

**WISCONSIN DEPARTMENT OF HEALTH SERVICES**

Division of Health Care Access and Accountability

F-10186 (07/08)

## DESIGNATION OF A BADGERCARE PLUS ESSENTIAL PERSON

Certain individuals, who would not otherwise be included in a group's BC+ coverage, may be included if the individual meets the definition of an essential person under BadgerCare Plus policy. This form must be completed to designate an individual as an essential person for BadgerCare Plus. Documentation must be provided that the essential person is capable of and does provide the essential benefit or service.

Name - Essential Person

Essential person's relationship to person receiving the benefit

Check below for the essential benefit or service that the selected essential person will perform and write in the name of the recipient of the service or benefit.

<input type="checkbox"/>	Child care that enables _____ to work outside the home, full time (30 hours or more a week) for pay.
<input type="checkbox"/>	Child care that enables _____ to receive training full time (30 hours or more a week).
<input type="checkbox"/>	Child care that enables _____ to attend high school or GED classes full time (as defined by the school).

Or

<input type="checkbox"/>	Care for a disabled family member in the BadgerCare Plus group. I understand that the disability must be medically verified. The disabled person who requires the care is _____ .
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Your signature on this form indicates that:

- The essential person listed on this form is essential to your well being or the well being of other persons in your family and you request that s/he be included in your BadgerCare Plus group as an essential person.
- The essential person is capable of providing the essential benefit or service you are requesting.
- You understand that you may be asked to provide information to prove that the person selected is capable of providing the essential benefit or service.
- You understand the county or tribal agency must approve or deny your request that an essential person be included in your BadgerCare Plus group.

<b>SIGNATURE</b> – Applicant or Authorized Representative	Date Signed
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Agency Decision

<b>SIGNATURE</b> - Agency Worker	Case Number
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