

STATEMENT ABOUT IMMIGRATION STATUS

If you are not a citizen of the U.S., you must meet the program rules about immigration status to be eligible for Wisconsin Medicaid, BadgerCare Plus, or Family Planning Only Services benefits. This form will help us see if you meet the program rules. You do not have to fill out and submit this form. However, if you do not, you may not be eligible for benefits.

We will use the information you provide about being lawfully present in the U.S. to see if you are eligible for benefits for a limited time. If you provide an immigration or document card number, we will verify your immigration status with the U.S. Citizenship and Immigration Services (USCIS). Based on the information USCIS gives us, we will see if you are eligible for ongoing benefits. You do not have to provide an immigration or document card number at this time. However, if you do not, you will need to provide more information at a later date so we can see if you can get ongoing benefits.

Instructions

Write in any information that is not already listed. For each person in your household who was part of your application for benefits, tell us if the person is lawfully present in the U.S. If the person is lawfully present in the U.S., please provide the person’s immigration or document card number. This will help us make a decision about your benefits more quickly. If you agree to the statements in Section 3, sign and date the form.

Submission Options

Submit your completed form in one of the following ways by Month XX, CCYY:

- **Mobile app.** Take a photo of all the pages of the form and submit them using the MyACCESS mobile app.
- **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](http://access.wi.gov).  
**Note:** You can only scan forms to the ACCESS website at certain times. If you are unable to scan the form to the ACCESS website, submit the form using one of the other ways.
- **Fax.**
  - 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.
- **Mail.**
  - If you live in **Milwaukee County**, mail the form to: MDPU, PO Box 05676, Milwaukee, WI 53205
  - If you do **not** live in Milwaukee County, mail the form to: CDPU, PO Box 5234, Janesville, WI 53547
- **In Person.** Take the form to your agency. Your agency contact information is on the Wisconsin Department of Health Services website at [www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm](http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm).

SECTION 1

Information About the Person Who Applied for Benefits



Name – Person Who Applied for Benefits (First, Last, Middle Initial)

Case Number (if you have one)

Date of Birth (if you do not have a case number)

SECTION 2

Immigration Information for Each Person in the Household on Your Application



Name – Person in Your Household (First, Last, Middle Initial)

Date of Birth	Is this person lawfully present in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Optional:** If you checked that this person is lawfully present in the U.S., please provide the person's immigration or document card number.

Immigration Document or Card Number Being Provided	
<input type="checkbox"/> Alien registration, A, or USCIS	<input type="checkbox"/> Certificate of Citizenship
<input type="checkbox"/> Certificate of Naturalization	<input type="checkbox"/> Employment Authorization Document (I-766)
<input type="checkbox"/> Form I-94 Arrival/Departure Record	<input type="checkbox"/> Passport
<input type="checkbox"/> Permanent resident or green card	<input type="checkbox"/> Student and Exchange Visitor Information System (SEVIS) ID
Immigration Document or Card Number	

<b>SECTION 3</b>	<b>Statements of Understanding and Signature</b>	
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By signing below, I am saying, under penalty of perjury and false swearing, that the information I have given on this form is true. I am also saying that I understand the following:

- The Wisconsin Department of Health Services will verify with the USCIS the immigration status of any person in my household who is lawfully present and is applying for benefits.
- Information from USCIS may affect each person's eligibility for benefits.
- The Wisconsin Department of Health Services will not verify with USCIS the immigration status of any person who is not lawfully present and/or whose name is not listed above.
- The Wisconsin Department of Health Services will not verify with USCIS the immigration status of any person who is only applying for Emergency Services Medicaid, BadgerCare Plus Emergency Services, or the BadgerCare Plus Prenatal Program.

 <b>SIGNATURE</b> – Adult in Your Household	Date Signed
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Print First and Last Name

## Nondiscrimination Notice: Discrimination is Against the Law – Health Care-Related Programs

The Wisconsin Department of Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Department of Health Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Department of Health Services:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Department of Health Services civil rights coordinator at 844-201-6870.

If you believe that the Department of Health Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Department of Health Services, Attn: Civil Rights Coordinator, 1 West Wilson Street, Room 651, PO Box 7850, Madison, WI 53707-7850, 844-201-6870, TTY: 711, Fax: 608-267-1434, or email to [dhsrc@dhs.wisconsin.gov](mailto:dhsrc@dhs.wisconsin.gov). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Department of Health Services civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

<b>Español (Spanish)</b> ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-201-6870 (TTY: 711).	<b>Deutsch (Pennsylvania Dutch)</b> Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kansch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 844-201-6870 (TTY: 711).
<b>Hmoob (Hmong)</b> LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 844-201-6870 (TTY: 711).	<b>ພາສາລາວ (Laotian)</b> ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 844-201-6870 (TTY: 711).
<b>繁體中文 (Chinese)</b> 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 844-201-6870 (TTY: 711)。	<b>Français (French)</b> ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-201-6870 (ATS: 711).
<b>Deutsch (German)</b> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 844-201-6870 (TTY: 711).	<b>Polski (Polish)</b> UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-201-6870 (TTY: 711).
<b>العربية (Arabic)</b> ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 844-201-6870 (رقم هاتف الصم والبكم: 711).	<b>हिंदी (Hindi)</b> ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 844-201-6870 (TTY: 711) पर कॉल करें।
<b>Русский (Russian)</b> ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-201-6870 (телетайп: 711).	<b>Shqip (Albanian)</b> KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 844-201-6870 (TTY: 711).
<b>한국어 (Korean)</b> 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 844-201-6870 (TTY: 711) 번으로 전화해 주십시오.	<b>Tagalog (Tagalog – Filipino)</b> PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 844-201-6870 (TTY: 711).
<b>Tiếng Việt (Vietnamese)</b> CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-201-6870 (TTY: 711).	<b>Soomaali (Somali)</b> FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawinta luuqada, oo bilaash ah, ayaa lagu heli karaa. Soo wac 844-201-6870, TTY: 711.