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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-20582B (03/2023) | | **STATE OF WISCONSIN**  Federal Regulation 42 CFR § 435.225 & 435.916 | | | | | |
| **KATIE BECKETT MEDICAID RENEWAL**  **Action Required: Your Benefits are Due for Renewal** | | | | | | | |
| Child’s Last Name | Child’s First Name | | | Child’s MI | Date of Birth (mm/dd/yyyy) | | Sex |
|  |  | | |  |  | | M  F |
| Street Address | | | City | | | State | Zip Code |
|  | | |  | | |  |  |
| County | | | Phone Number (include area code) | | | | |
|  | | |  | | | | |
| Does this child have any personal monthly income?  Yes  No  If yes, list the source and amount. | | | | | | | |
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| Complete the following | | | | | | | |
| **Parent/Guardian 1** | | | | | | | |
| Name/Relationship | | | Email | | | | |
|  | | |  | | | | |
| Street Address (if different than the child’s information.) | | | City | | | State | ZIP Code |
|  | | |  | | |  |  |
| Home Phone Number (include area code) | Cell Phone Number (include area code) | | | Work Phone Number (include area code) | | | |
|  |  | | |  | | | |
| **Parent/Guardian 2** | | | | | | | |
| Name/Relationship | | | Email | | | | |
|  | | |  | | | | |
| Street Address | | | City | | | State | ZIP Code |
|  | | |  | | |  |  |
| Home Phone Number (include area code) | Cell Phone Number (include area code) | | | Work Phone Number (include area code) | | | |
|  |  | | |  | | | |
| By signing below, you are verifying that all answers are complete and true to the best of your knowledge. Failure to sign this form, (by telephone, electronically, or with a handwritten signature), will prevent the processing of the eligibility renewal determination.  Forms that require parental signature must be signed by the parent or guardian with legal authority over the child. This is true even if it is someone else that is most familiar with the child's needs. **In addition, children aged 18 and older must also sign.**  **If you need help or would like to submit these forms electronically, you can call an Eligibility Specialist at 888-786-3246 or email** [**DHSKatieBeckett@dhs.wisconsin.gov**](mailto:DHSKatieBeckett@dhs.wisconsin.gov)**.** | | | | | | | |
| Person Completing Form – Name | | **SIGNATURE** | | | Date Completed | | |
|  | |  | | |  | | |

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| Relationship – A copy of guardianship/adoption papers is required if you are not the child’s birth parent. |
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**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-786-3246 (TTY: 711).

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-786-3246 (TTY: 711).