

APPLICATION INSTRUCTIONS

The SeniorCare application form is only for persons applying for the SeniorCare Prescription Drug Program. This is not an application for any other benefit program.

For help with this form, contact
SeniorCare Customer Service at 800-657-2038,
Monday through Friday, 8 a.m. to 6 p.m.
(TTY and translation services are available.)

Help may also be available at your local aging office, senior center, or aging resource center. Information is available on the Wisconsin Department of Health Services (DHS) website at dhs.wisconsin.gov/seniorcare.

IMPORTANT INFORMATION

- Your application date is the date the completed and signed application form is received by the SeniorCare program. A decision on your SeniorCare enrollment will be mailed to you within 4-6 weeks. Applications that are not complete or signed will not be processed and will be returned to you.
- Enclose the **\$30** enrollment fee for each applicant (**\$60** if you and your spouse are both requesting SeniorCare). Your enrollment may be delayed if your full enrollment fee is not received at the time of your application. If you are not able to enroll in SeniorCare, your enrollment fee will be returned within 6-8 weeks.
- Complete, sign, and mail the application form with the enrollment fee to the address on the form.

If you wish to authorize a representative to apply for you, contact SeniorCare Customer Service at **800-657-2038**. The appropriate form and information will be mailed to you. You can also get the SeniorCare Authorization of Representative form online at: dhs.wisconsin.gov/forms/fl/fl0080.pdf.

HOW TO USE THIS FORM

1. Print **clearly** using CAPITAL letters. Use **only** blue or black ink. Shade in the circles next to the appropriate answers by coloring in the circles completely.
2. Complete both sides of the application, and submit the appropriate enrollment fee. If your application is not complete or correct, a SeniorCare Customer Service Representative may contact you for more information. This may cause a delay in the processing of your SeniorCare application.
3. Provide information on the application form for you and your spouse (if you have a spouse living in your household). **Do not** include information about other persons in your household.

APPLICANT AND SPOUSE INFORMATION (SECTIONS I AND II)

SeniorCare enrollment will be based on your income and your spouse's income if your spouse lives with you. If your spouse lives with you, complete the parts of the application form for you **and** your spouse, even if your spouse is not requesting SeniorCare. **Remember: The "Spouse Information" portion of the application form needs to be completed if your spouse lives with you.** Income of other members of your household is not counted for SeniorCare.

Wisconsin Resident

Enrollment in SeniorCare is possible even if you are temporarily living outside the state of Wisconsin if you:

- Have a permanent residence in Wisconsin, or
- Are considered a Wisconsin resident for tax purposes, or
- Are a registered voter in Wisconsin.

U.S. Citizen

If you (or your spouse living with you) are applying for SeniorCare and are not a U.S. citizen, enclose a copy of both sides of your alien registration card to verify your immigration status and alien registration number.

Race/Ethnicity (Optional)

Shade in the circle that best describes the race or ethnic origin of you and your spouse. This information is voluntary and will not be used to determine your enrollment.

Marital Status and Living Arrangement

If you are not married, shade in the appropriate marital status.

If you are married and your spouse is living with you, shade in the circle next to the appropriate marital status and shade in the circle next to “Living w/Spouse.”

If you no longer have a spouse living with you, shade in the circle next to “Not Living w/Spouse.”

Social Security Number

Enter your Social Security number (SSN) and your spouse’s if you are both applying for SeniorCare. If your spouse is not applying for SeniorCare, you are not required to enter your spouse’s SSN.

The SSN and other personally identifiable information are required by Wis. Stat. §§ 49.688 and 49.82(2). Failure to supply the information may result in denial of your application for benefits. The SSN and personally identifiable information will be used only for the direct administration of the SeniorCare program. Your SSN permits a computer check of your information with other government agencies, such as the Internal Revenue Service (IRS), Social Security Administration (SSA), and the Department of Workforce Development (DWD). In addition, DHS will match your name and SSN with a file provided by health insurance carriers to determine if you have other insurance. If you have a health insurance plan, SeniorCare will coordinate benefit coverage with your plan.

MAILING ADDRESS (SECTION III)

Address

Print the address where you would like information regarding your SeniorCare enrollment to be sent. This may be your current address OR the current address of your representative, legal guardian, or power of attorney.

Shade in the circle that indicates if the address in the Mailing Address section is your residence, different than your residence, or the address of your representative, legal guardian, or power of attorney.

EXPECTED ANNUAL INCOME (SECTION IV)

SeniorCare enrollment is based on your income and your spouse's income if you have a spouse who lives with you. Enter anticipated gross income amounts for the next 12-month period. **Do not** enter monthly amounts. Gross income is the amount of all money you earned before taxes are taken out.

Provide your best estimate for each of the following types of income (always round to the nearest dollar). A worksheet is included at the end of these instructions to assist you in calculating your income to enter on the application form.

Gross Social Security (Estimated 12-Month Total)

Enter expected annual gross Social Security payments for both you and your spouse, including Medicare premiums if they are withheld from your benefit check or any electronic fund transfers.

Gross Wages (Estimated 12-Month Total)

Enter estimated annual gross salary, wages, bonuses, and commissions (do not include self-employment or partnership earnings) received from work for both you and your spouse. Enter the amount before any deductions are taken out of your earnings. You may use your tax return or W-2 form from last year to estimate your earnings, taking into consideration whether you expect to work the same amount, more, or less in the next 12 months. **Do not** use your adjusted gross income.

Interest and Dividends and Capital Gains (Estimated 12-Month Total)

Enter estimated annual interest, dividends, and capital gains for both you and your spouse. You must include amounts that are earned even if you do not receive that income. For example, certificate of deposit (CD) interest earned and rolled directly back into the CD principal must be included.

Net Self-Employment Income (Estimated 12-Month Total)

Enter the estimated net annual self-employment income for both you and your spouse. Self-employment includes farming or a business that you or your spouse own solely or with others. Subtract your business costs, business losses, depreciation on business assets, and any other deductions the IRS allows you to take on your self-employment income. You may look at your taxes from last year to get an idea of what you earned and what you were allowed to deduct. You cannot use a loss in self-employment to offset other types of income. A loss must be reported as zero.

Retirement Income (Estimated 12-Month Total)

Enter estimated annual gross pensions, Veterans and Railroad Retirement benefits, taxable portions of individual retirement accounts (IRAs), and annuities for both you and your spouse that provide regular periodic payments.

Other Income (Estimated 12-Month Total)

Enter all other expected annual income for you and your spouse. Other income includes cash assistance, unemployment or worker's compensation, alimony payments, support money, and rental income minus operating expenses.

If your spouse is not living with you but you get income from that spouse, include it under other income. **DO NOT INCLUDE** any income you may receive from any of the sources listed below:

- Supplemental Security Income (SSI). SSI is a federal income supplement program designed to help elderly, blind, or disabled persons who have little or no money.
- Major disaster and emergency assistance payments.

- Payments from an individual development account.
- Reimbursements you receive from expenses incurred either while you worked as a volunteer or expenses for your job or training.
- Claims settlement payments approved by federal law for Native Americans.
- Income or benefits from some special programs, including:
 - Homestead Tax Credit.
 - Low-income energy assistance and emergency fuel assistance programs.
 - Community service programs, such as Retired Senior Volunteer Program, Service Corporation of Retired Executives and Volunteers in Service to America.
 - Government subsidy programs for rent, housing, or food.
 - Federal Emergency Management Assistance (FEMA).
 - Agent Orange Settlement Funds.
 - The Foster Grandparents Program.

Other similar kinds of income may be excluded. If you have questions, contact SeniorCare Customer Service at **800-657-2038**.

Grand Total (Optional – Estimated 12-Month Total)

You may enter the grand total of amounts from all income here, but it is not required. If you do not enter the grand total, it will be calculated for you when the form is received by the SeniorCare program.

SIGNATURE OF APPLICANT (SECTION V)

The applicant or applicant’s representative must sign the application form. If you are a representative, legal guardian, or power of attorney who has completed this application form on behalf of someone else, you must sign in the space provided. **Forms without a signature will not be processed and will be returned to you.**

ENROLLMENT FEE (SECTION VI)

If the correct enrollment fee is not enclosed with this form, your SeniorCare enrollment may be denied or delayed.

Enrollment Fee Enclosed

Shade in the **\$30** circle if only one person is applying. Shade in the **\$60** circle if you and your spouse are both applying for SeniorCare. Enclose the correct dollar amount with the completed application. Payment may be made by money order, cashier’s check, or personal check payable to the **“State of Wisconsin.”** The check or money order must include the names of each person applying for SeniorCare. **DO NOT INCLUDE CASH.** If you are not able to enroll in SeniorCare, your enrollment fee will be returned within 6-8 weeks.

Other Program Information

If you are interested in other programs, such as the Medicare Savings Program or FoodShare Wisconsin, contact Member Services at **800-362-3002**. The Medicare Savings Program helps eligible people pay for Medicare coinsurance and premiums for Part A and Part B. FoodShare Wisconsin helps eligible people buy food. Additional information will be needed if you decide to apply for these programs.

To see if you might be able to get health, nutrition, and other programs, contact your local county or tribal agency or visit access.wi.gov. The “Am I Eligible?” link in ACCESS takes you through a series of questions about your household, income, and bills. After answering the questions, ACCESS will tell you if you might be able to get health, nutrition, and other programs and how to apply.

YOUR RIGHTS AND RESPONSIBILITIES

Changes, such as death, address (including mailing address), change in permanent residence outside of Wisconsin, and household composition changes (marriage/divorce/separation), that affect you and/or your spouse must be reported to SeniorCare Customer Service at **800-657-2038** within 10 days. Changes may also be reported by writing to:

SeniorCare
P.O. Box 6710
Madison, WI 53716-0710

Your signature on the application (Section V on this form) means that you authorize DHS to request any additional information that is appropriate and necessary for the proper administration of the SeniorCare program.

By signing your name or by signature of a person signing on your behalf, you agree that information given by you or your representative is true and correct. You and your representative are responsible for incorrect information or errors. Penalties for providing fraudulent information could be a fine of not more than \$10,000 or imprisonment of not more than one year, or both.

You have the right to request a fair hearing if you do not agree with any action taken concerning your application or ongoing benefits. You may request a fair hearing by writing to:

Wisconsin Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

The Department of Health Services is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact 608-266-3356 (voice) or 711 (TTY). All translation services are free of charge.

To file a complaint of discrimination, contact:

Civil Rights Compliance Office
Wisconsin Department of Health Services
Office of Affirmative Action and Civil Rights Compliance
1 W. Wilson Street, Room 561
P.O. Box 7850
Madison, WI 53707-7850

Telephone 608-267-4955 (voice) or 711 (TTY) or fax 608-267-2147

CHECKLIST

- Is the application complete?
- Did you sign or have your representative, legal guardian, or power of attorney sign the application?
- Did you enclose your enrollment fee (**\$30** for one person; **\$60** if you and your spouse are applying)?
- Did you remember to write the name of each person applying on your check or money order for the enrollment fee?
- Did you read the Rights and Responsibilities section?

Send the application form to:

SeniorCare
P.O. Box 6710
Madison, WI 53716-0710

TOTAL Interest Dividends and Capital Gains	\$ _____	\$ _____
Net Self-Employment Income	Applicant	Spouse
1. Estimated net monthly self-employment or partnership income.	\$ _____ x 12 months = _____	\$ _____ x 12 months = _____
2. Repeat for all types of self-employment or partnership income you receive.	\$ _____ x 12 months = _____	\$ _____ x 12 months = _____
	+ \$ _____ x 12 months = _____	+ \$ _____ x 12 months = _____
TOTAL Net Self-Employment Income	\$ _____	\$ _____
Retirement Income	Applicant	Spouse
1. Retirement income you receive times the frequency with which you receive that income.	\$ _____ x _____ = _____ frequency	\$ _____ x _____ = _____ frequency
2. Add amount withheld from your income such as taxes or insurance premiums.	+ \$ _____ x _____ = _____ frequency	+ \$ _____ x _____ = _____ frequency
TOTAL Retirement Income	\$ _____	\$ _____
Other Income	Applicant	Spouse
1. Other income you receive times the frequency with which you receive that income.	\$ _____ x _____ = _____ frequency	\$ _____ x _____ = _____ frequency
2. Add amount withheld from your income such as taxes or insurance premiums.	+ \$ _____ x _____ = _____ frequency	+ \$ _____ x _____ = _____ frequency
TOTAL Other Income	\$ _____	\$ _____
GRAND TOTAL (Optional)	Applicant	Spouse
Add all totals. Round income to the nearest dollar.	\$ _____	\$ _____