**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services

F-00233 (08/2019)

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| --- | --- |
| <Member Name>  <Member Address>  <Member Address> | <Agency Name>  <Agency Address>  <Agency Address>  <Agency Telephone>  <Agency Fax> |

Mailing Date: <Date Mailed>

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| --- | --- |
|  | DHS is an equal opportunity employer and service provider. If you need an interpreter or this letter explained to you in your own language, or if you need help accessing our programs or need this material in a different format because of a disability, please call 1-800-362-3002. These services are free. |

Dear <Member Name>:

You asked to complete your

BadgerCare Plus for Families (Standard or Benchmark Plans) (BC+)

Family Planning Waiver (FPW)

Medicaid for Elderly, Blind, or Disabled (EBD)

Caretaker Supplement (CTS)

renewal by mail. Before we can process your renewal, we need to know if anything has changed or if there is new information about your household. Enclosed with this letter are the:

* Application Summary that tells you what information we have on file about you and your household
* Signature Page

Complete the mail in renewal steps below no later than <Renewal Due Date>.

1. Review the information on the Application Summary.
2. If something on the Summary has changed, draw a line through the old information and print the new information on the Summary. Include the date the change happened.
3. It is important for us to have information about anyone who has moved into or out of your household. If anyone has moved in or out, tell us who on the Summary or on the back of the Signature page.
4. We also need the correct information about everyone’s income. Be sure to check this information closely. If someone in your household has income that is not on the Summary, tell us that information. Write the information about the employer and income on the Summary or on the back of the Signature page. Please include paystubs or other proof of your earned income.
5. If your renewal is for Caretaker Supplement or Medicaid for the Elderly, Blind or Disabled, we also need information about assets. If someone in your household has assets that are not on the Summary, tell us that information on the Summary or on the back of the Signature page.
6. On the Signature page, tell us if you had changes to the Summary or not by checking one of the boxes.
7. Sign the Signature page.
8. Return the Signature Page (and the Summary if you made changes on it) to the address on your letter.

We may need to contact you for more information. Also, if we need you to send us proof of any of the information you give us, you will get a letter telling you what we need.