FORMS FOR LOCAL COORDINATING UNITS

Forms for Local Coordinating Units

Client Enrollment and Other Forms

Enrollment Forms

The following forms are used when enrolling or reenrolling a woman in *Women's Way*.

- Demographics form, SFN 54024
  - Refer to the "Annual Reenrollment" section of the Local Coordinating Unit Responsibilities chapter of this manual when reenrolling a client.
- Authorization for Disclosure form, SFN 54044
  - Refer to the "Annual Reenrollment" section of the Local Coordinating Unit Responsibilities chapter of this manual when reenrolling a client.
- HIPAA – Notice of Privacy Practices form – per local protocol.
- Fax transmittal form, SFN 51653
- Welcome letter
- New Client Survey form
- Reenrollment letter

Other Forms

- Informed Refusal form, SFN 52519
- Documentation of In-Kind Support form, SFN 51102

Data Entry/Screening and Diagnostic and Report Forms

Data Entry/Screening and Diagnostic Forms

The following paper forms are used to efficiently collect specific and accurate data from health-care professionals. The information is to be entered into the data system by the local coordinating unit.

- Demographics form, SFN 54024
- Intake and Visit Summary form, SFN 51771
- Breast Diagnostic Results form, SFN 51772
- Cervical Diagnostic Results form, SFN 52197

Report Form

The following form is used to report activities in recruitment, patient navigation, community-based (population-based approach) public education projects and evaluation of those efforts.

- Monthly Activity Report form

Medicaid – *Women's Way* Treatment Program Forms

The following forms are used for the Medicaid – *Women's Way* Treatment Program application process and documentation of the completion of treatment.

- Medicaid Application – *Women's Way* form, SFN 416
- Verification of Diagnosis form, SFN 52957
- Completion of Treatment form, SFN 52956

LCU Request for Reimbursement Forms

The following forms are used to document activities to request reimbursement.

- WW-A1 Request for Reimbursement for Fees for Service
- WW-A2 Detailed RFR for Recruitment, Patient Navigation and Evaluation
- WW-A3 Timesheet
- WW-A4 Notification of Medicaid – *Women's Way* Client Case Management