

Revision: HCFA-PM-86-9 (BERC)
1986

ATTACHMENT 4.32-A
Page 1
OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WISCONSIN

INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES
REQUESTS TO OTHER STATE AGENCIES

TN No. 86-0021
Supersedes
TN No.

Approval Date 10/24/86

Effective Date 7-1-86

HCFA ID: 0123P/0002P