



**Milwaukee County DHHS-BHD**  
**Children's Community Mental Health Services and Wraparound Milwaukee**

**ENROLLMENT REQUEST FORM**

Medicaid Member ID Number \_\_\_\_\_

Enrollee's Name \_\_\_\_\_  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Enrollment Start Date: \_\_\_\_\_

By signing below, I indicate that I wish to participate in the Wraparound Milwaukee program and voluntarily enroll myself in the program. The ways that this affects my health care coverage are listed below and were explained to me.

**If I currently have Title 19 coverage**, I understand that I will be enrolled in the Wraparound Milwaukee HMO program through T19, which will be responsible for payment for all of my behavioral health and alcohol and drug-related services. I am aware that if I am currently seeing any behavioral health providers who are not part of the Wraparound Milwaukee Provider Network, I will need to switch to providers who are part of the Wraparound Milwaukee Provider Network.

**If I am currently in a Title 19 HMO for health care**, I understand that my coverage for **physical health care will now be provided through Straight Title 19** (also called fee-for-service). I am aware that my current physical health care providers may not accept straight Title 19 insurance; in those instances, I will need to switch to a new physical health care provider during my enrollment in Wraparound Milwaukee.

**If I have private insurance coverage**, that carrier will remain the primary insurer for both physical and behavioral health care. As a secondary payor source, Wraparound Milwaukee will pay for any behavioral health and alcohol and drug-related services that are part of my Plan of Care which are not covered by my private insurance. If a placement in a group home, residential care or foster care occurs, I will become eligible for Title 19 during that placement, but my private health insurance will remain the primary insurer.

**If I have no insurance**, my Care Coordinator will work with me to see if I qualify for any type of Medicaid or Title 19 services. If I do qualify, I will be enrolled in the Wraparound Milwaukee HMO for behavioral and alcohol and drug-related services, and in straight Title 19 for physical health services. If I do not qualify, Wraparound Milwaukee will pay for any behavioral or alcohol and drug-related services that are part of my Plan of Care.

Enrollee's signature \_\_\_\_\_  
(age 14 and older must sign)

Date \_\_\_\_\_

Parent/Legal Guardian's signature \_\_\_\_\_  
(if enrollee is under age 18)

Date \_\_\_\_\_

FOR EDS USE:

EDS Fax: 608-221-8815

Enrollment is: **APPROVED / DENIED** (circle one)

If denied, reason: \_\_\_\_\_ Effective start date: \_\_\_\_\_

County of residence listed for recipient: \_\_\_\_\_

9455 Watertown Plank Road, Milwaukee, WI 53226 – Finance Dept.  
Phone: 414-257-5500      Fax: 414-257-7575

**ATTENTION:** If you speak English, language assistance services are available to you free of charge. Call your Care Coordinator directly or call 1-833-912-2468 (TTY: 711)

**Español (Spanish) - ATENCIÓN:** Si habla español, tenemos servicios de asistencia lingüística disponibles de forma gratuita. Llame a su coordinador de atención directamente o bien llame al 1-833-912-2468 (TTY: 711)

**Hmoob (Hmong) - CEEB TOOM:** Yog koj hais lus Hmoob, muaj cov kev pab txhais lus pub dawb rau koj. Hu xov tooj ncaj nraim rau koj tus Neeg Khiav Hauj Lwm Muab Kev Kho Mob los yog hu rau 1-833-912-2468 (TTY: 711)

**မြန်မာ (Myanmar) (Burmese) - အထူးသတိပြုရန် - အကယူ၍**  
မြန်မာဘာသာစကားကို သင့်ဝေါ်ပေါ်ပေါ်ပြုပေးပိုးပို့ပြုက ဘာသာစကားဆိုင့်  
ဝန်ပေးဆိုမှုများကို အခမဲ့ သင့်ရရှိပို့ပြုပေးသည့်။ သင့်ဝေါ်ပေါ်ပေါ်ပြုကြော်  
ဆက္စာပါဝေဆိုကြော်ပေးသူထံသို့ တိုကိုရှိကုန် ဖုန်ဝါးပေးခေါ်ဆိုပါ  
သို့ မဟုတ်လည်း 1-833-912-2468 (TTY: 711) သို့ ပေးခေါ်ဆိုပါ