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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02702 (02/2024) | | | **STATE OF WISCONSIN** |
| **PRE-RELEASE ENROLLMENT AGREEMENT** | | | |
| Completion of this form is voluntary. However, this form must be completed and accompany your enrollment form if you are requesting urgent services. This form is to be completed by the aging and disability resource center (ADRC) or Tribal aging and disability resource specialist (ADRS). I have applied to receive services through a long-term care program and currently reside at one of the following facilities:   1. The Department of Correction’s (DOC) institutions and centers (see <https://doc.wi.gov/Documents/OffenderInformation/AdultInstitutions/DAIFacilities.pdf>). 2. The Department of Health Services (DHS) secure treatment centers of Sand Ridge Secure Treatment Center or Wisconsin Resource Center. 3. The DHS Institute for Mental Disease (IMD) Mendota or Winnebago Mental Health Institutes.   I understand that:   * I must meet functional and financial eligibility requirements to receive services. * The aging and disability resource center specialist or tribal aging and disability resource specialist has determined I meet the functional eligibility requirements. * My financial eligibility is pending or has been suspended until release from a public institution. * I may be able to begin receiving case management services in the Family Care, PACE, or Partnership program while I am waiting for a final decision about my financial eligibility. * If I am determined to not be financially eligible or if I am determined to be financially eligible, but decide not to enroll, my services through the managed care organization or IRIS consultant agency will end.   I would like the aging and disability resource center specialist or tribal aging and disability resource specialist to refer me to the managed care organization or IRIS consultant agency right away so I can begin to plan for services upon my discharge/release. | | | |
| **SIGNATURE** – Applicant | | | Date Signed |
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| Print Name | | | |
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| **SIGNATURE** – Legal Guardian, Conservator, or Activated Power of Attorney | | | Date Signed |
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| **SIGNATURE** – ADRC/Tribal ADRS Authorized Representative | | | Date Signed |
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| MCO Selected  Community Care, Inc.  Inclusa, Inc.  iCare  Lakeland Care, Inc.  My Choice Wisconsin | ICA Selected  Advocates4U  Connections  Consumer Direct of Wisconsin  First Person Care Consultants  Midstate Independent Living Choices (MILC)  Progressive Community Services, Inc. (PCS)  TMG | | |
| This section completed by the MCO or ICA | | | |
| The request is: | | | |
| Approved. Enrollment date pending discharge/release.  MCO/ICA update form and send to the ADRC including date of enrollment when discharge/release information is confirmed.  Date of Enrollment may be on or after: | | | |
| Denied. Reason for denial: | | | |
| **SIGNATURE** – MCO/ICA Representative | | Date Signed | |
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