

Tuberculosis Treatment Assistance Program
Special Request Exceedance of \$50 LTBI Cap or \$200 Active TB Cap

Instructions

Return completed form to the Wisconsin Department of Health Service's TB Treatment Assistance Program by email at DHSWITBProgram@dhs.wisconsin.gov or fax to 608-266-0049.

Contact information

Agency name: _____ Contact person— name: _____

Contact email: _____ Contact phone: _____

Agency address (where reimbursement will be sent): _____

Special request for TB treatment assistance

Type of assistance	Description or reason	WEDSS Incident ID	Dates or month of assistance	Amount requested	Approve or decline initials
Rent assistance					
Other housing assistance					
Utility payment					
Phone service payment					
Other request:					

Total amount requested: _____

Signature — Contact: _____ Date signed: _____