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. Fee-for-service agencies must submit this form and supporting documentation with their prior authorization request. This form may also be used by program payers if they do not require electronic visit verification (EVV) for live-in workers. Completed forms should be kept according to program document retention requirements.

1. Name – Member (Last, First, Middle Initial)	2. Member Medicaid ID Number
3. Name – Live-In Worker (Last, First, Middle Initial)	4. Live-In Worker ForwardHealth ID Number

Note: The live-in worker's name must match both the worker's name as entered on the ForwardHealth Portal and the worker's name as it appears on the proof submitted.

5. Identification

For the purposes of EVV, a live-in worker is a worker who meets one of the following requirements. Check the box next to the statement that describes the worker's situation.

- ❑ The worker permanently resides in the same residence as the member or participant receiving services.
- ❑ The worker permanently resides in a two-residence dwelling (such as a duplex) where the member or participant receiving services lives in the other half of the dwelling **and** is a guardian or relative of the member or participant receiving services.
- ❑ The worker is one of the member's parents or guardians and the member resides with them at regularly scheduled intervals. Both parents or guardians are considered live-in workers for purposes of EVV compliance.

Permanent residency is determined by the worker being able to produce documentation that shows the worker's name and current residential address. The address must satisfy the requirements for a live-in worker listed above. The worker may use one document from Column A or two types of documents from Column B below. Check the box(es) next to the document(s) being submitted as proof of residence.

Note: The worker may submit two kinds of household bills (for example, they **may** submit a gas bill and an internet bill), but not two copies of the same type of bill (for example, they **may not** submit two gas bills).

Column A (Choose **One**)

- ❑ Current and valid State of Wisconsin driver's license or state ID card
- ❑ Other official ID card or license issued by a 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

Column B (Choose **Two**)

- ❑ Household bill from the last three months (for example, gas, electric, phone service, cable, internet, water, trash, or another similar bill)
- ❑ Current or previous month's bank statement
- ❑ Current or previous month's paycheck or paystub

6. Attestation

- ❑ I have examined the documentation indicated above and attest the worker meets all the requirements of a live-in worker as defined 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 (mm/dd/ccyy)