

## INFORMATION CHANGE REPORT

### BadgerCare Plus

If you are enrolled in BadgerCare Plus, you must report the following types of changes no later than 10 days after the change has occurred:

- You move to a new address or out of state.
- Someone moves in or out of your home, becomes pregnant, or gives birth.
- Your living arrangement changes (for example, you are incarcerated or you go into a nursing home or other institution).
- You get married or divorced.
- Someone in your home has a change in health insurance.
- Someone in your home has a change in expected tax filing status or tax dependents or no longer has a tax deduction that he or she previously reported.

If you have a change in income that makes your gross monthly income go over the BadgerCare Plus program limit, you must report that change by the 10<sup>th</sup> day of the next month.

When you enroll in BadgerCare Plus or if you have a change in benefits, you will get a notice in the mail with the program limits for your family size. You should always look at your latest notice for the most current information.

### Family Planning Only Services

If you are enrolled in Family Planning Only Services, you must report only the following types of changes no later than 10 days after the change has occurred:

- You move to a new address or out of state.
- Your living arrangement changes (for example, you are incarcerated or you go into a nursing home or other institution).

You can report the changes noted above using this form, by calling your agency, or online at [ACCESS.wi.gov](https://ACCESS.wi.gov). If you use this form to report your changes, once you have completed and signed the form, you should mail or fax it 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

If this form does not provide enough room to describe a change, attach a sheet of paper with the additional information.

Name – Member (Last, First MI)	Case Number or Social Security Number
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**CHANGE IN ADDRESS**

Use this section to report a new address if you moved.

New Street Address		
City	State	Zip Code
New Phone Number	Date of Change (mm/dd/yy)	

**CHANGE IN HOUSEHOLD**

Use this section to report if someone moved in or out of your home, got married, became pregnant, or gave birth. If someone became pregnant, tell us who it is, the due date, and the number of expected babies.

Name (Last, First MI)		Social Security Number
Date of Birth (mm/dd/yy)	Relationship to You	Date of Change (mm/dd/yy)

Describe the Change

**CHANGE IN INCOME**

Use section A to report changes in income from a job or self-employment or from sources other than a job, such as Social Security or unemployment insurance. Fill out section B if someone in your home lost a job or section C if someone in your home got a new job.

**A. Changes in Income From Any Source**

Name (Last First MI)	Source of Income
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What changed?

Date of Change (mm/dd/yy)	New Income Amount \$	How often is it paid?
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**B. Loss of Job**

Name (Last, First MI)
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Name – Employer

Date Job Ended (mm/dd/yy)	Date of Final Paycheck (mm/dd/yy)	Amount of Final Paycheck \$
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**C. New Job**

Name (Last, First MI)	Date Job Started (mm/dd/yy)
Name – Employer	Phone Number

Street Address – Employer

City	State	Zip Code
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Is this person on strike? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours Worked Each Week
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<input type="checkbox"/> Paid by the hour	Amount Per Hour \$	<input type="checkbox"/> Paid a salary	Amount Per Pay Period \$
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Does this person get cash and/or tips? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes – Amount Per Pay Period \$
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Does this person get bonuses and/or commissions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes – Amount Per Pay Period \$
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How often is this person paid?  
 Weekly       Every 2 weeks       Twice each month       Once a month       Other – Explain Below

Job Type <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Job Title <input type="checkbox"/> Manager <input type="checkbox"/> Staff	Is this person a migrant worker? <input type="checkbox"/> Yes <input type="checkbox"/> No
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*List all pre-tax deductions this person has taken out of his or her paychecks for this job.*

Type of Pretax Deduction	How much?	How often?
<input type="checkbox"/> Child care savings account	\$	
<input type="checkbox"/> Group life insurance	\$	
<input type="checkbox"/> Health insurance premiums	\$	
<input type="checkbox"/> Health savings accounts	\$	
<input type="checkbox"/> Parking and transit costs	\$	
<input type="checkbox"/> Retirement contributions	\$	

**CHANGE IN TAX INFORMATION**

Use this section to report if someone in your home had a change in expected tax filing status or tax dependents. If the person is married and filing jointly, you only need to complete the information for one of the spouses. If you need more room, attach a sheet of paper with the additional information.

Name (Last, First MI)	Name – Spouse if Filing Jointly (Last, First MI)
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Is this person expecting to file taxes for income he or she will get this year?  
 Yes       No

If yes, what is his or her tax filing status?

Single       Married filing jointly       Married filing separately

Will this tax filer be claimed as a dependent by someone outside of the home?

Yes       No

List the dependents this person will be claiming on his or her taxes.

Name – Tax Dependent (Last, First MI)

Date of Birth (mm/dd/yy)

Social Security Number

Sex

Male

Female

Is this tax dependent expected to have more than \$6,300 in earned income this year?

Yes       No

Is this tax dependent expected to have more than \$1,050 in unearned income this year? (Do not include child support, Social Security, Supplemental Security Income, workers compensation, or veterans benefits.)

Yes       No

Is this tax dependent living outside of the home?

Yes       No

Is this tax dependent deceased?

Yes       No

Name – Tax Dependent (Last, First MI)

Date of Birth (mm/dd/yy)

Social Security Number

Sex

Male

Female

Is this tax dependent expected to have more than \$6,300 in earned income this year?

Yes       No

Is this tax dependent expected to have more than \$1,050 in unearned income this year? (Do not include child support, Social Security, Supplemental Security Income, workers compensation, or veterans benefits.)

Yes       No

Is this tax dependent living outside of the home?

Yes       No

Is this tax dependent deceased?

Yes       No

Name – Tax Dependent (Last, First MI)

Date of Birth (mm/dd/yy)

Social Security Number

Sex

Male

Female

Is this tax dependent expected to have more than \$6,300 in earned income this year?

Yes       No

Is this tax dependent expected to have more than \$1,050 in unearned income this year? (Do not include child support, Social Security, Supplemental Security Income, workers compensation, or veterans benefits.)

Yes       No

Is this tax dependent living outside of the home?

Yes       No

Is this tax dependent deceased?

Yes       No

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**OTHER CHANGES**

Use this space to report other changes.

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I understand that there are penalties for hiding information or giving false information. I also understand that I may have to pay back any benefits I get because I do not fully report changes in my circumstances. I agree to provide proof of any changes if asked to do so. My answers on this form are correct and complete to the best of my knowledge.

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**SIGNATURE** – Member

Date Signed (mm/dd/yy)

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