



Dear Show Me Healthy Women Client,

Thank-you for your interest in the Show Me Healthy Women (SMHW) program.

In order to receive a free breast and cervical cancer screening paid for through SMHW, please complete the following:

1. Complete the green patient history form
2. Read and complete the client eligibility agreement form.
3. Provide copy/copies of **proof of current household income & picture I.D.**

Proof of age and income are required to determine eligibility into SMHW. Lack of this documentation does not guarantee enrollment into SMHW and any services provide may become the client's financial responsibility.

These are **examples** of proof are:

Driver's license	Birth certificate	Social Security Award Letter
Food Stamps	Pay stub (use net amount)	Income tax forms (use annual
Wic Voucher	Unemployment insurance	adjusted gross income)

Prior to your scheduled mammogram appointment, **please mail or fax** your completed paperwork along with your proofs to me at:

Truman Medical Center Lakewood

ATTN: Sara Walz, RN

7900 Lee's Summit Road

Kansas City, MO 64139-1246

Office: 816-404-6985

Fax: 816-404-6986

Thank-you and please get the word out to your family and friends. Early detection works!

Sara Walz, BSN, RN

Shoe Me Healthy Women Program Coordinator.