

Iowa Care for Yourself Program Client Ineligibility Form

Program # ___ ___ ___ Most recent consent date ___/___/___
ID # _____ Date of Birth ___/___/___
Last Name _____ First Name _____

Ineligible

Complete this section if the client is

- Not available through usual contact sources/lost to follow-up; or
- Not eligible; or
- Not interested in participating

BCCEDP

Ineligibility Date ___/___/___

Reason(s) client is ineligible

- Obtained insurance (includes Medicare/Medicaid and BCCT Medicaid coverage)
- Moved
- Age ineligible
- Income ineligible
- Lost to follow-up (cannot be located)
- Deceased
- Declined re-enrollment

Comments _____

Reactivation

Complete this section if the client has re-enrolled in the program after being made ineligible.

BCCEDP

Reactivation Date ___/___/___

This form is available and to be completed electronically on the U of I *Care for Yourself* website. Use this form for documentation of ineligibility or reactivation if unable to access the page on the website. The change in eligibility will still need to be documented on the website at a later time.

PROCEDURE: Login to the U of I website, select the participant and click on "Update" under BCCEDP Eligible on the left side of the screen. Complete the information requested and click "Submit". To print the page for the file, click on "No" under BCCEDP Eligible, choose "Form Options" and click "Print". *To Reactivate the participant, follow the same procedure except to print click on "Yes" under BCCEDP Eligible.*