

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 name entered on the ForwardHealth Portal and the name 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:

- 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 relative of the member or participant receiving services. A relative is defined as a person related, of any degree, by blood, adoption, or marriage, to the member or participant.

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. Check the box(es) next to the document(s) being submitted as proof of residence.

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 Wisconsin 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**)

- Current or previous month's gas, electric, or phone service statement
- 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