|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STATE OF WISCONSIN**  **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02053 (03/09/2021) | | |  | | | | | **CIP** | | | |
| **ADRC referral to income maintenance For Managed Long-TeRM Care Services** | | | | | | | | | | | |
|  | | | | | | Date of Referral to (IM) | | | | RFA/Case Number | |
|  | | | | | |  | | | |  | |
| Name – ADRC Staff Completing Form | | | | | | Phone | | | | Email | |
|  | | | | | |  | | | |  | |
| Referral for: | | | | | | | | | | | |
| Family Care | IRIS | | | | PACE | | | | | Partnership | |
|  | Medicare Savings Program | | | | MA Only | | | | | MAPP | |
| Divestment | Asset Assessment | | | |  | | | | |  | |
| Long-Term Care Functional Screen Eligibility Determined on Date:  The LTCFS Eligibility Results page must also be submitted with this referral. | | | | | | | | |  | | |
| If the individual was previously determined functionally eligible, please include the first date on which the individual was determined functionally eligible: | | | | | | | | |  | | | |
| Type of Application Process Requested:  Face-to-Face  Mail  Phone | | | | | | | | | | | | |
| Applicant is Currently Enrolled in: (If Applicable) | | | | | | | | | | | | |
| MAPP  MA Waiver Program  Institutional MA  SSI  BadgerCare Plus  Medicaid Savings Program  Katie Becket | | | | | | | | | | | | |
| Name – Applicant (Last, First, MI) | | | | | | | | | DOB | | Medicaid ID | |
|  | | | | | | | | |  | |  | |
| Street Address | | | City | | | | State | | Zip Code | | Phone | |
|  | | |  | | | | WI | |  | |  | |
| Marital Status | | | Living Arrangement | | | | | | | | | |
| Single  Divorced  Married  Widowed  Separated  Legally Separated | | | Own Home/Apartment  Nursing Home  ICF-MR  CBRF  AFH  RCAC  Other – Specify: | | | | | | | | | |
| County of Residence | | | | | | County of Responsibility | | | | | | |
|  | | | | | |  | | | | | | |
| Protective Placement | | | | | | Protective Placement County of Venue (if applicable) | | | | | | |
| Yes  No | | | | | |  | | | | | | |
| Name – Contact Person | | | | | | Phone | | | | | | |
|  | | | | | |  | | | | | | |
| Relationship to Applicant (e.g., guardian of person, guardian of finances, POA, Rep. payee, authorized representative, son, daughter) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Street Address | | | City | | | | State | | Zip | | Phone | |
|  | | |  | | | |  | |  | |  | |
| Anticipated Program Start Date: | | | | | | | | | | | $ | |
| Special Housing Amount in Substitute Care – **Rent only** from Room and Board costs: | | | | | | | | | | | $ | |
| Medical/Remedial Expenses: Attach Form [F-00295](https://www.dhs.wisconsin.gov/forms/f0/f00295.doc) if applicable: | | | | | | | | | | | $ | |
| The following documents are attached: | | | | | | | | | | | | |
| Family Care Program Enrollment Form [F-00046](https://www.dhs.wisconsin.gov/library/f-00046.htm)  IRIS Authorization Form [F-00075](https://www.dhs.wisconsin.gov/library/f-00075.htm)  PACE and Partnership Program Enrollment Form [F-00533](https://www.dhs.wisconsin.gov/library/f-00075.htm)  LTCFS Eligibility Results Page  Medical and Remedial Expenses Checklist Form [F-00295](https://www.dhs.wisconsin.gov/forms/f0/f00295.doc)  Guardianship, POA, Representative Payee Documentation | | | | Declaration Regarding Transfer of Resources Form [F-20919D](https://www.dhs.wisconsin.gov/library/f-20919d.htm)  Medicaid Asset Assessment Form [F-10095](https://www.dhs.wisconsin.gov/library/F-10095.htm)  Wisconsin Medicaid for the Elderly, Blind or Disabled Application Form [F-10101](https://www.dhs.wisconsin.gov/library/F-10101.htm)  BadgerCare Plus Application Form [F-10182](https://www.dhs.wisconsin.gov/library/F-10182.htm)  Medicaid/BadgerCare Plus Verification Documents  MADA Form [F-10112](https://www.dhs.wisconsin.gov/library/F-10112.htm) and ADDD Form [F-14014](https://www.dhs.wisconsin.gov/library/F-14014.htm) | | | | | | | | |
| Other Documentation – Describe: | |  | | | | | | | | | | |