

GOOD CAUSE NOTICE

Personal information you provide may be used for secondary purposes [Privacy Law, S. 15.04(1)(m), Wisconsin Statutes.]

To receive Wisconsin Works (W-2) services, Child Care Assistance (CC), BadgerCare Plus (BC+) or Medicaid, you are required by law to cooperate with the W-2, county or tribal human/social services and child support agencies. You must cooperate in getting any support (financial or medical) owed to you and any child for whom you want W-2, CC, BC+ or Medicaid. Any parent in a W-2 household must cooperate to receive W-2 or CC services. The eligibility of children and pregnant women for Medicaid is not affected if you fail to cooperate.

Cooperation means that you may have to do one or more of the following:

1. Name the parent of any child included in your application for W-2, CC, BC+ or Medicaid and give information to help find that parent.
 2. Help to legally identify the father of any child for whom W-2, CC, BC+ or Medicaid is requested or received.
 3. Help to obtain money or property owed to you or the child(ren) who receive W-2, CC, BC+ or Medicaid.
 4. Attend required court hearings and agency appointments, including appointments for genetic testing.
 5. Report to your worker or child support agency any court ordered child support paid directly to you by the absent parent.
 6. Identify and provide information to help the State pursue any third party who may be liable to pay for medical care and services.
3. Your cooperation with the child support agency would make it more difficult for you to escape domestic abuse or risk further domestic abuse;
 4. Your child was born as a result of incest or sexual assault;
 5. A petition for the adoption of your child has been filed with a court or;
 6. You are working with an agency which is helping you to decide whether you will place your child up for adoption.

Your cooperation is important because it may help you and your child(ren):

1. Find the absent parent.
2. Legally establish the identity of your child's father.
3. Become eligible for Social Security, Veterans or other government benefits in the future.
4. Receive adequate child or medical support payments or both to end your need for W-2, CC, BC+ or Medicaid.

You may have a good reason for not cooperating. The following are circumstances under which the Wisconsin Works (W-2), county or tribal human/social services agency may find that you have "good cause" for not cooperating:

1. Your cooperation could result in physical and/or emotional harm to your child, including child kidnapping;
2. Your cooperation could result in physical and/or emotional harm to you, including domestic abuse;

If you want to claim "good cause" for not cooperating with the child support agency, tell your worker. You will be given a claim form which explains how to claim "good cause." You may also ask for the claim form to help you decide whether or not to claim "good cause" for not cooperating. The claim may be requested or submitted at anytime.

If your claim of "good cause" for not cooperating with the Child Support agency is denied by the W-2, county or tribal human/social services agency, you will not be eligible for W-2 services, CC, BC+ or Medicaid unless you begin to cooperate. If you are receiving BC+ or Medicaid your child(ren) may still be eligible. The W-2, county or tribal human/social services and Child Support agencies will continue in the effort to obtain any financial and medical support for the child(ren) who are covered by Medicaid.

If you are receiving W-2 services and you do not agree with the "good cause" claim decision, you may request a Fact Finding Review by writing your worker or W-2 agency within 45 days of the decision date.

If you are receiving BC+, Medicaid, or CC, and you do not agree with the "good cause" claim decision, you may request a Fair Hearing by writing to the Department of Administration, Division of Hearings and Appeals within 45 days of the decision date.

I have read and understand this notice explaining my right to claim "good cause" for declining to cooperate.

Participant Signature	Date Signed
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I have given the participant a copy of this notice.

Worker Signature	Agency	Date Signed
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Re: 42 CFR 433.147; and
Wis. Stats.49.151, 49.155 (1m)(b), and 49.124