

**641—8.4(135) Participant application procedures for IA CFY program services.**

**8.4(1) Enrollment.** After an individual is determined eligible for services:

*a.* The individual must complete, sign, and return a consent and release form to the IA CFY program. The date on the signed form shall be the participant's enrollment date.

*b.* Upon enrollment, the participant must select an IA CFY program health care facility.

*c.* The individual is eligible for services for 12 months from the enrollment date, subject to restrictions in program coverage as provided in rule 641—8.5(135).

*d.* If a participant is unable to access a particular health care provider due to unavailability of appointments or if a participant requests to change to another health care provider, designated agency staff shall assist the participant in choosing another IA CFY program health care provider who is available.

**8.4(2) Reenrollment.**

*a.* A participant's continued eligibility for program coverage shall be determined annually.

*b.* No more than 45 days prior to the end of the 12-month coverage period, the IA CFY program shall contact the participant to see if the participant wishes to reenroll in the program.

*c.* If a participant wishes to reenroll, the participant must complete, sign and return a consent and release form before receiving any further services.

**8.4(3) Termination of enrollment.** The IA CFY program shall terminate a participant's enrollment if the participant:

*a.* Requests termination from the program;

*b.* No longer meets the criteria set forth in rule 641—8.3(135);

*c.* Does not return a signed IA CFY program consent and release form; or

*d.* Refuses to receive screening and diagnostic services through an IA CFY program health care provider.

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