

Scott Walker
Governor



DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY
WISCONSIN FUNERAL AND CEMETERY AIDS PROGRAM
1 WEST WILSON STREET
PO BOX 309
MADISON WI 53701-0309

Telephone: 888-859-0611
Fax: 608-267-3381
TTY: 711

Kitty Rhoades
Secretary

State of Wisconsin
Department of Health Services

Email: dhswfcapapplications@wisconsin.gov
www.dhs.wisconsin.gov/em/wfcap.htm

MEMORANDUM

Date: June 13, 2016

To: Wisconsin Funeral and Cemetery Aids Program (WFCAP) Participants

From: Mary Wells
Estate Recovery Section, Bureau of Fiscal Management

Subject: Required Forms for WFCAP Payments

Due to recent system changes, WFCAP participants need to ensure the appropriate forms for their business are on file in order to receive WFCAP payments. The following forms must be on file with the Department of Health Services (DHS) for each funeral, cemetery, or crematory business:

- [Form W-9, Request for Taxpayer Identification Number and Certification](#)
- [DOA-6457: STAR Vendor Information Form](#), to obtain a supplier identification number.
- [DOA-6456: STAR Authorization for Electronic Deposits](#), to enroll in electronic fund transfers (ACH) for a direct deposit payment for approved claims. A voided check, deposit ticket, or bank letter must be attached to this form. A direct deposit payment includes an email confirmation with each decedent's name, date of death, and amount deposited for record reconciliation.

These forms should be completed and emailed to DHSDLDESBFSVendorVAL@dhs.wi.gov, or faxed to 608-266-8317. If you have questions about form W-9, DOA-6457, or DOA-6456, contact the Division of Enterprise Services, Bureau of Fiscal Services, by email at DHSDLDESBFSVendorVAL@dhs.wi.gov.

Reminders

The DHS Estate Recovery Program administers WFCAP. Administration includes reimbursement of funeral and cemetery services in accordance with the following policies:

- Total funeral and cemetery expenses must be reported by the funeral home, cemetery, or crematory using the [Wisconsin Funeral and Cemetery Aids Program Reimbursement Request](#) and faxing the form to 608-266-8317.
- DHS must receive the WFCAP Reimbursement Request no later than the end of the 12th calendar month following the month of the decedent's date of death.