

Mailing Date: 12/11/2025

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DENA VICKERS
5627 BYRD AVE 203
RACINE WI 53406 4766

State of Wisconsin



Case#: 5108823657



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call 1-888-794-5820. These services are free.

Required Next Steps to Receive Your Benefits

This letter tells you what you need to do to get or keep your benefits.

- Read the entire document for details on programs, people affected, and deadlines.
- Be sure to complete all tasks by their due dates.
- Refer to **Send in documents** at the end of this letter for instructions.

If you do not take the required actions or do not provide the proof by the due dates, your benefits will be denied, decreased, or ended.

If you need help getting this information, call your local agency and ask for help.

Due Date	Program(s)	Task
December 30, 2025	Medicaid Purchase Plan (MAPP)	→ See Actions to complete for details.
		→ See Send in proof documents for details.

If you need help:

- Call Medicaid Purchase Plan (MAPP) at 888-794-5820
- Visit the online help center at access.wi.gov

Actions to complete

Action	Who	Program(s)	Due Date
<input type="checkbox"/> You need to sign an application.	DENA	Medicaid Purchase Plan (MAPP)	December 30, 2025

For choices about how to sign the application, call your agency.

Send in proof documents

For details, please see **Send in documents** at the end of this letter.

Proof	Who	Program(s)	Due Date
<input type="checkbox"/> Asset : CHECKING ACCOUNT - TRICITY : Value of this asset; Type of asset	DENA	Medicaid Purchase Plan (MAPP)	December 30, 2025

Examples: Credit Union or Bank Statement showing current balance; Statement from the financial institution or investment company; Trust Agreement; or Copy of Bonds.

<input type="checkbox"/> In-kind income at JACOB VICKERS : Monthly hours	DENA	Medicaid Purchase Plan (MAPP)	December 30, 2025
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Examples:

- Enclosed Proof of In-kind Hours form
- Written statement from person providing in-kind income

<input type="checkbox"/> In-kind income at JACOB VICKERS : Monthly hours	DALE	Medicaid Purchase Plan (MAPP)	December 30, 2025
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Examples:

- Enclosed Proof of In-kind Hours form
- Written statement from person providing in-kind income

 If you do not have any of the examples of proof listed, there are other things you can use. Go to www.dhs.wisconsin.gov/forwardhealth/resources.htm or contact us for a complete list of examples.

PROOF OF IN-KIND HOURS

INSTRUCTIONS: People who get goods, services, or food in exchange for work need to provide proof of the hours they work. Getting goods, services, or food in exchange for work is called in-kind income. **Please have the person who provides in-kind income to you fill out and sign this form. This form is not mandatory, but the information included on it must be included in whatever form of proof you submit.**

How to Submit this Form

Submit your completed form in one of the following ways by **Dec. 30, 2025**:

- **Mobile app.** Use the MyACCESS mobile app to take a photo of all the pages of the form and submit them.
- **Online.** You can use the ACCESS website to submit an electronic copy of this form online. Visit access.wi.gov.
- **Fax.**
 - If you live in **Milwaukee County**, fax the form to 888-409-1979.
 - If you do **not** live in Milwaukee County, fax the form to 855-293-1822.
- **Mail.**
 - If you live in **Milwaukee County**, mail the form to:
Milwaukee Enrollment Services
6055 N. 64th Street
Milwaukee, WI 53218
 - If you do **not** live in Milwaukee County, mail the form to:
CDPU
P.O. Box 5234
Janesville, WI 53547
- **In Person.** Take the form to your agency. Your agency contact information is on the Wisconsin Department of Health Services website at www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm.

SECTION 1	In-Kind Information (Complete if you give goods, services, or food to someone who provides a service to you)	
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Name - In-kind Participant (Person getting goods, services, or food in exchange for work or providing a service) VICKERS DENA C	Case Number 5108823657
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Date service started (When did you start providing goods, services, or food to the Participant in exchange for work)?

What is the service or work done in exchange for goods, services, or food?

How many hours **each month** are provided in exchange for the goods, services, or food? (**You may not enter less than 1 hour**)

What goods, services, or food do you give in exchange for the work?

Name – Person who gives goods, services, or food in exchange for work or services

Street Address	Phone Number
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City	State	Zip
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Note: Continue to the next page to complete Section 2 of this form.

SECTION 2

In-Kind Signature and Date (Sign if you give goods, services, or food to someone who provides a service to you)



By signing this form, I agree that the information provided above is correct and complete to the best of my knowledge.

 SIGNATURE – Person in-kind service is provided to	Date Signed
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Print Name

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Print Name

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Send in documents

From: DENA VICKERS**Phone:** _____**Total number of pages:**(including this sheet)

- Include this page if you fax, mail, or send in your documents to your agency.
- Add your phone number and the total number of pages in the box.
- Do not write anywhere else on this page.
- Send in document copies only (not originals). We cannot return any documents you send to us.

Ways to submit

The easiest and most secure way to send in documents is through your ACCESS account.

Go to access.wi.gov or use the MyACCESS app to set up an account or sign in. Scan the QR code to get the app.



Mobile	Take photos of your documents and submit them using the MyACCESS mobile app.
Online	Upload all the pages of your documents to the ACCESS website at access.wi.gov .
Mail	Include this page and mail to: CENTRALIZED DOCUMENT PROCESSING UNIT PO BOX 5234 JANESVILLE WI 53547-5234
In Person	Include this page and take it to the agency where you usually get services or to: KENOSHA CO DSS, 8600 SHERIDAN RD., SUITE 122, KENOSHA WI 53143-6506
Fax	Use this page as the first page of your fax. If your document has information on both sides, copy each side before faxing to: CENTRALIZED DOCUMENT PROCESSING UNIT : (855) 293-1822

Confidentiality: This fax should only be used by the person or agency listed above. It may have information that is private and should not be shared. If you are not the person or agency listed above, it is against the law to review, use, copy, or share the contents with anyone. If you get this fax by mistake, please call the sender right away at the phone number above.

