

**CERTIFICATION FOR SSI-E
EXCEPTIONAL EXPENSE SUPPLEMENT**

Personally identifiable information collected on this form is confidential and will be used only to determine eligibility for services and for identification purposes.

1. To: State of Wisconsin
Department of Health and Family Services
P.O. Box 6680
Madison, WI 53716-0680

This form has been renumbered and revised. Please update your link to:

<http://dhs.wisconsin.gov/forms1/F2/f20818.pdf>