

Foomka Bukaanka ee Is-gudbinta ee KC Fresh Rx

KC Fresh Rx waa barnaamij dhiirigeliya cunto caafimaad leh oo loogu talagalay dadka:

- Ka hela caymiskooda caafimaadka Medicaid (KanCare ama MO HealthNet)
- Laga helay ugu yaraan mid ka mid ah kuwan soo socda:
  - Dhiigkar hor-dhac ah
  - Dhiigkar
  - Sokorow hor-dhac ah
  - Sokorow (si fiican loo xakameeyay oo aan insuliin qaadan)
- Ku dhibtooday inay helaan cunto ku filan sanadkii la soo dhaafay

Barnaamijkan lixda bilood ah wuxuu ka kooban yahay kaar hadiyad oo dib loosoo gelin karo lacag si loogu iibsado khudaar iyo miro cusub, iyo sidoo kale waxbarashada nafaqada. Kulan qiimeyn dabagal ah ayaa dhacay lixda bilood kadib. Bukaanka waxaa looga baahan yahay inay si fool-ka-fool ah uga qaybgalaan kulamada koowaad iyo kan ugu dambeeya.

Tilmaamaha

Haddii aad umalaynayso in aad u qalanto barnaamijkaan, fadlan soo buuxi Qaybta 1aad: Mas'uuliyada Bukaanka ee foomkan. Goobaha khasabka ah in la buuxiyo waxaa ku xiga xiddig (*).

Markaad dhamaystirtid qaybaha bukaanka, fadlan geey ama u dir foomkan rugtaada caafimaadka /dhakhtarkaaga caafimaadka si ay u buuxiyaan Qaybta 2aad: Mas'uuliyada Adeg Bixiyaha.

Haddii aad u qalanto, isku-duwaha KC Fresh Rx ayaa kaala soo xiriiri doona lambarka 816-474-4240 wixii ku saabsan diiwaangelinta. Markaad buuxiso foomkan, waxaad oggolaatay in uu kula soo xiriiro isku-duwaha KC Fresh Rx.

La xiriir 816-701-8247 haddii aad su'aalo qabto ama aad u baahan tahay in lagaa caawiyo buuxinta foomkan.

Qaybta 1aad: Mas'uuliyada Bukaanka

Macluumaadka Xiriirka Bukaanka

Magaca: *_____

Taariikhda dhalashada: * _____

Cinwaanka wadada: *_____

Magaalada/Gobolka/Siibka*_____

Lambarka taleefanka: *_____

Iimaylka (fadlan bixi iimayl haddii aad mid haysato) _____

Macluumaadka Rugta Caafimaadka

Magaca rugta caafimaadka: * _____

Magaca Dhakhtarka: * _____

Lambarka taleefanka lagala xiriiro rugta caafimaadka * _____

Lambarka fakiska rugta caafimaadka
(fadlan bixi lambarka fakiska rugtaada caafimaadka haday suurtagal tahay) _____

Medicaid maka heshaa caymiskaaga caafimaadka? (tusaale ahaan, KanCare ama MOHealthNe) *

_____Haa _____ Maya

Oggolaansho ku Saabsan Isticmaalka ama Shaacinta Macluumaadka Caafimaadka

Magaca bukaanka: *_____

Taariikhda dhalashada: *_____ Taleefanka: * _____

Cinwaanka wadada: *_____

Magaalada/Gobolka/Siibka: * _____

Waxaan u fasaxay bixiyaha(yaasha) daryeelka caafimaadka ee hoos lagu sheegay inay adeegsadaan iyo/ama u shaaciyaan macluumaadka caafimaadka ee lagu qeexay oggolaanshahan wakiillada helaha(yaasha) hoos lagu sheegay, ujeeddooyinka hoos lagu sharaxay awgood.

Yaa shaacin kara macluumaadkayga (“Rugta Caafimaadka”)?

Magaca rugta caafimaadka: * _____

Cinwaanka wadada ee rugta caafimaadka: * _____

Magaalada/Gobolka/Siibka rugta caafimaadka: * _____

Lambarka taleefanka rugta caafimaadka: * _____

Lambarka fakiska rugta caafimaadka: _____

Yaa heli kara oona adeegsan kara macluumaadkayga (“Helaha”)?

Magaca helaha: Mid-America Regional Council (MARC), Barnaamijka KC Fresh Rx
Cinwaanka helaha: 801 Pennsylvania Ave., Ste. 400, Kansas City, MO 64105
Lambarka taleefanka helaha: 816-474-4240

Sii socda

Macluumaadkee la isticmaali karaa lana shaacin karaa?

Waxaan u fasaxay in Rugta caafimaadka ay u sii dayso Helaha dhammaan macluumaadka caafimaadka gaarka ah (PHI) ee ku jira diiwaankayga caafimaad ee la sameeyay waqtiyadii hore, hadda, ama mustaqbalka (illaa taariikhda ay oggolaanshahan dhacayso ama laga laabanayo), kuwaas oo si maangal ah ugu habboon:

- Xaqiijinta u-qalmitaankayga Barnaamijka KC Fresh Rx iyo/ama adeegyada taageerada nafaqada ee la xiriira; iyo
- Maamulka ka-qaybgalkeyga barnaamijka (oo ay ka mid yihiin diiwaangelinta, u-qalmitaan joogto ah, isku-duwidda daryeelka ee la xiriirta barnaamijka, iyo dabagalka barnaamijka).

Macluumaadkan waxa ku jiri kara, hadba wixi khuseeyo, macluumaadka caafimaad, macluumaadka xaaladda caafimaadka, ogaansho/xaalad, guud-marka daryeelka, natiijooyinka tijaabada ama baaritaanada, cabbirrada/calaamadaha muhiimka ah ee jirka, macluumaadka daaweynta, macluumaadka daawooyinka, iyo macluumaad kale oo khuseeya shuruudaha u-qalmitaanka iyo maamulka barnaamijka, hadba sida ay Rugta caafimaadka u hayaan.

Ujeeddada Isticmaalka shaacinta

Ujeeddada shaacintan waa in la siiyo Helaha awood uu ku go'aamiyo in aan u qalmo Barnaamijka KC Fresh Rx, isla markaana haddii la ansixiyo, uu u maamulo uuna isku-duwo adeegyada lagu bixiyo barnaamijka.

Xuquuqahayga iyo ogeysiisyada muhiimka ah

Markaan saxiixo oggolaanshahan, waxaan fahamsanahay in:

- Aan xaq u leeyahay inaan helo nuqul saxiixan oo oggolaanshahan ah. Nuqul ka mid ah oggolaanshahan uu la mid yahay kan asalka.
- Aan xaq u leeyahay inaan ka ka laabto oggolaanshahan wakhti kasta. Waxaan fahamsanahay in haddii aan ka laabto oggolaanshahan, ay tahay in aan kaga laabto qoraal ahaan, isla markaana qoraalkaas aan u soo gudbiyo Rugta caafimaadka iyo Mid-America Regional Council. Waxaan fahamsanahay in ka-laabashada aysan khuseyn doonin macluumaadka horey loo sii daayay iyadoo la raacayo oggolaanshahan. Haddii aan si kale looga laaban, oggolaanshahan wuxuu dhacayaa hal sano kadib taariikhda la saxiixay.
- Waxaan fahamsanahay in oggolaanshaha shaacinta macluumaadkan caafimaadka uu yahay mid ikhtiyaari ah. Waxaan diidi karaa in aan saxiixo oggolaanshahan. Khasab maahan inaan foomkan saxiixo si loo hubiyo in aan helo daaweynta.
- Waxaan fahamsanahay in aan eegi karo ama heli karo nuqul ka mid ah macluumaadka la isticmaali doono ama la shaacin doono.
- Waxaan fahamsanahay in shaacinta kasta oo macluumaadka ah ay xambaarsanaan karto suurtogalnimada ah dib u sii deny aan la oggolayn, isla markaana macluumaadka laga yaabo in aanan lagu ilaalin shuruucda qarsoodiga ee federaalka. Haddii aan su'aalo ka qabo shaacinta macluumaadkayga caafimaadka, waxaan la xiriiri karaa Helaha ama Rugta caafimaadka.

Waxaan akhriyay oona fahamsanahay oggolaanshahan, waxaana oggolahay in macluumaadkayga caafimaadka loo isticmaalo iyo/ama loo shaaciyo sida kor ku xusan.

Saxiixa bukaanka: * _____ Taariikhda: * _____

Wakiilka oggolaanshaha la siiyay: _____ Taariikhda: _____

Magaca la daabacay ee wakiilka oggolaanshaha haysto: _____

Xiriirka kaala dhexeeyo bukaanka: _____

Cinwaanka iyo lambarka taleefanka ee wakiilka haysta oggolaanshaha: _____

Health care provider: Your patient listed on this form is expressing interest in KC Fresh Rx, a produce prescription program. For your patient to be able to participate, they need a healthcare provider's referral to verify eligibility.

Who is eligible to participate in this program?

- Patients who receive their insurance through Medicaid (KanCare or MO HealthNet).
- Have been diagnosed with at least one of the following:
  - Pre-hypertension
  - Hypertension
  - Pre-diabetes
  - Diabetes (well controlled and not on insulin)
- Have reported food insecurity in the past year (defined by the screening questions your clinic uses).

How is KC Fresh Rx evaluated?

The participant's blood pressure and hemoglobin A1c (HbA1c) levels provided by you below will confirm that your patient is eligible for this program and will be used as the baseline measurements. At the first class session, participants will complete a baseline survey that assesses their current fruit and vegetable intake and household food security status. After six months, participants will complete a post-program survey and have both blood pressure and HbA1c measured at the last program session.

Section 2: Provider Responsibility

Instructions

Please provide the following information on the patient being referred to this program and return this form using one of the methods below.

Patient is (select all that apply):

____ pre-diabetic ____ pre-hypertensive ____ diabetic ____ hypertensive

Please provide both HbA1c and blood pressure measures if they are available..

HbA1c (measurement within last six months):_____ Date of measurement: _____

Blood pressure (measurement within last six months): _____ Date of measurement: _____

Has patient reported food insecurity in the past year based on your clinic's food security questionnaire? ____ Yes ____ No Date reported food insecurity: _____

Clinic Name: _____

Provider Name: _____

Clinic Phone Number: _____ Clinic Fax Number: _____

Please return this form via mail or fax:

- **Mail to**: Mid America Regional Council, KC Fresh Rx, 801 Pennsylvania Ave., Suite 400, Kansas City, MO 64105
- **Fax to:** 816-421-7758, Attn: KC Fresh Rx