

STATEMENT OF TRIBAL AFFILIATION

Certain individuals who are tribal members, children of a tribal member, or otherwise eligible to receive services through Indian Health Services (IHS) are exempt from paying premiums or cost shares. The cost of health care services provided to these members by a tribal clinic is fully covered by federal funds. During the BadgerCare Plus or Medicaid application or renewal process, they may not have been identified as tribal members, children of tribal members, or otherwise eligible to receive IHS. If a member has not been identified and verified as a tribal member, a child of a tribal member, or otherwise eligible to receive IHS through BadgerCare Plus or Medicaid, **the IHS provider or the tribal agency** should identify and verify the member's tribal affiliation.

Instructions: Complete the following to identify and verify the member's tribal affiliation. Mail or fax this completed form to:

For members who reside in Milwaukee County: MDPU PO Box 05676 Milwaukee, WI 53205 Fax: 888-409-1979	For members who do not reside in Milwaukee County: CDPU PO Box 5234 Janesville, WI 53547-5234 Fax: 855-293-1822
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Personally identifiable information will be used only for the direct administration of Wisconsin Medicaid and BadgerCare Plus.

I certify that _____ is
Member Name (Last, First MI)

Check all that apply:

A tribal member A child of a tribal member Eligible for IHS at our facility

Member Social Security Number, CARES Case Number or Medicaid ID Number _____

Printed name – Person Completing

Name of Clinic

SIGNATURE – Person Completing

Date Signed