



¿Prefiere las notificaciones en español? Yes No

APPLICATION

Select One: New Application Add Spouse Re-Application

SECTION I - APPLICANT INFORMATION

Are you requesting SeniorCare? Yes No Wisconsin Resident? Yes No U.S. Citizen? Yes No Gender? Male Female

Race/Ethnicity (Optional) American Indian/Alaskan Native Hawaiian/Other Pacific Islander Black/African American
Choose all that apply White Asian Hispanic Ethnicity

Current Marital Status:
 Married Divorced
 Widowed Separated
 Single

Last Name: _____

First Name: _____ Middle Initial: _____

Birth Date: ____/____/____ Soc. Sec. No. ____-____-____

If Married or Separated, are you
 Living with Spouse
 Not Living with Spouse

SECTION II - SPOUSE INFORMATION (IF LIVING WITH APPLICANT)

Are you requesting SeniorCare? Yes No Wisconsin Resident? Yes No U.S. Citizen? Yes No Gender? Male Female

Race/Ethnicity (Optional) American Indian/Alaskan Native Hawaiian/Other Pacific Islander Black/African American
Choose all that apply White Asian Hispanic Ethnicity

Last Name: _____

First Name: _____ Middle Initial: _____

Birth Date: ____/____/____ Soc. Sec. No. ____-____-____

SECTION III - MAILING ADDRESS

Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____

Address is: Same as residence Different than residence Your Authorized Representative's / Legal Guardian's / Power of Attorney's address



