**How to request Incentives and Enablers:**

1. Complete the request form below.
2. Please fax or email your request to the ATTN: Ruth Willard at Ruth.Willard@ky.gov

or Fax: 502-564-3772

*Note: Incentive and Enabler requests are reviewed and approved on a case by case basis by the*

*KY TB Prevention and Control Program. Priority conditions are MDR-TB, cavitary TB disease, active pulmonary disease, and patients with comorbidities.*

**Health Department Information**

Health Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TB Nurse Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Information**

Initials and date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Active □ Latent

Length of treatment \_\_\_\_ months Total time for treatment completion \_\_\_\_\_\_months

**Description of need or situation (barriers to adherence, justify your request on the basis of need)**

*Example: Patient with 6 lbs. weight loss will buy vanilla ice cream (patient favorite) to encourage weight gain****.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**LHD strategies and additional resource (other community agencies, education, other programmatic engagement activities, LHD funding for gift cards)**

*Example: Patient has appointment scheduled with dietician. LHD has purchased gas cards to assist with patient transportation.*

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**Patient Initials and date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Funding Requested (Please use worksheet to complete total)**

$\_\_\_\_\_\_ Walmart $\_\_\_\_\_\_\_Kroger

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| --- |
| **Walmart ($10 increment) gift cards**Plan to issue card(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {ex: weekly, bimonthly, monthly or provide additional timeline}**$10**  (amount of gift card) x \_\_\_\_ (# cards/month) x \_\_\_\_ (# months to completion) = $\_\_\_\_\_\_\_\_\_Example:* + - * (One card 2x/month) x (months treatment) = (Total number cards)
			* $10 gift card [4 cards/month x 4 months] = $160

**Walmart Total - $\_\_\_\_\_\_\_\_\_\_**  |
| **Kroger ($10 increments) gift cards**Plan to issue card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {ex: weekly, bimonthly, monthly or provide additional timeline}**$10**\_ (amount of gift card) x \_\_\_\_ (# cards/month) x \_\_\_ (# months to completion) = $\_\_\_\_\_\_\_\_\_ Example:* + - * (One card 2x/month) x (months treatment) = (Total number cards)
			* $10 gift card x [2 cards/month x 4 months treatment] = $80

**Kroger Total - $\_\_\_\_\_\_\_\_\_\_**  |

***Please fax or email your request to Ruth Willard at*** ***Ruth.Willard@ky.gov*** ***or Fax: 502-564-3772***

***For office use***

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| --- |
| □ Date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Total # Cards mailed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Date completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Request denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |