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APPLICATION

Select One: New Application Add Spouse Reapplication

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

If married or separated, are you
 Living with spouse
 Not living with spouse

Last Name: _____

First Name: _____ Middle Initial: _____

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

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: _____

Phone: _____

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



