

WISCONSIN DEPARTMENT OF HEALTH SERVICES

Division of Health Care Access and Accountability

F-22539 (06/15)

Wis. Stat. § 49.77

**REQUEST FOR WAIVER OF STATE SUPPLEMENTAL SECURITY INCOME (SSI) OR
CARETAKER SUPPLEMENT OVERPAYMENT RECOVERY, OR CHANGE IN REPAYMENT RATE**

Instructions: The answers on this form will be used by the Wisconsin Department of Health Services to decide if an overpayment can be waived or the amount you pay each month can be changed.

If you need help completing this form, see page 10: *Who Can Help Me Complete This Form?*

If this is a request for a waiver of state Supplemental Security Income (SSI) only **or** a combination of state SSI and Caretaker Supplement (CTS) overpayment, in most cases, the state will wait until you have a decision on your request from the Social Security Administration (SSA) for the federal portion of SSI overpayment before making a decision on the state portion. If you have not yet requested a waiver for the federal SSI portion of the overpayment from SSA, you should do so right away.

Answer the questions on this form as completely as you can. If you are filling out this form for someone else, answer the questions as they apply to that person. If more space is needed, attach a separate sheet(s) of paper and indicate the number and letter (if any) of the question(s) you are answering.

Mail the completed, signed form and any attachments to:

Medicaid Fiscal Agent
State SSI, Waiver Requests
PO Box 6680
Madison, WI 53716-0680

Note: If you have already received a decision on the federal portion of the SSI waiver request from the SSA, even if the decision is not in your favor, attach it to this form with a copy of the letter that informed you of the overpayment. If you have lost the decision from the SSA, call 1-800-772-1213 to ask that another copy be sent to you.

If you have not received a decision from the SSA, mail a copy of the decision and a copy of the letter to the address above.

CHECKLIST

Read and check off each item before you mail your request. This could save time in processing your request. Did you:

- Enclose a copy of the SSA letter informing you of the original federal overpayment?
- Enclose a copy of your decision letter from SSA granting you a waiver of your federal overpayment?
- Complete all questions as completely as possible?
- Sign page 8, or if page 8 was signed with an X, did your witnesses sign their names and provide their addresses?
- Enclose any additional sheets of paper used to complete this request?

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QUESTION 1

Name – Person Who Received the Overpayment (Last, First MI)	Social Security Number (SSN)
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QUESTION 2

Check any of the following that apply and indicate the dollar amount.

- A. The overpayment was not my fault and I cannot afford to pay the money back, and/or it is unfair for some other reason(s).
- B. I cannot afford to use all of my monthly benefit to pay back the overpayment. I can afford to pay back \$ _____ each month.
- C. I am no longer receiving Supplemental Security Income (SSI) payments. I want to pay back \$ _____ each month instead of paying all of the money at once.
- D. I am receiving SSI payments. I want to pay back \$ _____ of my total income instead of paying 10 percent.

QUESTION 3

Why did you think you were due the overpaid money, and why do you think you were not at fault in causing the overpayment or accepting the money?

QUESTION 4

A. Did you notify us about the change or event that caused the overpayment? Yes No

If "No," why didn't you notify us?

B. If "Yes" and you did notify us, how and when did you notify us?

If you notified us by phone or in person, who did you talk with and what was said?

C. If you did not hear from us after your report and/or your benefits did not change, did you contact us again?

Yes No

QUESTION 5

A. Have we ever overpaid you before? Yes No

If "Yes," what was the SSN that received the overpayment?

B. Why were you overpaid before?

If the reason is similar to the reason for this overpayment, explain what you did to try to prevent this overpayment.

QUESTION 6: YOUR FINANCIAL STATEMENT

Answer all questions as fully and as carefully as possible. You may be asked to provide proof of your answers. Examples of what you can use are:

- Current rent or mortgage payment books
- Pay stubs
- Savings passbooks
- Cancelled checks
- Your most recent tax return
- Two or three recent utility, medical, charge card or insurance bills for yourself and for your spouse or dependent family members

NOTE: Enter only whole dollar amounts when answering the following questions. Round your answers to the nearest dollar.

A. From this overpayment, do you still have any of the checks or money in a savings account or other type of account?
 Yes No

If "Yes," what is the amount \$ _____ Return this amount to the address on page 1. Write the last four digits of the person's SSN on the check.

B. When you received notice of this overpayment, did you have any of the checks or money in a savings account or other type of account? Yes No

If "Yes," what was the amount \$ _____. Answer question 7 below.

QUESTION 7

C. Explain why you believe you should not have to return this amount.

QUESTION 8

A. Did you lend or give away any property or cash after you received notice of this overpayment? Yes No
If "Yes," answer part B. If "No," go to question 9.

B. What is the name of the person you gave property or cash to and how is the person related to you?

Name _____ Relationship _____

What did you lend or give away? _____

What was the value? \$ _____

QUESTION 9

A. Did you receive or sell any property, or did you receive any cash (other than earnings) after you received notice of this overpayment? Yes No If "Yes," answer part B. If "No," go to question 10.

B. Describe the property you received or sold and what the sale price was, or indicate the amount of cash received.
\$ _____

QUESTION 10: Members of Household

List any person (child, parent, friend, etc.) who depends on you for support **and** lives with you.

Name	Age	Relationship (If none, explain why the person is dependent on you.)

QUESTION 11: Assets – Things You Have and Own

- A. How much money do you and any person(s) listed in question 10 above have as cash on hand, in a checking account or otherwise readily available? \$ _____
- B. Complete the following for each asset owned by you or another person in your household. This includes assets you own jointly with another person.
Owner(s): List the names of all people who own the asset.
Balance of Value: List the value or what the asset is currently worth.
How Much Per Month: List how much you receive from the asset each month.
Show the Income (Interest or Dividends) Per Month: List interest or dividends earned each month. If you do not receive any interest or dividends, explain why in the space provided below.

Type of Asset	Owner(s)	Balance of Value	How Much Per Month	Show the Income (Interest or Dividends) Per Month
Savings (Bank, Savings and Loan, Credit Union)		\$	\$	\$
Certificate of Deposit (CD)		\$	\$	\$
Individual Retirement Account (IRA)		\$	\$	\$
Money Market or Mutual Fund		\$	\$	\$
Bond or Stock		\$	\$	\$
Trust Fund		\$	\$	\$
Checking Account(s)		\$	\$	\$
Other – Explain		\$	\$	\$
You will enter the "per month" totals on line K of question 14. Total Amounts →		\$	\$	\$

If there is no income from any of the assets listed above, explain here.

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QUESTION 12: Monthly Household Income

A. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide employment information below. If "No," go to part B.	
Employer (Name, Address, Telephone Number) (Write "self" if self-employed.)	Monthly Pay Before Deductions (Gross) \$
	Monthly Take-home Pay (Net) \$
B. Is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide your spouse's employment information below. If "No," go to part C.	
Spouse's Employer (Name, Address, Telephone Number) (Write "self" if your spouse is self-employed.)	Spouse's Monthly Pay Before Deductions (Gross) \$
	Spouse's Monthly Take-home Pay (Net) \$
C. Is any other person listed in question 10 employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," name(s): _____ _____	
If "No," go to question 13.	
Other Person's Employer (Name, Address, Telephone Number) (Write "self" if the other person is self-employed.)	Other Person's Monthly Pay Before Deductions (Gross) \$
	Other Person's Monthly Take-home Pay (Net) \$

QUESTION 13: Monthly Household Income

A. Do you, your spouse or any dependent member of your household receive support or contributions from any person or organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," answer part B. If "No," go to question 14.
B. How much money is received each month? \$ What is the source?

QUESTION 14

List the monthly income amounts from questions 11 and 12. Be sure to show monthly amounts below.	
A. Take-home pay (net) (from questions 12A, 12B, and 12C above)	\$
B. Social Security benefits	\$
C. SSI	\$
D. Pension(s)(veterans, military, civil service, railroad, etc.) Type _____ Type _____ Type _____	\$
E. Public assistance (other than SSI) Type _____ Type _____	\$
F. FoodShare – provide full face value of your allotment.	\$
G. Income from real estate (rent, etc.)	\$
H. Room and/or board payments paid to you – explain in "Remarks" below.	\$
I. Child support/alimony	\$
J. Other support (from question 13B above)	\$
K. Income from assets (from question 11)	\$
L. Other (from any source; explain in "Remarks" on page 5)	\$
Total Amount →	\$

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QUESTION 14 Continued: Remarks

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QUESTION 15: Monthly Household Expenses

Expense	Amount Per Month	State SSI Use ONLY
A. Rent or mortgage. If your mortgage payment includes your property or other local taxes, insurance, etc., do not list those amounts in part B below.	\$	
B. Food. Include value of FoodShare (SNAP), food at restaurants, work, etc.	\$	
C. Utilities (gas, electric, telephone, etc.)	\$	
D. Other heating/cooking fuel (oil, propane, coal, wood, etc.)	\$	
E. Clothing	\$	
F. Credit card payments. List the minimum monthly payment allowed.	\$	
G. Property tax (state and local)	\$	
H. Other taxes or fees related to your home (trash collection, water/sewer fees, etc.)	\$	
I. Insurance (life, health, homeowner, renter, car and any other casualty or liability policies)	\$	
J. Medical/dental. Enter amount not covered by insurance, if any.	\$	
K. Car operation and maintenance. Enter any car loan payment in part N below.	\$	
L. Other transportation	\$	
M. Church/charity cash donations	\$	
N. Loan, credit, layaway payments. If payment amount is optional, enter minimum.	\$	
O. Support to someone not in your household. Identify below.	\$	
Name	Address	
Age	Relationship (if any)	
Name	Address	
Age	Relationship (if any)	
P. Other expense(s) not listed above.	\$	
Other expense	\$	
Other expense	\$	
Total Amount →		\$

QUESTION 15: Monthly Household Expenses (continued)

Q. Expense comments. Explain any unusual or very large expenses [medical expense(s), education, etc.]

QUESTION 16: Income and Expense Comparison

A. Monthly income. Enter "Total Amount" from question 14.	\$
B. Monthly expenses. Enter "Total Amount" from question 15.	\$
C. Adjusted household expenses	\$ 25.00
D. Adjusted monthly expenses. Add amounts from part B and C above.	\$

E. If your expenses listed in part D are more than your income listed in part A, explain how you are paying your bills.

QUESTION 18: Financial Expectation and Funds Availability

A. Do you, your spouse or any dependent member of your household expect a change in financial situation in any way in the next six months (e.g., tax refund, pay raise or full repayment)? Yes No
If "Yes," explain.

B. Is any of the cash on hand or in accounts from question 11B being held for a special purpose? Yes No
If "Yes," explain.

C. Is there any reason you cannot convert to cash the "Balance of Value" of any financial asset shown in question 11B?
 Yes No If "Yes," explain.

PENALTY CLAUSE, CERTIFICATION AND PRIVACY ACT STATEMENT

I know that anyone who makes or causes to be made a false statement of representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under federal law and/or state law. I affirm that all information I have provided on this document is true.

SIGNATURE OF OVERPAID PERSON OR REPRESENTATIVE PAYEE

SIGNATURE – (First, Middle Initial, Last Name) Signature must be in ink.	Date Signed (mm/dd/yyyy)
Telephone Number – Work (Include area code). Provide only if you may be contacted at work.	
Telephone Number – Home (Include area code)	
Mailing Address (Street, Apt. No., P.O. Box, or Rural Route)	
Alternate Mailing Address	County

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the individual must sign below, giving their full addresses.

SIGNATURE – Witness
Address (Street, City, State, Zip Code)
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Address (Street, City, State, Zip Code)

ABOUT THE PRIVACY ACT

The Social Security Act [Sections 204, 1631(b), and 1870] and Wis. Stat. § 49.77 allow us to collect the facts on this form. This form is voluntary. However, if you do not give us the facts we ask for, we will not be able to approve your waiver request.

Sometimes the law requires us to give out the facts on this form without your consent. We must give these facts to another person or government agency if federal law requires that we do so or in order to do the research and audits needed to monitor and improve the programs we manage.

We may also give these facts to the Justice Department to investigate and prosecute violations of the Social Security Act, or we may use the facts in computer matching programs. Matching programs compare our records with those of other federal, state, or local government agencies. All the agencies may use matching programs to find or prove that a person qualifies for benefits paid for or managed by the federal government. Another use is to identify and collect overpayments or to collect overdue loans under these benefit programs.

If you want more information about why information you provide to us may be used or given out, contact any Social Security office.

WHO CAN HELP ME COMPLETE THIS FORM?

Aging and Disability Resource Centers (ADRCs) and County/Tribal Aging Offices have benefit specialists who can help older adults and people with disabilities with SSI overpayments and other benefits-related issues. Disability benefit specialists serve adults with disabilities who are ages 18 to 59. Elder benefit specialists serve people ages 60 and older. You can find local benefit specialist contact information at <https://www.dhs.wisconsin.gov/benefit-specialists/index.htm> or by calling the Bureau of Aging and Disability Resources at 608-266-2536.

Legal Action of Wisconsin provides help with SSI overpayment issues to individuals under age 60 who reside in the following counties: Columbia, Dane, Dodge, Iowa, Jefferson, Lafayette, Rock and Sauk. Call **1-800-362-3904**. Intake for public benefits issues is conducted on Mondays from 9:00 a.m. to 12:00 p.m.

Wisconsin Judicare, Inc., provides help with SSI overpayment issues to individuals residing in the following counties: Ashland, Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Florence, Iron, Langlade, Lincoln, Marathon, Marinette, Menominee, Oconto, Oneida, Pepin, Pierce, Polk, Price, Rusk, St. Croix, Sawyer, Shawano, Taylor, Vilas, Washburn, and Wood. Call **1-800-472-1638**.