

**APPLICATION TO BECOME A CERTIFIED PARTNER / PROVIDER FOR
BADGERCARE PLUS EXPRESS ENROLLMENT FOR CHILDREN**

This is an application to become a partner/provider certified to use the BadgerCare Plus Express Enrollment Web based tool to temporarily enroll children in BadgerCare Plus. If this application is approved, you will receive an approval letter with your partner/provider number and information on how to temporarily enroll children in BadgerCare Plus using Express Enrollment. In addition, you will receive a letter containing your one-time use personal identification number (PIN) for purposes of logging in and setting up administrative rights for individuals in your agency to access the online express enrollment tool. Complete the information below, sign and date this form, and fax or mail it to:

Provider Maintenance
6406 Bridge Rd
Madison WI 53784
(608) 221-0885 (Fax)

Name — Organization / Agency		FEIN/TIN	
Address		Telephone Number ()	
		FAX Number	
City	State	ZIP Code	

Type of Organization (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Medicaid Certified Provider | <input type="checkbox"/> Emergency Food and / or Shelter Provider |
| <input type="checkbox"/> National Provider Identifier | <input type="checkbox"/> Elementary or Secondary School |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Government Entity / Tribal Organization |
| <input type="checkbox"/> WIC Program | <input type="checkbox"/> Faith-Based Organization |
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Other (Describe) |

Note: The Security Administrator will receive the PIN instructions for setting up users in your organization/agency.

SECURITY ADMINISTRATOR

Name — First	MI	Last	Title
Telephone Number ()		E-mail Address	

If the individual completing this form is not the Security Administrator, provide the information below.

INDIVIDUAL COMPLETING THIS FORM

Name — First	MI	Last	Title
Telephone Number ()		E-mail Address	

SIGNATURE — Individual Completing Form / Security Administrator	Date
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Continued



Complete this section if you are requesting certification for more than one site/location.

Primary Site Name		Telephone Number (Include Area Code)
Address		
City	State	ZIP Code

Please provide a unique identifier for each additional site. For example: Health Care Clinic — “**East Side, Main Street.**”

Site Name		Telephone Number ()
Address		
City	State	ZIP Code

Site Name		Telephone Number ()
Address		
City	State	ZIP Code

Site Name		Telephone Number ()
Address		
City	State	ZIP Code