

ELECTRONIC VISIT VERIFICATION LIVE-IN WORKER IDENTIFICATION

INSTRUCTIONS: Type or print clearly. This form documents live-in worker identification. Refer to the Electronic Visit Verification Live-In Worker Identification Instructions, F-02717A, for more information on completing this form. Completed forms should be kept according to program document retention requirements.

1. Name – Member (Last, First, Middle Initial)	2. Member Medicaid ID Number
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3. Program		
<input type="checkbox"/> BadgerCare Plus and SSI HMOs	<input type="checkbox"/> Family Care	<input type="checkbox"/> Family Care Partnership
<input type="checkbox"/> IRIS	<input type="checkbox"/> Medicaid and BadgerCare Plus fee-for-service (ForwardHealth card)	

4. Name – Live-in Worker (Last, First, Middle Initial)	5. Live-In Worker ForwardHealth ID Number
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6. Identification

For the purposes of EVV, a live-in worker is a worker who permanently resides in the same residence as the member or participant receiving services. Additionally, a person could be considered a live-in worker if both of the following criteria are met and the documentation below is provided:

- The worker permanently resides in a two-residence dwelling such as a side-by-side duplex or upper and lower home where the member or participant receiving services lives in the other half of the dwelling.
- The worker is a relative of the member or participant receiving services. Relative is defined as a person related, of any degree, by blood, adoption or marriage, to the member or participant.

Permanent residency is determined by the worker being able to produce one of the following documents that shows the worker's name and current residential address. Check the box next to the document being submitted as proof of residence.

- ☐ Current and valid State of Wisconsin driver's license or state ID card
- ☐ Other official ID card or license issued by a Wisconsin governmental body or unit
- ☐ Real estate tax bill or receipt for the current year
- ☐ Residential lease for current year
- ☐ Check or other document issued by a unit of government within the last three months

If none of the above documents are available, the worker may instead produce **two** of the following types of documents that show the worker's name and current residential address. Check the boxes for the documents being submitted as proof of residence.

- ☐ Current or past month's gas, electric, or phone service statement
- ☐ Current or past month's bank statement
- ☐ Current or past month's paycheck or paystub

I have examined the documentation above and attest that the address of the worker on the documentation provided matches that of the member on this form.

7. Name – Representative Verifying Live-in Status	8. SIGNATURE – Representative Verifying Live-in Status
9. Name – Agency Verifying Live-in Status	10. Date Signed

