



¿Prefiere las notificaciones en español? Yes No

APPLICATION

Select One: New Application Add Spouse Re-Application

SECTION I - APPLICANT INFORMATION

Are you requesting SeniorCare? Yes No Wisconsin Resident? Yes No U.S. Citizen? Yes No Gender? Male Female

Race/Ethnicity (Optional) American Indian/Alaskan Native Hawaiian/Other Pacific Islander Black/African American
Choose all that apply White Asian Hispanic Ethnicity

Current Marital Status:
 Married Divorced
 Widowed Separated
 Single

Last Name: _____

First Name: _____ Middle Initial: _____

Birth Date: ____/____/____ Soc. Sec. No. ____-____-____

If Married or Separated, are you
 Living with Spouse
 Not Living with Spouse

SECTION II - SPOUSE INFORMATION (IF LIVING WITH APPLICANT)

Are you requesting SeniorCare? Yes No Wisconsin Resident? Yes No U.S. Citizen? Yes No Gender? Male Female

Race/Ethnicity (Optional) American Indian/Alaskan Native Hawaiian/Other Pacific Islander Black/African American
Choose all that apply White Asian Hispanic Ethnicity

Last Name: _____

First Name: _____ Middle Initial: _____

Birth Date: ____/____/____ Soc. Sec. No. ____-____-____

SECTION III - MAILING ADDRESS

Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____

Address is: Same as residence Different than residence Your Authorized Representative's / Legal Guardian's / Power of Attorney's address



SECTION IV - EXPECTED ANNUAL INCOME (Required)

For each item below, enter the total gross (before deductions) expected ANNUAL income for you and your spouse for the next twelve months.
ROUND INCOME TO THE NEAREST DOLLAR -- DO NOT INCLUDE CENTS

APPLICANT	SPOUSE (If Living with Applicant)
Gross Social Security \$ _____, _____	Gross Social Security \$ _____, _____
Gross Wages \$ _____, _____	Gross Wages \$ _____, _____
Interest, Dividends, and Capital Gains \$ _____, _____	Interest, Dividends, and Capital Gains \$ _____, _____
Net Self-Employment Income \$ _____, _____	Net Self-Employment Income \$ _____, _____
Retirement Income \$ _____, _____	Retirement Income \$ _____, _____
Other Income \$ _____, _____	Other Income \$ _____, _____
Grand Total \$ _____, _____	Grand Total \$ _____, _____

SECTION V - SIGNATURE (Required)

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 understand and agree to provide documents to prove what I have said. I understand that the agency may contact other persons or organizations to obtain the necessary proof of my eligibility and benefits.

SIGNATURE - Applicant or Representative

PRINTED NAME - Applicant or Representative

Signature of: Applicant Authorized Representative Legal Guardian Power of Attorney / Durable Power of Attorney

Two witness signatures are required only if you sign with an "X"

Witness 1

Witness 2

SECTION VI - ENROLLMENT FEE (Required)

Enrollment Fee Enclosed \$30 - One Applicant
 \$60 - Two Applicants

Make check or money order payable to: State of Wisconsin
(Include applicant's name and Soc. Sec. No. on payment.)

Return completed application form and fee to:
 SeniorCare
 P.O. Box 6710
 Madison, WI 53716-0710

OFFICE USE ONLY

None

Other _____

