DEPARTMENT OF HEALTH SERVICES **STATE OF WISCONSIN**
Division of Medicaid Services
F-20418 (03/2017)

AGENCY APPLICATION FOR ACCESS TO WEB-BASED PERSONAL CARE SCREENING TOOL

Completion of this form is voluntary. Failure to complete this form may result in a delay in gaining access to the web-based Personal Care Screening Tool.

Application may only be submitted by Medicaid Certified Personal Care Provider. Application should include all contract agencies that will be completing the Personal Care Screening Tool on-line.

Name – Medicaid Certified Provider	Medicaid Provider Number
Name – Contact	Telephone Number
Email Address	

☐ Yes ☐ No Will Medicaid Certified Provider be performing Personal Care Screens directly?

☐ Yes ☐ No Is Medicaid Certified Provider already established as an agency for Adult Long Term Care Functional Screen, Children's Long Term Support Screen and/or the Mental Health/AODA Screen?

☐ Yes ☐ No Will contract agencies be conducting Personal Care Screens on behalf of the Medicaid Certified Provider? If yes, complete the information below.

☐ Yes ☐ No Will Medicaid Certified Provider want electronic access to Personal Care Screens conducted by contract agencies?

List agency name and contact information for each agency that will be conducting Personal Care Screens on behalf of the Medicaid Certified Provider (attach additional sheet if necessary).

Name – Agency	Name – Contact
Telephone Number	Email Address
Name – Agency	Name – Contact
Telephone Number	Email Address
Name – Agency	Name – Contact
Telephone Number	Email Address
Name – Agency	Name – Contact
Telephone Number	Email Address
Name – Agency	Name – Contact
Telephone Number	Email Address

Submit Application to: DHS SOS Desk preferably via email or fax
Email: DHSSOSHelp@wisconsin.gov
Fax: 608/267-2437 Phone: 608/266-9198

Address: DHS / DES / BITS
PO Box 7850 / Room B150
Madison WI 53707-7850