

SENIORCARE APPLICATION INSTRUCTIONS

The SeniorCare application is only for applying for the SeniorCare Prescription Drug Program. The application is not for any other health care coverage or benefit program.

If you need help filling out the application, call SeniorCare Customer Service at 800-657-2038. TTY and translation services are available. You can also call your local aging office or Aging and Disability Resource Center. Visit FindMyADRC.org for more information.

You may have an authorized representative apply for you. To appoint an authorized representative, fill out either the [Appoint, Change, or Remove an Authorized Representative: Person form, F-10126A](#), or the [Appoint, Change, or Remove an Authorized Representative: Organization form, F-10126B](#), and submit it with your application. This allows your authorized representative to complete and sign the application for you.

How to complete the application

- **Print clearly** and use only **blue or black ink**. If you need to select an answer for a question, mark an X in the box to the left of the appropriate answers.
- Complete all sections of the application and submit the appropriate enrollment fee. If your application is not complete or correct, a SeniorCare Customer Service Representative may contact you for more information. This may cause a delay in the processing of your application.
- Provide information on the application form for you and your spouse (if you have a spouse who lives with you). Do not include information about other people in your household.

Applicant information (section 1)

See below for more information about how to answer the fields in the applicant and information section.

Address

Print your residential address in the first set of address fields on the application. If your mailing address is different from your residence, print your mailing address in the second set of address fields below where you enter your residential address.

Social Security Number

Print your Social Security number (SSN). We are required by law to collect your SSN and other personally identifiable information (Wis. Stat. §§ 49.688 and 49.82(2)). Failure to supply this information may result in denial of your application for benefits.

Your SSN and personally identifiable information will be used only for the direct administration of the SeniorCare program. Your SSN permits a computer check of your information with other government agencies, such as the Internal Revenue Service (IRS), Social Security Administration (SSA), and the Department of Workforce Development (DWD). In addition, DHS will match your name and SSN with a file provided by health insurance carriers to determine if you have other insurance. If you have health insurance, SeniorCare will coordinate benefit coverage with your plan.

Race and ethnicity (optional)

Select the option that best describes the race or ethnic origin of you and your spouse. This information is voluntary and will not be used to determine your enrollment.

Marital status and living arrangement

Select the appropriate option for your marital status.

For the “Are you living with a spouse?” question:

- Select “Yes” if you are married and living with your spouse.
- Select “No” if you do not have a spouse or if your spouse does not live with you.

Wisconsin resident

You are considered a Wisconsin resident if you meet any of the following requirements:

- Have a permanent residence in Wisconsin
- Are considered a Wisconsin resident for tax purposes
- Are a registered voter in Wisconsin

U.S. citizen

If you are applying for SeniorCare and are not a U.S. citizen, provide your alien registration or USCIS number. You may also enclose a copy of both sides of your alien registration card to verify your immigration status and alien registration number.

Answer the questions about when you came to the U.S., whether you have a sponsor, and if you have a military connection.

Spouse information (section 2)

Only complete the spouse information section of your application if you have a spouse and **they are currently living with you**. If you don’t live with your spouse and they want to apply, they must submit their own application.

We do not count the income of any other members of your household for SeniorCare.

Race and ethnicity (optional)

Select the option that best describes your spouse's race or ethnic origin. This information is voluntary and will not be used to determine your enrollment.

Wisconsin resident

Your spouse is considered a Wisconsin resident if they meet any of the following requirements:

- Have a permanent residence in Wisconsin
- Are considered a Wisconsin resident for tax purposes
- Are a registered voter in Wisconsin

U.S. citizen

If your spouse is not a U.S. citizen, provide their alien registration or USCIS number. You may also enclose a copy of both sides of their alien registration card to verify their immigration status and alien registration number.

Answer the questions about when they came to the U.S., whether they have a sponsor, and whether they have a military connection.

Marital status and living arrangement

Select the appropriate option for your spouse's marital status.

Social Security Number

Enter your spouse's SSN. Your spouse's SSN and other personally identifiable information are required by Wis. Stat. §§ 49.688 and 49.82(2). Failure to supply the information may result in denial of your application for benefits. Their SSN and personally identifiable information will be used only for the direct administration of the SeniorCare program. Their SSN permits a computer check of their information with other government agencies, such as the IRS, SSA, and the DWD. In addition,

DHS will match their name and SSN with a file provided by health insurance carriers to determine if they have other insurance. If they have a health insurance plan, SeniorCare will coordinate benefit coverage with your plan.

Address

You should put your spouse's address information in the address fields only if their address is different than yours.

Income information (section 3)

SeniorCare enrollment is based on the income you expect to get in the **next 12 months**. If you are living with your spouse, you must also include your spouse's income.

You must include the gross amount for all types of income exempt self-employment earnings. The gross amount is the amount before taxes or other deductions are taken out.

When including your income amount, you must:

- Enter dollars only, not cents.
- Enter "\$0" if you have no income in a category.
- Ensure you are including the annual amount, not the monthly account.

Many kinds of income are **not counted**. These include:

- Supplemental Security Income (SSI)
- Major disaster and emergency assistance payments
- Individual development accounts
- Claims settlement payments approved by federal law for Native Americans
- Income or benefits from some special programs

Use the income calculation worksheet that starts on page 13 of these instructions to help you calculate your income.

The major sources of income counted for SeniorCare are described below.

Social Security

The total amount of your Social Security payments, including Medicare premiums if they are withheld from your benefit check or electronic fund transfers. This line also includes railroad retirement benefits **if they are paid by the Social Security Administration.**

Job income and wages

Your total salary, wages, bonuses, and commissions (not including self-employment or partnership earnings) before taxes or deductions.

If you use your tax return or W-2 form from last year to estimate your earnings, consider whether you expect to work the same, more, or less in the next 12 months. Do not use the adjusted gross income figure from your tax return.

Interest, dividends, and capital gains

Estimated total annual interest, dividends, and capital gains. You must include amounts that are earned even if you do not receive that income. For example, interest earned by a certificate of deposit (CD) interest that is rolled back into the principal must be included.

If you expect a net loss, enter zero. Do not enter a negative figure.

Self-employment

Income from farming or a business owned solely or with others. Subtract your business costs, business losses, depreciation on business assets, and any other deductions the IRS allows you to take on your self-employment income.

You may look at your taxes from last year to get an idea of what you

earned and what you were allowed to deduct. **If you expect a loss in self-employment, enter zero.** Do not enter a negative figure.

Retirement

Pensions, 401(k) accounts, Veterans Benefits, taxable portions of individual retirement accounts (IRAs), and annuities that provide regular periodic payments.

This includes railroad retirement benefits paid by the Railroad Retirement Board.

Rental income from land or property (non-business)

Income related to renting land/property minus operating expenses. Income should not be listed in this space if it is earned through self-employment.

Other

Cash assistance, unemployment or worker's compensation, alimony payments, support money and other sources of income not listed in the other income sources.

If you get income from a spouse who does not live with you, include it here.

Total (optional)

Entering the total is optional. If you don't, the figure will be calculated for you by SeniorCare.

Signature (section 4)

Sending an application without signing it may cause a delay in enrollment. The application must be signed and dated by the applicant or the authorized representative, legal guardian, power of attorney, or conservator completing the application on their behalf.

Enrollment fee (section 5)

If you don't include your complete enrollment fee, **your SeniorCare enrollment may be denied or delayed.** Make sure you include the full amount for your fee with your application when you mail in your completed application.

If your application for SeniorCare is not approved, we will mail back your enrollment fee within six to eight weeks.

Enrollment fee enclosed

Mark an X in the box next to **\$30** if only one person is applying. Mark an X in the box next to **\$60** if you and your spouse who lives with you are both applying for SeniorCare.

Payment can be made by money order, cashier's check, or personal check payable to the "**State of Wisconsin.**" Include the names of all applicants on your check or money order. **Do not include cash.**

Other program information

If you are interested in other programs, such as the Medicare Savings Program or FoodShare, contact Member Services at **800-362-3002**. The Medicare Savings Program helps eligible people pay for Medicare coinsurance and premiums for Part A and Part B. FoodShare helps eligible people buy food. Additional information will be needed if you decide to apply for these programs.

To see if you qualify for other programs, you can contact your local county or Tribal agency or visit access.wi.gov. Go online to dhs.wi.gov/im-agency to find your agency's contact information.

Your rights and responsibilities

Changes, such as a member's death, address (including mailing address), change in permanent residence outside of Wisconsin, and household composition changes (marriage, divorce, or separation), that affect you and/or your spouse must be reported to SeniorCare Customer Service at **800-657-2038** within 10 days. Changes may also be reported by writing to:

SeniorCare

PO Box 6710

Madison, WI 53716-0710

Your signature on the application (Section 4 on the form) means that you authorize DHS to request any additional information that is appropriate and necessary for the proper administration of the SeniorCare program.

By signing your name or by including a signature of a person signing on your behalf, you agree that information given by you or your representative is true and correct. You and your representative are responsible for incorrect information or errors. Penalties for providing fraudulent information could be a fine of not more than \$10,000 or imprisonment of not more than one year, or both.

You have the right to request a fair hearing if you do not agree with any action taken concerning your application or ongoing benefits. You may request a fair hearing by writing to:

Wisconsin Department of Administration

Division of Hearings and Appeals

PO Box 7875

Madison, WI 53707-7875

The Department of Health Services is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact 608-266-3356 (voice) or 711 (TTY). All translation services are free of charge.

To file a complaint of discrimination, contact:

Civil Rights Compliance Office

Wisconsin Department of Health Services

Office of Affirmative Action and Civil Rights Compliance

201 E. Washington Ave., Room E200B

PO Box 7850

Madison, WI 53707-7850

Telephone 608-267-4955 (voice) or 711 (TTY) or fax 608-267-2147

SeniorCare application checklist

- ☐ **Complete each section.** If you are married and you live with your spouse, make sure you include their information.
- ☐ **Sign and date your application.** If you have an authorized representative, legal guardian, or power of attorney, they should sign.
- ☐ **Make out a check or money order to “State of Wisconsin” for the enrollment fee and include it with your application** (\$30.00 for one person; \$60.00 if you and your spouse are applying together).
- ☐ **Send your application and enrollment fee to:**
 - SeniorCare
 - PO Box 6710
 - Madison, WI 53716-0710.
- ☐ **Watch your mail for a notice of decision.** It normally takes 4–6 weeks to see if you are enrolled in SeniorCare.

Income calculation worksheet

This worksheet helps you convert your monthly income into the annual total you expect to get in the next 12 months. Use the first table for your income. Use the second table for your spouse's income if they live with you.

Important: Enter the **gross amount** (the **amount before taxes** or other deductions are taken out) for each income type except self-employment, which should be the net amount after deductions. Provide your **best estimate** for each type. Enter **dollars only**, not cents.

Applicant income calculation

Income type	Monthly amount	12 month multiplier	Total
1) Social Security	\$ _____	x 12	= \$ _____
2) Job income and wages	\$ _____	x 12	= \$ _____
3) Interest, dividends, and capital gains	\$ _____	x 12	= \$ _____
4) Self-employment	\$ _____	x 12	= \$ _____
5) Retirement	\$ _____	x 12	= \$ _____

6) Rental income from land or property (non-business)	\$ _____	x 12	= \$ _____
7) Other	\$ _____	x 12	= \$ _____
Total	\$ _____	x 12	= \$ _____

Spouse income calculation

Income type	Monthly amount	12 month multiplier	Total
1) Social Security	\$ _____	x 12	= \$ _____
2) Job income and wages	\$ _____	x 12	= \$ _____
3) Interest, dividends, and capital gains	\$ _____	x 12	= \$ _____
4) Self-employment	\$ _____	x 12	= \$ _____

5) Retirement	\$ _____ x 12 = \$ _____
6) Rental income from land or property (non-business)	\$ _____ x 12 = \$ _____
7) Other	\$ _____ x 12 = \$ _____
Total	\$ _____ x 12 = \$ _____