



**Wisconsin  
Well Woman  
Program**

**Eau Claire City-County Health Department  
720 Second Avenue  
Eau Claire, WI 54703-5497  
715-839-4718  
FAX: 839-1674**

**Enrollment  
lasts for  
12 months**

Name: \_\_\_\_\_

**PLEASE FOLLOW THESE STEPS TO ENROLL INTO THE WISCONSIN WELL WOMAN PROGRAM:**

1. Print and fill out this Eligibility Form
2. Print and fill out the Wisconsin Well Woman Enrollment Form, leaving nothing blank
3. SIGN THE FORMS
4. **Send both forms and proof of age to the Local Coordinating Agent for Eau Claire County**
5. *Once received, eligibility will be reviewed. If you qualify for WWWP, you will be sent a welcome packet with specific information about how to use the program*

Age: \_\_\_\_\_ (Please provide copy of ID card, Driver's License, Birth Certificate, or Passport)

Household Size (All in the household: Self, Spouse/partner, and Children under 18): \_\_\_\_\_

Gross Income for household: \$ \_\_\_\_\_ (Circle one): Biweekly / Monthly / Yearly

Do you have health insurance that covers the total cost of WWWP covered services\*?

No  Yes, but I am financially unable to pay the deductible/co-payment

Do you smoke? \_\_\_\_\_ (this is not an eligibility question)

Do you need an interpreter? If yes, language: \_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this form you are assuring the accuracy of the information provided. Please notify your coordinator with any changes to household income or insurance status as soon as possible.

**\*If you have BadgerCare Plus or Medicare Part B, you do NOT meet eligibility criteria**  
*A pink card will come to you in the mail 7-10 business days after your enrollment start date.*

**If you have questions, call 715-839-4718**

**Please Address Completed Forms To:**  
Eau Claire City-County Health Department  
Attn: WWWP  
720 2<sup>nd</sup> Avenue  
Eau Claire, WI 54703