Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

FORWARDHEALTH

MEMBER SERVICES
PO BOX 6678
MADISON WI 53716-0678

Phone: 800-362-3002
Fax: 608-250-6563
TTY: 711
www.dhs.wisconsin.gov/forwardhealth

DATE: April 28, 2023

TO: All Wisconsin Chronic Disease Program (WCDP) Members
Hemophilia Home Care Program

FROM: WCDP

Please complete the enclosed Financial Need Statement, F-01187, and return it to WCDP by **May 31, 2023**.

IMPORTANT: Do NOT throw away your current ForwardHealth card. New cards are not issued on receipt of financial needs information. Provide all of the requested information. Incomplete forms will be returned to you.

All completed forms must be received by May 31, 2023, in order for WCDP to pay for services received on and after July 1, 2023.

Contact your treatment center if you need help completing and mailing this form.

Pay particular attention to the following items:

SECTION 5. INSURANCE INFORMATION
Provide accurate information about your current health insurance. If your insurance has changed, indicate the end date for your previous insurance and the start date for your new insurance. If you have more than one insurance policy, list the second insurance company under Insurance #2. Attach additional sheet(s) of paper with your insurance information if needed. Incomplete and/or inaccurate insurance information may result in denial of submitted claims.

SECTION 6. FINANCIAL INFORMATION.
Item 21. Current Monthly/Yearly Family Income—Eligibility for WCDP is based on your current monthly or annual family income. You must report all items (a. through l.) for all members in your household to determine your total family income.

SUBMIT ADDITIONAL INFORMATION.
You will need to submit the following items with the Financial Need Statement:
- Copy of last year's Wisconsin Income Tax return with all attachments
- Copy of the most recent rental agreement **or** property tax bill

- Copy of one of the following:
  - Your Wisconsin driver's license with current address
  - Your state ID with current address
  - Your student ID (only for applicants younger than age 19)
- Copy of your permanent resident card (also called an alien registration card or green card) issued by the U.S. Citizenship and Immigration Services if you are not a U.S. citizen

Please send your completed materials to:

Wisconsin Chronic Disease Program
Attention: Eligibility Unit
PO Box 6410
Madison, WI 53716-0410

If you have questions, please call Member Services at 800-362-3002.