

### TEMPORARY ENROLLMENT FOR FAMILY PLANNING ONLY SERVICES

Providing or applying for a Social Security Number (SSN) is voluntary; however, any person who wants Family Planning Only Services but does not provide an SSN or apply for one will not be able to enroll Family Planning Only Services. See Instructions for religious exemption information. SSNs and personally identifiable information will be used only for the direct administration of Family Planning Only Services. Instructions on how to complete this form can be found online at: <https://www.forwardhealth.wi.gov/WIPortal/Default.aspx>.

**SECTION I – APPLICANT INFORMATION (GENERAL)** In what language (other than English) would you like to receive information?

1. Name – Applicant (Last, First, MI)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (MM/DD/YY)	Telephone Number
2. Residence Address (Street, City, State, Zip Code)			County of Residence
3. Are you currently receiving full benefit Wisconsin Medicaid or BadgerCare Plus? (If yes, go to section III.)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are you a U.S. Citizen? (If No, go to Section III, number 13)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you been temporary enrolled in Family Planning Only Services the last 12 months? (If yes, go to section III)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SECTION II – INCOME INFORMATION**

6. How many family members are in the household? (See the instructions to determine who must be included.)	
7. Enter the total monthly gross earned income. Do not count the wages of anyone under 18 years of age. Do not count the parents' income for a person under 19 years old who is applying on his/her own. See Instructions.	\$
8. Enter total monthly other income (VA, SSA, contributions, unemployment compensation, allowance, child support, etc.).	\$
9. Enter the total monthly gross income (add Lines 7 and 8).	\$
10. Enter total monthly child support expense ordered by the court.	\$
11. Enter total net monthly income (subtract Line 9 from Line 10).	\$
12. Compare the total net income (Line 11) with the federal poverty level guideline for the appropriate group size. Does the client meet the eligibility income limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION III – NOTICE**

I certify that the above-named applicant, based on the preliminary information provided above, is able to be temporarily enrolled in Family Planning Only Services. I have informed the applicant of the requirement to apply by mail, telephone, or online at [access.wi.gov](http://access.wi.gov), or with the certifying agency by the end of the month following the current month. I have informed the applicant of all privacy and service availability issues under Family Planning Only Services.

OR

- I have determined that the above-named applicant cannot be temporarily enrolled in Family Planning Only Services for the following reason(s)
- Applicant is not in need of contraceptive services.
  - Applicant does not qualify under the income guidelines.
  - Applicant is currently enrolled in full benefit BadgerCare Plus or Medicaid.
  - Applicant was determined temporarily enrolled in the Family Planning Only Services anytime in the past 12 months (can only have one temporary enrollment for the Family Planning Only Services in a rolling 12-month period)
  - Applicant is not a U.S. citizen.
  - Applicant is not a resident of Wisconsin

Name – Qualified Provider (Type or Print) <b>WELLNESS CENTER OF DOOR COUNTY</b>	Address – Qualified Provider <b>P.O. Box 85 STURGEON BAY WI 54235</b>
SIGNATURE – Qualified Provider <b>MGB</b>	Medicaid Provider Number <b>42011800</b> Date Signed

14  I certify, under penalty of false swearing, that the information on this application and given in connection with it is a true and complete statement of facts according to my best knowledge and belief. I understand that in order to be enrolled in Family Planning Only Services, I must apply by mail, telephone, or online at [access.wi.gov](http://access.wi.gov). I understand that temporary enrollment for Family Planning Only Services ends at the end of the month following the month in which I was determined temporarily enrolled in Family Planning Only Services.

OR

- I understand that I do not meet the enrollment rules for temporary enrollment in Family Planning Only Services. The qualified provider named above has informed me that I may still apply for Family Planning Only Services online at [access.wi.gov](http://access.wi.gov), by mail, or telephone.

SIGNATURE – Applicant	Date Signed
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**SECTION IV TEMPORARY ENROLLMENT FOR FAMILY PLANNING ONLY SERVICES TEMPORARY IDENTIFICATION CARD**

Card Effective Dates (MM/DD/YY)	Medical Status Code	MA ID Number	Agency Code
From Through	PF	SSN =	851

Client Name and Address	To the Patient This card identifies you as being able to get certain family planning services through Temporary Enrollment for Family Planning Only Services. You may get these services from <b>any certified Family Planning provider</b> . You must present this card to your provider <b>BEFORE</b> getting medical care, services or supplies. In order to qualify Family Planning Only Services benefits after the expiration date of this card, you must apply with your agency (or other application site) immediately. If you have any questions call: <b>1-800-362-3002</b> .
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