

HEALTH AND EMPLOYMENT COUNSELING EMPLOYMENT REPORT

When you are enrolled in Health and Employment Counseling (HEC), you must report when you have gotten a job, are self-employed, or are doing work in exchange for goods or services. Once you have one of these work activities, complete this form and send it to:

Mail HEC Program Coordinator
PO BOX 7851, RM. 335
MADISON, WI 53707-7851

Fax 608-223-7755

Email DHSHECMailbox@dhs.wisconsin.gov

This form does not count as proof of employment for your Medicaid eligibility. You need to report your job and give proof as needed to your local agency.

Date	Case Number	
Your Name	Phone Number	
Street Address		
City	State	Zip Code
Name of person completing form (if not you)		
Relationship to you	Phone Number	
Type of work activity: <input type="checkbox"/> Job <input type="checkbox"/> Self-employment <input type="checkbox"/> In-kind		
Name of Employer		
Start Date	Number of hours of work per week (estimate)	
Hourly wage or salary	If in-kind, value of services received	