Guide to Applying for Wisconsin’s Health, Nutrition, and Other Programs

This is a guide on how to apply for:

- FoodShare
- Health care (BadgerCare Plus, Prenatal Plan, Family Planning Only Services, Medicaid, Emergency Services)
- SeniorCare Prescription Drug Assistance Program
- Caretaker Supplement

This guide also has information on:

- Who can enroll
- Information you need to provide
- Monthly premiums
- Your rights
- Fair hearings
- Identification cards
- How to use your QUEST card
- Covered health care services
- Access.wisconsin.gov
- Program income and asset limits
- What proof/verification you need to send
- Other programs, including FoodShare Employment and Training and Women, Infants and Children
- Key contacts

For more information about these programs, go to dhs.wisconsin.gov/forwardhealth/resources.htm, call Member Services at 1-800-362-3002, or contact your agency. If you need the address and phone number of your agency, go to the website above or call Member Services.

If you need help accessing services or materials in an alternate format, contact your agency. Translation services are available at no cost.

If you are enrolled in health care or FoodShare benefits, you can get letters and information about your benefits online instead of by regular mail. You can ask your agency about this when you apply. Or, once you get a letter saying you are enrolled in health care or FoodShare, you can go online to access.wisconsin.gov and create a MyACCESS account to view your letters and information about your benefits online.
**Note:** If you are enrolled in any of these programs, you are responsible for following all program rules. Program rules are listed in detail in the ForwardHealth Enrollment and Benefits handbook (P-00079). You will get a handbook when your agency receives your application. The handbook is also available online at dhs.wisconsin.gov/library/P-00079.htm.

Please report public assistance fraud by calling 1-877-865-3432 (toll free) or visit: www.reportfraud.wisconsin.gov.

**Income and Asset Amounts**
Income and asset amounts are based on federal poverty level (FPL) guidelines and/or federal program rules.

Income limits can be found on page 13. These amounts are based on the federal guidelines, which may change each year.

These amounts can also be found online at dhs.wisconsin.gov/forwardhealth/resources.htm. Or you can get them by calling Member Services at 1-800-362-3002.

---

**Who Can Enroll?**

**Enrollment in FoodShare**
Anyone can apply for FoodShare. You may be able to enroll if all of the following are true:

- Your family income is at or below the monthly program limit (see FoodShare Monthly Income Limits and Maximum Benefit Amounts – Effective October 1, 2015, on page 13).
- You are a Wisconsin resident.
- You are a U.S. citizen or qualifying immigrant.

The FoodShare benefit amount is based on the number of people in your household and your net monthly income.

Most types of income are counted. After all your household’s countable income is added together to get your gross income, you will be given credit for some of the bills you pay. Certain credits for shelter, dependent care, child support, and utilities are subtracted from your gross monthly income to find your net monthly income.

**Enrollment in BadgerCare Plus**
You can apply for BadgerCare Plus at any time. There is not an open enrollment period. You may be able to enroll in BadgerCare Plus if you are:

- A child under age 19 with income at or below 300% of the federal poverty level.
- An adult with income at or below 100% of the federal poverty level.
- A pregnant woman with income at or below 300% of the federal poverty level.
- A young adult under age 26 and were in a foster home, kinship care, or subsidized guardianship when you turned 18 years of age, regardless of your income.

You must also be:

- A Wisconsin resident.
- A U.S. citizen or qualifying immigrant.

Most taxable income is counted for BadgerCare Plus. This is true whether you are filing taxes or not.

If you have self-employment income, your tax return from last year will be used to get your average monthly net income from your business. If your business has had a change in circumstances, your net monthly average will be based on what your business has made since the change.

The same business expenses that are allowed by the IRS are used for BadgerCare Plus. This includes depreciation and depletion. Any losses you have from self-employment will offset your other income (and that of your spouse if you are filing jointly), such as income from a job.

---

**Note:** If your BadgerCare Plus application is denied, your application will be sent to the federal Health Insurance Marketplace (also called the Exchange). For more information about the Marketplace, go to healthcare.gov or call 1-800-318-2596.

**Enrollment in BadgerCare Plus Prenatal Plan**
This plan provides pregnancy-related health care for women who cannot get BadgerCare Plus because of immigration status (see the note on the next page) or who are inmates of a public institution. Even though enrollment in this plan is based on pregnancy, while
enrolled, you will be able to get all BadgerCare Plus covered services.

**Enrollment in Family Planning Only Services**
You may be able to enroll in Family Planning Only Services if your monthly income is at or below 300% of the federal poverty level.

Keep in mind, Family Planning Only Services is a limited benefit plan. You may be able to enroll in BadgerCare Plus, which is a full benefits plan.

---

**Note:** If you are not a U.S. citizen or qualifying immigrant, you may be able to get help through the Prenatal Plan or Emergency Services (page 3). Your immigration status will not be shared with the U.S. Citizenship and Immigration Services (USCIS).

---

**Enrollment in Medicaid for the Elderly, Blind or Disabled (EBD) and Medicare Savings Programs**

**Medicaid for the Elderly, Blind or Disabled includes the following plans:**
- Medicaid Standard Plan
- Medicaid Purchase Plan
- Wisconsin Well Woman Medicaid
- Long-Term Care
  - Home and Community-Based Waivers
  - Family Care
  - Family Care Partnership
  - IRIS (Include, Respect, I Self-Direct) Program
  - Program of All-Inclusive Care for the Elderly (PACE)
  - Institutional Medicaid (hospital, nursing home, institutions for mental disease)

You may be able to enroll if:
- You are a Wisconsin resident.
- You are age 65 or older, blind, or disabled.
- Your income is at or below the monthly program limit and you have limited assets.
- You are a U.S. citizen or qualifying immigrant.

**Medicare Savings Program**
This program is for those who are eligible for Medicare and who have low income and limited assets. (See the amounts on page 14.)

Wisconsin Medicaid may be able to help pay for certain Medicare costs if you qualify for the Medicare Savings Program. The type of plan you are able to enroll in depends on your income (after you are given certain credits) and your assets. The four types of Medicare Savings Program plans are listed below:

**Qualified Medicare Beneficiary**
Medicaid will pay any Medicare Part A and Part B premiums, Medicare coinsurance, and deductibles if your income is at or below 100% of the federal poverty level.

**Specified Low Income Medicare Beneficiary**
Medicaid will pay Medicare Part B premiums if your income is between 100% and 120% of the federal poverty level.

**Qualified Individual Group 1 (also called Specified Low Income Beneficiary Plus)**
Medicaid will pay your Medicare Part B premiums if your monthly income is between 120% and 135% of the federal poverty level.

**Qualified Disabled and Working Individual**
Medicaid will pay for Part A premiums if your monthly income is less than 200% of the federal poverty level.

**Enrollment in SeniorCare Prescription Drug Assistance Program**
SeniorCare is Wisconsin’s prescription drug assistance program for Wisconsin’s senior residents.

You may be able to enroll if:
- Are a Wisconsin resident.
- Are 65 years of age or older.
- Meet the income guidelines (assets are not counted).

SeniorCare has four levels of enrollment, depending on your income. Income limits below are as of February 1, 2016:

**Level 1:** For those with annual income at or below $19,008 (individual) or $25,632 (couple).

**Level 2a:** For those with annual income of $19,009 to $23,760 (individual) or $25,633 to $32,040 (couple).

**Level 2b:** For those with annual income of $23,761 to $28,512 (individual) or $32,041 to $38,448 (couple).
Level 3: For those with annual income of $28,513 or higher (individual) or $38,449 or higher (couple). You must pay a $30 annual enrollment fee. You will also have some out-of-pocket costs. These costs depend on your level of enrollment.

More information about SeniorCare can be found at dhs.wisconsin.gov/seniorcare/index.htm or by calling the SeniorCare Customer Service hotline at 1-800-657-2038.

Enrollment in Emergency Services Plan
The Emergency Services Plan is short-term health care for people who have an emergency medical condition and cannot get BadgerCare Plus or Medicaid because of their immigration or U.S. citizenship status.

Emergency Services will only pay for health care you get for an emergency medical condition. A medical emergency is a medical problem that could put your health at serious risk if you do not get medical care right away.

Enrollment in Caretaker Supplement
Caretaker Supplement is a cash benefit for parents who are eligible for Supplemental Security Income (SSI) payments. Caretaker Supplement benefits are $250 per month for the first eligible child and $150 per month for each additional eligible child.

You must be getting Wisconsin SSI payments, and your children must meet all Caretaker Supplement income and asset rules.

You cannot get Caretaker Supplement benefits for any children who are also getting SSI. If your children have two parents in the home, both parents must be getting SSI. If your SSI benefits end, your Caretaker Supplement benefits will also end.

Any parent who gets Caretaker Supplement benefits must cooperate with the county child support agency to ensure that any absent parent is paying child support.

Apply by Mail, by Phone, or in Person
By mail: To apply by mail, fill out an application for each program you want to apply for. Mail or fax your completed and signed application(s) 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

You can get an application and/or the address and phone number of your agency by calling Member Services at 1-800-362-3002 or online at dhs.wisconsin.gov/forwardhealth/resources.htm.

By phone or in person: The phone number and address of your agency can be found online at dhs.wisconsin.gov/forwardhealth/resources.htm. Or, you can get them by calling Member Services at 1-800-362-3002.

If you would like to apply by phone or in person, you may need to contact the agency to set up a date and time to apply.

Note: For FoodShare, an interview is required. The interview can be done by phone or in person.

Information You Will Need to Provide

When applying for FoodShare, health care, SeniorCare, and Caretaker Supplement benefits, you will need to provide the following information for each person applying:

• Social Security number (SSN)
• Date of birth
• Marital status
• Who lives in your home and how you are related*
• Where you live (street address, city, state, zip code)
• U.S. citizenship/immigration status

How to Apply

Apply Online
Access.wisconsin.gov is a safe, private, and easy way to apply for and manage your benefits. You can use ACCESS to apply for health care, family planning services, and nutrition programs at the same time.
- Job information, including employer’s name, address, and phone number*
- Income (self-employment income, job income, and wages; how often and how much paid)
- Other income (child support, veterans benefits, Social Security, unemployment compensation, etc.)
- Assets (if applying for Medicaid and/or Caretaker Supplement)
- For BadgerCare Plus and Medicaid, any information about health insurance or long-term care insurance and who is covered under the policy

*SeniorCare does not need information about jobs and who lives in your home.

**Proof/Verification**
When you apply, you will need to provide proof for some of your answers. See the Proof/Verification Tables section starting on page 15 for the items of proof you may need.

If you apply by mail, you should try to send all items of proof that you currently have at one time, but do not wait to apply until you have all of your items. The date your benefits begin depends on the date the agency gets your application. See the Begin Dates section on page 5 for more information. If you apply in person, take your items of proof with you.

Please keep in mind that for FoodShare and Medicaid, you are given credit for some costs.

**Scan/Upload Proof**
You can also scan or upload your items of proof online. For more information, see the MyACCESS Account section on page 10.

---

**Note:** If you have already given proof of U.S. citizenship and identity to your agency, you will not have to provide this information again. If you need help getting proof, contact your agency.

---

**Important Information**

**Time-Limited FoodShare Benefits**
Certain adults ages 18 through 49 with no minor children living in the home will only get three months of time-limited FoodShare benefits in a 36-month (three-year) period unless they meet the FoodShare work requirement or are considered exempt. This work requirement is different from the work registration requirement.

There are three ways to meet the work requirement:
1. Work at least 80 hours each month.
2. Take part in an allowable work program at least 80 hours each month, such as:
   - FoodShare Employment and Training (FSET) Program.
   - Wisconsin Works (W-2).
   - Certain programs under the Workforce Innovation and Opportunity Act (WIOA).
3. Both work and take part in an allowable work program for a combined total of at least 80 hours each month.

You will get information about the FSET program if you are enrolled in FoodShare.

You may be considered exempt and may not need to meet the work requirement if any of the following is true:
- You are living with a child under age 18 who is part of the same FoodShare household.
- You are the primary caregiver for a dependent child under age 6.
- You are the primary caregiver for a person who cannot care for himself or herself.
- You are physically or mentally unable to work.
- You are pregnant.
- You are receiving or have applied for unemployment insurance.
- You are taking part in an alcohol or other drug abuse (AODA) treatment program.
- You are enrolled at least half-time in high school or an institution of higher learning.
- You are chronically homeless.

**Work Registration Requirement for Individuals Ages 16 through 59**
All FoodShare members ages 16 through 59 must be registered for work unless they are considered exempt. A member will be registered for work at the time he or she is determined eligible for FoodShare unless the member meets an exemption.

A member may be considered exempt and may not need to register for work if any of the following applies:
• The member is younger than age 16 or older than age 59.
• The member is already working at least 30 hours per week (or getting weekly earnings that equal 30 times the federal minimum hourly wage).
• The member is the primary caregiver for a dependent child under age 6 (whether the child lives in the home or out of the home).
• The member is the primary caregiver for a person who cannot care for himself or herself (whether the person lives in the home or out of the home).
• The member is age 16 or 17 and is not listed as the primary person for his or her FoodShare group on the application.
• The member is taking part in an AODA treatment program.
• The member is getting or has applied for unemployment insurance.
• The member is enrolled at least half-time in a recognized school, training program, or institution of higher learning.
• The member is physically or mentally unable to work.
• The member is taking part in certain work programs.

A member may need to provide proof to the agency if he or she meets one of these exemptions.

**Work Registration Requirement Sanction**

If a member is not exempt from the work registration requirement, he or she will be sanctioned from getting FoodShare benefits for a period of time if he or she voluntarily and without good cause does any of the following:

• Quits a job of 30 hours per week or more.
• Changes his or her work hours to less than 30 hours per week (or his or her weekly earnings change to less than 30 times the federal minimum hourly wage).
• Turns down a suitable job.
• Fails to comply with W-2 work requirements.
• Fails to comply with unemployment benefit work requirements.

If, during the sanction period, the member moves to another FoodShare household, the remainder of the member’s sanction period will transfer with the member to that household. However, the member’s sanction period will not affect the FoodShare benefits of others in that household. The length of a sanction period is as follows:

• First sanction: one month
• Second sanction: three months
• Third or subsequent sanction: six months

A member’s sanction may end if any of the following occurs:

• The member becomes exempt from the work registration requirement.
• The member obtains a new job with pay or hours similar to the job he or she quit.
• The member works 30 or more hours per week (or has weekly earnings that equal 30 times the federal minimum hourly wage).

The member will need to reapply for FoodShare if he or she wants to get benefits after the sanction period ends. If the member is part of a FoodShare group, he or she should contact the agency to update the case instead of reapplying.

**Begin Dates**

If you are enrolled, the earliest date you will get benefits will depend on the program you are enrolled in.

**FoodShare**

The date the agency gets your signed application or request for assistance is the earliest date you can get benefits.

Your name, address, and signature are required to set your “application date.” A completed application includes an interview and any items of proof required to complete the application process.

You will be notified of your enrollment status in writing within 30 days of the day the agency gets your application.

**Priority FoodShare Services**

You may be able to get FoodShare benefits within seven days of providing your application and/or registration form if any of the following is true:

• Your household has $100 or less available in cash or in the bank and expects to receive less than $150 of income this month.
• Your household has rent/mortgage or utility costs that are more than your total gross monthly income (available cash or in bank accounts) for this month.
• Your household includes a migrant or seasonal farm worker whose income has stopped.

**BadgerCare Plus, Medicaid, and Family Planning Only Services**

Enrollment in these plans will be the first day of the month in which the agency receives your application or signed request for assistance. In some cases, you may be able to get coverage in the months before you apply. See the Backdated Coverage section below.

**Express Enrollment in BadgerCare Plus or Family Planning Only Services**

If a qualified provider, partner, or hospital determines that you meet the program rules, you can be temporarily enrolled in BadgerCare Plus or Family Planning Only Services and start getting benefits right away. This is known as Express Enrollment. You will still need to apply with your agency for ongoing coverage to keep getting BadgerCare Plus or Family Planning Only Services after the temporary enrollment period ends.

Your own doctor or family planning provider may be a qualified provider. Your local school or Head Start program may be a qualified partner that can sign up your child. Ask if your provider, school, or Head Start program can use Express Enrollment to help you or your child get temporary health care coverage. If not, call Member Services at 1-800-362-3002 to find a qualified provider, partner, or hospital in your area to get temporary health care coverage.

**SeniorCare**

SeniorCare enrollment begins on the first day of the month after the month in which all enrollment rules are met and payment of the enrollment fee is received.

**Caretaker Supplement**

Enrollment begins the first day of the month in which the agency receives your application or signed request for assistance.

**Backdated Coverage**

If you have medical bills in any of the three months prior to your application date, you may be able to get coverage for those months if you are:

• Age 65 or over, blind, or disabled.
• A pregnant woman (except if you are in the BadgerCare Plus Prenatal Plan).
• A former foster care youth.
• A parent or relative who cares for a child with income at or below 100% of the federal poverty level.
• An adult ages 19 through 64 with income at or below 100% of the federal poverty level.
• A child under age 1 with income at or below 300% of the federal poverty level.
• A child ages 1 through 5 with income at or below 185% of the federal poverty level.
• A child over age 6 with income at or below 150% of the federal poverty level.

If you ask for backdated coverage, you will need to provide proof of your answers (including proof of income) for all of the months you are asking for backdated coverage. You can ask for backdated coverage at any time.

**Deductible Plans for BadgerCare Plus and Medicaid**

You may be able to enroll in a deductible plan if you are one of the following:

• A pregnant woman with income over 300% of the federal poverty level (except if you are in the BadgerCare Plus Prenatal Plan).
• A child under 19 years of age with income over 300% of the federal poverty level.
• A child under 19 years of age with income over 150% of the federal poverty level and access to employer-sponsored health insurance where the employer pays 80% or more of the premium.
• An elderly or disabled adult with income over the Medicaid limit ($591.67).

The deductible amount is the difference between your monthly income and the monthly program income limits (see the Income Limits section on page 14).

**BadgerCare Plus Monthly Premiums**

The following individuals will be required to pay a premium:

• Children ages 1 through 18 enrolled in BadgerCare Plus with family income between 200% and 300% of the federal poverty level
• Adults in a BadgerCare Plus extension with family income above 100% of the federal poverty level

The following individuals will not be required to pay a premium:

• Tribal members and children or grandchildren of tribal members
• Any members who are eligible to get Indian Health Services
• Pregnant women
• Adults who are blind or disabled, as determined by the Disability Determination Bureau
• Former foster care youths
• Adults with income between 100% and 133% of the federal poverty level for the first six months of an extension*

*An extension is a period of enrollment given to a person when his or her income increases above 100% of the federal poverty level due to an increase in earned income or spousal support/alimony and he or she still meets all other program rules.

Premiums will be calculated based on actual income and rounded to the nearest dollar. If you have a child who is required to pay a premium, his or her premium will be set at a specific amount depending on your family’s income and will not be more than 5% of your family’s counted income. Premiums for adults are based on income and are between 2% and 9.5% of that income.

Failure to Pay a Premium
If you are required to pay a monthly premium and you do not pay it, your BadgerCare Plus benefits will end and you will not be able to get benefits for three months. However, if you pay any premiums owed, you can be enrolled during the three-month period. After three months, you can enroll without paying any past premiums.

Report Your Changes
Certain changes must be reported to your agency. If you do not report a change and you get coverage when you should not, you may have to repay the cost of that coverage.

If you move out of Wisconsin and do not report this move, you will be required to repay any payments made by ForwardHealth to your health maintenance organization (HMO) or other health care providers, even if you did not use your ForwardHealth card.

If enrolled, your letter of enrollment will list the changes you are required to report.

You can report changes online at access.wisconsin.gov, by mail, by fax, by phone, or in person.

Your Rights
If you are applying for or are enrolled in FoodShare, BadgerCare Plus, Medicaid, Family Planning Only Services, SeniorCare, or Caretaker Supplement, you have the right to:
• Be treated with respect by county and state employees.
• Have all personal information given to the agency kept private.
• Have access to records and files relating to your case except for information given to the agency under a promise of privacy.
• Keep getting benefits, even if you are out of Wisconsin temporarily but are still a Wisconsin resident.
• Get a decision about your application within 30 days of the day your agency gets your application.
• Be told before any changes are made to your benefits or enrollment status.
• Ask for interpreters or translators or ask for help accessing our programs.
• Get emergency medical care (BadgerCare Plus and Medicaid).

Fair Hearings
Any time your benefits are denied, reduced, or ended and you think your agency made a mistake, contact the agency.

If the agency does not agree, you can ask the agency worker to help you in asking for a prehearing conference and a fair hearing.

Examples of when to ask for a fair hearing include the following:
• You believe your application was denied unfairly or in error.
• Your benefits were suspended, reduced, or ended and you think it was a mistake.
• You do not agree with the amount of benefits you are getting.
• Your application was not acted on within 30 days.
• Your prior authorization request for a medical service was denied and you do not think it should have been.

For more information about fair hearings, go to dhs.wisconsin.gov/forwardhealth/resources.htm or call Member Services at 1-800-362-3002.
**Identification Cards**

If you have had a card in the past, you will not get a new card unless you ask for one.

**Wisconsin QUEST Card**

If you are enrolled in FoodShare, you will get a QUEST card. Your benefits will be put into your FoodShare account using an electronic benefits transfer (EBT) system. You can spend your benefits by using your QUEST card. You use your QUEST card like a debit or credit card at store terminals.

Contact QUEST Customer Service at 1-877-415-5164 if:
- You do not get your benefits or QUEST card.
- Your QUEST card is lost, stolen, or damaged.
- You need to select a new personal identification number (PIN) or change your current PIN.
- You have questions or need help with your QUEST card.
- You need your QUEST card balance (or go to www.ebtedge.com).

You must have your QUEST card with you every time you go to the store to buy food using your FoodShare benefits.

You can use your QUEST card to buy food at any store that takes part in FoodShare. You can buy food items, such as:
- Breads and cereals.
- Fruits and vegetables.
- Meats, fish, and poultry.
- Dairy products.
- Seeds and plants to grow food for your family to eat.

If you eat at a group meal site for senior citizens or have your meals delivered to your home, you can use FoodShare benefits to pay for those meals if the site or provider is authorized to accept the QUEST card.

You can use your benefits at any of the following places if the facility is authorized to accept the QUEST card:
- Drug and alcohol treatment center
- Shelter for battered persons
- Shelter for the homeless
- Group home for people with disabilities

**Wisconsin ForwardHealth Card**

Each person enrolled in BadgerCare Plus, Medicaid, or Family Planning Only Services will get a ForwardHealth card. You should keep your ForwardHealth card unless you are sent a new card or your agency tells you to throw it away. You will not get a new card each month.

Contact Member Services at 1-800-362-3002 if:
- Your ForwardHealth card is lost, stolen, or damaged. (You can also ask for a replacement ForwardHealth card online at access.wisconsin.gov.)
- You have questions or need help with your ForwardHealth card.

**SeniorCare Card**

Each person enrolled in SeniorCare will get a SeniorCare card. When going to a SeniorCare pharmacy provider, be sure to take your card with you. The SeniorCare card will be used to verify your enrollment at each visit.

Call SeniorCare Customer Service at 1-800-657-2038 if:
- Your name or identification number is wrong.
- You have a question about how to use your card.
- Your card is lost, stolen, or damaged.

**Covered Health Care Services**

**Note:** Not all plans cover the same services. The services listed in this guide can change. These services may also have limits. To see if the service you need is covered and if there are any limits or copays, ask your health care provider.

**BadgerCare Plus, BadgerCare Plus Prenatal Plan, and Medicaid for the Elderly, Blind or Disabled**

The following services may be covered under BadgerCare Plus, the BadgerCare Plus Prenatal Plan, and the Medicaid Standard Plan:
- Ambulance services (emergency only)
- Case management services
- Chiropractic services
- Dental services
- Drugs – prescription and over-the-counter drugs
- Emergency room services
• Family planning services and supplies
• HealthCheck screenings for children
• Home and community-based services
• Home health services
• Hospice care
• Inpatient hospital services (other than services in an institution for mental disease)
• Intermediate care facility services for patients in institutions for mental disease who are:
  ◦ Under 21 years of age
  ◦ Under 22 years of age and getting services immediately before reaching age 21
  ◦ 65 years of age or older
• Intermediate care facility services (other than services in an institution for mental disease)
• Laboratory and radiology (x-ray) services
• Medical supplies and equipment
• Mental health, medical day treatment, and psychosocial rehabilitative services
• Nursing home services (other than services at an institution for mental disease)
• Nursing services, including services performed by a nurse practitioner or nurse midwife
• Optometric/optical services and eyeglasses
• Outpatient hospital services
• Personal care services
• Physician services (doctor visits)
• Podiatry services
• Prenatal/maternity care
• Prenatal care coordination for women with high-risk pregnancies
• Respiratory care services for ventilator-dependent individuals
• Substance (alcohol and other drug) abuse treatment
• Therapy (physical therapy, occupational therapy, and speech and language pathology)
• Transportation to get to BadgerCare Plus- or Medicaid-covered services
• Tuberculosis services
• Routine preventive primary services that are related to family planning
• Tests and treatment for sexually transmitted diseases (STDs)/infections like chlamydia, herpes, gonorrhea, and syphilis, as well as certain other lab tests
• Tubal ligation for women or voluntary sterilizations for men 21 years old or older

Note: Only family planning-related services are covered under this plan. For example, mammograms and hysterectomies are not covered.

ACCESS

Access.wisconsin.gov is a free, private, easy-to-use online tool that you can use to see what programs you may be able to get, to apply for benefits, and to manage your benefits.

Am I Eligible?
The “Am I Eligible?” link in ACCESS takes you through a series of questions that allows you to find out if you may be able to get:
• Help with buying food through one of the following programs:
  ◦ FoodShare
  ◦ The National School Lunch Program or other school meals programs
  ◦ The Summer Food Service Program
  ◦ The Emergency Food Assistance Program (TEFAP)
  ◦ The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
• Low- or no-cost health care through one of the following programs:
  ◦ BadgerCare Plus
  ◦ Medicaid
  ◦ Family Planning Only Services
  ◦ Long-Term Care
• Medicare Savings Program
• Help with buying prescription drugs through the following programs:
  ◦ The SeniorCare Drug Assistance Program
  ◦ Medicare Part D
• Help with paying for child care (Wisconsin Shares)
• Cash assistance and help finding a job through the W-2 program
• Home energy assistance
• Special tax credits
• Low-cost life insurance

The “Am I Eligible?” questions will take you about 15 minutes to answer. You will be asked about the people in your home, the money you get from a job and other sources, your housing costs, and a few other bills you may have.

After you answer the questions, “Am I Eligible?” will list the programs you may be able to get and tell you how to learn more about these programs and how to apply.

You will have to apply for these programs to get a final decision about benefits.

MyACCESS Account
Create a MyACCESS account to apply for benefits and manage your FoodShare, BadgerCare Plus, Medicaid, and/or Child Care benefits. With your MyACCESS account, you can:
• Apply online and/or renew your benefits.
• Get letters and other information about your benefits online.
• Report changes to your agency.
• Submit FoodShare Six-Month Report forms.
• Get up-to-date information about the status of your benefits.
• Scan or upload your items of proof (verification) online for your agency.
• Ask for a replacement ForwardHealth card.
• Get an Explanation of Medical Benefits.

Other Program Information

FoodShare Employment and Training (FSET) Program
The FSET program offers FoodShare members free services to build job skills and find jobs. If you need help finding a job, need to meet the mandatory work requirement for certain adults ages 18 through 49 with no minor children living in the home, or are currently working and want to increase your skills, the FSET program may be able to help you.

FSET can help with:
• Job searches and job referrals.
• Job skills assessment.
• Career planning.
• Job training and education.
• Work experience.
• Transportation, child care, and other work-related costs.
• Referrals to other community services.
• Meeting the mandatory work requirement.

Ask your agency about the FSET services available in your area.

Women, Infants and Children (WIC) Program
If you are able to get FoodShare, you may also be able to get WIC (a special supplemental food program for women, infants, and children). Young children and
pregnant women may get nutritious food and nutrition and health counseling.

To find out more about WIC and other programs, go to www.dhs.wisconsin.gov/wic/index.htm or access.wisconsin.gov or call 1-800-722-2295.

Job Center of Wisconsin
Job Center of Wisconsin is a self-service, online system you can use to help find a job. It is the largest source of job openings in Wisconsin. You can apply for jobs on the Job Center of Wisconsin website at jobcenterofwisconsin.com, or you can visit a job center location in person.

Call 1-888-258-9966 to find a job center near you.

Key Contacts

General Information About BadgerCare Plus, Medicaid, FoodShare, and Caretaker Supplement
Member Services: 1-800-362-3002

QUEST Card Information: 1-877-415-5164

Health Care Premium Information: 1-888-907-4455

Health Maintenance Organization (HMO) – Enrollment Information: 1-800-291-2002

HMO – Complaints: 1-800-760-0001

Caretaker Supplement Members Information: 1-800-362-3002

SeniorCare Members Information: 1-800-657-2038

FoodShare Employment and Training (FSET) Information:
FoodShare members not enrolled in FSET
Contact your agency for a referral to FSET, and the FSET provider in your area will contact you. For the address or phone number of your agency, call Member Services at 1-800-362-3002 or go to dhs.wisconsin.gov/forwardhealth/resources.htm.

FoodShare members enrolled in FSET
Contact your FSET provider.

Note: You must be getting FoodShare benefits to take part in FSET.

Help for People Who Are Elderly, Blind or Disabled
If you are elderly, blind, or disabled, you have access to resources, services, and programs that can help you meet your needs or those of your family members or friends.

To find a disability benefit specialist (for people ages 18 to 59 with a disability) or an elderly benefit specialist (for people age 60 or older), call Member Services at 1-800-362-3002 or go to dhs.wisconsin.gov/adrc/consumer/index.htm.

Collection and Use of Information

The information required on your application, including the Social Security number of each household member applying for benefits, is authorized under the Food and Nutrition Act of 2008, as amended PL 110-246 (7 United States Code 2011-2036), and Wis. Stat. § 49.82(2). If you do not have a Social Security number due to religious beliefs or because of your immigration status, you will not be required to give a Social Security number.

The information will be used to determine if your household can get or keep getting benefits.

Information you give will be verified through computer matching programs. This information will also be used to monitor compliance with program rules and for program management.

This information may be given to other federal and state agencies for official examination and to law enforcement officials for the purpose of apprehending people fleeing to avoid the law.

Providing information on your application, including the Social Security number of each household member, is voluntary. However, any person who is asking for benefits (FoodShare, BadgerCare Plus, Medicaid, SeniorCare, or Caretaker Supplement) but does not give a Social Security number will not be able to get benefits. Any Social Security number provided for members who are not enrolled will be used and
disclosed in the same way as Social Security numbers of enrolled household members.

Your Social Security number will not be shared with United States Citizenship and Immigration Services.

Your application for BadgerCare Plus or Medicaid is also an application for help with paying for private health insurance through the federal Health Insurance Marketplace. If you do not meet the rules to enroll in BadgerCare Plus or Medicaid, your information will be sent to the Marketplace. If this happens, the Marketplace will contact you to let you know if you are able to get help with paying for private health insurance. To learn more about the Marketplace, visit healthcare.gov or call 1-800-318-2596 (voice) or 711 (TTY).

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity employer and service provider.
<table>
<thead>
<tr>
<th>People in Household</th>
<th>Gross Monthly Income Limit</th>
<th>Net Monthly Income Limit</th>
<th>Maximum Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,962</td>
<td>$981</td>
<td>$194</td>
</tr>
<tr>
<td>2</td>
<td>$2,656</td>
<td>$1,328</td>
<td>$357</td>
</tr>
<tr>
<td>3</td>
<td>$3,350</td>
<td>$1,675</td>
<td>$511</td>
</tr>
<tr>
<td>4</td>
<td>$4,042</td>
<td>$2,021</td>
<td>$649</td>
</tr>
<tr>
<td>5</td>
<td>$4,736</td>
<td>$2,368</td>
<td>$771</td>
</tr>
<tr>
<td>6</td>
<td>$5,430</td>
<td>$2,715</td>
<td>$925</td>
</tr>
<tr>
<td>7</td>
<td>$6,122</td>
<td>$3,061</td>
<td>$1,022</td>
</tr>
<tr>
<td>8</td>
<td>$6,816</td>
<td>$3,408</td>
<td>$1,169</td>
</tr>
</tbody>
</table>

For each additional person, add:

- $694
- $347
- $146

---

<table>
<thead>
<tr>
<th>Group Size</th>
<th>100% FPL</th>
<th>120% FPL</th>
<th>135% FPL</th>
<th>150% FPL</th>
<th>200% FPL</th>
<th>250% FPL</th>
<th>300% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$990.00</td>
<td>$1,188.00</td>
<td>$1,336.50</td>
<td>$1,485.00</td>
<td>$1,980.00</td>
<td>$2,475.00</td>
<td>$2,970.00</td>
</tr>
<tr>
<td>2</td>
<td>$1,335.00</td>
<td>$1,602.00</td>
<td>$1,802.25</td>
<td>$2,002.50</td>
<td>$2,670.00</td>
<td>$3,337.50</td>
<td>$4,005.00</td>
</tr>
<tr>
<td>3</td>
<td>$1,680.00</td>
<td>$2,016.00</td>
<td>$2,268.00</td>
<td>$2,520.00</td>
<td>$3,360.00</td>
<td>$4,200.00</td>
<td>$5,040.00</td>
</tr>
<tr>
<td>4</td>
<td>$2,025.00</td>
<td>$2,430.00</td>
<td>$2,733.75</td>
<td>$3,037.50</td>
<td>$4,050.00</td>
<td>$5,062.50</td>
<td>$6,075.00</td>
</tr>
<tr>
<td>5</td>
<td>$2,370.00</td>
<td>$2,844.00</td>
<td>$3,199.50</td>
<td>$3,555.00</td>
<td>$4,740.00</td>
<td>$5,925.00</td>
<td>$7,110.00</td>
</tr>
<tr>
<td>6</td>
<td>$2,715.00</td>
<td>$3,258.00</td>
<td>$3,665.25</td>
<td>$4,072.50</td>
<td>$5,430.00</td>
<td>$6,787.50</td>
<td>$8,145.00</td>
</tr>
<tr>
<td>7</td>
<td>$3,060.83</td>
<td>$3,673.00</td>
<td>$4,132.13</td>
<td>$4,591.25</td>
<td>$6,121.67</td>
<td>$7,652.08</td>
<td>$9,182.50</td>
</tr>
<tr>
<td>8</td>
<td>$3,407.50</td>
<td>$4,089.00</td>
<td>$4,600.13</td>
<td>$5,111.25</td>
<td>$6,815.00</td>
<td>$8,518.75</td>
<td>$10,222.50</td>
</tr>
</tbody>
</table>

For each additional person, add:

- $346.67
- $416.00
- $468.00
- $520.00
- $693.33
- $866.67
- $1,040.00
## Medicare Savings Program Monthly Income and Asset Amounts

<table>
<thead>
<tr>
<th>Medicare Savings Plan</th>
<th>Assets</th>
<th>Monthly Net Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified Medicare Beneficiary – 1 Person</td>
<td>$7,280</td>
<td>$990.00</td>
</tr>
<tr>
<td>Qualified Medicare Beneficiary – 2 People</td>
<td>$10,930</td>
<td>$1,335.00</td>
</tr>
<tr>
<td>Specified Low Income Beneficiary – 1 Person</td>
<td>$7,280</td>
<td>$1,188.00</td>
</tr>
<tr>
<td>Specified Low Income Beneficiary – 2 People</td>
<td>$10,930</td>
<td>$1,602.00</td>
</tr>
<tr>
<td>Specified Low Income Beneficiary Plus – 1 Person</td>
<td>$7,280</td>
<td>$1,336.50</td>
</tr>
<tr>
<td>Specified Low Income Beneficiary Plus – 2 People</td>
<td>$10,930</td>
<td>$1,802.25</td>
</tr>
<tr>
<td>Qualified Disabled and Working Individual – 1 Person</td>
<td>$4,000</td>
<td>$1,980.00</td>
</tr>
<tr>
<td>Qualified Disabled and Working Individual – 2 People</td>
<td>$6,000</td>
<td>$2,670.00</td>
</tr>
</tbody>
</table>

## Medicaid Monthly Income Limits

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Assets</th>
<th>Monthly Net Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Standard Plan – 1 Person</td>
<td>$2,000</td>
<td>$572.45 + actual shelter cost up to $244.33</td>
</tr>
<tr>
<td>Medicaid Standard Plan – 2 People</td>
<td>$3,000</td>
<td>$865.38 + actual shelter cost up to $366.67</td>
</tr>
<tr>
<td>Medicaid Deductible – 1 Person</td>
<td>$2,000</td>
<td>$591.67</td>
</tr>
<tr>
<td>Medicaid Deductible – 2 People</td>
<td>$3,000</td>
<td>$591.67</td>
</tr>
<tr>
<td>Home and Community-Based Waivers</td>
<td>$2,000</td>
<td>$2,199.00</td>
</tr>
<tr>
<td>Institutional Medicaid</td>
<td>$2,000</td>
<td>$2,199.00</td>
</tr>
<tr>
<td>Medicaid Purchase Plan – 1 Person</td>
<td>$15,000</td>
<td>$2,475.00</td>
</tr>
<tr>
<td>Medicaid Purchase Plan – 2 People</td>
<td>$15,000</td>
<td>$3,337.50 Applicant Only</td>
</tr>
</tbody>
</table>
The following tables show what information you may need to provide proof of and lists the items you can use as proof. In some cases, your agency can get proof from other sources and you will not have to provide it. Your agency will tell you what information you need to provide proof of once they process your application. If you need help getting any items of proof, call your agency.

<table>
<thead>
<tr>
<th>Proof Needed and Items You Can Use</th>
<th>BadgerCare Plus</th>
<th>Medicaid</th>
<th>FoodShare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proof of Health Insurance</strong> – The State of Wisconsin will check to see if employer health insurance is available to you and/or your family members.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Proof of Disability</strong> – You may be asked to provide proof of disability or blindness if the state is not able to get this information. Items you can use are:</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Approval letter from the state Disability Determination Bureau</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Award letter from the Social Security Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Identity</strong></td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>• U.S. passport</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• State driver’s license</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• School picture ID</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Military dependent ID card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Military ID or draft record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Native American tribal enrollment document</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• For children under 18 applying for BadgerCare Plus or Medicaid, a signed Statement of Identity form (to get this form, contact your agency)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of U.S. Citizenship</strong></td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>• U.S. passport</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• U.S. birth certificate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Citizenship ID card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Adoption papers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Military record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hospital record of U.S. birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Insurance record with U.S. birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nursing home admission papers showing U.S. birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Immigration Status (if you are not a U.S. citizen)</strong></td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• Alien Registration card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Naturalization certificate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Tribal Membership and/or Native American or Alaskan Native Descent</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Tribal Enrollment card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Written verification or document issued by the tribe indicating tribal affiliation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Certificate of Degree of Indian blood issued by the Bureau of Indian Affairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tribal census document</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medical record card or similar documentation issued by an Indian caregiver that specifies Indian descent</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Proof Needed and Items You Can Use

<table>
<thead>
<tr>
<th>Proof of Child Support Paid or Received</th>
<th>BadgerCare Plus</th>
<th>Medicaid</th>
<th>FoodShare</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Court order</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Payment record from other state</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you pay or get child support in Wisconsin, your agency may be able to get this proof. If not, you will need to provide proof.

<table>
<thead>
<tr>
<th>Proof of Assets</th>
<th>BadgerCare Plus</th>
<th>Medicaid</th>
<th>FoodShare</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bank statements</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Titles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Contracts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Deeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Life insurance policies, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proof of Job Income (for all family members who have a job)</th>
<th>BadgerCare Plus</th>
<th>Medicaid</th>
<th>FoodShare</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Check stubs (for the last 30 days)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• An Employer Verification of Earnings (EVF-E) form</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A letter from the employer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you choose a letter, it must have the same information as the EVF-E form. **Note:** If you want to use an EVF-E form, ask your agency to send one to you. Your employer must complete and sign this form. Return the completed form to the address on the form.

<table>
<thead>
<tr>
<th>Proof of Self-Employment Income (for all family members who are self-employed)</th>
<th>BadgerCare Plus</th>
<th>Medicaid</th>
<th>FoodShare</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Copies of tax forms</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• A Self-Employment Income Report (contact your agency for this form)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proof of Other Income – You must provide proof of all other income for everyone in your home. Other income may include alimony, child support, disability or sick pay, interest or dividends, veterans benefits, workers compensation, unemployment insurance, etc. Some items you can use include the following:</th>
<th>BadgerCare Plus</th>
<th>Medicaid</th>
<th>FoodShare</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pension statement</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Current award letter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Copy of current check</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The following table lists proof and items you can use, if you want to get a credit.

<table>
<thead>
<tr>
<th>Proof Needed and Items You Can Use if You Want to Get a Credit</th>
<th>BadgerCare Plus</th>
<th>Medicaid</th>
<th>FoodShare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proof of Rent or House Payments</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Lease, rental agreement, or receipt/letter from landlord</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Mortgage payment record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Utility Costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Utility and/or phone bill</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Letter from utility company</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Firewood receipt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Medical Costs</strong></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Billing statement/itemized receipts</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Medicare card showing “Part B” coverage</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Health insurance policy showing premium, coinsurance, copayment, or deductible</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Medicine or pill bottle with price on label</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Proof of Pre-Tax Deductions</strong></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Check stubs</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• A letter from the employer</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Proof of Tax Deductions</strong></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Receipts</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Bank statements</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Check stubs</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Previous year’s tax forms</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>The following items are required to be verified for Caretaker Supplement and SeniorCare. Please see the previous tables for items you can use as proof.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proof Needed</th>
<th>Caretaker Supplement</th>
<th>SeniorCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Social Security number</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of U.S. citizenship</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Proof of immigration status</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of identity</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Proof of job income and wages</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Proof of self-employment income for all family members</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of other income, including alimony, child support, disability or sick pay, interest or dividends, veterans benefits, workers compensation, unemployment insurance, etc.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of child support paid</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Proof of pregnancy</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Proof of assets</td>
<td>Yes (minor children only)</td>
<td>No</td>
</tr>
</tbody>
</table>