

# TB Treatment Assistance Program Enrollment and Agreement Form



**Agency Name:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**Health Officer:** \_\_\_\_\_

**TB Control**

**Program Contact:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

- As a participant in the American Lung Association's Tuberculosis (TB) Treatment Assistance Program, we agree to spend funds made available through the program only to provide treatment assistance aids to TB clients.
- As a participant in the American Lung Association's TB Treatment Assistance Program, we agree to purchase only treatment assistance aids allowable through the program (see Table 1) and request pre-approval for any aids above the indicated capped rate (\$50 for LTBI, \$200 for active TB disease).
- We agree to submit purchase receipts and completed purchase logs and disbursement records to the American Lung Association in Wisconsin to verify treatment assistance purchases and distribution.
- We understand we may submit purchase receipts, purchase logs and disbursement records, along with a completed reimbursement request, to receive reimbursement *at any time throughout the calendar year. But, we know that all submissions must be received before December 15.*

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**Health Officer Signature** **Date**

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**TB Control Program Contact Signature** **Date**

**Please Return to:**  
American Lung Association in Wisconsin  
TB Treatment Assistance Program  
13100 W. Lisbon Road, Suite 700  
Brookfield, WI 53005-2508  
Fax: 262-781-5180 Email: [Michelle.Mercure@Lung.org](mailto:Michelle.Mercure@Lung.org)  
For additional information: 262-703-4200