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| **Health and Employment Counseling Extension Request** |
| If you are enrolled in the Health and Employment Counseling (HEC) program and need more than nine months to get a work activity that meets the Medicaid Purchase Plan (MAPP) work requirement, you can apply for one three-month HEC extension.  |
| What does an extension do? |
| An extension will add three more months to your current enrollment period, for a total of 12 months of HEC. Extension requests of more than three months will not be considered.  |
| When should I apply for an extension? |
| You should apply for an extension if you are nearing the end of your HEC enrollment but do not yet have a job, self-employment, or in-kind work (work in exchange for goods or services) that meets the Medicaid Purchase Plan (MAPP) work requirement. To prevent any gaps in your MAPP coverage, you should apply for an extension before the end of your seventh month of enrollment. For example, if your HEC start date was January 1, you should apply for a three-month extension by the end of July. **To be approved for an extension, you must apply before the HEC enrollment end date listed on your HEC approval letter.** |
| **How to submit this form** |
| Submit your completed form one of these ways: |
| **Smart Phone with solid fill**  | **Mobile App** | **Envelope with solid fill** | **Mail** |
| Take a photo of all the pages of the form and submit them using the MyACCESS mobile app.  | * If you live in **Milwaukee County**:

MDPU6055 N. 64th St. Milwaukee, WI 53218* If you do **not** live in Milwaukee County:

CDPUPO Box 5234Janesville, WI 53547 |
| **Laptop with solid fill**  | **Online** |
| Scan all pages of the form to the ACCESS website. You can do this through your ACCESS account, which you can log into at [access.wi.gov](https://access.wisconsin.gov/).  |
| **Printer with solid fill** | **Fax** | **User with solid fill**  | **In Person** |
| * If you live in **Milwaukee County**, fax the form to 888-409-1979.
* If you do **not** live in Milwaukee County, fax the form to 855-293-1822.
 | Take the form to your agency. Find your agency contact at [dhs.wi.gov/im-agency](https://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm).  |
| Once your completed form is received, the HEC coordinator will send you an approval or denial letter. This letter will also be sent to your local agency so your HEC enrollment period will be updated, if needed.  |

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| APPLICANT INFORMATION (Please print) |

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| Request Date (MM/DD/YY) | Case Number |
|       |       |
| Name – Applicant (Last, First, Middle Initial) | Phone Number |
|       |       |
| Mailing Address |
|       |
| City | State | ZIP Code |
|       |       |       |
| Reason for the three-month extension request |
|       |