

**WISCONSIN MEDICAID AND BADGERCARE PLUS
1915(i) HOUSING SUPPORT SERVICES HEALTH AND WELFARE AFFIRMATION**

INSTRUCTIONS: Type or print clearly. This affirmation statement should be reviewed and signed by the member upon completion of the person-centered plan during the Housing Consultation service. Save this completed form in the member's record.

The Wisconsin Department of Health Services (DHS) is required to ensure that the 1915(i) Medicaid Housing Support Benefit meets federal and state guidelines for quality. In order to assure quality of care and protect the health and welfare of individuals receiving services, DHS requires supportive housing agencies to address and prevent incidents of abuse, neglect, and exploitation. Supportive housing agencies are required to provide individuals enrolled in the 1915(i) Medicaid Housing Support Benefit with information on abuse, neglect, and exploitation and the appropriate county contacts to report abuse, neglect, and exploitation to Adult Protective Services.

By signing this form, you acknowledge receipt of information on abuse, neglect, and exploitation and the appropriate county contacts for Adult Protective Services from your supportive housing agency. The information you should have received includes the following:

- Doing Our Part with Adult Protective Services, P-03403, at dhs.wi.gov/publications/p03403.pdf
- The appropriate county contact to report abuse, neglect, and exploitation listed at dhs.wi.gov/aps/aar-agencies.htm

I acknowledge receipt of information on abuse, neglect, and exploitation and the appropriate county contacts for Adult Protective Services from my supportive housing agency.

First Name – Member	Last Name – Member
SIGNATURE – Member	Date Signed