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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02764LP (02/2024) | | **STATE OF WISCONSIN**  Page 1 of 2 | | | |
| **PARTICIPANT FISCAL EMPLOYER AGENT (FEA) — TRANSFER REQUEST** | | | | | |
| **INSTRUCTIONS: Completion of this form is voluntary; however no request can be processed without the completed signed form.** This form documents your request and initiates the process to transfer to a new IRIS fiscal employer agent. Upon completion, the ADRC or Tribal ADRS will submit the request to the IRIS Consultant Agency. The consultant shall upload the form to WISITS within three (3) business days of receipt of the form. | | | | | |
| While IRIS participants may request a transfer at any time, FEA transfers must adhere to the [FEA Transfer Calendar](https://www.dhs.wisconsin.gov/publications/p02239.pdf) and are not permitted in consecutive cycles. Once the Transfer Request form is submitted to the ADRC or Tribal ADRS, it cannot be changed or revoked. | | | | | |
| Name — Participant (Last, First) | | Participant’s MCI | | | |
|  | |  | | | |
| Select your current fiscal employer agent: Choose an item. | | | | | |
| Select the fiscal employer agent you would like to transfer to: Choose an item. | | | | | |
| **Optional**: If you would like, please share the reason that you are changing your FEA. Your comment will be shared with the FEA but your identity will remain private. | | | | | |
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| I understand that the FEA I have selected above will become the FEA responsible for facilitating payments to approved service providers, and I understand and agree that the new FEA and my current FEA must share information necessary to process this change. **I understand that once I sign and submit this form to the ADRC or Tribal ADRS, this FEA transfer request may not be changed or revoked, but I am free to request a transfer to another FEA in the future.** | | | | | |
| **SIGNATURE** — Participant | | | | Date Signed | |
|  | | | |  | |
| **SIGNATURE** – Legal Guardian, Conservator, or Activated Power of Attorney | | | | Date Signed | |
|  | | | |  | |
| **INFORMATION COMPLETED BY:** | | | | | |
| ADRC or Tribe Name | | | | County | |
|  | | | |  | |
| ADRC or Tribal Mailing Address | | | City | | Zip Code |
|  | | |  | |  |
| Name — ADRC or Tribal ADRS Worker Completing Form | | | | Phone | |
|  | | | |  | |
| Email Address | | | | | |
|  | | | | | |
| Distribution of completed form: | Individual, Guardian, Conservator, or Activated Power of Attorney | | | | |
| ICA | | | | |
| The ADRC or Tribal ADRS must retain the originally, signed request form, or an electronically scanned copy of the signed form, on file for ten years in the event of a records request | | | | | |