

Health and Employment Counseling (HEC) Employment Report

When you are enrolled in the Health and Employment Counseling (HEC) Program, you must report when you get a job, become self-employed, or start doing work in exchange for goods or services (in-kind work).

Complete this form when you have started working and you no longer need to be enrolled in HEC to meet the Medicaid Purchase Plan (MAPP) work requirement. Once your form is submitted and processed, we will send you a letter with your updated HEC enrollment end date. Your HEC enrollment will end but your coverage through MAPP will continue as long as you have reported your work activity to your agency and meet all other program rules.

Important: This form does **not** count as proof of employment for your MAPP eligibility. To continue to meet the work requirement for MAPP, you must also report your job or work activity and give proof (if asked) to your local agency. Find your agency contact information at dhs.wi.gov/im-agency.

Section 1: Member Information

Date: _____ Case number: _____

Name (last, first, MI): _____

Address – street: _____

City: _____ State: _____ ZIP Code: _____

Phone number: _____ Email: _____

Name of person completing form (if not you): _____

Relationship to you: _____ Phone number: _____

Section 2: Work Information

Type of work activity: Job Self-employment In-kind (work in exchange for goods or services)

Name of employer: _____

Start date: _____ Number of hours per week (estimate): _____

Hourly wage or salary: _____ If in-kind, value of services received: _____

Section 3: Submit Form

Submit your completed form to the HEC program coordinator one of these ways:



Mobile App

Take a photo of all the pages of the form and submit them using the MyACCESS mobile app.



Online

Scan all pages of the form to the ACCESS website. You can do this through your ACCESS account, which you can log into at access.wi.gov.



Fax

- If you live in **Milwaukee County**, fax the form to 888-409-1979.
- If you do **not** live in Milwaukee County, fax the form to 855-293-1822.



Mail

- If you live in **Milwaukee County**:
MDPU
6055 N. 64th St.
Milwaukee, WI 53218
- If you do **not** live in Milwaukee County:
CDPU
PO Box 5234
Janesville, WI 53547



In Person

Take the form to your agency. Find your agency contact at dhs.wi.gov/im-agency.