

## Title X Orientation Quiz and Certificate

Please answer the following questions using the key on the second page.

1. Family planning services are to be provided
  - a. Solely on a voluntary basis.
  - b. Clients cannot be coerced to accept services or to use or not use any particular method of family planning.
  - c. A client's acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in any other program that is offered by the grantee or sub-recipient
  - d. A and B only
  - e. All the above
2. **True or False:** Title X grantees and sub-recipients must be in full compliance with Section 1008 of the Title X statute and 42 CFR 59.5(a) (5), which prohibit abortion as a method of family planning. Grantees and sub-recipients must have written policies that clearly indicate that none of the funds will be used in programs where abortion is a method of family planning. Additional guidance on this topic can be found in the July 3, 2000, Federal Register Notice entitled *Provision of Abortion-Related Services in Family Planning Services Projects*, and the final rule entitled *Standards of Compliance for Abortion-Related Services in Family Planning Services Projects*, Grantees are also responsible for monitoring sub-recipients' compliance with this section.
3. Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable to pay for family planning services
  - a. for a good cause
  - b. if there is a documented explanation of hardship on the income worksheet
  - c. if the Hardship is temporary
  - d. A and C only
  - e. A, B, and C
4. **True or False:** Eligibility for discounts for un-emancipated minors who receive confidential services must be based on the income of the minor.

FP Protocol acknowledgement signed on: \_\_\_\_\_(Date)

Title X orientation date of completion: \_\_\_\_\_(Date)

Answers: 1. \_\_\_\_ 2. \_\_\_\_ 3. \_\_\_\_ 4. \_\_\_\_

**CERTIFICATE OF COMPLETION**  
***FAMILY PLANNING TITLE X TRAINING***



\_\_\_\_\_  
Name/Title/Clinic Name

\_\_\_\_\_  
Today's Date

**NM Department of Health/Family Planning Program**

*Wanicha Burapa*  
Wanicha Burapa, MD, MPH  
Medical Director

*Peg*  
Peggy Ickes, MSN, FNP-BC  
Nurse Practitioner Consultant

*Reanna Garcia*  
Clinical Services Analyst

*April Neri*  
April Neri RN, Nurse Consultant