Division of Enterprise Services F-80130 (08/2011)

FINANCIAL INFORMATION

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Providing the information requested on this form meets the provisions of DHS 1.02(6) and 1.03(8), Wisconsin Administrative Code. Failure or refusal to provide the information may result in the full cost of care being charged. Provision of social security numbers is voluntary; however, it is a unique identifier used to ensure proper identification of the individuals listed on this form. Personally identifiable information on this form will be used only for billing and collection purposes as specified in s. 51.30, Wis. Stats.

Name – Client (Last, First, Middle)			iiposes	Client No.		30, 11	Facility (Abbreviate)			Service	Service From – Date	
Family Address – Street			City				State	Zip	Home	Telephone No.		
PART 1 – THIRD PAR									1			
Medical Assistance Nu	mber	M.A. Eligibility Dat			Medio	care N	Numbe	r	V.A.	/ Champus N	Number	
	• • •	From:	To:							· · · · · · · · · · · · · · · · · · ·		
Name – Insurance Carr	Tier		Name of Policy Holder			5		Sub	Subscriber Number			
Insurance Carrier's Address – Street			City Sta		State	e	Zip		Group Number			
Name – Insurance Carrier			Name of Policy Holder						Sub	Subscriber Number		
Insurance Carrier's Address – Street			City Sta		State	e Zip		Grou	up Number			
PART 2 – FAMILY INC	OME INFORMA	TION										
EARNED INCOME		rom employment or se	elf-emp	loyment (farm o	r non-	farm).					GROSS	
		or all persons except c							AVERAGE			
		nition list in DHS 1.01(,								MONTHLY	
Client Birth Date Socia	al Security No.	ves in substitute ca Name – Employe		ility, do not en	ter cli	ent in) Telephone	No	Earned	INCOME 1a	
Birtin Date Socia	a Security NO.		51				VVOIK	relephone	INO.	Eameu	la	
Work Address – Street			City				State	Zip		Unearned	1b	
Spouse of Client												
Name Social Security No		0.	b. Birth Date			Date Married			Earned	2a		
Home Address (if differ	ent from Client) -	- Street	City			I	State	Zip		Unearned	2b	
Home Telephone No. Employer – Name and City												
Father of Minor Client	(Enter Ste	eptather information	i in line	in lines 5a and 5b.)			Birth Date			E		
Name				Social Securi	ity ino		Birth	Date		Earned	3a	
Home Address (if differ	ent from Client) -	- Street	City			I	State	Zip		Unearned	3b	
Home Telephone No. Employer – Name and City												
Mother of Minor Client (Enter Stepmother information in lines 5a and 5b.) Name Social Security No. Birth Date Earned 4a												
Name			Social Security No.							Earned	48	
Home Address (if different from Client) – Street			City			State	Zip		Unearned	4b		
Home Telephone No. Employer – Name and City												
Others in Family Is there income in lines 1a through 4b? Yes, CONTINUE. No, Skip to line 18 & enter 0.												
Relatives in the home who are federal tax exemptions (siblings, stepparents, etc.)												
Enter earnings for all persons except children in school. Enter unearned income for all persons. Relationship to Client Birth Date Social Security No.												
Name			Jiient	BIRTIN L	Jale		200	al Security	INU.	Fame d	50	
										Earned	5a	
										Unearned	5b	

TOTAL MONTHLY INCOME: Find the total of lines 1a through 5b and enter the result.

Court Ordered Obligations paid monthly. 8 Total Income after court ordered obligations. 9 Subtract Line 8 from line 7. 9 PART 3 - MAXIMUM MONTHLY PAYMENT AND ADJUSTMENTS 10 Exclude persons for vhom court ordered support. 10 Exclude persons for vhom court ordered support is paid and persons living in care facilities. 11 MAXIMUM MONTHLY PAYMENT FROM TABLE. 11 Use the values in line 9 and line 10. 11 ADJUSTMENT TO MAXIMUM MONTHLY PAYMENT for income from non-liable parties. 11 Is there income reported on either line 5a or 5b? (Thratis, from a person other than client, spouse, father, or mother?) Inst is, from a person other than client, spouse, father, or mother?) 12 Inst is, the total of lines 1b, 2b, 3b and 4b.) 12 Exclude client's income in out of home placements. 13 Total Average EARNED INCOME of the Client, Spouse, Father and Mother. 13 If the amount in line 13. Enter the result. 14 Add line 12 and line 14. Enter the result. 14 Add line 12 and line 14. Enter the result. 15 ALLOWANCES FOR WORK-RELATED EXPENSES. 14 Gr example if line 1a is \$50, enter \$50; if line 1a is \$100, enter \$90.) 3a <th>F-80130 (Rev. 08/2011)</th> <th></th> <th>Page</th>	F-80130 (Rev. 08/2011)		Page			
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other than the client, spouse, father, or mother. In all other cases, enter the amount from line 11. PART 4 - OTHER INFORMATION OTHER SERVICE: Is the family currently being billed for STATE OR COUNTY FUNDED service relating to the mental hygiene, alcohol and	THE MAXIMUM MONTHLY PAYMENT MUST NOT EXCEED THIS AMOUNT.					
PART 4 - OTHER INFORMATION OTHER SERVICE: Is the family currently being billed for STATE OR COUNTY FUNDED service relating to the mental hygiene, alcohol and	ADJUSTED MAXIMUM MONTHLY PAYMENT: Enter the lesser of line 17 or line 11 if income is cor other than the client, spouse, father, or mother. In all other cases, enter the amount from line 11.	tributed by someone	18			
OTHER SERVICE: Is the family currently being billed for STATE OR COUNTY FUNDED service relating to the mental hygiene, alcohol and						
		ating to the mental hygi	ene, alcohol and			
	other drug abuse, developmental disabilities, social services, youth corrections services?	ating to the montal hygr				

Yes - Indicate payment amounts and agencies in comments section below.

It may be necessary to coordinate billings and payment application. See DHS 1.05(11) & (12).

No - Continue

SPECIAL PAYMENT ARRANGEMENT: If the family requests an extended or delayed payment privilege, indicate reasons for the request in the comments section below. Include information on current payments and expenses. Comments

Name – Applicant (Print or Type)		I understand that the statements made in this application must be, and are to the best of knowledge true and correct.							
Interviewed by		I also understand these statements may be verified.							
Name	Date Interviewed	SIGNATURE – Applicant							
Annual or Periodic Review									
Name – Reviewer	Date Reviewed	Action							
		🗌 No Change 🔲 Change Notes 🗌 Updated F-80130 Prepared							
		🗌 No Change 🔲 Change Notes 📄 Updated F-80130 Prepared							
		□ No Change □ Change Notes □ Updated F-80130 Prepared							