

Family Care Program

Electronic Visit Verification (EVV) ID Form

IMPORTANT: ACTION REQUIRED!

You are receiving this form as you have been identified as an individual providing Supportive Home Care or Personal Care Services in the Family Care program. Electronic Visit Verification (EVV) is required in the State of Wisconsin for these services effective November 2, 2020.

To receive an EVV ID, which allows you to start and end a visit with the individual you provide care for, both an email address and verification of living status is required.

Instructions: Please complete the form below and return it by October 30, 2020. You may also complete this form online by visiting: <https://ecm.mcfi.net/forms/evv>

REQUIRED INFORMATION

First Name:	Last Name:
Employee ID #:	Last Four of SSN:
Email Address:	

Please provide an email address that you check regularly. This email address will be used to send out important EVV and other communications.

CLIENTS YOU SERVE

Please list all of the clients you serve.

Client 1

Client First & Last Name:	
Do you and the client permanently live in the same home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Client 2

Client First & Last Name:	
Do you and the client permanently live in the same home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Client 3

Client First & Last Name:	
Do you and the client permanently live in the same home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: _____

Date: _____



To submit the EVV ID Form electronically, please visit our website by scanning the QR code to the left, or using the URL referenced above.