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| **DEPARTMENT OF HEALTH SERVICES**  Division of Enterprise Services  F-00603 (04/2012) | | | | | | | | | | | **STATE OF WISCONSIN**  S. 46.031(2g) | | | | | | | | | |
| **PPS CORE MODULE** | | | | | | | | | | | | | | | | | | | | |
| This form's sole purpose is to meet State and Federal reporting requirements of the State / County contract. Use of this form is voluntary. | | | | | | | | | | | | | | | | | | | | |
| **INDIVIDUAL SUMMARY** | | | | | | | | | | |  | | | | | | | | | |
| Title |  | | | | | | | | | |  | | | | | | | | | |
| \*First Name | | | | | | | | Middle Name / Initial | | | | | | | \*Last Name | | | | | |
| Name Suffix | | | |  | | | | | | | |  | | | | | | | | |
| \*Gender  Male  Female  Unknown | | | | | | | | | | | |  | | | | | | | | |
| \*Birthdate (mm/dd/yyyy) | | | | | |  | | | | | |  | | | | | | | | |
| SSN (may be used to verify client identity) | | | | | | | | |  | | |  | | | | | | | | |
| County of Responsibility | | | | | |  | | | | | |  | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | |
| **CORE SERVICES REPORTING** | | | | | | | | | | |  | | | | | | | | | |
| AGENCY AND COUNTY INFORMATION | | | | | | | | | | |  | | | | | | | | | |
| Worker ID | | | | | |  | | | | | Local Data | |  | | | | | | | |
| Related Family ID | | | | | |  | | | | |  | |  | | | | | | | |
| County of Responsibility | | | | | |  | | | | |  | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | |
| CASE INFORMATION | | | | | | | | | | |  | | | | | | | | | |
| Start Date (mm/dd/yyyy) | | | | | | |  | | | | Case Review Date (mm/dd/yyyy) | | | | | | | |  | |
| Closing Date (mm/dd/yyyy) | | | | | | |  | | | | Closing Reason | | | | | |  | | | |
| Diagnosis | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | |  | | | | |
| PRIMARY RESIDENCE | | | | | | | | | | |  | | | | | | | | | |
| Address | | |  | | | | | | | | County/Tribe of Residence | | | | | | |  | | |
|  | | | | | | | | | | |  | | | | | | | | | |
| City | | |  | | | | | | | | Telephone | |  | | | | | | | |
| State | | |  | | | | | | | |  | | | | | | | | | |
| Zip | | |  | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | |
| RACE AND ETHNICITY | | | | | | | | | | |  | | | | | | | | | |
| \*Race  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  Black or African American  White  Unknown | | | | | | | | | | | | | | | | | | | | |
| \*Ethnicity  Non-Hispanic/Latino  Hispanic/Latino  Unknown | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | |
| CHARACTERISTICS INFORMATION | | | | | | | | | | |  | | | | | | | | | |
| \* Client Characteristic | | | | | |  | | |  | |  | | | | | | | | | |
| Client Characteristic | | | | | |  | | |  | |  | | | | | | | | | |
| Client Characteristic | | | | | |  | | |  | |  | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | |
| **CORE SERVICE DETAILS** | | | | | | | | | | |  | | | | | | | | | |
| \*SPC | |  | | | \*SPC Start Date (mm/dd/yyyy) | | | | |  | | | | \*Target Group | | | | | |  |
| Provider WPI/NPI | | | | |  | | | | | | SPC End Date (mm/dd/yyyy) | | | | | | | | |  |
| Service Worker ID | | | | |  | | | | | | SPC Review Date (mm/dd/yyyy) | | | | | | | | |  |
|  | | | | | | | | | | |  | | | | | | | | | |
| \*SPC | |  | | | \*SPC Start Date (mm/dd/yyyy) | | | | |  | | | | \*Target Group | | | | | |  |
| Provider WPI/NPI | | | | |  | | | | | | SPC End Date (mm/dd/yyyy) | | | | | | | | |  |
| Service Worker ID | | | | |  | | | | | | SPC Review Date (mm/dd/yyyy) | | | | | | | | |  |
|  | | | | | | | | | | |  | | | | | | | | | |
| \*SPC | |  | | | \*SPC Start Date (mm/dd/yyyy) | | | | |  | | | | \*Target Group | | | | | |  |
| Provider WPI/NPI | | | | |  | | | | | | SPC End Date (mm/dd/yyyy) | | | | | | | | |  |
| Service Worker ID | | | | |  | | | | | | SPC Review Date (mm/dd/yyyy) | | | | | | | | |  |
|  | | | | | | | | | | |  | | | | | | | | | |
| \*SPC | |  | | | \*SPC Start Date (mm/dd/yyyy) | | | | |  | | | | \*Target Group | | | | | |  |
| Provider WPI/NPI | | | | |  | | | | | | SPC End Date (mm/dd/yyyy) | | | | | | | | |  |
| Service Worker ID | | | | |  | | | | | | SPC Review Date (mm/dd/yyyy) | | | | | | | | |  |
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\* = Required