SENIORCARE® Prescription Drugs for Wisconsin Seniors

SCAPP

WISCONSIN SENIORCARE APPLICATION

INSTRUCTIONS

- Use blue or black ink.
- Write all dates in the MM/DD/YYYY format.

Select your reason for submitting this application.

☐ I am applying for SeniorCare for the first time.

☐ I am adding my spouse (whom I live with) to SeniorCare.

My current case number (if known) is: _____.

SECTION 1 – APPLICANT INFORMATION

In this section we are asking about you, the applicant.

First name	Middle initial	Last name	Suffix

Name at birth and/or previous names	Date of birth (MM/DD/YYYY)

Chosen name (the name you like to be called) *optional*	Social Security number

Sex	Are you applying for SeniorCare?
☐Female ☐ Male ☐ Other/prefer not to answer	☐ Yes ☐ No

What is your preferred language?	What language do you want your letters printed in?
	☐ English ☐ Spanish

Race† (choose one or more) *optional*

☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American

☐ Hawaiian/Other Pacific Islander ☐ White

Ethnicity† *optional*

☐ Hispanic or Latino(a) ☐ Not Hispanic or Latino(a)

† **You do not have to answer the ethnicity and/or race questions if you do not want to. We are asking these questions to improve our programs and make sure they do not discriminate based on ethnicity or race. Your answers will not be used to make a decision about your benefits.**

SENIORCARE® Prescription Drugs for Wisconsin Seniors

SCAPP

What is your marital status?	Are you living with a spouse?	Are you a Wisconsin resident?
☐ Divorced ☐ Legally Separated ☐ Married ☐ Single ☐ Widowed	☐ Yes ☐ No	☐ Yes ☐ No

Are you a U.S. citizen?

☐ Yes ☐ No If your answer is no, answer the next four questions:

- What is your Alien Registration or USCIS number? _____
- When did you come to the United States to live? _____
- Do you have a sponsor? ☐ Yes ☐ No
- Are you any of the following: an active duty serviceman/woman in the U.S. military; an honorably discharged veteran; someone who is married to someone on active duty or an honorably discharged veteran; the surviving spouse of a veteran; or the child of someone on active duty or an honorably discharged veteran?

  ☐ Yes ☐ No

Street address		
City	State	Zip code

Mailing street address *(if different from above)*		
City	State	Zip code
Primary phone number ( ) -	Alternate phone number ( ) -	

SECTION 2 – SPOUSE INFORMATION (if living with applicant)

If you are a new SeniorCare applicant, only complete this section if you **currently live with your spouse**. If you don't live together and your spouse wants to apply, they must fill out their own application.

If you are currently enrolled in SeniorCare and adding your spouse to your SeniorCare benefits, your spouse will be enrolled in SeniorCare for the remainder of your current enrollment period.

Spouse's first name	Middle initial	Spouse's last name	Suffix
Name at birth and/or previous names		Date of birth (MM/DD/YYYY)	

SENIORCARE® Prescription Drugs for Wisconsin Seniors

SCAPP

Chosen name (the name your spouse likes to be called) *optional*	Social Security number

Sex

☐Female ☐ Male ☐ Other/prefer not to answer

Are you applying for SeniorCare for them?

☐ Yes ☐ No

What is your spouse's preferred language?	

Race† (choose one or more) *optional*

☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American

☐ Hawaiian/Other Pacific Islander ☐ White

Ethnicity† *optional*

☐ Hispanic or Latino(a) ☐ Not Hispanic or Latino(a)

† **You do not have to answer the ethnicity and/or race questions if you do not want to. We are asking these questions to improve our programs and make sure they do not discriminate based on ethnicity or race. Your answers will not be used to make a decision about your benefits.**

What is your spouse's marital status?	Is your spouse a Wisconsin resident?
☐ Divorced ☐ Legally Separated ☐ Married ☐ Single ☐ Widowed	☐ Yes ☐ No

Is your spouse a U.S. citizen?

☐ Yes ☐ No If your answer is no, answer the next four questions:

- What is your spouse's Alien Registration or USCIS number? _____
- When did your spouse come to the United States to live? _____
- Does your spouse have a sponsor? ☐ Yes ☐ No
- Is your spouse any of the following: an active duty serviceman/woman in the U.S. military; an honorably discharged veteran; someone who is married to someone on active duty or an honorably discharged veteran; the surviving spouse of a veteran; or the child of someone on active duty or an honorably discharged veteran?

  ☐ Yes ☐ No

Street address *(if different from the applicant)*

City	State	Zip code

Mailing street address *(if different from above)*

SENIORCARE® Prescription Drugs for Wisconsin Seniors

SCAPP

City	State	Zip code

Primary phone number	Alternate phone number
( ) -	( ) -

SECTION 3 – INCOME INFORMATION

Enter the total annual amount of each type of income you expect to get in the **next 12 months**. Be sure to enter the **gross amount for all types of income *except self-employment earnings*.** The gross amount is the amount **before taxes** or other deductions. Enter **dollars only**, not cents. If you have had a loss in income in one of the categories since you last filled out this application, write in the new amount of income that you receive now. If you have no income now in a category, enter "$0."

If you are married and living with your spouse, you must also report your spouse's income.

Refer to the **SeniorCare Application Instructions** and **Income Calculation Worksheet** for help completing this section.

Type of annual Income	**Applicant**	**Spouse** (If living with applicant)
1) Social Security	$	$
2) Job income and wages	$	$
3) Interest, dividends, and capital gains	$	$
4) Self-employment	$	$
5) Retirement income (401(k), IRA, pension, veterans' benefits)	$	$
6) Rental income from land or property (non-business)	$	$

SENIORCARE® Prescription Drugs for Wisconsin Seniors

SCAPP

7) Other income	$	$
Total	$	$

SECTION 4 – SIGNATURE

If you don't understand something or need help with this application, contact SeniorCare Customer Service at **800-657-2038**, Monday through Friday, from 8 am to 6 pm.

By signing below, you are agreeing to the following statements:

- I understand the questions and statements on this application form.
- I understand the penalties for giving false information or breaking the rules, as outlined in the rights and responsibilities section of the SeniorCare application instructions.
- I certify, under penalty of perjury and false swearing, that all my answers are correct and complete to the best of my knowledge, including information provided about the citizenship or immigration status of my spouse and myself.
- I agree to provide documents to prove what I have said.
- I understand that the agency may contact other persons or organizations to obtain any necessary proof of my eligibility for benefits.

Who is signing this application? **Select one**:

☐ Myself (applicant)
☐ My authorized representative
☐ My legal guardian
☐ My power of attorney
☐ My conservator

SIGNATURE – Applicant or authorized representative, legal guardian, power of attorney, or conservator	Date Signed (MM/DD/YYYY)

If you sign your name with an X, two people must sign to witness that they saw you sign. Otherwise, leave these boxes blank.

SENIORCARE® Prescription Drugs for Wisconsin Seniors

SCAPP

Witness One Sign here:	**Print the signer's name here**:
Witness Two Sign here:	**Print the signer's name here:**

SECTION 5 – ENROLLMENT FEE

Enrollment fee enclosed	**Return completed application form and fee to:**
☐ One applicant ($30) ☐ Two applicants ($60) Make payment out to: **State of Wisconsin** Include the names of all applicants on your check or money order. If you have a case number, write that on the payment as well. **Do not send cash.**	SeniorCare PO Box 6710 Madison, WI 53716-0710

FOR OFFICE USE ONLY

Enrollment fee enclosed

☐ One applicant ($30) ☐ Two applicants ($60) ☐ No payment included ☐ Other amount: _____