

WISCONSIN DEPARTMENT OF HEALTH SERVICES

Division of Health Care Access and Accountability

F-10129 (09/13)

WI Stats. § 49.47

APP

**WISCONSIN MEDICAID, BADGERCARE PLUS AND FAMILY PLANNING ONLY SERVICES
REGISTRATION APPLICATION**

Completing this form will set your application date for Medicaid, BadgerCare Plus and Family Planning Only Services. You only have to complete the bottom portion of this application in order to set your application date. However, the entire Medicaid, BadgerCare Plus and Family Planning Only Services application process must be completed before you can get benefits. You will be notified, within 30 days whether or not you are enrolled.

It is important to set your application date as soon as you can because if you are enrolled, you will only get benefits from your application date. Medicaid and certain BadgerCare Plus members may be able to get backdated benefits for up to three months before the application date, if enrolled. Some BadgerCare Plus benefits and Family Planning Only Services benefits **cannot** be backdated.

You can apply online at access.wi.gov, by mail, telephone or in person. If you choose to apply by mail, you may get a Wisconsin Medicaid or BadgerCare Plus application at your agency. To schedule an appointment to apply in person or by phone contact your agency.

If you need an interpreter or other help in completing this form, ask for help. You may have another adult act as an authorized representative and complete the application process. You are responsible for all information provided, even if an authorized representative completes the application process for you.

Learn about general Medicaid, BadgerCare Plus and Family Planning Waiver information, as well as your rights and responsibilities in the "[ForwardHealth Enrollment and Benefits Handbook \(P-00079\)](#)". You will get a handbook, when the agency receives your registration or application. If you have questions about your rights and responsibilities, please ask about them.

Instructions to Applicant: Use only blue or black ink. Do not complete shaded area.

Under Wisconsin Statute section 49.45(4), personally identifiable information is only used directly for the administration of the Medicaid and BadgerCare Plus programs.

*Providing or applying for a Social Security Number (SSN) is voluntary; however any person who wants Wisconsin Medicaid and/or BadgerCare Plus but does not want to provide their SSN or apply for one will not be eligible for benefits, pursuant to Wisconsin Statutes section 49.82(2). Your SSN permits a computer check of your information with other government agencies, such as the federal Internal Revenue Service (IRS), federal Social Security Administration (SSA) and the Wisconsin Department of Workforce Development. In addition, the BadgerCare Plus and Medicaid programs will match your name and SSN with information provided by health insurance carriers to determine if you have other health insurance.

RFA / Case Number	Social Security Number*	Birthdate (mm/dd/yy)	Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant Name (Last, First, MI)		Telephone Number	
Address (Street, City, State, Zip Code)			
SIGNATURE – Applicant		Date Signed	

Keep the top portion of page for your records. Return the bottom portion of this form to:

If you live in Milwaukee County:
MDPU
PO Box 05676
Milwaukee WI 53205
Fax: 1-888-409-1979

If you **do not** live in Milwaukee County
CDPU
PO Box 5234
Janesville, WI 53547-5234
Fax: 1-855-293-1822