

31. CITIZENSHIP AND IMMIGRATION STATUS INFORMATION

I understand, that as a condition of eligibility for Wisconsin Medicaid (MA) for each minor child under my care I must declare in writing, under penalty of perjury, that my child either is a Citizen or National of the United States or an Alien with permanent U.S. Residency that allows each child to receive benefits from this program. I understand that the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) also requires that a qualified Alien who enters the U.S. on or after the date of enactment of this Act (August 22, 1996) must be continuously present in the U.S. for at least five (5) years from the date of achieving qualified alien status before receiving any non-emergency form of Medical Assistance, including Medicaid. The limitation stated usually does not apply to the following aliens: 1) refugees and asylees from Cuba, Haiti, and Amerasians; 2) dependents of veteran and active duty military personnel; 3) foreign born Native Americans. (Public Law 104-93, Section 403.)

I further understand that if I declare any child to be an Alien I must present Alien registration documentation or other proof of Alien registration from the Immigration and Naturalization Service that contains Alien admission number(s) or Alien registration file number(s). If I do not have such documents, I may present other documents, as approved by the agency, which contain reasonable evidence of satisfactory immigration status. I understand that the agency may make copies of the documents I present to document each child's immigration status and that any information I present to the agency concerning each child's immigration status may be used by the agency to verify each child's immigration status with the Immigration and Naturalization Service.

32. I understand that personally identifiable information on this form is used to help determine eligibility for Wisconsin Medicaid through the Katie Beckett Program. Further, this information is used to complete the Children's Long-Term Support – Functional Screen (CLTS-FS) as part of the functional eligibility process. If I disagree with the decision the Agency makes with regard to my child's eligibility for the program being applied for, a request for a Fair Hearing may be made to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

I have been informed about the programs that use the CLTS-FS for determining functional eligibility and realize the results of this process may affect eligibility for those programs.

I certify, under the penalty of perjury, that the information on this application and given in connection with it is a true and complete statement of facts according to my best knowledge and belief. I also understand that I may be asked to provide proof of any information given on this application form and that giving false information may subject me to prosecution for fraud. I understand that if this information changes substantially, I am required to notify the Katie Beckett Program.

Application for Katie Beckett Program – Wisconsin Medicaid is voluntary, but failure to sign the application will prevent the processing of the eligibility determination.

_____ SIGNATURE - Child (If age 14 years or older)	<input type="checkbox"/> Check here if child is unable to sign	_____ Date Signed
_____ SIGNATURE - Parent or Guardian	_____ Relationship to Child	_____ Date Signed
_____ SIGNATURE – Katie Beckett Consultant		_____ Date Signed