

Family Planning Only Services Program

The Family Planning Only Services Program provides men and women with certain family planning-related services and supplies to prevent unplanned pregnancies.

Who is eligible?

You may be able to enroll if you meet all of the following:

- You live in Wisconsin.
- You are a U.S. citizen or have a qualifying immigration status.
- You are of childbearing or reproductive age.
- You have income at or below \$3,465.45 per month (effective February 1, 2022). Only your own income is counted. Your assets are not counted.
- You are not enrolled in Wisconsin Medicaid or BadgerCare Plus. (You can be enrolled in private health insurance while you are enrolled in the Family Planning Only Services Program.)

If you are eligible for the Family Planning Only Services Program, you will be enrolled for 12 months. Your coverage must be renewed yearly. About one month before your coverage ends, you will get a letter with information about the renewal process.

What services are covered?

Only certain services are covered under the Family Planning Only Services Program, and those services must be related to a family planning office visit. For example, Pap tests are only covered under the Family Planning Only Services Program when they are completed at a family planning office visit or with a referral from a family planning provider.

Services that may be covered under the Family Planning Only Services Program if they are

provided at an initial, yearly, or follow-up family planning-related office visit include the following:

- Contraceptive services and supplies (for example, birth control pills and condoms) for which you have a prescription from a doctor, nurse practitioner, physician assistant, or nurse midwife
- Natural family planning supplies
- Pap tests
- Routine preventive primary services that are family planning-related
- Tests and treatment for sexually transmitted diseases or infections like chlamydia, herpes, gonorrhea, and syphilis, as well as certain other lab tests
- Voluntary sterilizations for women and men 21 years old or older

Generally, the date you can start getting benefits is the first of the month in which you apply and meet all program rules. You can also request benefits for the three months prior to the month you apply.

Getting Services

Shortly after you become enrolled in the Family Planning Only Services Program, you will get a plastic ForwardHealth card in the mail, unless you used to be enrolled in the Family Planning Only Services Program, BadgerCare Plus, or Medicaid.

If you used to be enrolled in the Family Planning Only Services Program, BadgerCare Plus, or Medicaid, you will not automatically get a new ForwardHealth card. You can use the same card you used before if you still have it. If you did not keep your ForwardHealth card, you can ask for a new card through your ACCESS

account or by calling Member Services at 800-362-3002.

Your ForwardHealth card will include your name, a 10-digit identification number, a magnetic stripe, a place for your signature, and the Member Services phone number. Once you get your ForwardHealth card, you should sign it in the space provided.

You will need to show your ForwardHealth card when you have a family planning-related appointment or pick up a prescription for contraceptive supplies at a pharmacy.

Confidentiality

If you apply for or get coverage from the Family Planning Only Services Program:

- You can choose where to send written information. Written information can be sent to an address other than your home address.
- And you are younger than 18 years old, your local agency will not contact your parents or other caretakers.
- And you are younger than 18 years old, you will not be referred to a child support agency.

How do I apply?

You can apply for the Family Planning Only Services Program:

- At access.wisconsin.gov.
- By phone.
- In person at your agency. To find your agency, go to www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm.
- By completing a paper application and mailing it to your local agency. To get a paper application or ask for help completing the application, go to www.dhs.wisconsin.gov/forwardhealth/resources.htm or call ForwardHealth Member Services at 800-362-3002.

More Information

For more information about the Family Planning Only Services Program, you can:

- Visit www.dhs.wisconsin.gov/fpos/index.htm
- Contact your local agency.
- Call Member Services at 800-362-3002.

Nondiscrimination Notice: Discrimination is Against the Law – Health Care-Related Programs

The Wisconsin Department of Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Department of Health Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Department of Health Services:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact the Department of Health Services civil rights coordinator at 844-201-6870.

If you believe that the Department of Health Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Department of Health Services, Attn: Civil Rights Coordinator, 1 West Wilson Street, Room 651, PO Box 7850, Madison, WI 53707-7850, 844-201-6870, TTY: 711, fax: 608-267-1434, or email to dhsrcc@dhs.wisconsin.gov. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Department of Health Services civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-201-6870 (TTY: 711).	Deutsch (Pennsylvania Dutch) Wann du Deitsch (Pennsylvania Dutch) schwetzscht, kannscht du ebber griegie as dich helfe kann mit Englisch, unni as es dich ennich eppes koschte zellt. Ruf 844-201-6870 uff (TTY: 711).
Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 844-201-6870 (TTY: 711).	ພາສາລາວ (Laotian) ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ ແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໃຫ້ໂທຫາເບີ 844-201-6870 (TTY: 711).
繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 844-201-6870 (TTY: 711)。	Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-201-6870 (ATS : 711).
Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 844-201-6870 (TTY: 711).	Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-201-6870 (TTY: 711).
العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 844-201-6870 (رقم هاتف الصم والبكم: 711).	हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए सुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 844-201-6870 (TTY: 711) पर कॉल करें।
Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-201-6870 (телетайп: 711).	Shqip (Albanian) KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 844-201-6870 (TTY: 711).
한국어 (Korean) 알림: 한국어 지원 서비스를 무료로 이용하실 수 있습니다. 844-201-6870 (TTY: 711) 번으로 전화해 주십시오.	Tagalog (Tagalog – Filipino) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 844-201-6870 (TTY: 711).
Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-201-6870 (TTY: 711).	Soomaali (Somali) FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawinta luuqada, oo bilaash ah, ayaa lagu heli karaa. Soo wac 844-201-6870 (TTY: 711).