## **WISCONSIN DEPARTMENT OF HEALTH SERVICES**

Division of Medicaid Services F-02260 (12/2023)



## TEMPORARY QUEST CARD ISSUANCE WORKER CHECKLIST

**INSTRUCTIONS:** When a person requests or is otherwise entitled to a temporary QUEST card, complete this checklist before issuing one. This checklist helps confirm that issuing a temporary QUEST card is appropriate. **Throughout this checklist, continue to the next question unless directed to go to a different section.** 

In Section 5, the worker who completes this checklist and determines if the requester is eligible for a temporary card and the worker who issues the temporary card are both required to include their name, CARES ID (if applicable), signature, and date. If the same worker completes the checklist and issues the card, the worker must sign in both places.

Once this checklist is complete, fill out Section 4 of F-02260A Temporary QUEST Card Request, provide the requester with a copy of F-02260A (if desired), and upload both F-02260 and F-02260A into the ECF.

If a temporary card is issued, enter clear case comments that specify whether the card was issued for expedited or non-expedited reasons.

**Note:** Neither the worker who completes this checklist nor the worker who issues the temporary card can be the same as the worker who **most recently** approved the household for FoodShare benefits.

Section 1: Verify Requester's Identity and Information			
Name of Requester (First, Middle Initial, Last)	Case Number		
Name of Primary Person on Case (if different than the requester)			
<ol> <li>Verify the requester's identity using an ID or by asking for information that only they would know. See FoodShare Handbook 1.2.6.1 for a list of acceptable forms of identification.</li> <li>Is their identity verified?</li> <li>Yes How was their identity verified?</li> <li>No Do not issue a temporary card. Go to Section 4.</li> </ol>			
2. Are they listed in CARES as someone who is authorized to receive a temporary card on behalf of this case?  Yes Primary Person Other Adult Food Unit Member Authorized Buyer Alternate Payee Authorized Representative Other:  No Do not issue a temporary card. <b>Go to Section 4</b> .			
3. Have they listed the agency's address as their mailing address?  Yes Check the agency's Permanent QUEST Card Log (Process Help 80.2.4 permanent card available for pick-up at the location. If a card is there, d go to Section 4. If no card is there, continue.	o not issue a temporary card, and		
<ul> <li>4. Is the mailing address provided by the requester the same as the address listed for Yes</li> <li>No Update the mailing address in CARES before continuing.</li> </ul>	or them in CARES?		
Section 2: Temporary Card Reason			
Is this person requesting a temporary card due to recently being approved for expedite  Yes Issue a temporary card. Go to Section 5.  No Continue to Section 3.	ed benefits?		

Section 3: Non-Expedited Temporary Card Requests			
1.	Are benefits available now or within the next seven days?  Yes		
	No Do not issue a temporary card. <b>Go to Section 4</b> .		
2.	Has this case been issued any temporary cards in the last 12 months that count toward the allowable temporary card limit?		
	<ul><li>☐ Yes Is there a justifiable reason why they need another temporary card today?</li><li>☐ Yes</li></ul>		
	<ul><li>☐ No Do not issue a temporary card. Go to Section 4.</li><li>☐ No</li></ul>		
3.	<ul> <li>Has a permanent card been requested in the last seven days?</li> <li>Yes Explain to the requester that issuing a temporary card now will void the permanent replacement card already being sent and will cause another permanent card to be sent. Confirm the requester does not feel they can wait for the current permanent replacement card to arrive in the mail.</li> <li>Requester states they cannot wait. Issue a temporary card. Go to Section 5.</li> <li>Requester states they will wait. Do not issue a temporary card. Go to Section 4.</li> <li>No Issue a temporary card. Go to Section 5.</li> </ul>		
Section 4: Do Not Issue a Temporary Card			
☐ This request <b>does not meet</b> the requirements for a temporary QUEST card. Do not issue a temporary QUEST card.			
Include your name, CARES ID, signature, and date before uploading this form into the ECF with case comments.			
Na	me – Worker who completed checklist and determined temporary card eligibility	CARES ID	
SIGNATURE – Worker who completed checklist and determined temporary card eligibility		Signature Date	
Section 5: Issue a Temporary Card			
	This request does meet the requirements for a temporary QUEST card.		
	The worker who determined that the requester meets the requirements for a temporary card and the worker who issues the card to the requester must include their name, CARES ID, signature, and date. That can be the same worker or two different workers. If it is the same worker, sign in both places. Then, upload this form into the ECF with case comments specifying whether the temporary card was issued for expedited or non-expedited reasons.		
Na	me – Worker who completed checklist and determined temporary card eligibility	CARES ID	
SIG	GNATURE – Worker who completed checklist and determined temporary card eligibility	Signature Date	
Na	me – Worker who issued the temporary card	CARES ID (if applicable)	
SIG	GNATURE – Worker who issued the temporary card	Signature Date	