

MILWAUKEE
MILW CO REG 5 W-2,GOODWILL-EMPLOY SOLUTN
2500 W MIFFLIN DR
MILWAUKEE WI 55216



State of Wisconsin

Case #: 3000945032

Mailing Date: 10/04/2010

000005
FRANK JONES
CARES PROJECT SITE 4TH FLOOR
433 W WASHINGTON ST
MADISON WI 53703

Milwaukee Enrollment Services

Worker: M ABDUL SALAM

Phone #: 1-888-947-6583

Fax #: (414) 438-4580

Use fax # to send verifications.



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call 1-800-362-3002, press option #7 and state your language. Or, e-mail us at: memberservices@wisconsin.gov. These services are free.

Notice of Needed Proof

Federal law requires that persons requesting Medicaid, BadgerCare Plus, or Family Planning Program benefits and declaring to be U.S. citizens or nationals must prove their U.S. citizenship or nationality in order to receive or continue to receive these health care benefits. Proving identity is part of proving citizenship or nationality.

Most of the time, we can get this proof from the Social Security Administration (SSA) by providing SSA with the social security number (SSN) of the person applying for benefits. However, we could not get what we needed from SSA for the individual(s) listed because of one of the following reasons:

- **If you provided an SSN** for the individual(s) listed when they applied for benefits, we used it to ask SSA for proof that the individual is a U.S. citizen or national. SSA was unable to provide this proof because they could not match the SSN you provided to their files. Therefore, you must either submit the proof to us, or ask SSA to fix their files so that they can provide the proof.
- **If you did not provide an SSN** for the individual(s) listed when they applied for benefits, we were unable to ask SSA for the proof we need. Therefore, you must submit the proof to us.

A list of items you can use to prove citizenship (or nationality) and identity is included in this letter. Submit copies of these items to the agency. See below for options on how to submit the required proof. Do not send originals in the mail.

If we have not received the proof we need by **Jan. 05, 2011**, Medicaid, BadgerCare Plus, or Family Planning Program benefits will end. We will send you a separate notice telling you when your benefits will end.

We need proof of **citizenship (or nationality) and identity** for: **KATHY; FRANK; CINDY**

Proof of U.S. Citizenship (or Nationality) and Identity: If you cannot get one of the items listed below, contact your worker about other documents you can use or to ask for help paying for the proof needed.

The following items can be used to prove both citizenship (or nationality) and identity:

- U.S. Passport
- Certificate of U.S. Citizenship
- Certificate of Naturalization
- Native American Tribal ID or document





If you do not have one of the above, then one item from each list below must be provided.

The following items can be used only to prove citizenship (or nationality):

- U.S. Birth Certificate
- U.S. Citizen ID Card
- U.S. Military record of service
- Hospital Record of U.S. birth
- Adoption papers showing U.S. birth
- Life or Health insurance record showing birth in the U.S.

The following items can be used only to prove identity:

- Driver's License
- School ID card with photo
- ID card issued by federal, state, or local government
- U.S. Military ID card, draft record of service or dependent ID
- For Children under 18: a signed "Statement of Identity" form (if attached)

Options	Instructions
 ONLINE	<ul style="list-style-type: none"> - If you have a MyACCESS account and a scanner, go to access.wi.gov. - If you do not have a MyACCESS account, you can go to access.wi.gov and create a new account.
 FAX	<ul style="list-style-type: none"> - If your document has information on both sides, copy each side before faxing. <p>MILW CO REG 5 W-2,GOODWILL-EMPLOY SOLUTN: 414-449-4788</p>
 MAIL	<ul style="list-style-type: none"> - Mail to: <p>MILW CO REG 5 W-2,GOODWILL-EMPLOY SOLUTN 2500 W MIFFLIN DR MILWAUKEE WI 55216</p>
 IN PERSON	<ul style="list-style-type: none"> - In Person <p>MILW CO REG 5 W-2,GOODWILL-EMPLOY SOLUTN 2500 W MIFFLIN DR MILWAUKEE WI 55216</p>

SYS TEST

STATEMENT OF IDENTITY

This form may be used to prove identity for children under 18 years of age who are applying for Medicaid, BadgerCare Plus, or the Family Planning Program. This form may not be used to prove citizenship or nationality.

Step 1



In the space provided below, list all the children under 18 in your household for whom you are a parent, guardian or caretaker relative. For each child you list, include the child's date of birth and place of birth (city, state and country).

#	Child's Full Name (First, MI, Last)	Date of Birth	Place of Birth (City, State, Country)
1			
2			
3			
4			
5			
6			
7			
8			

Step 2



Return this form to us

Complete, sign and return this form to your agency.

Personally identifiable information will be used only for the direct administration of the Medicaid, BadgerCare Plus and Family Planning Programs.

By signing below, I certify, under penalty of perjury and false swearing, that the information I have given is correct and complete to the best of my knowledge. I understand that the agency may contact other persons or organizations to confirm the accuracy of this information.

SIGNATURE

(Parent, Guardian or Caretaker Relative)

Date Signed

Print Name

(Parent, Guardian or Caretaker Relative)
