

How to enroll in Family Planning Only Services (FPOS)

What is FPOS?

- FPOS is a Wisconsin insurance program that provides low to no cost sexual and reproductive health care for people with limited income and people under the age of 18.

You are eligible if you are...

- A teen
- A US citizen or legal resident
- Living in Wisconsin
- Personally make less than \$3,840 per month.
- Not already enrolled in Medicaid aka BadgerCare

The following services are covered by FPOS

- Testing and treatment for sexually transmitted infections
- Birth control and other forms of contraception
- Preventive services like pap smears, breast exams, and testicular exams
- Condoms
- Certain vaccines like the HPV vaccine

To enroll in FPOS follow this step-by-step guide.

*An important note: This step-by-step guide walks you through applying for FPOS on your own. Applying this way will not give you immediate access to FPOS. Your application may take a month to get approved. There will be an opportunity in the application to ask for financial assistance with healthcare costs from the last three months. If you are in need of immediate FPOS assistance, you will need to apply for “express enrollment” with a healthcare provider.

This can be done at a Title X Clinic. A list of those can be found here:

<https://app.smartsheet.com/b/publish?EQBCT=b30d384c4eb347d1bb2712ab25350e29>

Go to this link to get started: <https://access.wisconsin.gov/access/>

Click “Apply now”.

ACCESS

Help Español Log in

ACCESS connects you with the help you need when you need it.

Need help getting health care coverage, paying for groceries or child care costs, finding a job, or building your career skills?

With ACCESS, you can apply for and manage your state of Wisconsin benefits and programs in one place, at any time.

Apply now **Log in**

Finish an application Create an account



Click "Create an account".

Programs you can apply for through ACCESS

- BadgerCare Plus
- Emergency Assistance Program
- Family Planning Only Services
- FoodShare
- Job Access Loans
- Medicaid
- Wisconsin Shares Child Care Subsidy Program
- Wisconsin Works

You can also submit a pre-application for the Women, Infants, and Children (WIC) Program.

Creating an ACCESS account

Before you apply, you'll need to create an ACCESS account. Click [here](#) to create an ACCESS account. If you already have an ACCESS account, please [log in](#).

Helping someone apply?

For most programs, you can help someone apply or even apply on someone else's behalf. You'll still need to create an account in these situations.

- [Wisconsin Department of Health Services](#)
- [Wisconsin Department of Children and Families](#)

If you're looking for housing, utility, food, employment, and other help in your area, you can contact 211 Wisconsin:

- Call **211**.
- Text your zip code to 898211.
- Go to the [211 Wisconsin website](#).

Log in **Create an account**

Fill in your first and last name.

ACCESS

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Step 1 of 3

Your name

First name *

Middle initial (optional)

Last name *

Suffix (optional)

Next

Create a user ID and password. You will need a unique user ID (one that is different from all other users) so this may take a few tries.

ACCESS Español Log in

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Step 2 of 3

Your user ID and password

Your user ID might include your name, email, or something unique to you.

Your password should be easy for you to remember and hard for others to guess.

User ID *

- 5 to 20 characters
- Letters and numbers only
- No spaces

Password *

- 8 to 20 characters
- At least one letter
- At least one number
- At least one special character (don't use @ * & < > \ |)
- No spaces
- Doesn't use your name or user ID

Make sure to remember your password or keep it in a secure place.

Learn how to create a strong password from the [Help Center](#).

Next you will need to create security questions. Choose security questions that you will remember the answer to or write them down in a safe place.

Español Log in

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Cancel X

Step 3 of 3

Your secret questions

Choose two secret questions to answer if you ever forget your user ID or password.

Answers are NOT case-sensitive.

Secret question 1

Question *

Select first question ▼

Answer *

Secret question 2

After making security questions, you will be asked to confirm your email address. The screenshot below is what this will look like.



Confirm your email address

We've sent an email to s*****4@gmail.com . Please click the button in the email to confirm your email address. Once you do, you can start using ACCESS.

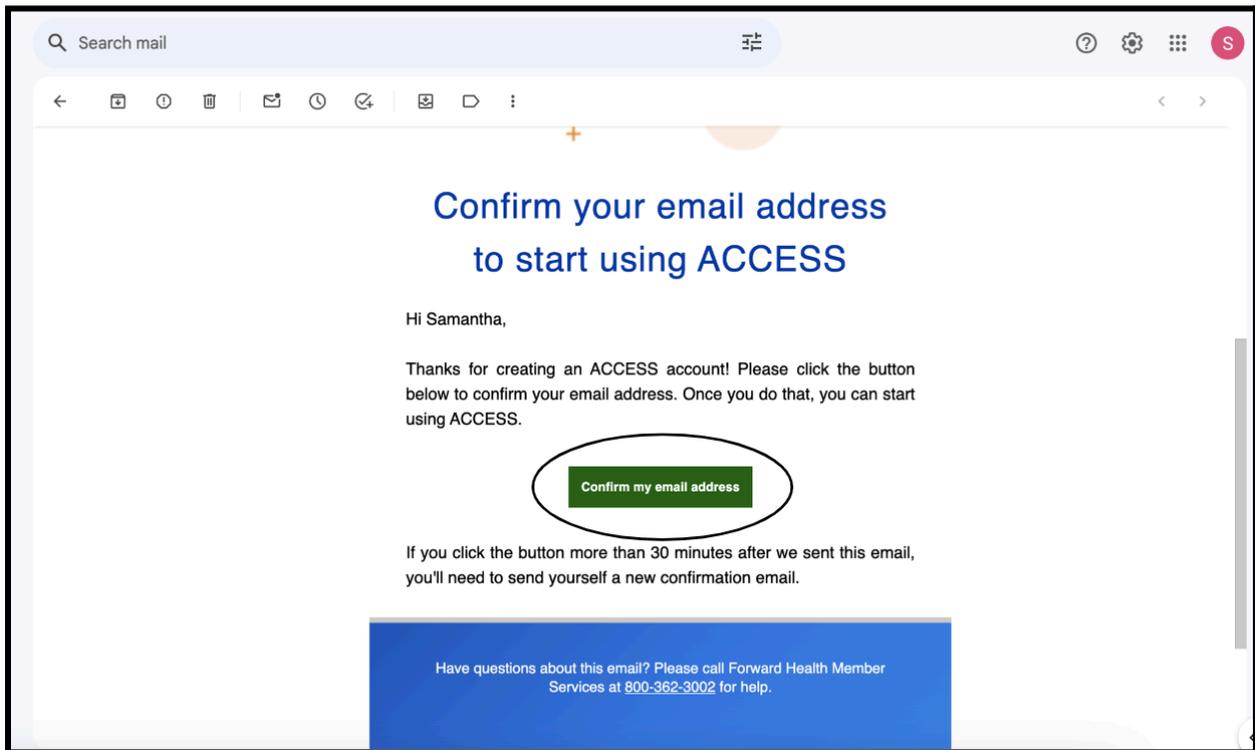
You'll need to click the button within 30 minutes of the email being sent. If you click the button after 30 minutes, you'll be asked to send yourself a new confirmation email.

We're having you confirm your email address so we can make sure your account belongs to you.

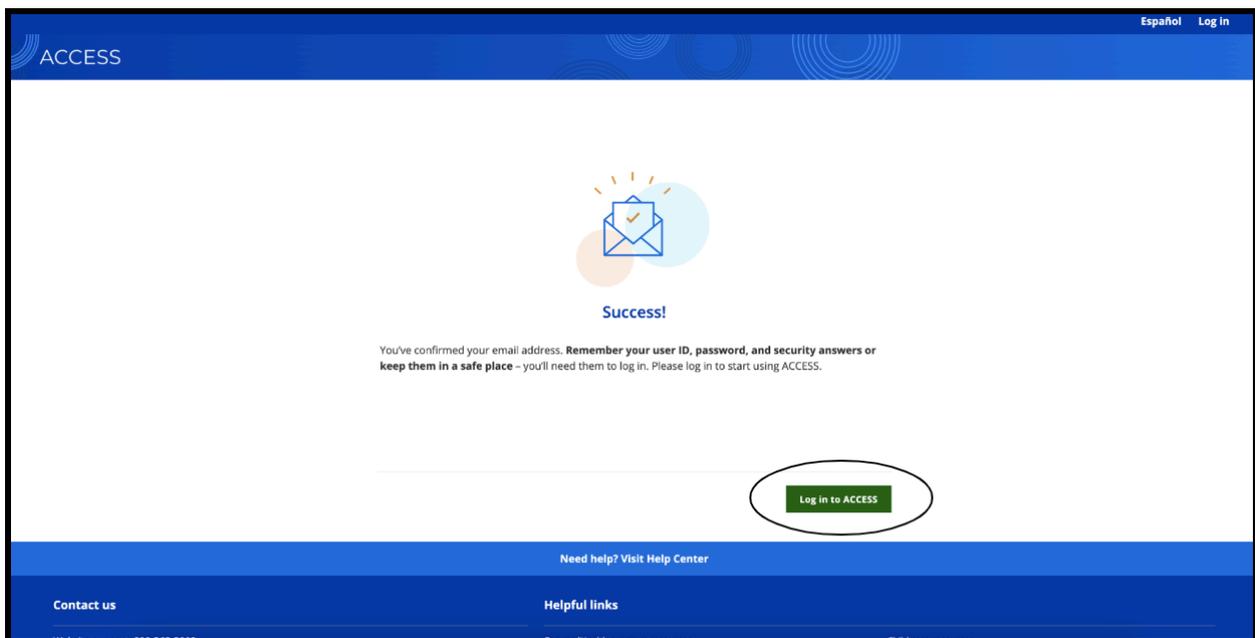
If you don't see the confirmation email in your inbox after a few minutes, make sure you check your junk or spam folder.

[Go to ACCESS home](#)

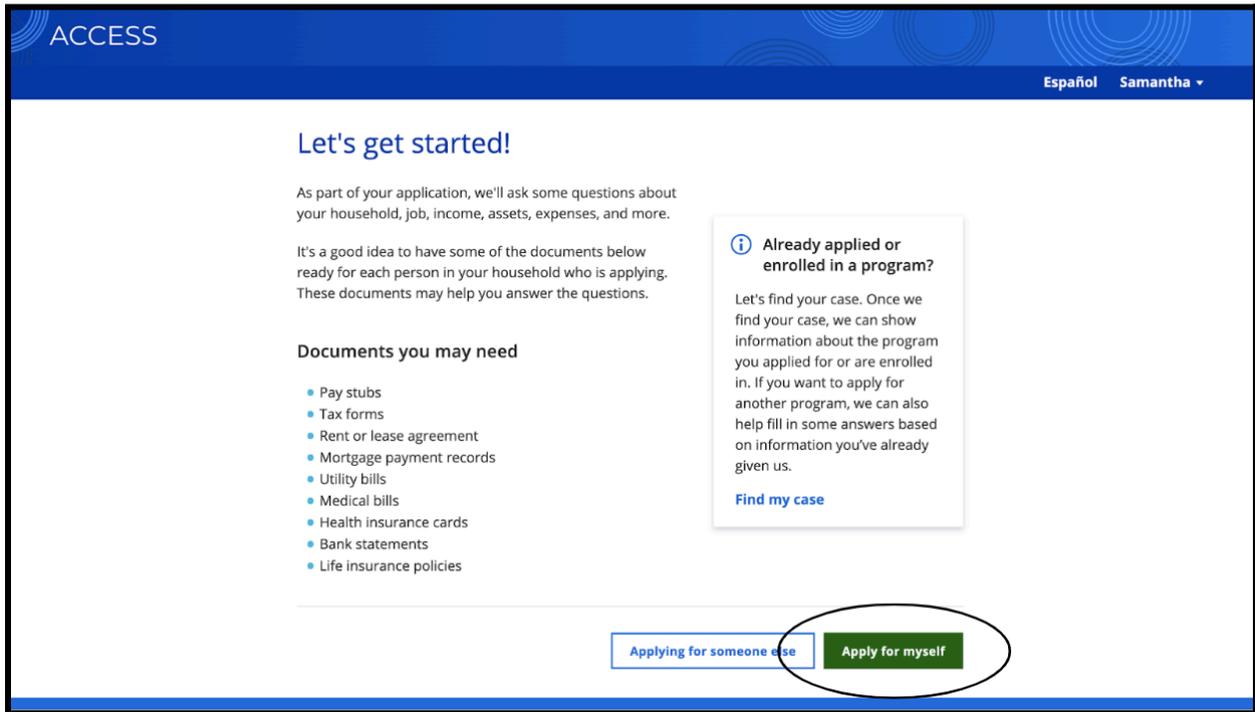
To confirm your email address, first open a new tab and go to your email inbox. Then find the email from accessnoreply@dhs.wisconsin.gov. It should look like the screenshot below. Click “Confirm my email address”.



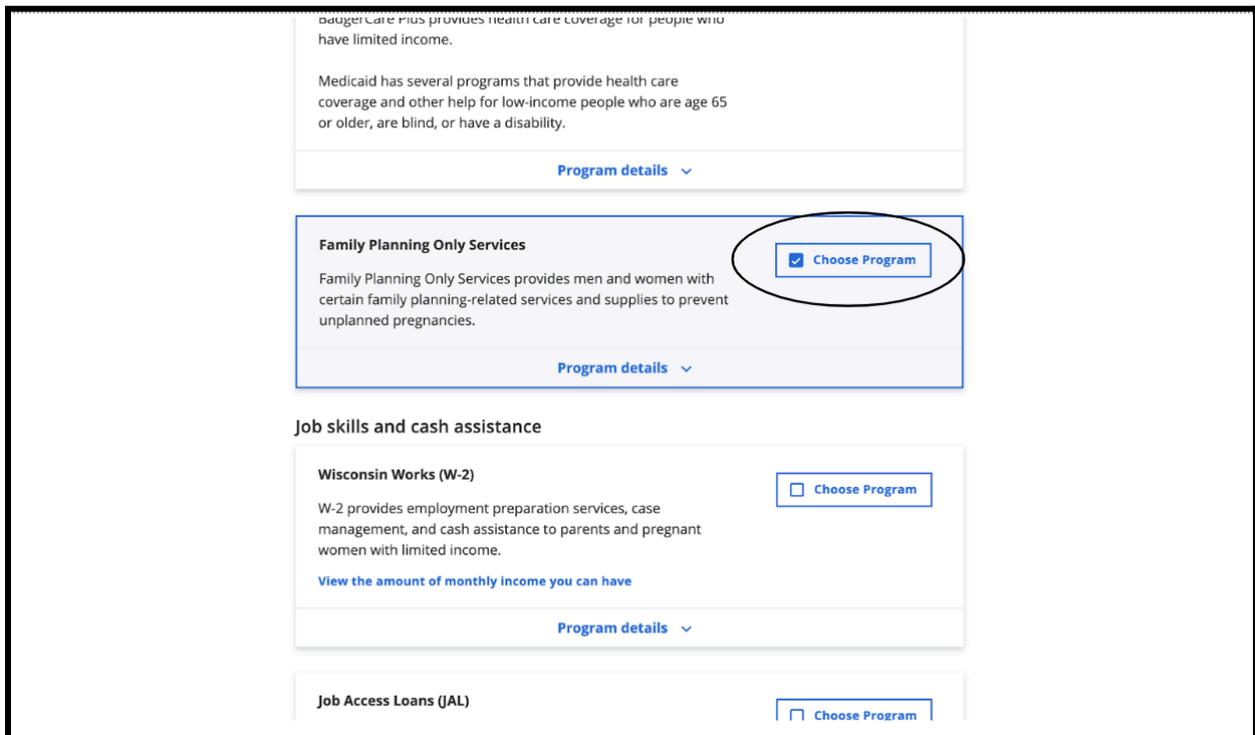
After clicking “confirm my email address”, you will be brought back to the Access website. It will look like the screenshot below. Now click “Log in to Access” and log back in.



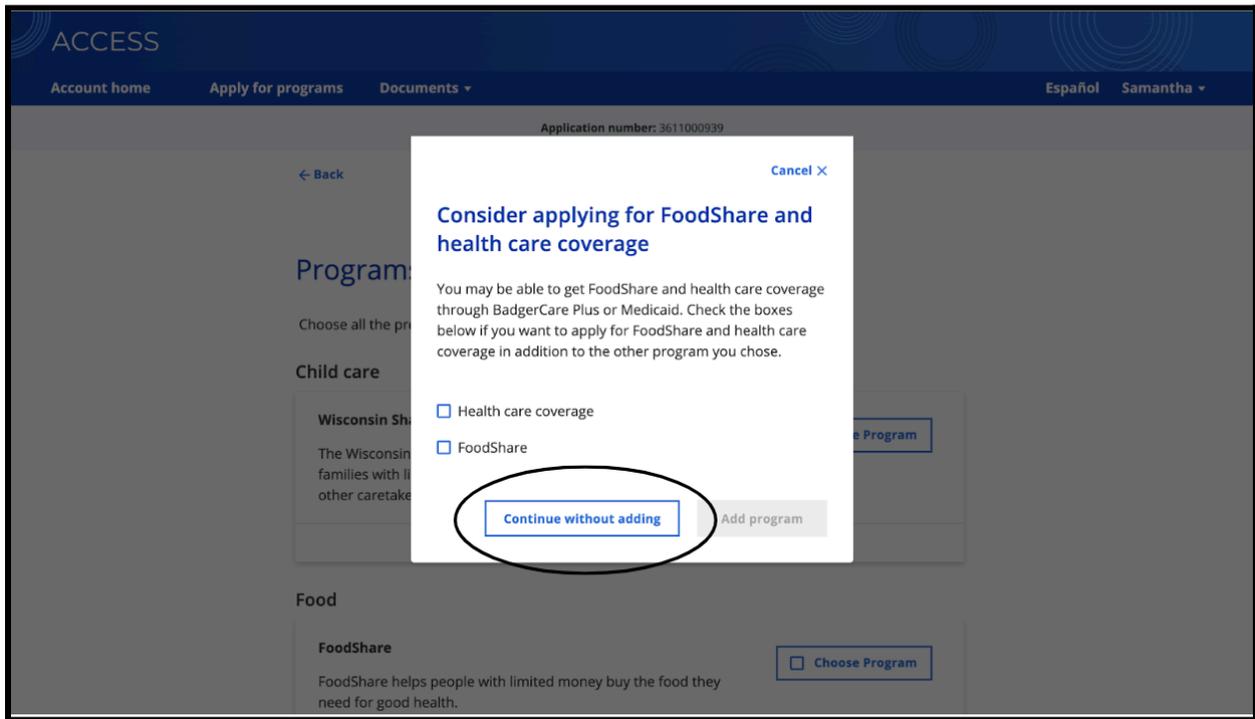
First step done! Once you have logged back in you can start your application. It should look like the screenshot below. Select “apply for myself”.



There will be a list of services you can apply for. Scroll down and select Family Planning Only Services.



After confirming, there will be a pop up that suggests other services you can apply for. Select “continue without adding”.



Next, it will ask you if you need help paying for any expenses in the last three months. How you answer this question is up to you. If you have paid out of pocket (meaning without the help of insurance) for birth control, STI testing/treatment, etc in the last 3 months, select yes. If not, select no.

ACCESS

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Help paying for family planning expenses

If insurance has not paid for your family planning expenses from the last three months, you can apply for family planning coverage to pay those expenses.

Does anyone applying need help paying for family planning expenses from the last three months that weren't paid for by insurance? (optional)

Yes

No

Family planning expenses can include Pap tests, tests for sexually transmitted infections, and more.

[Save and next](#)

This next page provides information about your application. Read through it and then select next. If you have any questions about the information go to the bottom of this document and follow the instructions to find help.

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Things to know about your application

Before you get started, there are a few things you should know about your application.

Submitting your application

When you're ready to submit your application, choose the Finish and submit option on the next page. You'll need to read about your rights and responsibilities and provide a signature.

You have the right to submit your application at any time.

You just need to give us your name and address to apply. However, it's a good idea to give us as much information as you can in this application because it will help us make a faster decision about whether you can get help. If you don't give us the information we need now, you'll have to give it to us at a later time.

Date we get your application

The date we get your application is called your application filing date. Your application filing date is the date from which you can start getting help if your application is approved.

For BadgerCare Plus, Medicaid, and Family Planning Only Services, this date will be the day you submit your application.

For FoodShare, the Wisconsin Shares Child Care Subsidy Program, Wisconsin Works, Job Access Loans, and the Emergency Assistance Program, this date is usually the day you submit your application. However, if you submit after 4:30 PM or on a weekend or holiday, then it's the next business day.

Decision about whether you can get help

We are required by law to give you a decision about whether you can get help from the program you're applying for within 30 days of your application filing date.

[Next](#)

[Need help? Visit Help Center](#)

Now you should see the homepage of your application. Press the start button next to “your information”. You’re crushing this!

at any time and come back later.

Try to give us as much information as you can. If you don't give us some information now, we may have to ask for it before we can make a decision about whether you can get help.

Your information	Not started	Start	Programs you're applying for <ul style="list-style-type: none"> Family Planning Only Services Change programs
People in your household	Not started	Start	
Household details	Not started	Start	
Income and benefits	Not started	Start	
Bills	Not started	Start	
Health insurance	Not started	Start	
Finish and submit	Not started	Start	

Add a representative

If you have a representative, such as a legal guardian, power of attorney, or authorized representative, you can add them.

[Add representative](#)

It will have you start with basic personal information. Press “next”.

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Your information

Your Information

In this section, we'll ask for some basic information about you, including:

- Name
- Date of birth
- Social Security number
- Race and ethnicity
- Marital status
- Address
- Contact information

[Next](#)

Need help? Visit Help Center

Fill out your name, date of birth, and social security number if you know it. If you don't, that's okay, you can leave it blank.

Your information

Tell us about yourself

Your Name

First name *

Middle initial (optional)

Last name *

Suffix (optional)

Date of birth *

Social Security number (optional)

I don't have a Social Security number (optional)

If you don't give us your Social Security number or you haven't applied for a Social Security number, you may not be able to get help from some programs.

Fill out your marital status, sex, race, and ethnicity. This information is mainly just used for data collection for the state. It shouldn't affect your eligibility. Be honest!

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Your information

More about you

Marital status *

Sex *

Male

Female

Ethnicity (optional)

Hispanic or Latino/a

Not Hispanic or Latino/a

I don't know

I prefer not to answer

Click the boxes for the words that best describe your ethnicity and race. To change an answer, click a box again to remove the check. You don't have to answer these questions. We are asking these questions to improve our services and help you.

Fill out information about where you live. This is mainly used to confirm that you live in Wisconsin.

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Your information

Where you live

Do you live in Wisconsin? *

Yes

No

What county do you live in? *

Do you live on tribal lands? *

Yes

No

Are you currently homeless? (optional)

Yes

No

I don't know

By homeless, we mean you don't have a long-term place to stay at night. You could be staying at a shelter or with a friend or relative, or you may not have a place to stay.

Next, enter your home address.

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Your information

More about where you live

Please tell us about the place where you live now, even if it's not your permanent address.

Where are you currently living? *

Your address

Street address *

Apartment, unit, or room number (optional)

City *

We'll use this address to send you mail. If you can't get mail at this address, please provide a separate mailing address.

Apartment, unit, or room number (optional)

City *

State *

Wisconsin

Zip code *

Care of (optional)

Do you have a separate mailing address? (optional)

Yes

No

I don't know

Save and next

Need help? Visit Help Center

If you don't want mail about FPOS coming to your home for your parents to see, enter a separate mailing address. This could be a friend's house, a trusted adult, a school nurse, or the local health department. To find the address for the local health department, google "*city where you live** health department address". For example, I googled "Madison health department address" and selected the first option.

Do you have a separate mailing address? (optional)

Yes

No

I don't know

Your mailing address

Street address *

Apartment, unit, or room number (optional)

City *

State *

Zip code *

Care of (optional)

We'll use this address instead of the address above to send you mail. If you're sending mail to someone else's address, please provide their name in the Care of field.

Enter your preferred language and your phone number.

Your contact information

Please tell us how we can best stay in touch with you.

Language information

What is the primary language spoken in your home? (optional)

Select a language

Is this your preferred language? (optional)

Yes

No

We'll send letters in the language you choose here, if possible. If not, we'll send the letters in English and let you know how you can get the letters translated or explained for free.

Phone information

Primary phone number (optional)

Primary phone type

[+ Add phone number](#)

Enter an email address you check regularly. If you don't want mail coming to your house or your mailing address you input above, select yes here. This means most of the information they send will go to your email instead.

Email information

Email address

Re-enter email address

Emails match

Do you want to view most of your letters online instead of getting them by mail? (optional)

Yes

No

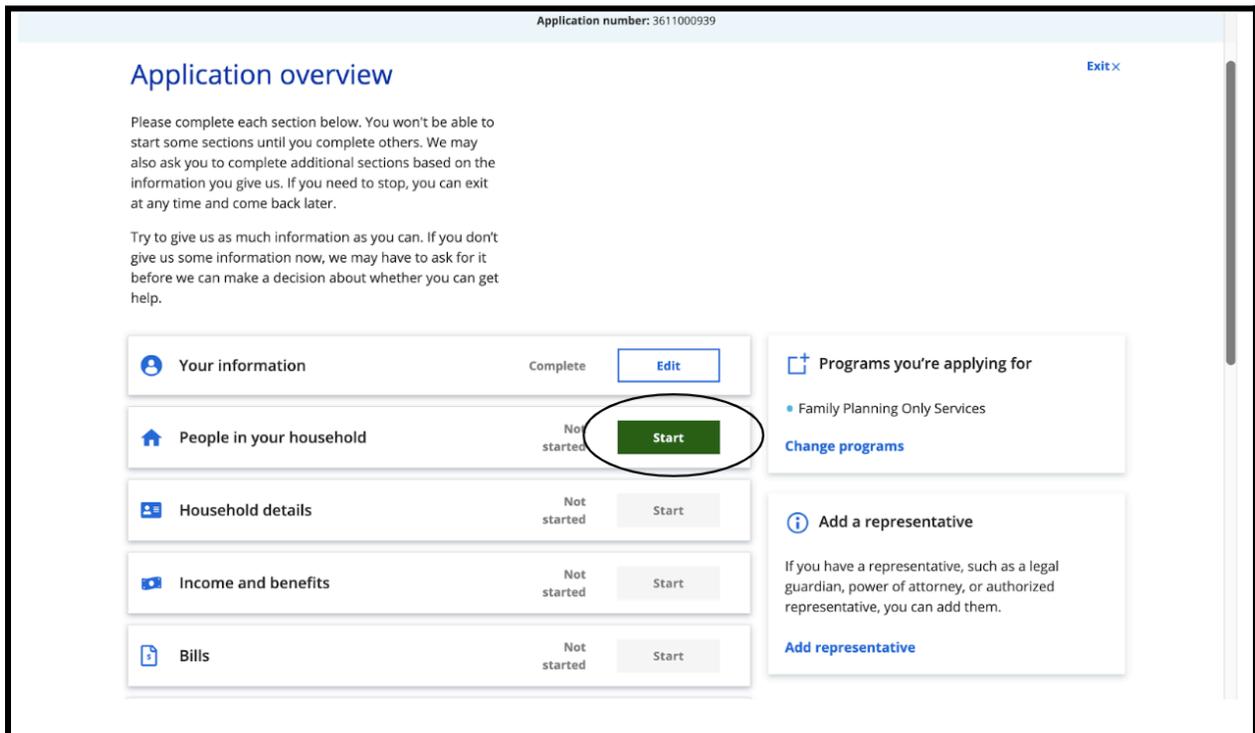
I don't know

If you choose to view most of your letters online, we'll send an email to you each time you have a new letter. You can then log into your ACCESS account to view the letter. In some cases, you may get letters in the mail, but most of the letters will only be online.

[Save and next](#)

[Need help? Visit Help Center](#)

Congrats! You've finished entering your personal information. Next up, start the section called "people in your household".



FPOS is just for you so you don't need to enter anyone else from your household. Below is a screenshot of what this page should look like. You should only see your name. You do not need to add anyone so press "Save and next".

Your household

Please add all the people who are in your household.

Make sure you add:

- Family members you live with.
- Family members in health care facilities.
- Family members living outside the home for now, but who will return.
- Anyone you buy food or make meals with.

If someone is pregnant, count them as one person. We'll ask about their pregnancy later.

Don't add:

- Children who live outside your home.
- Roommates you don't buy food or make meals with.
- Unrelated people at a public living space.

If you don't need to add anyone, choose Save and next.

People in your household

Samantha Powell

[+ Add person](#)

[Save and next](#)

Select yes if you are pregnant and no if you are not or do not know.

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People in your household

Pregnancy information

Is anyone in your household pregnant? *

Yes
 No

[Save and next](#)

Need help? Visit Help Center

Contact us

Website support: 800-362-3002

Health care and FoodShare enrollment support

Helpful links

ForwardHealth program resources

Find a free or low-cost clinic

Child care resources

Employment services for parents

Make sure your name is selected for “People who can apply”. This will only show you because you did not enter anyone else from your household.

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People in your household

People who can apply

Based on the information you gave us, these are the programs the people in your household can apply for as part of this application.

Family Planning Only Services ^

You can choose which household members apply for this program.

Samantha Powell

[Save and next](#)

[Need help? Visit Help Center](#)

Contact us **Helpful links**

Website support: 800-362-3002 ForwardHealth program resources Child care resources

Another section down! Select Application overview.

You finished the people in your household section

You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.

When you're ready to continue, go to the application overview.

Information from this section

Your household	Add or remove people ↗
Pregnancy	Add or remove people ↗
People who can apply	Update ↗
Family Planning Only Services	
Everyone	

[Application overview](#)

Next, select start household details.

information you give us. If you need to stop, you can exit at any time and come back later.

Try to give us as much information as you can. If you don't give us some information now, we may have to ask for it before we can make a decision about whether you can get help.

Your information	Complete	Edit
People in your household	Complete	Edit
Household details	Not started	Start
Income and benefits	Not started	Start
Bills	Not started	Start
Health insurance	Not started	Start
Finish and submit	Not started	Start

Programs you're applying for

- Family Planning Only Services

[Change programs](#)

Add a representative

If you have a representative, such as a legal guardian, power of attorney, or authorized representative, you can add them.

[Add representative](#)

This section will ask you about your citizenship status and some other health information.

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Household details

Your household details

In this section, we'll get to know you and the people in your household better. Some of the information we'll ask about includes:

- Citizenship.
- Health needs.
- Education.
- Legal history.

[Next](#)

Need help? Visit [Help Center](#)

Contact us
Helpful links

Enter your citizenship status. This is only about you, not your whole family. If you select yes, it will move on to the next question. If you select no, it will ask you for immigration information.

This includes what country you were born in, when you moved to the US, your immigration status, any immigration cards/documents you have, and if you have an immigration sponsor.

The screenshot shows the 'ACCESS' application interface. At the top, there is a blue header with the 'ACCESS' logo and navigation links: 'Account home', 'Apply for programs', and 'Documents'. On the right, there are language options 'Español' and a user name 'Samantha'. Below the header, the application number '3611000939' is displayed. The main content area is titled 'Household details' and features a section for 'Citizenship information'. The text asks the user to provide citizenship details for household members. A question asks 'Are all household members U.S. citizens?' with radio button options for 'Yes' and 'No'. A 'Save and next' button is located at the bottom right of the form. A blue footer bar contains the text 'Need help? Visit Help Center', 'Contact us', and 'Helpful links'.

Next it asks you about the health of people in your household. Because FPOS only applies to you, answer just about yourself.

The screenshot shows the 'ACCESS' application interface for the 'Your household's health' section. The header and navigation are identical to the previous screenshot. The main content area is titled 'Household details' and features a section for 'Your household's health'. The text asks the user about the health of household members. A question asks 'Has anyone in your household been diagnosed with tuberculosis?' with radio button options for 'Yes' and 'No'. Another question asks 'Has anyone in your household been in an accident in the last three months?' with radio button options for 'Yes' and 'No'. A light blue callout box provides a definition of 'accident': 'By accident, we mean: Work accident, Car accident, Any accident that caused an injury or illness.' A 'Save and next' button is located at the bottom right of the form. A blue footer bar contains the text 'Need help? Visit Help Center'.

Next it asks about Medicare. You are not above the age of 65 so select no.

The screenshot shows a web application interface for Medicare. At the top, there is a navigation bar with 'Account home', 'Apply for programs', and 'Documents'. On the right, it says 'Español' and 'Samantha'. Below the navigation bar, the application number '3611000939' is displayed. The main content area is titled 'Household details' and 'Medicare coverage'. It contains a question: 'Is anyone in your household getting or able to get Medicare Part A or Part B?'. There are two radio button options: 'Yes' and 'No', with 'No' selected. A green 'Save and next' button is at the bottom right. A blue footer bar contains the text 'Need help? Visit Help Center'.

Done with this section! Click "application overview".

The screenshot shows the 'Application overview' screen. At the top, it says 'You finished the household details section'. Below this is a green confirmation message: 'You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.' A note says 'When you're ready to continue, go to the application overview.' Under the heading 'Information from this section', there are three items: 'Citizenship information' with an 'Add or remove people' link, 'Your household's health' with an 'Update' link, and 'Medicare coverage' with an 'Add or remove people' link. A green 'Application overview' button is at the bottom right.

Onto the next section! Press start income and benefits.

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Income and benefits

Work activities

Please tell us about your work activities. These include:

- Any jobs held in the past three months.
- Any self-employment income earned in the past four months.
- Jobs that pay in goods or services.
- Jobs where you are on strike.
- Any hobbies that make money.
- Selling anything, including blood.

Does anyone in your household have work activities? *

Yes

No

Who does work activities? *

Samantha Powell

[Save and next](#)

Here it asks you what type of work you do. Most likely, you will select the first option, “A paying job in the past three months (including jobs on strike)”.

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Income and benefits

Samantha's work activities

Please tell us all of Samantha's work activities. Only check one box for each type of activity. We'll ask if Samantha has more than one of each type later on.

What work activities does Samantha have? *

A paying job in the past three months (including jobs on strike)

Self-employment or an activity that pays money, in the past four months

A job that pays in goods or services (in-kind work)

None of these

[Save and next](#)

[Need help? Visit Help Center](#)

Fill out the name of the place you work and the address if you know it. If not, no big deal, just leave that blank. You will also be asked some specific questions about your job, answer to the best of your ability.

Samantha's job details

Please tell us about Samantha's job. If Samantha has more than one, just choose one to start with. We'll ask you about the others after.

Employer name *

Employer address (optional)

Street address

Apartment, unit, or room number

City

State

Zip code

Employer contact number (optional)

Zip code

Employer contact number (optional)

Employer FEIN (optional)

Job start date (optional)

Has this job ended recently, or will it be ending soon? *

Yes

No

Is this a temporary job? (optional)

Yes

No

The FEIN is the Federal Employer Identification Number. Every employer has one. You can find it on your tax forms, or you can ask your employer or the IRS for it.

What type of position is this? Choose the answer that best applies. (optional)

- Manager
- Staff
- I don't know

Is this job through AmeriCorps? (optional)

- Yes
- No
- I don't know

Is Samantha currently on strike? *

- Yes
- No

Save and next

Next, it will ask you for more information about your paychecks. For this example, I put that I work at “Example Job”. So it asks me questions about my paychecks from “Example Job”. If you are unsure about any of the questions in this section, select no.

Please tell us about the pay Samantha gets from this job.

How often is Samantha paid by Example Job? *

- Weekly
- Every two weeks
- Twice per month
- Monthly
- Other

Is Samantha paid an hourly wage, or does Samantha get a salary for this job? *

- Hourly wage
- Salary

Does Samantha get overtime, holiday, shift differential, or weekend pay? *

- Yes
- No

Does Samantha get tips, bonuses, commissions or other extra income? *

- Yes
- No

Does Samantha have any pre-tax deductions for this job? (optional)

- Yes
- No
- I don't know

Shift differential pay is extra pay for working outside of normal working hours.

Pre-tax deductions are money taken out of an employee's paycheck before taxes. Pre-tax deductions are made for retirement plans, health insurance, and other employee benefits.

Save and next

Now it asks you about your pay. If you select hourly wage, it will ask for your pay rate and how many hours you work per week.

Is Samantha paid an hourly wage, or does Samantha get a salary for this job? *

Hourly wage

Salary

What is Samantha's hourly pay rate? *

\$ 0.00

How many hours per week does Samantha work at this job? *

Then it asks if you have any other jobs. If you do, you will complete the same process for each job. If not, select no.

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Income and benefits

Additional jobs

Please tell us if Samantha has another paying job.

We only want to know about paying jobs at this time. If Samantha has self-employment, in-kind work, volunteer work, or makes money from some other activity, don't report that here.

Does Samantha have another paying job? (optional)

Yes

No

[Save and next](#)

Need help? Visit Help Center

Contact us

Website support: 800-362-3002

Health care and FoodShare enrollment support

Wisconsin Shares Child Care Subsidy Program support

Helpful links

ForwardHealth program resources

Find a free or low-cost clinic

Find an aging and disability resource center

Child care resources

Employment services for parents

211 Wisconsin

Wisconsin: Make 2021 support Find a health care facility or provider Your right to free interpretation services

After, it asks you about other income you may have. More than likely, the answer to this will be no. An example of other income could include money made on social media.

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Income and benefits

Other income

Please tell us about your other income. This includes any money that doesn't come from work. Some examples are money from child support, Social Security payments, retirement benefits, and investments.

Does anyone in your household have other income? *

Yes

No

Save and next

Need help? Visit Help Center

Contact us

Website support: 800-362-3002

Health care and FoodShare enrollment support

Wisconsin Shares Child Care Subsidy Program support

Wisconsin Works (W-2) support

Helpful links

ForwardHealth program resources

Find a free or low-cost clinic

Find an aging and disability resource center

Find a health care facility or provider

Child care resources

Employment services for parents

211 Wisconsin

Your right to free interpretation services

Next it asks about other benefits you might be getting. Remember that for FPOS, this is just about you. If you are unsure, it is safe to assume you probably don't have any of these.

Income and benefits

Other benefits

Please tell us if your household gets any of these other types of benefit payments.

Is anyone getting grants, scholarships, or other aid for education or training? *

Yes

No

Was anyone getting SSI benefits but doesn't anymore? *

Yes

No

Has anyone gotten an SSI approval letter, but not yet gotten a payment? *

Yes

No

Is anyone getting Medicaid benefits through SSI 1619(b)? *

Yes

No

Save and next

Need help? Visit Help Center

Contact us

Helpful links

If you are eligible for tribal benefits select yes. If you aren't or you are unsure, select no.

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Income and benefits

Tribal benefits

Please tell us if anyone in your household is getting any of these tribal benefits.

Is anyone in your household eligible to get health care from Indian Health Services, a tribal program, or through a referral from one of these programs, even if they have not needed to get this health care? *

Yes

No

Save and next

Need help? Visit Help Center

Contact us

Website support: 800-362-3002

Health care and FoodShare enrollment support

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Helpful links

ForwardHealth program resources

Find a free or low-cost clinic

Find an aging and disability resource center

Child care resources

Employment services for parents

211 Wisconsin

You've finished this section! It should look something like this.

Application overview

Income and benefits

You finished the income and benefits section

✔ You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.

When you're ready to continue, go to the application overview.

Information from this section

Work activities [Add or remove people](#) ✓

Samantha Powell [Add work activity](#) ▾

Paying jobs

Employer: Example Job [Edit](#) ▾

Employer address: Not provided

Other income [Add or remove people](#) ✓

Other benefits [Update](#) ✓

Tribal benefits

Application overview

Need help? Visit Help Center

Over halfway there! Time to fill out the bills section.

Application number: 3611000939

Application overview

Please complete each section below. You won't be able to start some sections until you complete others. We may also ask you to complete additional sections based on the information you give us. If you need to stop, you can exit at any time and come back later.

Try to give us as much information as you can. If you don't give us some information now, we may have to ask for it before we can make a decision about whether you can get help.

Your information	Complete	Edit
People in your household	Complete	Edit
Household details	Complete	Edit
Income and benefits	Complete	Edit
Bills	Not started	Start
Health insurance	Not started	Start
Finish and submit	Not started	Start

Programs you're applying for

- Family Planning Only Services

[Change programs](#)

Add a representative

If you have a representative, such as a legal guardian, power of attorney, or authorized representative, you can add them.

[Add representative](#)

[Need help? Visit Help Center](#)

[Contact us](#) [Helpful links](#)

This section is super quick.

Application number: 3611000939

← Back [Application overview](#)

Bills

In this section, we'll ask you about your household's bills. This includes housing bills, like rent and mortgage payments. It also includes utility bills, such as power, heat, and water.

After we ask you about your housing and utility bills, we'll ask about any other bills you have. We'll also ask you about your tax deductions.

[Next](#)

[Need help? Visit Help Center](#)

<p>Contact us</p> <p>Website support: 800-362-3002</p> <p>Health care and FoodShare enrollment support</p> <p>Wisconsin Shares Child Care Subsidy Program support</p> <p>Wisconsin Works (W-2) support</p>	<p>Helpful links</p> <p>ForwardHealth program resources</p> <p>Find a free or low-cost clinic</p> <p>Find an aging and disability resource center</p> <p>Find a health care facility or provider</p> <p>Learn about Wisconsin Wayfinder</p>	<p>Child care resources</p> <p>Employment services for parents</p> <p>211 Wisconsin</p> <p>Your right to free interpretation services</p>
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Language access and notice of nondiscrimination

This question asks about tax deductions. Select no.

ACCESS

Account home Apply for programs Documents Español Samantha

Application number: 3611000939

← Back Application overview

Bills

Your other bills

Please tell us about your other bills. If more than one person shares the cost of a bill, only choose one person for that bill.

Does anyone in your household have tax deductions? (optional)

Yes
 No
 I don't know

By tax deductions, we mean expenses you can claim on your taxes. Some examples are IRA contributions, and student loan interest.

We're only asking about tax deductions for the current tax year.

Save and next

Need help? Visit Help Center

Contact us

Website support: 800-362-3002

Health care and FoodShare enrollment support

Wisconsin Shares Child Care Subsidy Program support

Wisconsin Works (W-2) support

Helpful links

ForwardHealth program resources

Find a free or low-cost clinic

Find an aging and disability resource center

Find a health care facility or provider

Learn about Wisconsin Waiverfinder

Child care resources

Employment services for parents

211 Wisconsin

Your right to free interpretation services

All done with that section!

ACCESS

Account home Apply for programs Documents Español Samantha

Application number: 3611000939

Application overview

Bills

You finished the bills section

✔ You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.

When you're ready to continue, go to the application overview.

Information from this section

Other bills [Add or remove people](#)

Application overview

Need help? Visit Help Center

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Website support: 800-362-3002

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Helpful links

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Find a health care facility or provider

Learn about Wisconsin Waiverfinder

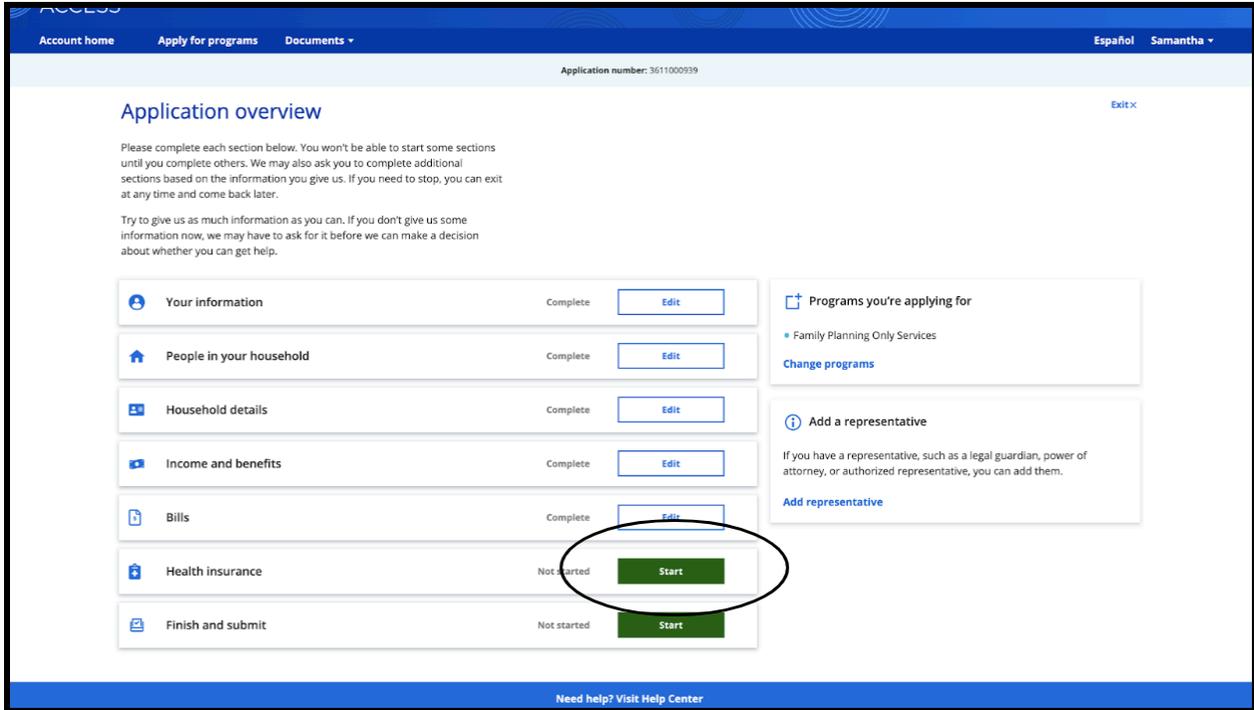
Child care resources

Employment services for parents

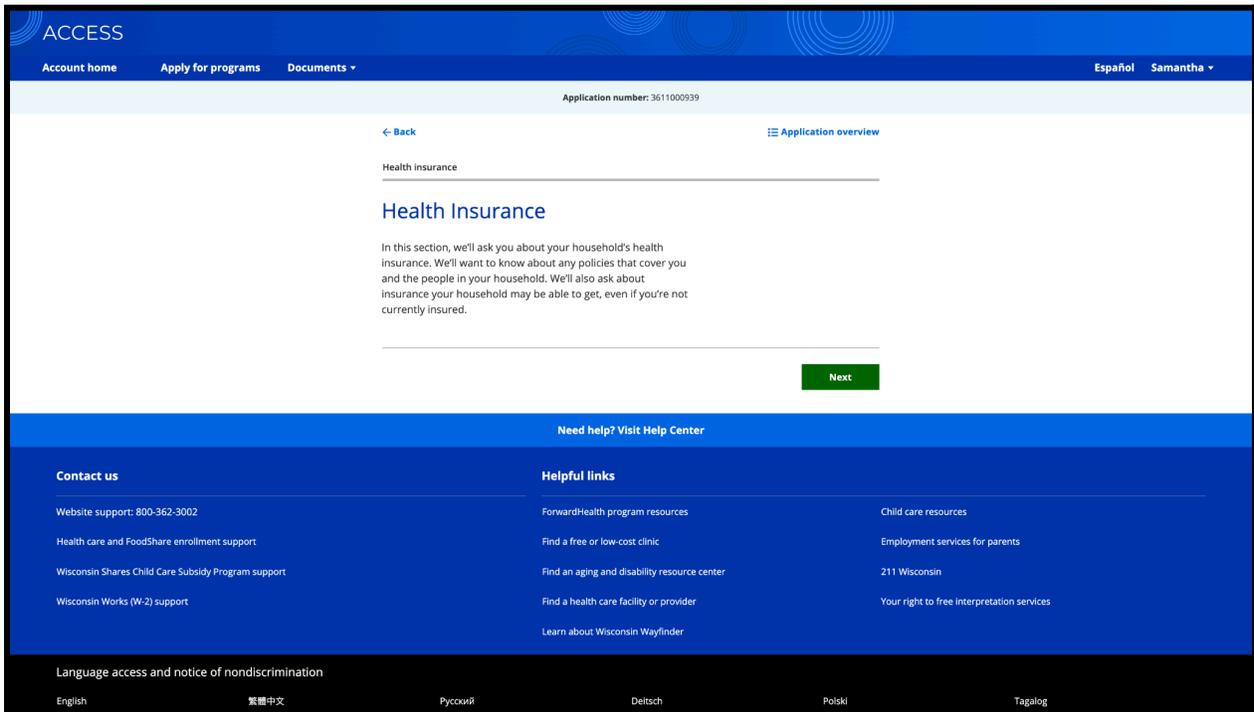
211 Wisconsin

Your right to free interpretation services

Almost done! Let's fill out health insurance next.



Health insurance can seem confusing but this section is actually very easy because you can just select “no”.



This section asks about the health insurance you already have (most likely through your parents). Because FPOS is just for you, you can select no.

Health insurance policy holders

We want to know about any health insurance policies that cover the people in your household. Please tell us if anyone holds a health insurance policy that covers one or more people in your household.

Does anyone have a health insurance policy that covers one or more people in your household? *

- Yes
- No

Be sure to include anyone who has a policy that covers people in your household, even if they're not on this application.

Save and next

You've finished the last section! Woohoo!

You finished the health insurance section

✔ You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.

When you're ready to continue, go to the application overview.

Information from this section

Health insurance policies

[Add or remove people ↗](#)

Application overview

Time to finish and submit.

ACCESS

Account home Apply for programs Documents ▾

Español Samantha ▾

Application number: 3611000939

Application overview

Exit ×

Please complete each section below. You won't be able to start some sections until you complete others. We may also ask you to complete additional sections based on the information you give us. If you need to stop, you can exit at any time and come back later.

Try to give us as much information as you can. If you don't give us some information now, we may have to ask for it before we can make a decision about whether you can get help.

 Your information	Complete	Edit
 People in your household	Complete	Edit
 Household details	Complete	Edit
 Income and benefits	Complete	Edit
 Bills	Complete	Edit
 Health insurance	Complete	Edit
 Finish and submit	Not started	Start

Programs you're applying for

- Family Planning Only Services

[Change programs](#)

Add a representative

If you have a representative, such as a legal guardian, power of attorney, or authorized representative, you can add them.

[Add representative](#)

Read through your rights and responsibilities and check that you have done so.

ACCESS
Account home Apply for programs Documents ▾ **Español** Samantha ▾

Application number: 3611000939

← Back
☰ Application overview

Finish and submit

Health care rights and responsibilities

Below are the rules for the BadgerCare Plus and Medicaid health care coverage programs and the Family Planning Services Only program. Please read the following information carefully. These programs have a unique set of rights and responsibilities. You'll be able to save a copy after you submit your application.

Your rights

Every health coverage applicant or member has the right to:

- Be treated with respect by agency staff.
- Have your civil rights upheld.
- Have your private information kept private.
- Get an application or renewal or have the application or renewal mailed on the same day you ask for it.
- File an application or renewal on the day of initial contact.
- Get a decision about your application or renewal within 30 days of the day the agency got it. If your application or renewal is received at the agency after 4:30 p.m. or on a weekend or holiday, the date of receipt will be the next working day. This includes paper and online applications or renewals.
- Be told in advance if your benefits are going to be reduced or ended and the reason for the change.
- Ask the agency to explain anything in this application or renewal or other materials that you do not understand.
- Request a fair hearing if you disagree with any action of the agency.
- See the agency's records and files relating to you except

800-537-7697 (TDD)

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

Acknowledgement

By signing the application or renewal, you are authorizing your agency, the Wisconsin Department of Health Services, and the Wisconsin Department of Children and Families to request any information that is appropriate and necessary for the proper administration of the program under Wisconsin law. Anyone, including financial institutions, credit reporting agencies, or educational institutions may release this information, unless it is prohibited or restricted by law. Your authorization remains in effect until (1) your application or renewal is denied, (2) your eligibility ends, or (3) you inform your agency in writing that you wish to end your authorization.

Also, your signature on the application or renewal means that you understand the questions and statements on this application/renewal form and the penalties for giving false information or breaking the rules. By signing the application/renewal, you are certifying under penalty of perjury and false swearing that all of your answers are correct and complete to the best of your knowledge, including information provided about the citizenship and immigration status of each household member applying for benefits. Also, you understand and agree to provide documents to prove what you have said.

By checking this box, I attest that I have read and understand the rights and responsibilities on this screen. *

Save and next

Need help? Visit Help Center

Contact us

Website support: 800-362-3002

Helpful links

ForwardHealth program resources

Child care resources

Sign your application and submit it!

[← Back](#) [Application overview](#)

Finish and submit

Submit your application

I have agreed to submit this application by electronic means. By signing this electronically, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge, including information provided about the citizenship or immigration status for each household member applying for benefits. I also certify that:

- I understand the questions and statements on this application.
- I have read and understand my rights and responsibilities on the previous pages.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the agency may contact other people or organizations to obtain needed proof of my eligibility and level of benefits.

I understand that by checking this box and typing my name below, I am providing my electronic signature. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. *

First name *

Middle initial (optional)

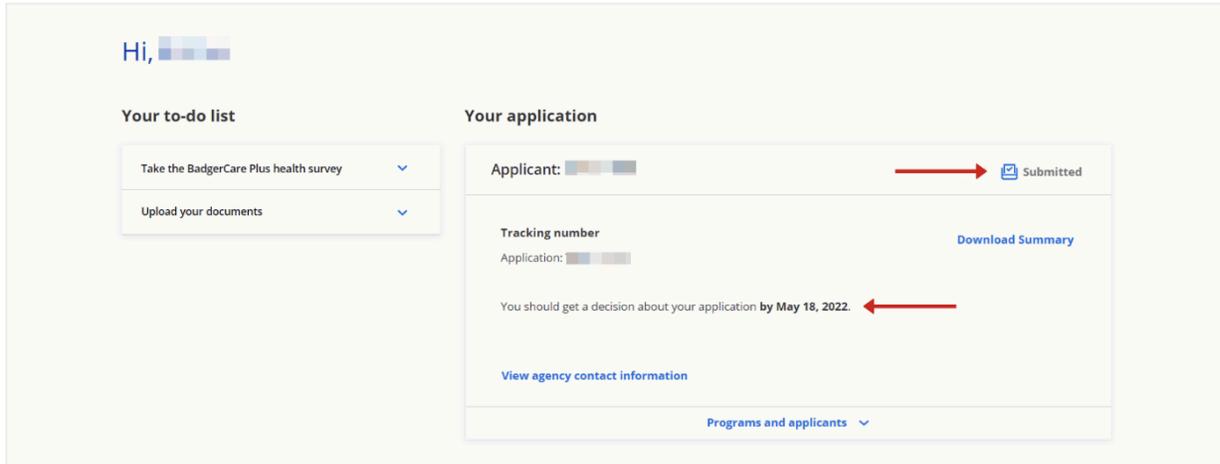
Last name *

Pat yourself on the back! You finished applying!

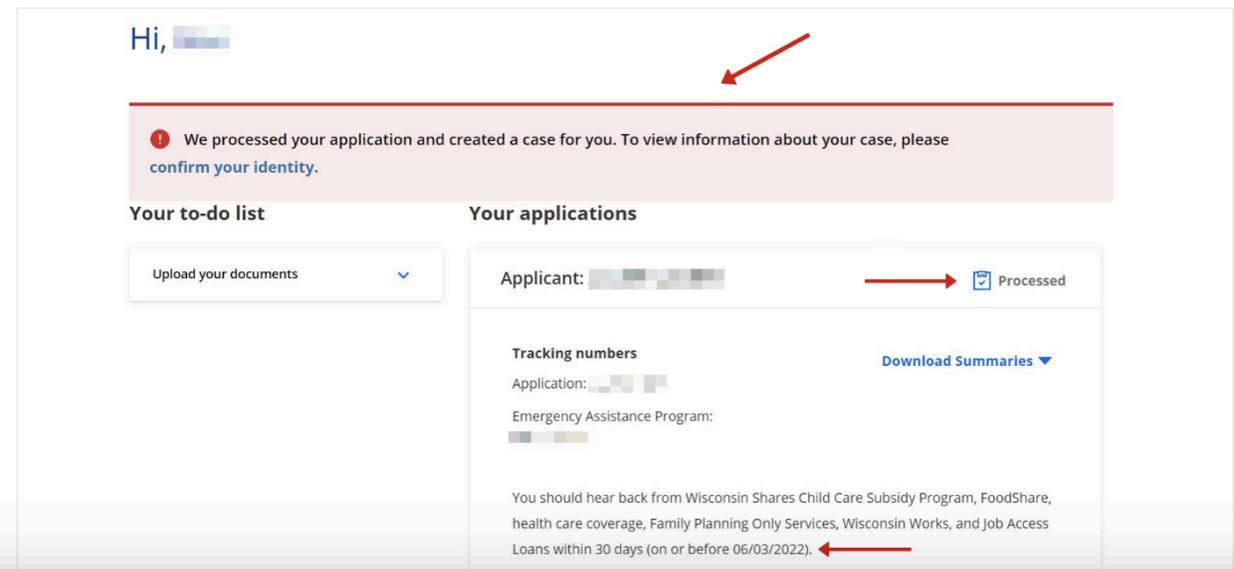
So what happens next?

- Your local health department will review your application.
- They may need to call you to ask you a couple more questions. Monitor your voicemail for a call from them.
- You will receive notification that you have been approved one of three ways. Either you will receive a letter in the mail (less likely if you marked you would prefer emails), you will get a phone call, or you can log in to your Access account and check your status online.
 - Your Access account should look something like the screenshot below.

After you submit your application, it is in “submitted” status. You will see on your account home page when you should get a decision about your application.



After your application is processed, informational alerts will appear in a banner across the top of the screen to share time sensitive information. These messages will give the current status of your application, and let you know of any action needed.



If you have questions you want answered at any point in this process go to the following link:

<https://access.wi.gov/s/kc-article?q=WFqByUaVhVaFsciieCDatRfmPMQQcb8jvQRc5lfq5de7Ok5K-tDQihSZPkZTA9cteXMi-SLr8YZUdPX4reNthQ%3D%3D>.

This page will help you find a phone number you can call with questions. On the right is a contact information box. Use the drop down menu to select your county. Below I have Dane County selected. Press “continue”.

ACCESS

[← Back](#)

Preparing to Apply using ACCESS

ACCESS can be used to apply for and manage your benefits. To start, you'll need to create an account. You can apply for more than ten programs using a single application through ACCESS.

Can someone else help you apply?



Commonly viewed articles

- How can you set up an account?
- What if I forgot my user ID or password on the ACCESS website? (if you have email address connected to your ACCESS account)
- How can I submit documents?
- Can someone else help you apply?
- What are the steps for completing an ACCESS application?

Contact information

Local Agency (sometimes referred to as IM Agency)

If you need help with your application or have questions about your eligibility, select your county below to find contact information for your local agency.

Dane

[Continue](#)

HMO Enrollment Specialist

It will bring you to a page similar to the one below. There should be a phone number listed for you to call. The screenshot below is an example of what the Dane County page looks like.

https://www.dhs.wisconsin.gov/forwardhealth/imagency/capital.htm

Official website of the State of Wisconsin [Here's how you know](#)

WISCONSIN DEPARTMENT of HEALTH SERVICES

[A-Z Index](#) [Careers](#)

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[Diseases & Conditions](#)
[Health Care & Coverage](#)
[Long-Term Care & Support](#)
[Prevention & Healthy Living](#)
[Partners & Providers](#)
[Certification, Licenses & Permits](#)

[Home](#) > ForwardHealth: Capital Consortium

ForwardHealth: Capital Consortium

Phone: 888-794-5556
Fax: 855-293-1822

A consortium is made up of county agencies. They are called income maintenance or economic support agencies. There are 11 consortia, or groups of these agencies, across the state. County agencies can help you apply for or enroll in programs such as:

- [BadgerCare Plus](#)
- [Medicaid](#)
- [FoodShare](#)

You can apply for services at any of the agencies in your consortium. Each one has its own center you can call for help.

Wisconsin's Capital Consortium

Wisconsin's Capital Consortium includes these counties:

- [Adams](#)