go to #4)
   - ☐ Yes Does she have one of the following **<u>Level 1</u>** documents that is proof of **<u>BOTH</u>** Identity and Citizenship?
     - Naturalization Certificate
     - U.S passport
     - Certificate of Citizenship issued by USCIS (N-560 or N-561)
       - ☐ Yes, Send a copy of the document with the application, and Go to 4
       - ☐ No, Go to #3.

3) Ask for <u>two documents</u>, one to verify citizenship and one to verify identity. Include copies of both with the application.

<u>Citizenship verification</u>:

<u>Level 2</u>
- U.S. public birth record (AHCCCS can verify AZ birth.)
- U.S. Citizen ID card issued by USCIS (formerly INS),
- Report of Birth Abroad of a U.S Citizen (FS-240) issued by USCIS (formerly INS)
- Certificate of Birth Abroad issued by the Department of State
- American Indian Card issued by USCIS (INS) for the Kickapoo tribe (I-872)
- Evidence of Civil Service employment by the U.S. Government before 6/1/76.
- Official record of military service showing U.S. place of birth (i.e., DD-214)
- Final adoption decree showing U.S. place of birth
- Northern Mariana ID card issued by USCIS to naturalized citizens born before 11/4/86

<u>Level 3</u>
- Extract of U.S. hospital birth record established at the time of birth
- Life, health or other insurance records showing a U.S. place of birth and created at least 5 years prior to the initial AHCCCS application date

<u>Level 4</u>
- Census Records (Federal or state)
- BIA tribal census records for Navajo and Seneca
- Any of the following documents if they were created at least 5 years before the original AHCCCS application date and show a U.S. place of birth:
  - Medical, clinic, hospital or nursing facility records
  - U.S. Vital Statistics official notification of birth registration
  - Amended U.S. birth certificate (amended 5 years or more after birth)
  - Statement signed by a physician or midwife who was in attendance at the time of birth

<u>Identity Verification</u>:
- Driver's license
- Government issued ID card with photo (if no photo, must include the same identifying information as a driver's license
- Tribal government issued ID card and documents, including a Certificate of Indian Blood
- School ID with photo
- U.S. military ID, U.S. military dependent ID, or US military draft record
- U.S. Coast Guard Merchant Mariner Card

4) Does the woman have health insurance coverage?
   - ☐ Yes – Ask her to bring her health insurance card.
   - ☐ No – (No documentation is required.)