

MAPP Work Activity Verification Form

MAPP MEMBER NAME _____

CASE NUMBER _____

Please return this form by: [Click or tap to enter a date.](#) to
 Centralized Document Processing Unit (CDPU)
 PO BOX 5234
 JANESVILLE, WI 53547
 FAX: 855-293-1822

MUST BE COMPLETED BY THE EMPLOYER

EMPLOYER INFORMATION

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

Date Employment Started: _____

Number of hours worked per month: _____

Please describe the work activity:

What does the member receive in return for their work activity?

NOTE: The member must receive something of value as compensation for his or her work activity. Volunteer work does not meet the MAPP work requirement.

X

Employer Signature

Date