



**Missouri Screen for Life  
Colorectal Cancer Screening Demonstration Program**

*Funded by the Centers for Disease Control and Prevention*

| <b>Size of household</b>     | <b>Federal* Annual 100%</b> | <b>MSFL 200%</b> | <b>MSFL monthly</b> | <b>MSFL weekly</b> | <b>MSFL hourly</b> |
|------------------------------|-----------------------------|------------------|---------------------|--------------------|--------------------|
| 1                            | \$ 9,800                    | <b>19,600</b>    | 1633.00             | 377.00             | 9.42               |
| 2                            | \$13,200                    | <b>26,400</b>    | 2200.00             | 508.00             | 12.69              |
| 3                            | \$16,600                    | <b>33,200</b>    | 2767.00             | 638.00             | 15.96              |
| 4                            | \$20,000                    | <b>40,000</b>    | 3334.00             | 769.00             | 19.23              |
| 5                            | \$23,400                    | <b>46,800</b>    | 3900.00             | 900.00             | 22.50              |
| 6                            | \$26,800                    | <b>53,600</b>    | 4467.00             | 1031.00            | 25.77              |
| 7                            | \$30,200                    | <b>60,400</b>    | 5033.00             | 1162.00            | 29.04              |
| 8                            | \$33,600                    | <b>67,200</b>    | 5600.00             | 1292.00            | 32.31              |
| Each additional person, add: | \$3,400                     | <b>6,800</b>     |                     |                    |                    |

Other criteria for client to fill out MSFL Colorectal Cancer History form:

Resident of St. Louis City, St. Louis County, Franklin County Jefferson County or St. Charles County.

Age Eligibility: 50-64 years of age or younger if client has a:

1. Personal History of polyps or colon cancer.
- OR

2. Family History of colon cancer

**If client meets criteria above then:**

1. Client needs to **initial** back of history form stating they meet income guidelines.
2. Client read and retain the Missouri Department of Health and Senior Services HIPPA Notice of Disclosure Policy form, then the client needs to sign the back of the colorectal history form stating they have received the Notice of Disclosure.
3. A witness must sign indicating they witnessed the client sign the form and forward history form to Connect Care for evaluation at:

St. Louis Connect Care  
ATTN: Robin Snider  
5535 Delmar Blvd  
St. Louis, Mo.63112  
Telephone 314-879-6392

