

**ESTATE RECOVERY PROGRAM (ERP) DISCLOSURE**

Providing or applying for a Social Security Number (SSN) is voluntary; however, any person who wants Wisconsin Medicaid but does not provide an SSN or apply for one will not be eligible for benefits. SSNs and personally identifiable information will be used only for the direct administration of the Medicaid Program.

**SECTION I – COUNTY INFORMATION**

Date Completed	Agency Name	Name – Worker	Telephone Number – Worker
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**SECTION II – APPLICANT INFORMATION**

**SECTION III – SPOUSE INFORMATION**

Name - Applicant (Last, First, MI)			Is spouse an applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (Street, City, State, Zip Code)			Name - Spouse (Last, First, MI)		
Address (Street, City, State, Zip Code)			Address (Street, City, State, Zip Code)		
CARES Case / RFA No	Birthdate (mm/dd/yy)	Social Security Number	CARES Case / RFA No	Birthdate (mm/dd/yy)	Social Security Number

**SECTION IV – FAMILY INFORMATION**

Do you have any children who are blind, disabled or under age 21? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify them below, if necessary attach additional page.	
Child's Name (Last, First, MI)		Birthdate (mm/dd/yy)	
Address (Street, City, State, Zip Code)		Disability Explanation	

**SECTION V – ASSET INFORMATION**

Please indicate the dollar value in the column that describes the listed party's interest. If there is ownership in property *attach a copy of the property tax bill* for each parcel.

Property	Applicant	Spouse	Joint	Property	Applicant	Spouse	Joint
Homestead <i>(Attach tax bill)</i>				Cash / Patient Account			
Other Real Estate <i>(Attach tax bill)</i>				Checking / Share-Draft Accounts			
Land Contracts (owed to you)				Savings Accounts, CDs or P.O.D.			
Mobile Home / Lot				Money Market / Mutual Fund Accounts			
Life Insurance Face Value				Stocks / Bonds / US Savings Bonds			
				Trust Fund / Supplemental and Special Needs Trusts <i>(attach copy)</i>			
Burial Insurance / Burial Trust <i>(attach copy)</i>				Other <i>(Specify)</i>			

**SECTION VI – GUARDIAN / POWER OF ATTORNEY INFORMATION**

Check appropriate box and provide information if you are a: <input type="checkbox"/> Guardian <input type="checkbox"/> Power of Attorney		Telephone Number
Name – Guardian / Power of Attorney for Finances and Property (print)		Address (Street, City, State, Zip Code)

**SECTION VII – SIGNATURE**

SIGNATURE – Applicant / Guardian / Power of Attorney for Finances and Property	Date Signed	Applicant Agreed to Sign <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments		