

Family Planning Only Services Program



The Family Planning Only Services Program provides low to no-cost sexual and reproductive health care for people with limited income to reduce unplanned pregnancies.

Who is eligible?

You may be able to enroll if you meet all of the following:

- You live in Wisconsin.
- You are a U.S. citizen or have a qualifying immigration status.
- You are of childbearing or reproductive age.
- You have income at or below \$4,069.80 per month (effective February 1, 2026). Only your own income is counted. Your assets are not counted.
- You are not enrolled in Wisconsin Medicaid or BadgerCare Plus. (You can be enrolled in private health insurance while you are enrolled in the Family Planning Only Services Program.)

If you are eligible for the Family Planning Only Services Program, you will be enrolled for 12 months. Your coverage must be renewed yearly. About one month before your coverage ends, you will get a letter with information about the renewal process.

What services are covered?

Benefits include contraceptive services and supplies, tests and treatments for sexually transmitted diseases, and routine preventive services related to family planning.

Covered services must be related to a family planning office visit. For example, Pap tests are only covered when they are completed at a family planning office visit or with a referral from a family planning provider.

Services that may be covered when provided at an initial, yearly, or follow-up family planning-related office visit include:

- Contraceptive services and supplies, like birth control pills and condoms.
- Limited vaccines (such as those for HPV and mpox).
- Natural family planning supplies.
- Pap tests.
- Routine preventive primary services that are family planning-related.
- Tests and treatment for sexually transmitted diseases (like chlamydia, gonorrhea, herpes, and syphilis) and certain other lab tests.
- Voluntary sterilizations for those aged 21 or older.

Generally, you can start getting benefits the first of the month in which you apply and meet all program rules. You may also be able to get temporary coverage (also known as Express Enrollment) before your full application is complete and processed. Learn more at dhs.wisconsin.gov/forwardhealth/express-enrollment.htm and check with your provider for eligibility.

Getting Services

After you enroll in the Family Planning Only Services Program, you will get a ForwardHealth member card in the mail.

If you used to be enrolled in the Family Planning Only Services Program, BadgerCare Plus, or Medicaid, you will not automatically get a new ForwardHealth card. You can use your old card if you still have it. If needed, you can request a new card through your ACCESS account (log in at access.wi.gov) or call Member Services at 800-362-3002.

You will need to show your ForwardHealth card when you have a family planning-related appointment or pick up a prescription for contraceptive supplies at a pharmacy.

Protecting your privacy

If you apply for or enroll in the Family Planning Only Services Program, you can have information sent to an address other than your home address. If you are under 18:

- Your local agency will not contact your parents or other caretakers.
- You will not be referred to a child support agency.

How do I apply?

You can apply for the Family Planning Only Services Program:

- Online at access.wi.gov.
- By phone.
- In person at your agency. Find your agency at dhs.wi.gov/im-agency.
- By completing a paper application and mailing it to your local agency. To get a paper application or ask for help completing the application, go to dhs.wi.gov/forwardhealth/resources.htm or call Member Services at 800-362-3002.

More Information

For more information about the Family Planning Only Services Program, you can:

- Visit dhs.wi.gov/fpos/index.htm.
- Contact your local agency.
- Call Member Services at 800-362-3002.



**WISCONSIN DEPARTMENT
of HEALTH SERVICES**

P-02314 (02/2026)

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 (including pregnancy, gender identity, and sexual orientation). 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 dhscrc@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>.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-201-6870 (TTY: 711).	Deutsch (Pennsylvania Dutch) Wann du Deutsch (Pennsylvania Dutch) schwetzscht, kannscht du ebber griegie as dich helfe kann mit Englisch, unni as es dich ennich eppes koschte zellt. Ruf 844-201-6870 uff (TTY: 711).
Hmoob (Hmong) 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).	ພາສາລາວ (Laotian) ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ ແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໃຫ້ໂທຫາເບີ 844-201-6870 (TTY: 711).
繁體中文 (Traditional Chinese) 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)。	Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-201-6870 (ATS : 711).
Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 844-201-6870 (TTY: 711).	Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-201-6870 (TTY: 711).
العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 844-201-6870 (رقم هاتف الصم والبكم: 711).	हिंदी (Hindi) 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।
Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-201-6870 (телетайп: 711).	Shqip (Albanian) KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 844-201-6870 (TTY: 711).
한국어 (Korean) 알림: 한국어 지원 서비스를 무료로 이용하실 수 있습니다. 844-201-6870 (TTY: 711) 번으로 전화해 주십시오.	Tagalog (Tagalog – Filipino) 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).
Tiếng Việt (Vietnamese) 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).	Soomaali (Somali) 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).