



Tuberculosis Incentive and Enabler Program Request Form



How to request Incentives and Enablers:

1. Complete the request form below.
2. Please fax your request to the KY TB Program at 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, cavitory TB disease, active pulmonary disease and patients with comorbidities.

I. Health Department Information

Health Department: _____

TB Nurse Coordinator: _____

E-mail address: _____

Phone: _() _____ Fax: _() _____

II. Client Information

Patient Initials and date of birth: _____ Active TB MDR-TB LTBI

Length of treatment _____ months Total time for treatment completion _____ months

III. 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. _____

IV. 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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V. Funding Requested (Please use worksheet to complete total)

<p>Walmart (\$10 increment) gift cards Plan to issue card(s): _____ {ex: weekly, bimonthly, monthly or provide additional timeline}</p> <p>\$10 (amount of gift card) x _____ (# cards/month) x _____ (# months to completion) = \$ _____</p> <p style="margin-left: 40px;"><u>Example:</u></p> <ul style="list-style-type: none"> (One card 2x/month) x (months treatment) = (Total number cards) \$10 gift card [4 cards/month x 4 months] = \$160 <p style="text-align: right;">Walmart Total - \$ _____</p>
<p>Kroger (\$10 increments) gift cards Plan to issue card: _____ {ex: weekly, bimonthly, monthly or provide additional timeline}</p> <p>\$10 (amount of gift card) x _____ (# cards/month) x _____ (# months to completion) = \$ _____</p> <p style="margin-left: 40px;"><u>Example:</u></p> <ul style="list-style-type: none"> (One card 2x/month) x (months treatment) = (Total number cards) \$10 gift card x [2 cards/month x 4 months treatment] = \$80 <p style="text-align: right;">Kroger Total - \$ _____</p>

Please fax your request to the KY TB Program 502-564-3772

For Central TB Office Use Only:

Date Received:	
Date Approved:	Staff Initials:
Date Denied:	Staff Initials:
Reason:	
Date Cards Mailed:	Staff initials:
Total # of Cards:	