De Casa 3 Re-Screening Participant

Current Date: _____

Participant Name: _____

Previous ID: ___DC3-_____

Previous Eligibility Date: _____

Previously Screened: ☐ Yes ☐ No

De Casa En Casa

CERVICAL CANCER PREVENTION

Texas Tech University Health Sciences Center El Paso

DE CASA ELIGIBILITY COVER PAGE

Site: _____ Promotora Name: _____ Participant Name: _____
Date: _____ Start Time: _____ End Time: _____

☐ **Screening**	☐ Service Consent	Education Completed ☐ Yes ☐ No	☐ Education Leaflet ☐ Doctor & Insurance List ☐ Process Letter	Pap Scheduled **Appt. Date/Time:** _____ /_____ **Originally BCCS Eligible:** ☐ Yes ☐ No **Taxi?** ☐ Yes ☐ No	Randomization ID: _____ ☐ Group ☐ Individual ☐ Survey ☐ IRB Consent? ☐ No Survey
☐ **BCCS referral**	☐ Service Consent	Education Completed ☐ Yes ☐ No	☐ Education Leaflet ☐ Doctor & Insurance List ☐ Process letter		
☐ **Navigation**	☐ Service Consent	Education Completed ☐ Yes ☐ No	☐ Education Leaflet ☐ Doctor & Insurance List ☐ Process letter		
☐ **Education Only**	☐ Service Consent	Education Completed ☐ Yes ☐ No	☐ Education Leaflet ☐ Doctor & Insurance List ☐ Process letter		
☐ **Incomplete**	☐ Service Consent	Education Completed ☐ Yes ☐ No			

Data Entry Use Only: Participant ID _____

DE CASA ELIGIBILITY COVER PAGE

Do you agree to answer these questions about your eligibility? _____ **(initials)**
If you do not wish to answer these questions, we will not continue. Thank you for your time.

e1. First Name: _____ Middle Name: _____ Last Name: _____

e2.	Which language do you prefer?	① English	② Spanish	③ Both
e3.	What is your gender?	① Female	⓪ Male **[STOP – education only - go to service consent/intake]**	
e4.	How old are you?	DOB: ____ / ____ / _____ Age: _____		
		① Between 21 & 65 years	⓪ Less than 21 or more than 65 **[STOP – education only - go to service consent/intake]**	
e5.	Do you have a Texas Address?	① Yes	⓪ No **[STOP – education only - go to service consent/intake]**	
e6.	Cervical cancer is a cancer of the neck of the womb or uterus. Have you ever had cervical cancer?	⓪ No	① Yes **[STOP – navigation - go to service consent/intake]**	
e7.	A hysterectomy is when you have a major surgery with general anesthesia and the doctor removes your womb/ uterus. You are no longer able to have children. Have you ever had a hysterectomy?	⓪ No	① Yes **[STOP – navigation - go to service consent/intake]**	
e8.	Which of the following health insurance types do you have: Medicare, Medicaid, Commercial or insurance through job, other, health care options, or Charity Care Program?	g. Charity care (discount program; sliding scale; person pays out of pocket; this is available at Centro San Vicente, La Fe, Project Vida, etc.) h. No insurance	a. Medicare b. Medicaid c. Private / Work ins. d. Other health insurance e. Health care options (UMC) f. ACA (Obamacare)	
e9.	A pap smear is a routine test for women in which the doctor examines the cervix takes a cell sample from the cervix with a small stick or brush and sends it to the lab. When was your most recent pap smear?	Date: ____ / ____ / _____		
		0. Never **4.** 3 to 4 years **5.** more than 5 years	**1.** Less than 1 year **2.** 1 to 2 years **3.** 2 to 3 years	
e10.	Have you ever had a pap smear that was abnormal?	⓪ No	① Yes Date: _____	
e11.	Human papillomavirus or HPV is a test to check for a virus that can cause cervical cancer. Doctors can check for HPV at the time of the Pap smear. Have you been told by a doctor that you have infection with the HPV?	⓪ No ① Yes Date: _____		

PROMOTORA: GO WITH HIGHEST NUMBER ELIGIBILITY	❶ *"Possibly screening eligible" [continue next page]*	❷ *"Education" [go to service consent]*	❸ *"Navigation" [go to service consent form]*

DE CASA ELIGIBILITY COVER PAGE

If your income qualifies you for the state program for cervical cancer screening, we are required to refer you there first for no cost screening. To see if you qualify I need to ask you questions about your household income.

How many people are living in your household?

How much money does each person make?

[Including: Government checks; money from work; money you collect from charging room and board; cash gifts, loans, or contributions from pa rents, relatives, friends, and others; sponsor's income; school grants or loans; child support; and unemployment]

	Name of person receiving money	Amount Received	How often received? (daily, weekly, every two weeks, monthly, twice a month)	Total monthly	
TOTALS					

Family Size	Annual Maximum [Gross Family Income]	Monthly Maximum [Gross Family Income]	Income is equal/less than maximum	Income is more than maximum
1 Person	$22,980	$1,945		
2 People	$31,020	$2,622		
3 People	$39,060	$3,299		
4 People	$47,100	$3,975		
5 People	$55,140	$4,652		
6 People	$63,180	$5,329		
7 People	$71,220	$6,005		
8 People	$79,260	$6,682		
			If there is an X, participant might be eligible for BCCS Navigation. Will the participant be able to provide all documentation? ☐ Yes → BCCS Eligible ☐ No → De Casa Screening Eligible Go to Service Consent/Intake Form	If there is an X, participant is eligible for Screening

Go to Service Consent Form/Intake Form

DE CASA Patient Intake/Risk Factor Survey

Intake						
i1.	**Regular Doctor?**	① Yes	⓪ No			
	i2. Doctor Name?					
	I3. Clinic Name?					
	I4. Phone Number?					
	I5. Address?					
	I6. Specialty?					
i7.	**What is the highest grade/level of education that you have completed in any country?**	None: 0 Grade School: 1 2 3 4 5 Middle School: 6 7 8 Diploma/GED /High School: 9 10 11 12	Some College: 13 Vocational Degree: 14 College: 15 Graduate Degree: 16			
i8.	**Ethnicity?**	① Hispanic / Latino ② Non-Hispanic / Latino				
i9.	**Race?**	① White ② Asian ③ Black / African-American	④ American Indian / Alaska Native ⑤ Native Hawaiian / Pacific Islander			
i10.	**Married/Living with Partner?**	① Yes	⓪ No			
i11.	**Birth Country?**	① United States	② Mexico	③ Other: _____		
i12.	**How long have you lived in the United States?**	Years: _____				
i13.	**Working Status?**	⓪ No	① Part-time	② Full-time		
i14.	**Has a doctor ever recommended a Pap Test?**	① Yes	⓪ No			
i15.	**Health Status?**	① Poor	② Fair	③ Good	④ Very Good	⑤ Excellent
i16.	**Before today, had you ever heard of cervical cancer?**	① Yes	⓪ No			
Past Medical History						
i17.	**Date of last pap smear?**	Date: _____ *mm/dd/yyyy*				
i18.	**Have you ever had an abnormal pap smear?**	⓪ No	① Yes	Date: _____		② Don't Know
i19.	**Have you ever been diagnosed with HPV?**	⓪ No	① Yes	Date: _____		② Don't Know
i20.	**Did you receive HPV vaccines? [Gardasil or Cervarix]**	⓪ None	① 1	② 2	③ 3	④ Don't Know
Menstrual Cycle						
i21.	**How old were you when you started your menstrual cycle?**	Age: _____				
i22.	**When did your last Menstrual Cycle start?**	Date: _____ *mm/dd/yyyy*				
i23.	**Have you gone through menopause?**	① Yes	⓪ No			

DE CASA Patient Intake/Risk Factor Survey

Obstetric History				
i24.	**How many total pregnancies?**	#: _____		
i25.	**How many deliveries?**	#: _____		
i26.	**Are you currently pregnant?**	① Yes	⓪ No	
i27.	**How old were you when you first had sexual intercourse?**	Age: _____		
Social History				
i28.	**Smoking Status?**	⓪ Never Smoked	① Past Smoker	② Currently Smoke
i29.	**Birth control method?** ***[check all that apply]***	O Pill/Birth Control Pill [OCP] O Tubes Tied/Tubal [BTL] O Condoms O Depo Shot O IUD	O Birth Control Ring/Vaginal Ring O Patch O Implanon/Norplant O Natural Methods (rhythm) O None	O Other: _____
Risk Factors				
i30.	**How many total sexual partners have you had?**	#: _____		
i31.	**Do you have sex with males, females or both?**	⓪ Males	① Females	② Both

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

CONSENT TO PARTICIPATE IN THE PROGRAM: De Casa En Casa Program

1. **Why is this program being offered?** This program hopes to reduce the effect of cervical cancer in El Paso County through early detection and prevention. We are targeting 21-65 year old women, with a Texas address, who do not have health insurance. Your participation in this program is completely voluntary.

2. **What does the program offer?** Depending on your eligibility, you may be entitled to one or all of the following services: (1) **Education** about cervical cancer and screening ("Education"); (2) No-cost cervical cancer screening ("**Screening**"); (3) Assistance with scheduling appointments or identifying needed services (**"Navigation"**); and (4) Referral for eligibility for the Breast and Cervical Cancer Services (**BCCS**) program for cervical cancer screening.

3. **What will happen during this program (subject to my eligibility)?**

- ○ **If you are eligible for Screening,** you will qualify for a no-cost pap test. In the event your pap test is abnormal, you may also need a colposcopy. The navigator will help to schedule a no-cost colposcopy procedure. As a condition of your participation in this Program, we will receive and have access to your lab reports from any tests done through our Program and will send you and your personal doctor all results as long as you have provided us with their name and address. Your participation in this Program and its services may be discontinued if new information is obtained, or if your circumstances change.

- ○ **If the colposcopy indicates a diagnosis of cancer, medical care and treatment is not covered by this Program.** Our navigator will assist you in identifying programs and/ or funding that you may be eligible for. **However, we cannot guarantee that you will qualify for any particular program.** As a condition of your participation in this Program, we may need your permission to get information about any follow-up treatment from your doctor, so that we can evaluate our Program.

  - **Do you agree to these services? (please check) Yes _____ No _____**
  - **May we contact you in the future to let you know about other programs or studies you might qualify for? (please check) Yes _____ No _____**

Signature: _____ Date: _____

○ I understand if qualify for the **Education** portion of this Program only. Each person will receive education either through a group or individual session and each session will last about 30 minutes. The education will be given by a promotora.

- **Do you agree to these services? (please check) Yes _____ No _____**
- **May we contact you in the future to let you know about other programs or studies you might qualify for? (please check) Yes _____ No _____**

Signature: _____ Date: _____

○ **Navigation.** I understand I qualify for the Navigation portion of the Program. I will receive an education session either through a group or individual format from a promotora that will last about 30 minutes and the navigator will contact me for further information to either help me get appropriate follow up or to see if I qualify for the De Casa En Casa Program or a similar program that provides no-cost pap tests. **Treatment is not covered by the De Casa program.** Our navigator will assist you in identifying programs and/ or funding that you may be eligible for. **However, we cannot guarantee that you will qualify for any particular program.** In the future we may need your permission to get information about your treatment from your doctor, so that we can evaluate the program

- **Do you agree to these services? (please check) Yes _____ No _____**
- **May we contact you in the future to let you know about other programs or studies you might qualify for? (please check) Yes _____ No _____**

Signature: _____ Date: _____

○ **Breast and Cervical Cancer Services (BCCS).** I understand I qualify for the BCCS portion of the Program. I will receive an education session either through a group or individual format from a community health worker or promotora that will last about 30 minutes. You will be referred to the BCCS Program and they will contact you for an appointment to see if you qualify for the BCCS Program and pap screening. Our navigator will assist you in identifying programs and/ or funding that you may be eligible for. **However, we cannot guarantee that you will qualify for any particular program.** We may need your permission to get information about your eligibility, screening or treatment from your doctor, so that we can evaluate the program

- **Do you agree to these services? (please check) Yes _____ No _____**
- **May we contact you in the future to let you know about other programs or studies you might qualify for? (please check) Yes _____ No _____**

Signature: _____ Date: _____

4. **How much of my time will it take to receive the services offered by the program?** It will take about 30 minutes of your time. The pap smear test requires you to attend the appointment that is given to you by the navigator. If you need a colposcopy, one hour is needed for the colposcopy intake and one day is needed for the procedure.

5. **What about confidentiality and the privacy of my records?** Your involvement in this program will be kept confidential to the extent required by law. The program sponsor, the Cancer Prevention Research Institute of Texas (CPRIT), can review the program records, but the sponsor is not allowed to remove or copy information that identifies you by name.

6. **Who is funding this program?**
TTUHSC El Paso, Department of Family and Community Medicine is providing the space and supplies for this program. The Cancer Prevention Research Institute of Texas (CPRIT) is funding this program. This means that TTUHSC-EP is being paid to support the activities that are required to carry out the program service.

7. **Can I stop being in the De Casa En Casa Program?** You may leave the program at any time.

8. **Can someone else end my participation in the program?** Under certain circumstances, TTUHSC EP, or the De Casa En Casa Program sponsor may decide to end your participation in this program earlier than planned. This might happen because services or funds become limited or you have become ineligible due to obtaining health care coverage, including Medicare/Medicaid, or through the Affordable Care Act. We may contact you in the future to ask you about your satisfaction with the program or other program related questions.

9. A copy of your records will be maintained by TTUHSC-EP De Casa En Casa Program. If you need copies please contact 915-215-5621
Contact Information for the Program
You may also write to Dr. Jessica Calderon-Mora, De Casa en Casa Program Director, Department of Family & Community Medicine, 5001 El Paso Drive, El Paso, TX 79905

Your signature indicates that

- **this program has been explained to you;**
- **you've been given the opportunity to ask questions;**
- **you accept your responsibility to follow the instructions given to you by the promotora team regarding the pap smear and colposcopy test and the activation of the gift card (if applicable)**
- **you agree to take part in this program**
- **You certify that the information that you have given is true and correct to the best of your knowledge. You understand that if you give false information you may not qualify to participate in this program and receive the services listed above.**

You will be given a signed copy of this form.

Printed Name of Participant

Signature of Participant Date Time

Signature of Witness to Oral Presentation Date Time

I have discussed this program service with the participant and his or her authorized representative, using language that is understandable and appropriate. I believe I have fully informed the participant of the benefits, and I believe the participant understands this explanation. I have given a copy of this form to the participant.

Promotora Printed Name and phone number:

C1. First Name:	**C2.** Middle Name	**C3.** Last Name
C4. Address:	**C5.** City:	**C6.** State
C7. Zip Code:		
C8: Home phone:	**C9:** Cell phone: **Can we contact you by text message:** **Yes___ No ___**	**C10.** Work phone:
C11. Email:	**C12.** Alternative email:	
C13. Contact 1 Name:	**C14.**Phone number	**C15.**Relationship
C16. Contact 2 Name:	**C17.** Phone number	**C18.** Relationship

De Casa Education Session Form

Date: _____ **Date Entered in Database:** _____
Staff Name: _____ **Participant ID:** _____

1. Name of session location			
2. Address of session location:			
3. Was this session an individual or group session?	☐ Individual ☐ Group	3a. How many participants?	
4. Beginning time of session:	_____: am/pm	5. Ending time:	_____: am/pm
6. Did all participant(s) complete the intervention?	☐ No ☐ Yes		
7. If no, please note reason.	Reason:		

Ask the Participant		
Which barriers cards did the participant select?	☐ **I prefer a male doctor** ☐ **I prefer a female doctor** ☐ **Clinic staff don't speak Spanish.** ☐ **No Transportation** ☐ **Clinic hours aren't convenient.** ☐ **I will not understand results** ☐ **I don't have insurance.** ☐ **Embarrassing** ☐ **I feel nervous/afraid.** ☐ **I don't trust doctors.**	☐ **Tests takes too long.** ☐ **Lack of information.** ☐ **I already had one.** ☐ **My partner doesn't want me to.** ☐ **Clinic hours aren't convenient.** ☐ **I don't have time/no childcare.** ☐ **I don't need one.** ☐ **Painful** ☐ **Other:** _____

For myself and my family, it is important for me to get a Pap test. I will:

- ☐ Keep my Pap test appointment.
- ☐ Call if I need to reschedule my pap test.
- ☐ Talk to my husband/boyfriend, a friend, a relative, or the promotora about the importance of getting a Pap test.
- ☐ Find someone to watch my children (grandchildren).
- ☐ Let the promotora know that I will need transportation for my appointment.
- ☐ I will call Esther Villegas at 915-215-5031, or Rosa Hernandez at 915-215-5060, if I don't hear from the BCCS program in 2 week.
- ☐ I will call the De Casa navigator at 915-215-5621 if I don't hear from them in 2 weeks.

On a scale of 1 through 10…

How important is it for you to get tested for cervical cancer with a pap test?

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

How confident are you that you can attend your pap appointment?

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

De Casa Screening Process Form

OUR NAVIGATOR WILL CALL YOU TO SCHEDULE THIS IN THE NEXT FEW DAYS.

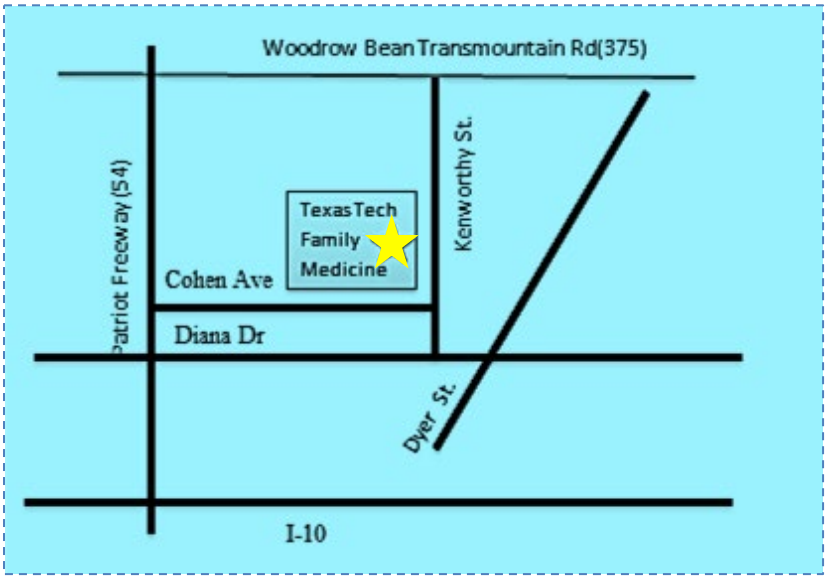
Location: **9849 Kenworthy Street**
El Paso, Texas 79924

Appointment Date/Time: _____
Please arrive ***30 minutes*** prior to appointment time

What If I cannot attend?
If you cannot attend the appointment, please call 915-215-5621 and we will re-schedule the appointment.

What should I do if I am on my period?
The test cannot be done if you are on your period. If you think you will be on your period, please call **915-215-5621**, and we will reschedule the appointment.

What will happen during the appointment?
When you arrive go to the desk on the right. You will complete a form and then the doctor will perform a pap test and HPV testing if needed.



What if I have other medical needs?
The program does not provide services for other medical problems. You can find other clinics that can help you on the resource list that you were given.

How will I find out about my results?
If your result is ***normal***, we will send you a result letter with a recommendation for when to get tested again.

If your result is ***abnormal***, this means that you may have some cell changes; it does not mean you have cancer. We will call you to arrange for follow up testing to find out what is causing your cells to be abnormal if we cannot contact you by phone, you will receive a certified letter with results and instructions.

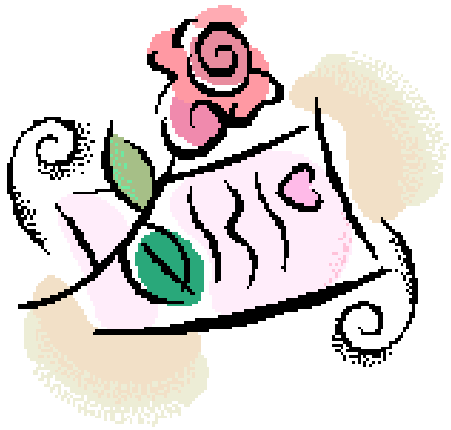
If you have any questions please call us at: **915-215-5621**.

Sincerely,

De Casa En Casa

My Promise

For myself and my family, it is important for me to get a Pap test. I will:



- ☐ Keep my Pap test appointment.
- ☐ Call 915-215-5621 if I need to reschedule my pap test.
- ☐ Talk to my husband/boyfriend, a friend, a relative, or the promotora about the importance of getting a Pap test.
- ☐ Find someone to watch my children (grandchildren).
- ☐ Let the promotora know that I will need transportation for my appointment.
- ☐ I will call Esther Villegas at 915-215-5031, or Rosa Hernandez at 915-215-5060, if I don't hear from the BCCS program in 2 week.
- ☐ I will call the De Casa navigator at 915-215-5621 if I don't hear from them in 2 weeks.

- ☐ _____

I promise, to myself and to my family, to take these steps.

Signed by: _____

FREE CERVICAL CANCER SCREENING

FIND OUT IF YOU ARE ELIGIBLE

CALL FOR MORE INFORMATION

CHW Name & Phone Number

Eligibility

- Female Between 21 & 65 Years Old
- Have A Texas Address
- Uninsured / Underinsured
- Never Had Cervical Cancer
- Have Not Had A Hysterectomy
- Have Not Had A Pap Smear In The Last 3 Years

WHAT TO EXPECT:

- You must attend a session to check if you qualify for this program (about 15 min).
- A community health worker will conduct an education session about cervical cancer facts & beliefs with you (about 30 min).
- If you qualify you will be given an appointment to get screened for cervical cancer at no cost.
- If you don't qualify for this program you may be referred to another program.

We Are Offering Education & Screening For Cervical Cancer At No Cost For Eligible Participants.

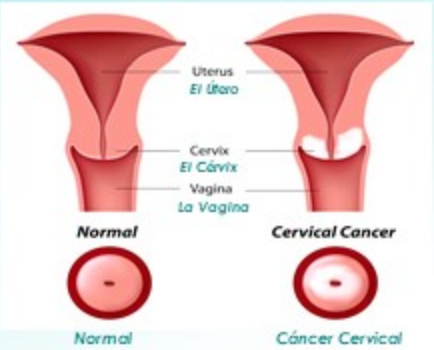
Please Call 915-215-5621 For More Information.

This a cancer prevention project sponsored by the Cancer Prevention Institute of Texas (CPRIT) &
Texas Tech University Health Sciences Center PLFSOM Department of Family & Community Medicine | PP200006

De Casa En Casa
CERVICAL CANCER PREVENTION
Texas Tech University Health Sciences Center El Paso

CERVICAL CANCER

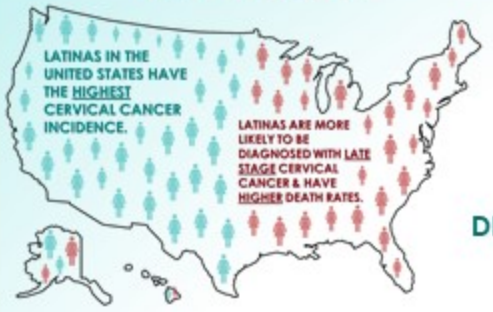
- Cervical cancer can take **many years** to develop.
- For this reason, it is important for all women to have pap tests **regularly**.



CÁNCER CERVICAL

- El cáncer cervical puede tomar **muchos años** en desarrollarse.
- Es muy importante que todas las mujeres se hagan su Papanicolaou **regularmente**.

WHO'S AT RISK



MOST FREQUENTLY DIAGNOSED IN WOMEN
35-54
YEARS OF AGE.

MÁS FRECUENTEMENTE DIAGNOSTICADOS EN MUJERES
35-54
AÑOS DE EDAD.

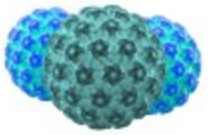
¿QUIÉN ESTÁ EN RIESGO?

CAUSES OF CERVICAL CANCER

80% of women will contract HPV in their lifetime. HPV types 16 &18 are responsible for about **70%** of all cases.

Women who smoke are about **twice** as likely to develop cervical cancer as women who do not smoke.

Early age sexual activity, having multiple partners, or being with a partner who had or has multiple partners **increases** the risk.



CAUSAS DEL CÁNCER CERVICAL

El **80%** de las mujeres contraerán el VPH en su vida. Los tipos de VPH 16 y 18 son responsables de aproximadamente el **70%** de todos los casos.

Las mujeres que fuman tienen cerca de el **doble** de desarrollar cáncer cervical que las mujeres que no fuman.

La actividad sexual a un edad temprana, tener múltiples parejas o estar con una pareja que tuvo o tiene múltiples parejas **aumenta** su riesgo.

PREVENTION

Vaccination of young adolescents against **HPV** is safe and prevents cervical cancer.

Women aged **21** to **65** should have a Pap test every **3** years.

Women **30** to **65** have the option of getting tested every **5** years if they include HPV testing.

PREVENCIÓN

La **vacunación** de adolescentes jóvenes contra el **VPH** es segura y previene el cáncer cervical.

Mujeres **21** a **65** años deben hacerse una prueba de Papanicolaou cada **3** años.

Mujeres de **30** a **65** años tienen la opción de hacerse la prueba cada **5** años si incluyen la prueba de VPH.

De Casa En Casa
CERVICAL CANCER PREVENTION
Texas Tech University Health Sciences Center El Paso

PP200006

RESOURCE LIST

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

COMMUNITY CLINICS	
Centro De Salud Familiar La Fe **Central:** 700 S. Ochoa. 915-545-4550 **San Elizario:** 1313 San Antonio. 915-851-5519 **Westway:** 1713 Banker. 915-231-4370 **Lisbon:** 200 Lisbon. 915-778-9200	**Project Vida** **Central:** 3612 Pera. 915-533-7057 **Northeast:** 4875 Maxwell. 915-757-0038 **Montana Vista:** 14900 Greg Dr. 915-857-2638 **Ft. Hancock:** 561 Knox Ave. 915-769-1079 **Sierra Blanca:** 498 E Walling St. 915-369-0038
Centro San Vicente **Alameda:** 8061 Alameda. 915-859-7545 **San Eli:** 13017 Perico Rd. 915-851-0999 **Homeless Program:** 1208 Myrtle Ave. 915-351-8972	**El Paso Baptist Clinic** 2700 N. Piedras St. 915-532-5398
Adventist Family Clinic 3379 Wedgewood Ste. A . 915-790-1038 Call for clinic hours	**RotaCare/Texas Tech** 301 Schutz 915-790-0700
TTUHSC Medical Student Run Clinic 106 Peyton Rd. 915-307-7999	
TEXAS TECH CLINICS	
Texas Tech Northeast Family Medicine Clinic **Northeast:** 9849 Kenworthy St. 915-215-5500	
Texas Tech Medical Center OB/GYN **Central:** 4801 Alberta Ave. 915-215-5000	
UNIVERSITY MEDICAL CENTER CLINICS	
University Breast Care Center 4801 Alberta Ave. Phone: 915-545-6400	**University Medical Center** 4815 Alameda, Ave. Phone: 915-544-1200
University Medical Center-Ysleta 300 South Zaragoza Rd. Phone: 915-860 – 8820	**University Medical Center-George Dieter** 1485 George Dieter Dr Suite 107. Phone: 915-790-5700
University Medical Center-East 1521 Joe Battle Blvd Phone: 915-790-5700	**University Medical Center-Fabens** 101 Potasio Phone: 915-790-5700
University Medical Center-West 6600 North Desert Blvd. Phone: 915-790-5700	**University Medical Center-Crossroads** 5021 Crossroads Phone:915-790-5700

DEL SOL WOMEN'S CENTER	
East Locations 12135 Montwood, Suite 110, 915-857-7521 2200 Lee Trevino, Bldg B., Suite 2A, 915-595-5461 800 N. Yarbrough, Suite F, 915-307-6530 **Lower Valley Locations** 10725 North Loop, Suite 102, 915-860-1001 8825 North Loop, Suite 102, 915-860-4987 7862 San Jose Rd., 915-629-2048	**Northeast Locations** 5587 Transmountain Rd., 915-759-0766 9201 Dyer, (915)757-2294 **West Locations** 5159 Mace, 915-875-0875 865 Resler, Suite D, 915-842-0100 6621 Doniphan, Suite C 915-877-7138 **Central/Downtown** 721 S.Mesa, 915-351-3537 5535 Alameda Ave. #B, 915-775-1220
DEPARTMENT OF PUBLIC HEALTH	
Preventive Medicine Clinic 5115 El Paso Drive, Suite B, Clinic A 915-771-1200	
AFFORDABLE CARE HEALTH INSURANCE	
United Way of El Paso County 100 N. Stanton, Ste. 500 Phone: 915-533-2434 http://www.unitedwayelpaso.org	**National Urban League** http://nul.iamempowered.com/
AVANCE: 915-351-2419 **Centro de Salud Familiar de Salud:** 915-545-7190 **Centro San Vicente Familiar de Salud:** 915-858-2932 **City of El Paso, Dept. of Public Health:** 2-1-1 **County of El Paso:** 915-546-2098	**EPISO-Border Interfaith:** 915-778-3200 **El Paso Hispanic Chamber of Commerce:** 915-566-4066 **Region 19 Head Start:** 915-790-4600 **Rio Grande Council of Government-Area Agency on Aging**: 915-533-0998 **United Way of El Paso County:** 915-533-2434 **YWCA El Paso Del Norte Region:** 915-533-2311
TRANSPORTATION ASSISTANCE	
Project Amistad-Medical Transportation Programs: 1(877)633-8747	**El Paso County Transit Program:** (915) 532-3474
Sunmetro: (915)541-4000 http://www.sunmetro.net/	**Area Agency on Aging:** (915)533-0338

RESOURCE LIST

Texas Women's Health Program Application Form

This insurance pool is for woman age 18-44, who don't have insurance and have a low income. They must be a Texas resident and a U.S. citizen or a legal resident. For eligibility purposes the patient should contact the Health and Human Services Commission near them. The application or information can also be obtained at via telephone or online.

1-866-993-9972
www.hhsc.state.tx.us/womenhealth.htm

Breast and Cervical Cancer Services Program (BCCS)

This program offers breast examinations, mammograms, pelvic examinations and pap test at no or low cost (uninsured or underinsured); age 40-64 years for breast cancer screening and diagnostic services; age 21-64 years for cervical cancer screening services and age 18-64 years for cervical cancer diagnostic screening. For eligibility purposes the patient should contact the Texas Department of State Health Services.

1100 W. 49th Street
Preventive and Primary Care, MC
PO Box 149347
Austin, Tx 79714-9347
(512) 776-7796

Social Security Disability Insurance

This program provides hospital and medical insurance for people age sixty-five and older, and disabled individuals younger than age sixty-five–eighteen or older (must provide medical disability evidence). Have worked and paid SS taxes for more than 10 consecutive years and reside in the United States.

Social Security Disability Insurance
700 San Antonio St. Or 11111 Gateway West
El Paso, TX 79901
1-800-772-1213
1-866-964-6229

Blue Cross –Blue Shield of Texas

This insurance pool is for people who can afford to buy health insurance, but are not able to obtain underwriting in the private market because of a pre-existing health condition. Risk pool is a state-sponsored program, which helps people with a history of medical problems to obtain coverage. For eligibility purposes patient should contact THIP via telephone or e-mail.

Texas Health Insurance Pool
1-888-398-3927
TDD 1-800-735-2989
texashealthpool@bcbstx.com

Pre-Existing Condition Insurance Plan (PCIP)

The PCIP will cover a broad range of health benefits, including primary and specialty care, hospital care, and prescription drugs. PCIP offers a choice of plan options to fit patient needs and provide more affordable premiums.

Pre-Existing Condition Insurance Plan (PCIP)
1–866–717–5826
TTY: 1–866 – 561–1604
Monday – Friday, 8 a.m. to 11 p.m., Eastern Time

University Medical Center of El Paso

El Paso's not-for-profit, community-owned hospital and healthcare system for patients in need of affordable specialty care regardless of their ability to pay for such services. The type of financial assistance will depend on total household income, the number of person(s) in the household and where they live. To apply for Financial Assistance, clients should call for an appointment at (915) 521-7914

The financial Assistance program will require the following information to determine eligibility:

- PROOF OF INCOME: Most recent IRS-W2 form, 1040 tax return and one of the following: 2 most recent paycheck stubs, unemployment insurance and/or work history form, or other appropriate indicators of yearly, monthly, weekly or hourly income.
- PROOF OF RESIDENCY: Texas Driver's License, property tax statement or rent receipts, school enrollment records, utility receipts, voter's registration, auto registration, current official ID and other documents from the Department of Human Services.
- **NUMBER OF FAMILY MEMBERS:** The number of dependents on the 1040 tax return will verify family members in the household.
- Anyone 65 years of age will be referred to the Social Security office to apply for Medicare.
- Anyone 19 years and younger will be referred to the Medicaid/CHIP offices for assistance.

2-1-1 Texas Information and Referral Network

2-1-1 Texas serves as the number to call for information about community resources. It links individuals and families to critical health and human services provided by nonprofit organizations and government agencies in their own communities.

(877) 541-7905 Alternative number
(915) 771-5820 Alternative number