DATE: April 1, 2020

TO: All Wisconsin Chronic Disease Program (WCDP) Members
   Adult Cystic Fibrosis Program

FROM: WCDP

The Wisconsin Department of Health Services, which supports WCDP, is actively working
to protect and ensure the safety of members and capacity of the state’s health care system
as it responds to COVID-19. Current WCDP enrollment will be extended from June 30 to

Please complete the enclosed Financial Need Statement, F-01188, and return it to WCDP by

IMPORTANT: Do NOT throw away your current WCDP ID card. New cards
are not issued on receipt of financial needs information. Provide all of the
requested information. Incomplete forms will be returned to the applicant.

All completed forms must be received by August 31, 2020, in order for WCDP
to pay for services received on and after October 1, 2020.

Contact your treatment center if you need help completing and mailing this form.

Pay particular attention to the following items:

**SECTION 5. INSURANCE INFORMATION**
Provide accurate information about your current health insurance. If your insurance has
changed, indicate the termination date for your previous insurance and the start date for
your new insurance. If you have more than one insurance policy, list the second insurance
company under Insurance #2. Attach additional sheet(s) of paper with your insurance
information if needed. Incomplete and/or inaccurate insurance information may result
in denial of submitted claims.

**SECTION 6. FINANCIAL INFORMATION**
*Item 21. Current Monthly/Yearly Family Income* – eligibility for WCDP is based
on your current monthly or annual family income. You must report all items (a. through
l.) for all members in your household to determine your total family income.

**SUBMIT ADDITIONAL INFORMATION**
You will need to submit the following items with the Financial Need Statement:
• Copy of last year’s Wisconsin Income Tax return with all attachments
• Copy of the most recent rental agreement OR property tax bill
• Copy of one of the following:
  – Your Wisconsin driver’s license with current address
  – Your state ID with current address
  – Your student ID (only for applicants under age 19)
• Copy of your alien registration card (green card) issued by the United States Citizenship and Immigration Services if you are not a U.S. citizen

Please send your completed materials to:

Wisconsin Chronic Disease Program
Attention: Eligibility Unit
PO Box 6410
Madison, WI 53716-0410

If you have questions, you may call Member Services at 800-362-3002.