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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02764 (10/2024) | | | | | **STATE OF WISCONSIN**  Page 1 of 3 | | | |
| **IRIS (include, respect, I self-Direct) FISCAL EMPLOYER AGENT (FEA) — TRANSFER REQUEST OR WITHDRAWAL** | | | | | | | | |
| **INSTRUCTIONS: Completion of this form is voluntary; however, no request can be processed without the completed signed form.** This form documents your request to transfer to a new IRIS fiscal employer agent or withdraw a submitted request to transfer. The IRIS participant must submit this completed form to their local ADRC or Tribal ADRS on or before the applicable FEA Transfer Request Deadline. The ADRC or Tribal ADRS will submit the request to the IRIS Consultant Agency (ICA) within three (3) business days of completion of the form. The IRIS consultant shall upload the form to WISITS within three (3) business days of receipt of the form. | | | | | | | | |
| While IRIS participants may request a transfer at any time, FEA transfers must adhere to the [FEA Transfer Calendar](https://www.dhs.wisconsin.gov/publications/p02239.pdf) and are not permitted in consecutive transfer cycles. A request to transfer to a new FEA or withdraw a request to transfer to a new FEA may not be submitted to the ADRC or Tribal ADRS after the FEA Transfer Request Deadline. Once the FEA Transfer Request Deadline has passed, requests cannot be submitted or withdrawn. | | | | | | | | |
| Name — Participant (Last, First) | | | | | Participant’s MCI | | | |
|  | | | | |  | | | |
| Identify your current fiscal employer agent: Choose an item. | | | | | | | | |
| **FEA Transfer Request** | | | | | | | | |
| I would like to transfer to a new FEA.  Select the fiscal employer agent you would like to transfer to: Choose an item. | | | | | | | | |
| **Optional**: If you would like, please share the reason that you are changing your FEA. Your comment will be shared with the FEA, but your identity will remain private. | | | | | | | | |
|  | | | | | | | | |
| I understand that the FEA I have selected above will become the FEA responsible for facilitating payments to approved service providers, and I understand and agree that the new FEA and my current FEA must share information necessary to process this change. I also understand that a request to transfer, or to withdraw a previously requested transfer, must be submitted on or before the FEA Transfer Request Deadline, and that once this deadline has passed, no further changes may be made in the current transfer cycle. | | | | | | | | |
| **SIGNATURE** — Participant | | | | | | | Date Signed | |
|  | | | | | | |  | |
| **SIGNATURE** – Legal Guardian, Conservator, or Activated Power of Attorney | | | | | | | Date Signed | |
|  | | | | | | |  | |
| **INFORMATION COMPLETED BY:** | | | | | | | | |
| ADRC or Tribe Name | | | | | | | County | |
|  | | | | | | |  | |
| ADRC or Tribal Mailing Address | | | City | | | | ZIP Code | |
|  | | |  | | | |  | |
| Name — ADRC or Tribal ADRS Worker Completing Form | | | | | | | Phone | |
|  | | | | | | |  | |
| Email Address | | | | | | | | |
|  | | | | | | | | |
| Distribution of completed form: | | Individual, Guardian, Conservator, or Activated Power of Attorney | | | | | | |
| ICA | | | | | | |
| **Withdraw FEA Transfer Request**  I would like to withdraw this FEA transfer request. I will stay with my current FEA, or I will submit a new Transfer Request on or before the transfer deadline. | | | | | | | | |
| I understand that a request to withdraw a previously requested transfer must be submitted on or before the FEA Transfer Request Deadline, and that once this deadline has passed, no further changes may be made in the current transfer cycle. | | | | | | | | |
| **SIGNATURE** — Participant | | | | | | Date Signed | | |
|  | | | | | |  | | |
| **SIGNATURE** – Legal Guardian, Conservator, or Activated Power of Attorney | | | | | | Date Signed | | |
|  | | | | | |  | | |
| **INFORMATION COMPLETED BY:** | | | | | | | | |
| ADRC or Tribe Name | | | | | | County | | |
|  | | | | | |  | | |
| ADRC or Tribal Mailing Address | | | | City | | | | ZIP Code |
|  | | | |  | | | |  |
| Name — ADRC or Tribal ADRS Worker Completing Form | | | | | | Phone | | |
|  | | | | | |  | | |
| Email Address | | | | | | | | |
|  | | | | | | | | |
| Distribution of completed form: | Individual, Guardian, Conservator, or Activated Power of Attorney | | | | | | | |
| ICA | | | | | | | |
| The ADRC or Tribal ADRS must retain the originally, signed request form, or an electronically scanned copy of the signed form, on file for ten years in the event of a records request. | | | | | | | | |