

Scott Walker  
Governor

Linda Seemeyer  
Secretary



**State of Wisconsin**  
Department of Health Services

**DIVISION OF MEDICAID SERVICES**

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**Wisconsin Children's Long-Term Support Services**  
**Enrollment Confirmation Notice**

To the parent(s) or guardian of:

**JOHN M DOE JR**  
**1234 TEST ROAD**  
**FRIENDSHIP, WI 53934**

**Notice Date: 10/01/2017**

**Program: CHILDRENS LONG-TERM SUPPORT WAIVER PROGRAM**

**Waiver Agency: COUNTY HEALTH & HUMAN SERVICES DEPT**  
**1234 MAIN ST**  
**MADISON, WI 55555-5555**  
**(555)-555-5555**

This notice confirms that the above child's enrollment in **CHILDRENS LONG-TERM SUPPORT WAIVER PROGRAM** began/begins on **09/01/2017**. Please contact your Support and Services Coordinator with any questions.

**English:** For help to translate or understand this, please call ([555-555-5555](tel:555-555-5555)).

**Spanish:** Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono ([555-555-5555](tel:555-555-5555)).

**Russian:** Если вам не всё понятно в этом документе, позвоните по телефону ([555-555-5555](tel:555-555-5555)).

**Hmong:** Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau ([555-555-5555](tel:555-555-5555)).