Date

Name

Address

City, State, Zip Code

re: Request for 1-2 bed Adult Family Home Certification/Recertification Application

Dear Recipient’s Name,

Per your request, enclosed please find a copy of the Wisconsin 1-2 Bed Adult Family Home Certification Application. Instructions for submitting your completed application are included on the final page.

Applicants must be fully aware of the requirements in the Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes ([P-00638](https://www.dhs.wisconsin.gov/publications/P0/P00638.pdf)) before submitting a completed application. Applicants will also need to complete and submit the Home and Community-Based Settings Adult Residential Provider Assessment ([F-02117](https://www.dhs.wisconsin.gov/forms/f02117.docx)) with their completed adult family home application

If you have any questions, please contact the State Reviewers by email, DHSIRISAFH@dhs.wisconsin.gov or by phone, 844-910-3658.

Sincerely,



Amy Chartier, IRIS Section Chief

Bureau of Adult Programs and Policies

IRIS Management Section