

# Consortium Procedures: PPRF Processing Info

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PPRFs will be automatically generated and sent as an attachment to the 45-day renewal letter for cases that have a health care and/or Caretaker Supplement renewal due. For cases where the FoodShare renewal is due at the same time as health care and/or Caretaker Supplement, a different FS/HC PPRF is attached to the 45-day renewal letter. If a renewal is due for a case with FS only, no PPRF will be attached to the renewal notice.

Note: It is expected that all pages of the PPRFs are to be returned by the member. Copies of the PPRFs that are returned must be scanned into the ECF even though there are system-generated copies of the same already in the ECF.

A preprinted renewal form (PPRF) can be sent to complete the renewals for these programs:

1. [BadgerCare](#) Plus (BCP)
2. EBD Medicaid,
3. EBD Medicaid for children,
4. Family Planning Only Services,
5. Caretaker Supplement, or
6. FoodShare mail-in renewals

The PPRF must be signed. When a PPRF is received the worker must review the PPRF for changes and update the member's case accordingly.

The PPRFs that are mailed for HC only and HC/FS are slightly different, please review the PPRF to determine if the PPRF could be used for a FS renewal.

If the case is open for HC and FS, however the case is not due for a FS renewal, only process it as a HC renewal. Do not renew the FS.

If the PPRF comes in, and FS is closed because the FS renewal was not completed the previous month, the PPRF can be used as a FS application, as long as the PPRF is for both HC and FS.

A late FS PPRF can set the FS filing date. If you find a work item for a late renewal, you will have to remember to process it as an application making sure the customer is given 30 days to supply verification (the computer often wants to give 10 days, which is not correct in this case, since it was closed and is now treated as a new application). Per policy an interview is needed, you must follow the processing timelines.

If FS is closed and a late HC only PPRF comes in, the primary person must reapply for FS to set a new filing date.

## RENEWAL SIGNATURE PAGE

Member Name	Case Number	Due Date
		05/31/2018

By signing this Renewal Signature Page, I certify that I understand and acknowledge the following statement (check one box only):

All the information on the summary sent to me is correct, and I have no changes or other information to report.

OR

I have made changes to the information included in this summary.

I am authorizing any other person or organization, including any financial or educational institutions, to provide the agency with information or proof needed to determine if I can get benefits and the amount of those benefits.

I certify under penalty of perjury and false swearing that I understand the questions and statements on the summary and that my answers are correct and complete to the best of my knowledge.

In addition to the above statements, I agree with the following statements for FoodShare: I have read and understand my FoodShare Rights and Responsibilities. I understand the penalties for giving false information or breaking the rules. I understand that I am not required to report a reduction or loss of income, but that I may be able to get a higher FoodShare benefit if I do report it. I understand that as long as I do not report this reduction or loss in income, my FoodShare benefit will not increase. I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to get a deduction for these expenses. I understand the FoodShare program work requirements.

SIGNATURE \_\_\_\_\_  
Member or Other Adult in the Household

\_\_\_\_\_  
Date Signed

SIGNATURE \_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date Signed

HC / FS PPRF

# PPRF

## RENEWAL SIGNATURE PAGE

Member Name	Case Number	Due Date
		07/31/2017

By signing this Renewal Signature Page, I certify that I understand and acknowledge the following statement (check one box only):

All the information on the summary sent to me is correct, and I have no changes or other information to report.

OR

I have made changes to the information included in this summary.

I am authorizing any other person or organization, including any financial or educational institutions, to provide the agency with information or proof needed to determine if I can get benefits and the amount of those benefits.

I certify under penalty of perjury and false swearing that I understand the questions and statements on the summary and that my answers are correct and complete to the best of my knowledge.

SIGNATURE \_\_\_\_\_  
Member or Other Adult in the Household

\_\_\_\_\_  
Date Signed

SIGNATURE \_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date Signed

NOTES

Use the space below or the other side of this page if you need more space to write about changes in your household.

**HC only PPRF**