

## MEDICAID PURCHASE PLAN INDEPENDENCE ACCOUNT REGISTRATION

**INSTRUCTIONS:** The information you provide on this form will only be used to register an independence account for the Medicaid Purchase Plan (MAPP) program. An independence account is an account set up through a bank or credit union that allows you to save more money than the MAPP asset limit amount. This account should be set up after you have been told you can get MAPP benefits. You are also allowed to register a retirement account that you already have.

You can deposit money you earn from your job(s) in an independence account to save for retirement or other situations. They cannot be used for other purposes, such as depositing money from an inheritance. You can deposit up to half of the amount you earn from your job(s) during the year without any fee. If you deposit more than that, you may have a fee added to your monthly MAPP premium.

You must keep your independence account(s) separate from your other accounts, unless you are registering a retirement account you already have. If you register a retirement account you already have, we will count the money you had in it before you were enrolled in MAPP as an asset. If you stop getting MAPP benefits, any money you deposit into the retirement account will be counted as an asset, unless you begin getting MAPP again and register the retirement account again.

If you stop getting MAPP and later re-enroll, your independence accounts and any interest, gains, or dividends from those accounts (except for the initial amount from a pension or retirement account) will not count toward the \$15,000 asset limit **as long as you do not deposit money into non-retirement independence accounts while you are not a MAPP member.** If you deposit money into an independence account that is not a retirement account while you are not enrolled in MAPP, we will have to count all of the money in that account toward your asset limit.

### How to Submit this Form

Submit your completed form in one of the following ways:

#### Mobile App

Take a photo of all the pages of the form and submit them using the MyACCESS mobile app.

#### Online

Scan all pages of the form to the ACCESS website. You can do this through your ACCESS account, which you can log into at [access.wi.gov](https://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:  
MDPU  
PO Box 05676  
Milwaukee, WI 53205
- If you do **not** live in Milwaukee County, mail the form to:  
CDPU  
PO 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 (DHS) website at [www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm](https://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm)

## SECTION 1

## Personal Information



Name – Individual (Last, First, Middle Initial)

Case Number

**SECTION 2**

**Account Information**



Name – Financial Institution (bank, credit union, or institution that manages your retirement account)

Account Number

Phone Number – Financial Institution

Street Address – Financial Institution

City

State

Zip Code

Date Account Opened

Type – Independence Account

Checking  Savings  Retirement  Other:

**SECTION 3**

**Signature and Date**



By signing this form, you are saying that the information you provided is correct and complete to the best of your knowledge.



**SIGNATURE**

Date Signed

**Agency Use Only:** This section must be completed by the income maintenance worker. The worker will provide a copy to the member or authorized person and place one copy in the member's case file.

For non-retirement accounts, was the member eligible for MAPP at the time the account was established?

Yes  No

For non-retirement accounts, did you verify that the date the account opened was after MAPP eligibility was established?

Yes  No

Decision

Approved  Not Approved

**Registration Date:**

- Non-retirement account registration date = day before balance date
- Retirement account registration date = first date of eligibility or the date worker approves the independence account, whichever is later

Reason for Non-Approval

## Nondiscrimination Notice: Discrimination is Against the Law – Health Care-Related Programs

The Wisconsin Department of Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Department of Health Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Department of Health Services:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact the Department of Health Services civil rights coordinator at 844-201-6870.

If you believe that the Department of Health Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Department of Health Services, Attn: Civil Rights Coordinator, 1 West Wilson Street, Room 651, PO Box 7850, Madison, WI 53707-7850, 844-201-6870, TTY: 711, fax: 608-267-1434, or email to [dhsrcc@dhs.wisconsin.gov](mailto:dhsrcc@dhs.wisconsin.gov). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Department of Health Services civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

<b>Español (Spanish)</b> ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-201-6870 (TTY: 711).	<b>Deutsch (Pennsylvania Dutch)</b> Wann du Deitsch (Pennsylvania Dutch) schwetzscht, kannscht du ebber griege as dich helfe kann mit Englisch, unni as es dich ennich eppes koschte zellt. Ruf 844-201-6870 uff (TTY: 711).
<b>Hmoob (Hmong)</b> LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 844-201-6870 (TTY: 711).	<b>ພາສາລາວ (Laotian)</b> ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ ແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໃຫ້ໂທຫາເບີ 844-201-6870 (TTY: 711).
<b>繁體中文 (Traditional Chinese)</b> 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 844-201-6870 (TTY: 711)。	<b>Français (French)</b> ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-201-6870 (ATS : 711).
<b>Deutsch (German)</b> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 844-201-6870 (TTY: 711).	<b>Polski (Polish)</b> UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-201-6870 (TTY: 711).
<b>العربية (Arabic)</b> ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 844-201-6870 (رقم هاتف الصم والبكم: 711).	<b>हिंदी (Hindi)</b> ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए सुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 844-201-6870 (TTY: 711) पर कॉल करें।
<b>Русский (Russian)</b> ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-201-6870 (телетайп: 711).	<b>Shqip (Albanian)</b> KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 844-201-6870 (TTY: 711).
<b>한국어 (Korean)</b> 알림: 한국어 지원 서비스를 무료로 이용하실 수 있습니다. 844-201-6870 (TTY: 711) 번으로 전화해 주십시오.	<b>Tagalog (Tagalog – Filipino)</b> PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 844-201-6870 (TTY: 711).
<b>Tiếng Việt (Vietnamese)</b> CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-201-6870 (TTY: 711).	<b>Soomaali (Somali)</b> FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawinta luuqada, oo bilaash ah, ayaa lagu heli karaa. Soo wac 844-201-6870 (TTY: 711).