
VI. CONFIDENTIAL CLIENT INTAKE FORM

A. Client Intake Form (CIF) Requirements & Instructions

As part of your contractual obligation to the Avon Foundation Breast Care Fund, a Client Intake Form (CIF) must be filled out for each client to whom your agency provides mammography and/or clinical breast exam referrals or services as a result of your outreach or education efforts funded through this grant. **CIFs should be submitted to us within the first week of each month**, and should reflect women screened from the previous month. You must include the **Monthly CIF Checklist** provided with this Guide as a cover to each submission.

The purpose of the Client Intake Form is two-fold. Firstly, the Avon Foundation Breast Care Fund is interested in collecting demographic information on the clients being served by our funded programs. Therefore, the number of CIFs submitted in a given quarter should generally correspond with the number of screenings reported in your quarterly progress report, as the CIFs are meant to represent the same population of clients as your quarterly data. Secondly, with this information, the Avon Foundation Breast Care Fund will be able to provide your agency with a quarterly summary of your progress in reaching your target population.

The CIF is submitted annually to Chesapeake Research Review, Inc. for IRB waiver.

All client health and demographic information should be collected and maintained in a confidential manner by your agency. No personally identifiable client information (such as name or Social Security Number) should be written anywhere on the form. Your agency should assign a unique client identifier (ID) to help link the CIF with other client records at your agency. This client ID could also facilitate tracking of repeat clients and re-screening.

An original copy of the Client Intake Form is available in the sheet protector provided with this Guide. Please review the Description of CIF Variables and Valid Responses and Frequently Asked Questions below for more information about CIF requirements.

B. Description of CIF Variables and Valid Responses

The following section defines and describes each question included on the Client Intake Form (CIF), and explains the valid responses. **This document is intended to serve as a training and reference tool for your staff;** it is not meant for distribution to clients, although staff should refer to these definitions when answering clients' questions about the CIF.

If you have questions, suggestions or comments about the design or content of the CIF please contact your Project Officer or email admin@avonbreastcare.org.

Office Use Only Section - Side 1	Description	Valid Responses
Agency ID	Unique agency (grantee) identifier	Agency ID is assigned by the Coordinating Center. Continuing grantees should use the same Agency ID from one year to the next.
Client ID	Unique client identifier (UCI)	Client ID is assigned by your agency. Ideally, this would be a unique client identifier (UCI) that allows your agency to track individual clients over time.
Today's Date	Date this form was completed. Not necessarily the same as date of screening appointment(s).	Enter date as MM/DD/YY.
Services to be paid for by: <i>(check all that apply)</i>	Indicate any sources of payment that will be used to cover the cost of client's screening mammogram and/or CBE.	Select all appropriate responses from the list provided. Medicaid – Services will be billed to Medicaid. Medicare – Services will be billed to Medicare. Private Insurance – Services will be billed to client's private insurance. BCCEDP – Services will be paid for through my State's Breast and Cervical Program. Fee for service – Client will pay a fee for screening. Fee waived – Services will be paid for through a source other than the above. Client will not be billed.

Office Use Only Section - Side 2	Description	Valid Responses
Exam type: Mam	Exam type for mammogram (Mam).	<p>Initial (1st at this agency) – New client having her first screening mammogram with your agency (not necessarily her first mammogram ever).</p> <p>Annual – Client returning to your agency for routine annual screening mammogram.</p>
Exam type: CBE	Exam type for clinical breast exam (CBE).	<p>Initial (1st at this agency) – New client having her first CBE with your agency (not necessarily her first CBE ever).</p> <p>Annual – Client returning to your agency for routine annual CBE.</p>
Where was this form filled out? (<i>check one</i>)	Location where the CIF was completed.	Select one response from the list provided. Use “Other location” for any type of location not listed.
Who filled out this form? (<i>check one</i>)	Specify who completed the CIF with the client, or if the client completed the form on her own.	Select one response from the list provided. If none of the options accurately describes the person who filled out the form, leave this question blank.
Where will client go to have a mammogram? (<i>check one</i>)	Location where the client will go for her mammogram.	Select one response from the list provided. Use “Other location” for any type of location not listed.
Type of mammography equipment to be used	Type of equipment that clinical provider will use to perform the client’s mammogram.	<p>Mobile unit – A mobile mammography machine that can be transported from one location to another and is set up in a clinic or other indoor setting.</p> <p>Mobile van – A mobile coach or van that is equipped with mammography equipment so that a client may be screened inside the vehicle.</p> <p>Stationary unit – A mammography machine that is operated in one location inside a clinic or other indoor setting.</p>

NOTE: Client Intake Forms should only be collected for female clients unless otherwise directed by the Coordinating Center.

Client Intake Questions – Side 1	Description	Valid Responses
1. What is your age?	Client's age at time this form was completed. Not necessarily the same as age at screening appointment(s).	Enter two-digit age in years.
2. What is your ethnicity? (<i>check one</i>)	Client's <u>self-reported</u> ethnicity.	<p><i>Categories are based on Federal OMB Standards for the Classification of Data on Race and Ethnicity.</i></p> <p>Hispanic or Latino(a) – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. The term “Spanish origin” can be synonymous with “Hispanic or Latino(a)”.</p> <p>Not Hispanic or Latino(a) – A person who does not identify her ethnicity as Hispanic or Latino(a). If client refuses to respond, leave this question blank.</p>
3. What is your race? (<i>check all that apply</i>)	Client's <u>self-reported</u> race.	<p><i>Categories are based on Federal OMB Standards for the Classification of Data on Race and Ethnicity.</i></p> <p>Multiracial clients should select all categories that apply.</p> <p>Black or African American – A person having origins in any of the black racial groups of Africa.</p> <p>White or Caucasian – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p>Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p>Pacific Islander or Native Hawaiian – A person having origins in any of the original peoples of Hawaii,</p>

		<p>Guam, Samoa, or other Pacific Islands.</p> <p>Native American/Native Alaskan – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p>Other – A person who does not identify with any racial category previously described.</p> <p>If client refuses to respond, leave this question blank.</p>
4. Primary language spoken? <i>(check one)</i>	Client's <u>self-reported</u> primary language	Select one response from the list provided. If none of the options accurately describes the client's primary language, leave this question blank.
5a. Were you born in the USA?	Client's <u>self-reported</u> place of birth is the United States.	Select "Yes" or "No".
5b. If not, how long have you lived in the USA?	Number of years the client has resided in the United States (if born outside the US).	Respond only if client responded "No" to 5a. Select one response from the list provided.
6. What is the HIGHEST grade you completed? <i>(check one)</i>	Client's level of educational attainment.	Select one response from the list provided, based on the highest level of education completed.
7. What is your annual household income? <i>(check one)</i>	Client's approximate yearly earnings from all persons residing in the same household. Used to estimate financial need.	Select one response from the list provided. If client refuses to respond, leave this question blank.
8. How would you describe the area where you live? <i>(check one)</i>	The type of community in which the client resides, based on population density, or other governmental designation.	Select one response from the list provided. Urban/City – An urban area with a population of 50,000 or more people. Suburban – Predominantly residential areas surrounding a town or city. Rural – Areas with lower population density that do not lie inside an urbanized area or urban cluster.

		<p>Frontier – Sparsely populated rural areas that are isolated from population centers and services. Frontier is sometimes defined as places having a population density of six or fewer people per square mile.</p> <p>Indian reservation – An area of land managed by a Native American tribe under the United States Department of the Interior's Bureau of Indian Affairs.</p> <p>Other – Client does not identify area of residence with any category previously described.</p>
9. How did you hear about this program? <i>(check all that apply)</i>	The manner in which the client was informed about or referred to the screening program.	Select all appropriate responses from the list provided.
10. What made you decide to come to this program for breast health services? <i>(check all that apply)</i>	The factor(s) that influenced the client's decision to use grantee's specific program for breast health services.	Select all appropriate responses from the list provided.
11a. Do you have health insurance?	Client's current health insurance status.	Select "Yes" or "No".
11b. If yes, check all health insurances you have:	Client's type(s) of health insurance coverage.	<p>Respond only if client responded "Yes" to 11a. Select all appropriate responses from the list provided.</p> <p>"Other" includes insurance for veterans, state-sponsored health plans, or any other type of health insurance besides the categories listed.</p>

Client Intake Questions – Side 2	Description	Valid Responses
12. In the past year, has there been any person or place you have gone to for regular, non-emergency	Client's utilization of routine health care in the past year.	Select "Yes" or "No".

health care?		
13. In the past year, what types of health care providers have you visited? (<i>check all that apply</i>)	Types of health care providers utilized by client in the past year.	Select all appropriate responses from the list provided. Select "None" if client did not visit any health care provider in the last year.
14. Have you ever had breast cancer?	Client's personal history of breast cancer.	Select "Yes" or "No".
15. Has anyone in your family had breast cancer?	Client's family history of breast cancer. Refers to genetic (blood) relatives.	Select "Yes", "No" or "Don't Know".
16a. Prior to coming to this agency, have you ever had a breast exam by a doctor or nurse?	Client's history of having a clinical breast exam before ever coming to your program. For a returning client, this refers to any exam that took place before the client ever visited your agency.	Select "Yes" or "No".
16b. If yes, how long ago was your last breast exam?	Recency of client's last breast exam.	Ignore "If yes" when responding to this question. The question will be modified on future versions of the CIF to reflect this.
17. Did you know about mammograms before this program?	Client's prior knowledge of mammograms for breast cancer screening.	Select "Yes" or "No".
18a. Prior to coming to this agency, have you ever had a mammogram?	Client's history of having a mammogram before ever coming to your agency. For a returning client, this refers to any mammogram that took place before the client ever visited your	Select "Yes" or "No".

	agency.	
18b. If yes, how long ago was your last mammogram?	Recency of client's last mammogram.	Ignore "If yes" when responding to this question. The question will be modified on future versions of the CIF to reflect this.
19a. Before participating in this Program, have you ever been taught by a medical professional to examine your own breasts?	Client's history of learning self breast exam before ever coming to your agency. For a returning client, this refers to any breast self exam education that took place before the client ever visited your agency.	Select "Yes" or "No".
19b. If yes, how often do you examine your breasts?	Recency of client's last breast self exam.	Ignore "If yes" when responding to this question. The question will be modified on future versions of the CIF to reflect this.
20. If you have NEVER had a mammogram OR have NOT had one in the past 2 years, why haven't you? <i>(check all that apply)</i>	Reasons why client never had a mammogram or has not had one in the past 2 years.	Select all appropriate responses from the list provided.

C. Frequently Asked Questions about the Client Intake Form

It is highly recommended that you go over the following information with all staff involved in your breast health program that may be responsible for assisting with the collection of Client Intake Form (CIF) data.

Is the form available in any language other than English?

The client intake form is currently available in the following 14 languages:

- English
- Spanish
- Portuguese
- Creole
- Chinese
- Korean
- Vietnamese
- Arabic
- Amharic
- French
- Gujrati
- Hindi
- Tagalog
- Russian

Email admin@avonbreastcare.org or contact your AFBCF Project Officer if you need assistance obtaining the CIF in a specific language.

Who should fill out the forms?

Only clients who have been referred into mammography or clinical breast exam screenings as a result of outreach should complete the CIF. Do not allow clients to fill the form out if they have *only* participated in an educational event. **Unless they have been referred into screening, or will be referred, clients should not fill out the form.** We monitor the number of CIFs submitted to the number of mammograms you report each quarter.

Staff outreach workers, project coordinators, nurses, etc., should fill out the CIF or collect forms from the clients. Please keep responsibility for Avon forms “in house.” Do not depend on the technicians to administer or collect the forms for you. Make time to see your client before or after her screening to fill out the form with him/her.

Who should complete the “Office Use Only” section?

All information in “Office Use Only” section on the front and back of the CIF should be completed by your program staff, not the client. This includes:

- Agency ID (AFBCF will assign your Agency ID)
- Client ID (this is an optional code assigned by your agency)
- Today’s Date
- Source of payment for services
- Exam type (initial or annual)
- Where was this form filled out?
- Who filled out the form?
- Where will the client go for her mammogram (select one)
- Type of mammography equipment used

How should the forms be submitted?

- Use the Monthly CIF Checklist as a cover sheet.

- All Client Intake Forms submitted must be the original form (please see insert). Please make all copies from the original, two-sided form provided.
- Forms must **ALWAYS** be double-sided.
- All four black boxes must be fully visible and shaded completely on both sides of form. These boxes serve as reference marks for the scanner to pick up all information that is within those boxes.
- There must be no stray markings on the form.
- There must be no staples, paper clips, wrinkles or tears. These will jam up the scanner.
- When you make copies, be sure that copier glass is clean so that the lines do not appear on the page.
- Make copies of all CIFs for your records before submitting to the AFBCF.
- Fill out the information accurately.

Is it okay to write notes in the white space on the form?

No. Make sure that when you or your clients fill out the form that you do not write additional information in the extra space provided. Also, make sure that only one box is checked for each selection. Stray markings will prevent the form from scanning properly for data entry purposes.

Our forms keep getting returned to us. What am I doing wrong?

Forms will be returned to you for resubmission for the following reasons:

- If reference marks are not correctly located on both sides of the form;
- If the form has been altered in any way (e.g. minimized, questions removed);
- If the form was photocopied with improper alignment;
- If stray markings appear;
- If forms are not separated by the language of the form.

These requirements are clearly stated on the Monthly Client Intake Form Checklist on page 83.

My agency already collects some of the same information in our client database.

Can we submit client intake form data electronically?

If your agency is interested in submitting CIF data electronically you must contact the AFBCF Coordinating Center to schedule a conference call with your AFBCF Project Officer and our Data Manager. This call will review:

- Your current data collection method and storage of CIF data at your agency;
- Whether the data collected by your agency is comparable to and compatible with the AFBCF Client Intake Form;
- Your agency's ability to transfer data in an efficient and timely manner.

When should CIFs be submitted to the AFBCF Coordinating Center?

CIFs should be submitted to us within the first week of each month. These forms should reflect women screened from the previous month.

We recognize that every agency operates differently and may not be able to submit their forms in the first week of each month, but regular submission helps avoid backlogs. It is most important that all forms are completed within each quarter and submitted to us with or before each quarterly progress report. This ensures that your data will correspond with your screening totals on your quarterly data summary report. If forms are submitted from previous quarters, that data will be reflected on your final data summary report.

What should I do if my clients do not want to fill out the form?

Reassure clients that this form is 100% confidential. Explain that the information collected can help your agency make sure it is reaching the people in your community who can most benefit from your services, and may help your agency access more funding to better serve your community.

If possible, give a client the option of completing the CIF with the assistance of a staff person, as an “interview,” either in person or by phone. This may be helpful in assisting clients with language or literacy challenges.

If a client is uncomfortable responding to a particular question, let her know that she can skip that question and move on. It is better to collect some data than none at all. Please leave skipped questions blank; do *not* cross the question out.

What should I do if providers are resistant to giving clients the form to fill out?

Complete all forms “in house.” It is not the responsibility of your clinical providers to collect this information for you. You may contact clients by phone or mail to complete the form if your outreach staff cannot collect the information from clients in person.