How to enroll in Family Planning Only Services (FPOS)

What is FPOS?
- FPOS is a Wisconsin insurance program that provides low to no cost sexual and reproductive health care for people with limited income and people under the age of 18.

You are eligible if you are…
- A teen
- A US citizen or legal resident
- Living in Wisconsin
- Personally make less than $3,840 per month.
- Not already enrolled in Medicaid aka BadgerCare

The following services are covered by FPOS
- Testing and treatment for sexually transmitted infections
- Birth control and other forms of contraception
- Preventive services like pap smears, breast exams, and testicular exams
- Condoms
- Certain vaccines like the HPV vaccine

To enroll in FPOS follow this step-by-step guide.

*An important note: This step-by-step guide walks you through applying for FPOS on your own. Applying this way will not give you immediate access to FPOS. Your application may take a month to get approved. There will be an opportunity in the application to ask for financial assistance with healthcare costs from the last three months. If you are in need of immediate FPOS assistance, you will need to apply for "express enrollment" with a healthcare provider. This can be done at a Title X Clinic. A list of those can be found here:
https://app.smartsheet.com/b/publish?EQBCT=b30d384c4eb347d1bb2712ab25350e29

Go to this link to get started: https://access.wisconsin.gov/access/
Click "Apply now".

Click "Create an account".

Fill in your first and last name.

ACCESS

Your name

First name *

Middle initial (optional)

Last name *

Suffix (optional)

suffix options ▼

Next

Create a user ID and password. You will need a unique user ID (one that is different from all other users) so this may take a few tries.

Español   Log in

ACCESS

← Back   Cancel ✕

Step 2 of 3

Your user ID and password

Your user ID might include your name, email, or something unique to you.

Your password should be easy for you to remember and hard for others to guess.

User ID *

- 5 to 20 characters
- Letters and numbers only
- No spaces

Password *

- 8 to 20 characters
- At least one letter
- At least one number
- At least one special character (don't use @ * & < > \ |)
- No spaces
- Doesn't use your name or user ID

Make sure to remember your password or keep it in a secure place.

Learn how to create a strong password from the **Help Center**.

Next you will need to create security questions. Choose security questions that you will remember the answer to or write them down in a safe place.

ACCESS

← Back   Cancel ✕

Step 3 of 3

Your secret questions

Choose two secret questions to answer if you
ever forget your user ID or password.

Answers are NOT
case-sensitive.

Secret question 1

Question *

| Select first question ▾ |

Answer *

| |

Secret question 2

After making security questions, you will be asked to confirm your email address. The
screenshot below is what this will look like.

Confirm your email address

We've sent an email to s*****************4@gmail.com . Please click the button in the email to
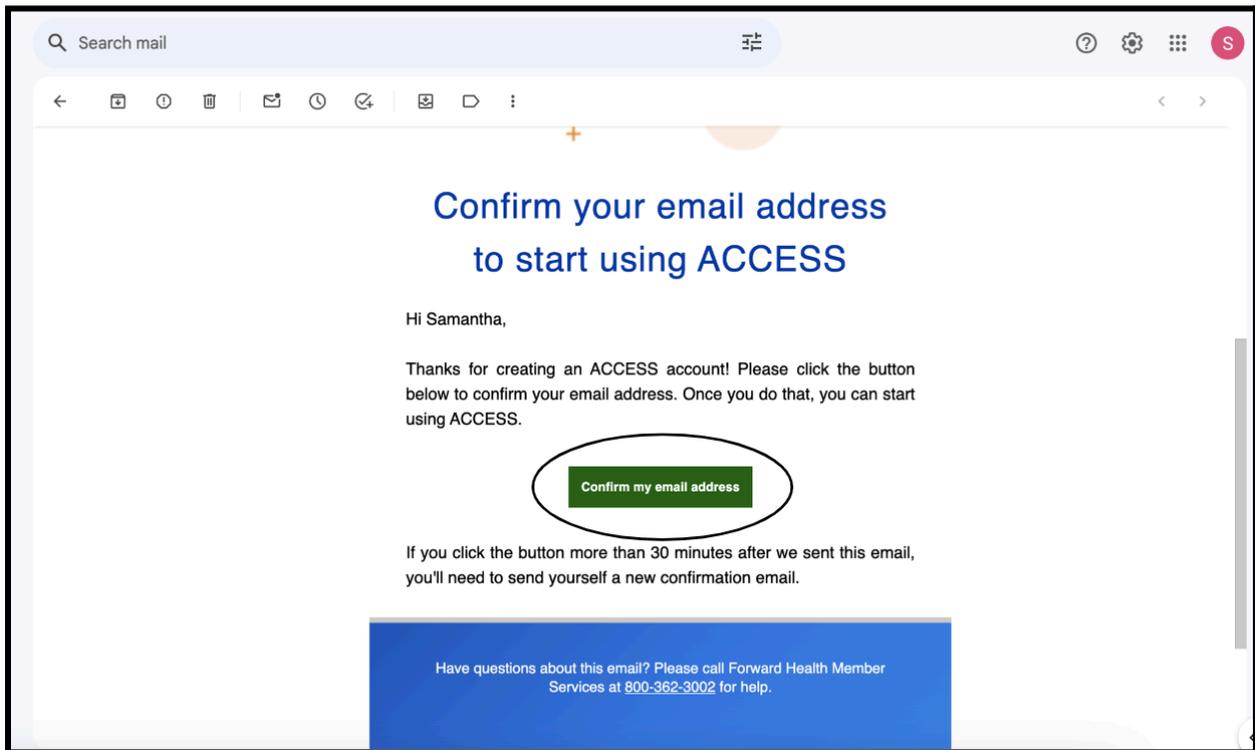confirm your email address. Once you do, you can start using ACCESS.

You'll need to click the button within 30 minutes of the email being sent. If you click the button after 30
minutes, you'll be asked to send yourself a new confirmation email.

We're having you confirm your email address so we can make sure your account belongs to you.

If you don't see the confirmation email in your inbox after a few minutes, make sure you check your
junk or spam folder.

Go to ACCESS home

To confirm your email address, first open a new tab and go to your email inbox. Then find the email from accessnoreply@dhs.wisconsin.gov. It should look like the screenshot below. Click "Confirm my email address".


After clicking "confirm my email address", you will be brought back to the Access website. It will look like the screenshot below. Now click "Log in to Access" and log back in.
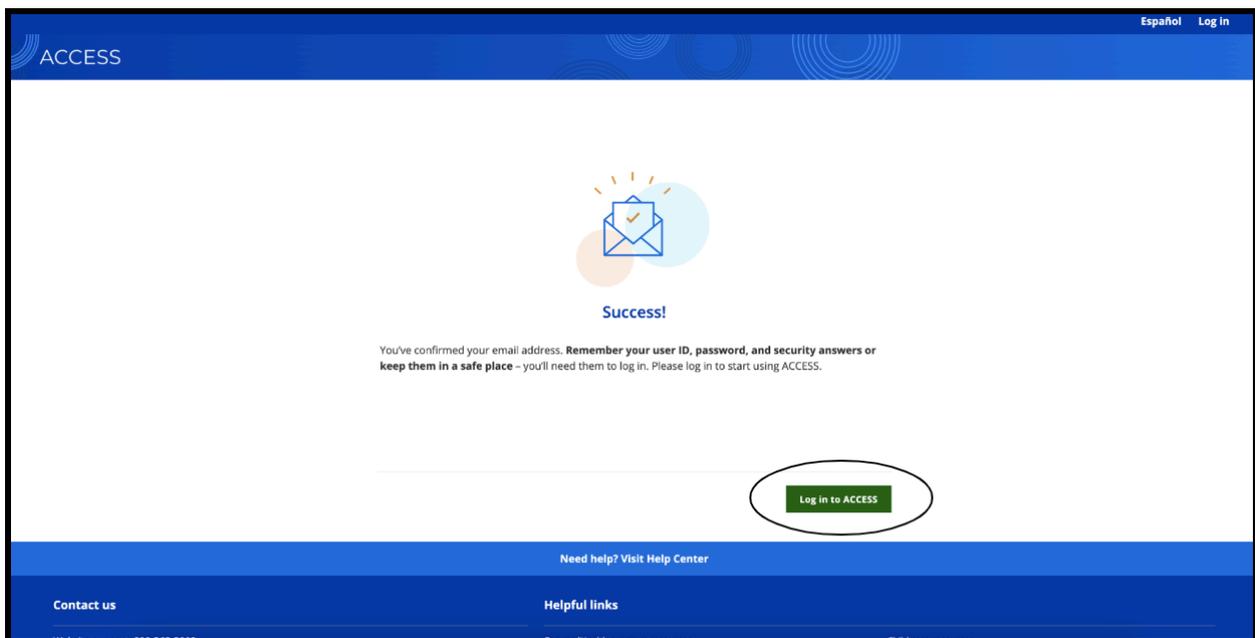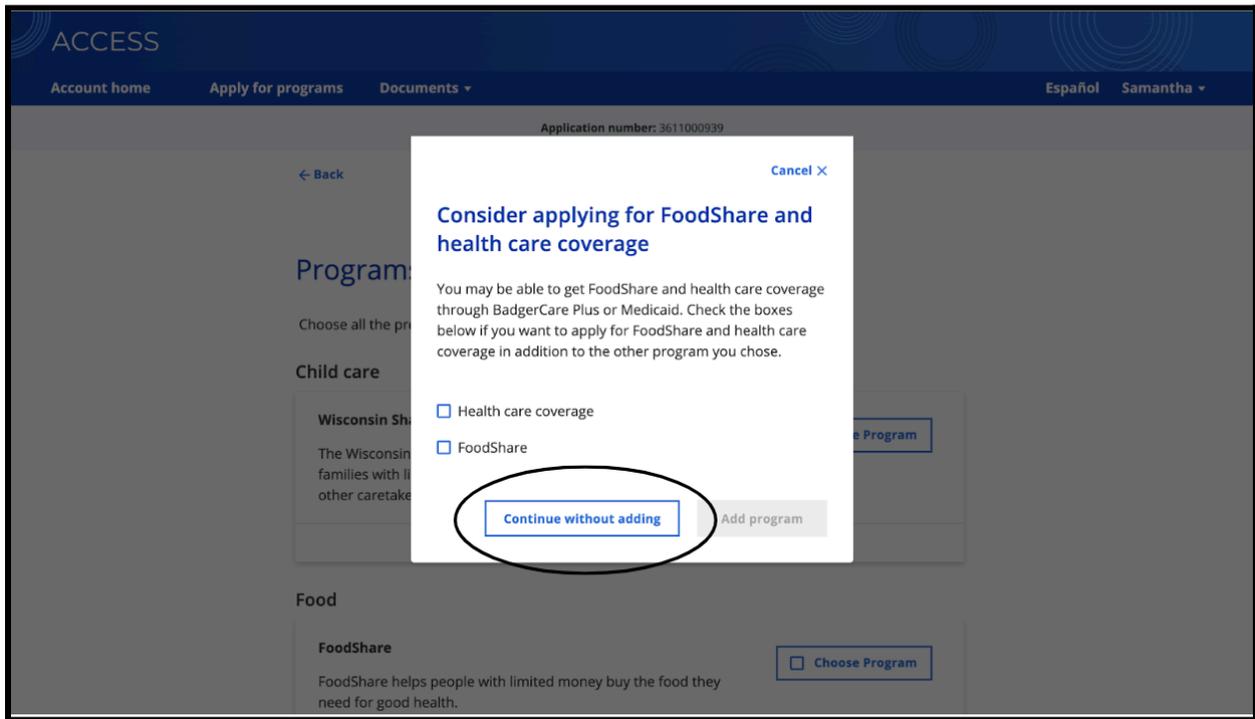
First step done! Once you have logged back in you can start your application. It should look like the screenshot below. Select "apply for myself".
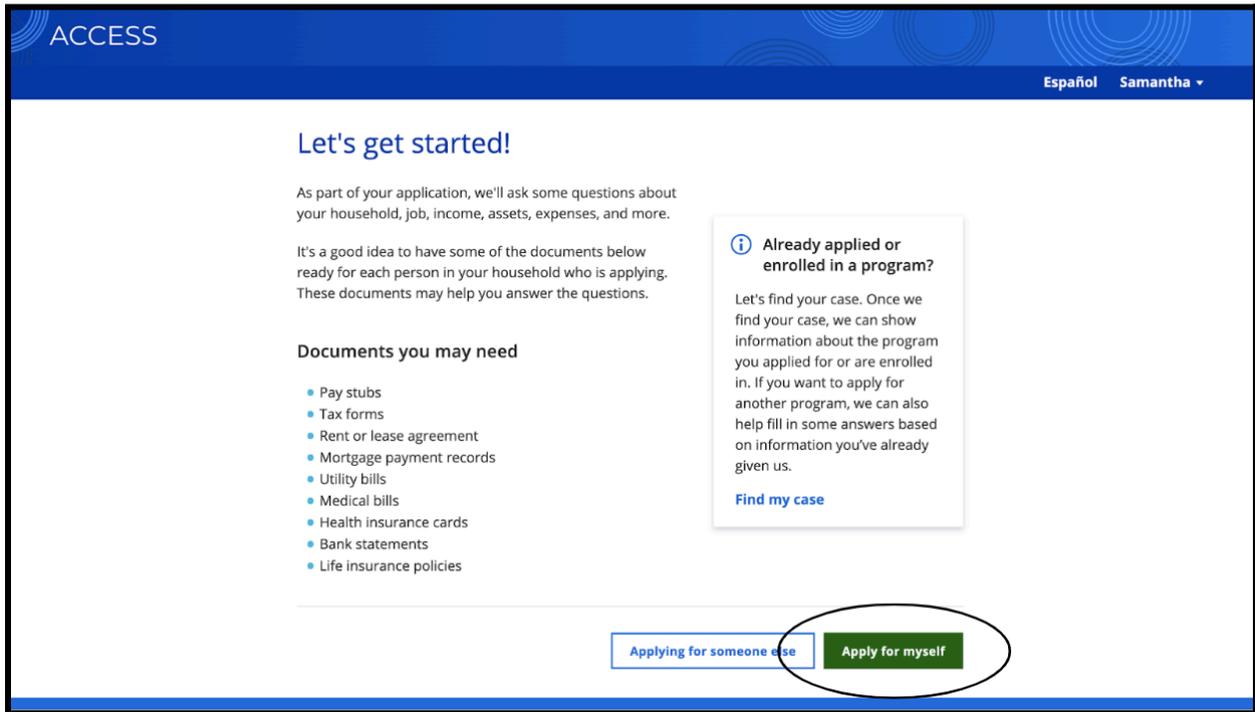
There will be a list of services you can apply for. Scroll down and select Family Planning Only Services.
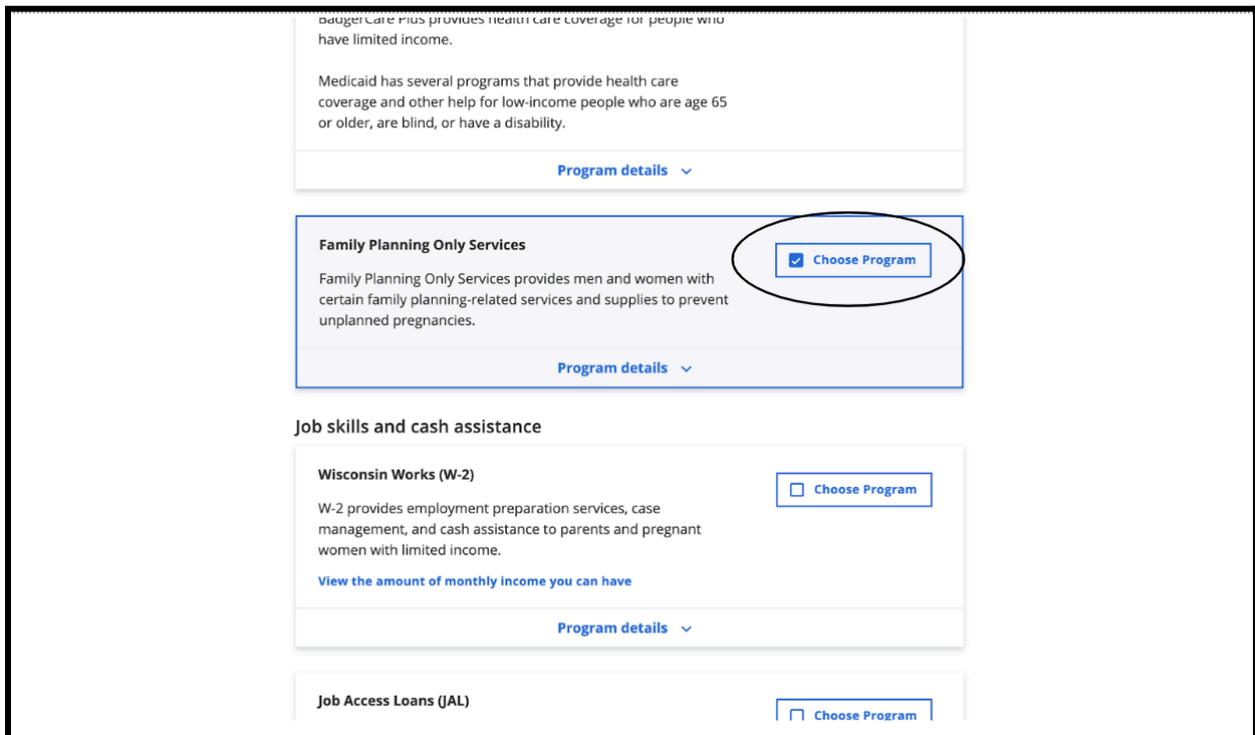
After confirming, there will be a pop up that suggests other services you can apply for. Select "continue without adding".

Next, it will ask you if you need help paying for any expenses in the last three months. How you answer this question is up to you. If you have paid out of pocket (meaning without the help of insurance) for birth control, STI testing/treatment, etc in the last 3 months, select yes. If not, select no.

Account home   Apply for programs   Documents ▾   Español   Samantha ▾

Application number: 3611000939

← Back

Help paying for family planning expenses

If insurance has not paid for your family planning expenses from the last three months, you can apply for family planning coverage to pay those expenses.

Does anyone applying need help paying for family planning expenses from the last three months that weren't paid for by insurance? (optional)

○ Yes

○ No

> Family planning expenses can include Pap tests, tests for sexually transmitted infections, and more.

Save and next

This next page provides information about your application. Read through it and then select next. If you have any questions about the information go to the bottom of this document and follow the instructions to find help.

← Back

Things to know about your application

Before you get started, there are a few things you should know about your application.

Submitting your application

When you're ready to submit your application, choose the Finish and submit option on the next page. You'll need to read about your rights and responsibilities and provide a signature.

You have the right to submit your application at any time.

You just need to give us your name and address to apply. However, it's a good idea to give us as much information as you can in this application because it will help us make a faster decision about whether you can get help. If you don't give us the information we need now, you'll have to give it to us at a later time.

Date we get your application

The date we get your application is called your application filing date. Your application filing date is the date from which you can start getting help if your application is approved.

For BadgerCare Plus, Medicaid, and Family Planning Only Services, this date will be the day you submit your application.

For FoodShare, the Wisconsin Shares Child Care Subsidy Program, Wisconsin Works, Job Access Loans, and the Emergency Assistance Program, this date is usually the day you submit your application. However, if you submit after 4:30 PM or on a weekend or holiday, then it's the next business day.

Decision about whether you can get help

We are required by law to give you a decision about whether you can get help from the program you're applying for within 30 days of your application filing date.

Next

Now you should see the homepage of your application. Press the start button next to "your information". You're crushing this!

It will have you start with basic personal information. Press "next".

Fill out your name, date of birth, and social security number if you know it. If you don't, that's okay, you can leave it blank.

Fill out your marital status, sex, race, and ethnicity. This information is mainly just used for data collection for the state. It shouldn't affect your eligibility. Be honest!

Fill out information about where you live. This is mainly used to confirm that you live in Wisconsin.

← Back   ≡ Application overview

Your information

Where you live

Do you live in Wisconsin? *

○ Yes

○ No

What county do you live in? *

[Select a county   ▼]

Do you live on tribal lands? *

○ Yes

○ No

Are you currently homeless? (optional)

○ Yes

○ No

○ I don't know

> By homeless, we mean you don't have a long-term place to stay at night. You could be staying at a shelter or with a friend or relative, or you may not have a place to stay.

Next, enter your home address.

ACCESS

Account home   **Apply for programs**   Documents ▾   **Español**   **Samantha** ▾

← Back   ≡ Application overview

Your information

More about where you live

Please tell us about the place where you live now, even if it's not your permanent address.

Where are you currently living? *

[Select a place   ▼]

Your address

Street address *

[   ]

Apartment, unit, or room number (optional)

[   ]

City *

[   ]

> We'll use this address to send you mail. If you can't get mail at this address, please provide a separate mailing address.

Apartment, unit, or room number (optional)

City *

State *

Wisconsin ▼

Zip code *

Care of (optional)

Do you have a separate mailing address? (optional)

○ Yes

○ No

○ I don't know

Save and next

If you don't want mail about FPOS coming to your home for your parents to see, enter a separate mailing address. This could be a friend's house, a trusted adult, a school nurse, or the local health department. To find the address for the local health department, google "*city where you live* health department address". For example, I googled "Madison health department address" and selected the first option.

Do you have a separate mailing address? (optional)

⦿ Yes

○ No

○ I don't know

Your mailing address

Street address *

Apartment, unit, or room number (optional)

City *

State *

▼

Zip code *

Care of (optional)

We'll use this address instead of the address above to send you mail. If you're sending mail to someone else's address, please provide their name in the Care of field.

Enter your preferred language and your phone number.

Enter an email address you check regularly. If you don't want mail coming to your house or your mailing address you input above, select yes here. This means most of the information they send will go to your email instead.

Congrats! You've finished entering your personal information. Next up, start the section called "people in your household".
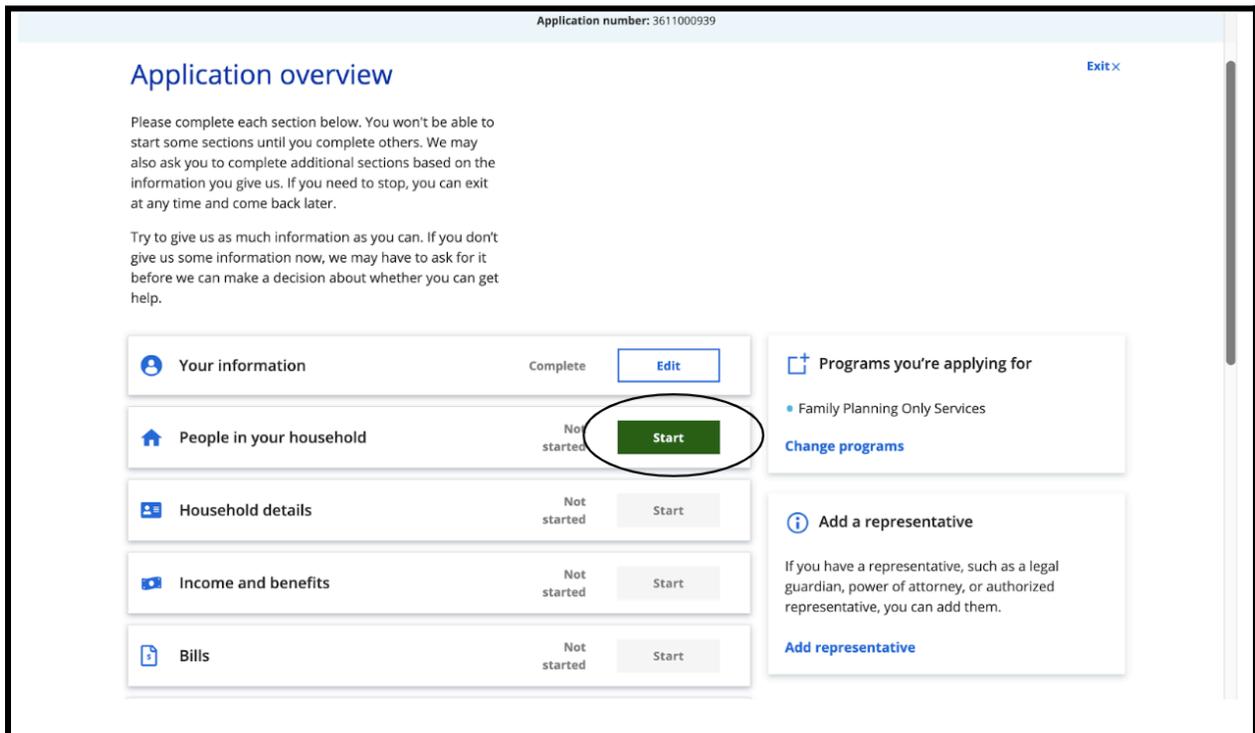
FPOS is just for you so you don't need to enter anyone else from your household. Below is a screenshot of what this page should look like. You should only see your name. You do not need to add anyone so press "Save and next".

Select yes if you are pregnant and no if you are not or do not know.

Make sure your name is selected for "People who can apply". This will only show you because you did not enter anyone else from your household.

Account home   Apply for programs   Documents ▾   Español   Samantha ▾

Application number: 3611000939

← Back   ☰ Application overview

People in your household

People who can apply

Based on the information you gave us, these are the programs the people in your household can apply for as part of this application.

Family Planning Only Services ^

You can choose which household members apply for this program.

☑ Samantha Powell

Save and next

Need help? Visit Help Center

Contact us   **Helpful links**

Website support: 800-362-3002   ForwardHealth program resources   Child care resources

Another section down! Select Application overview.

You finished the people in your household section

✓ You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.

When you're ready to continue, go to the application overview.

Information from this section

Your household	Add or remove people ✎

Pregnancy	Add or remove people ✎

People who can apply	Update ✎
Family Planning Only Services	
Everyone	

Application overview

Next, select start household details.

This section will ask you about your citizenship status and some other health information.

Enter your citizenship status. This is only about you, not your whole family. If you select yes, it will move on to the next question. If you select no, it will ask you for immigration information.

This includes what country you were born in, when you moved to the US, your immigration status, any immigration cards/documents you have, and if you have an immigration sponsor.

ACCESS

Account home   Apply for programs   Documents ▾   Español   Samantha ▾

Application number: 3611000939

← Back   ⋮☰ Application overview

Household details

Citizenship information

Please tell us if you're a U.S. citizen. You don't have to be a U.S. citizen to get help from the programs you're applying for.

Are all household members U.S. citizens? *

○ Yes

○ No

Save and next

Need help? Visit Help Center

Contact us   Helpful links

Next it asks you about the health of people in your household. Because FPOS only applies to you, answer just about yourself.

Account home   Apply for programs   Documents ▾   Español   Samantha ▾

Application number: 3611000939

← Back   ⋮☰ Application overview

Household details

Your household's health

Has anyone in your household been diagnosed with tuberculosis? *

○ Yes

○ No

Has anyone in your household been in an accident in the last three months? *

By accident, we mean:
• Work accident.
• Car accident.
• Any accident that caused an injury or illness.

○ Yes

○ No

Save and next

Need help? Visit Help Center

Next it asks about Medicare. You are not above the age of 65 so select no.

Application number: 3611000939

← Back   ≡ Application overview

Household details

Medicare coverage

Please let us know if anyone in your household gets or can get Medicare Part A or Part B. Medicare is a federal health insurance program. To get Medicare you have to be age 65 or older, blind, or have a disability.

Is anyone in your household getting or able to get Medicare Part A or Part B? *

○ Yes

● No

Save and next

Need help? Visit Help Center

Done with this section! Click "application overview".

You finished the household details section

✓ You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.

When you're ready to continue, go to the application overview.

Information from this section

Citizenship information	Add or remove people ✎

Your household's health	Update ✎

Medicare coverage	Add or remove people ✎

Application overview

Onto the next section! Press start income and benefits.

This section will ask you about how much money you make in a given month.

First, it asks you if anyone in your household (aka you) works. If you don't work, select no and press save and next. If you do work, select yes and select your name.

← Back   ☰ Application overview

Income and benefits

Work activities

Please tell us about your work activities. These include:

- Any jobs held in the past three months.
- Any self-employment income earned in the past four months.
- Jobs that pay in goods or services.
- Jobs where you are on strike.
- Any hobbies that make money.
- Selling anything, including blood.

Does anyone in your household have work activities? *

◉ Yes

○ No

Who does work activities? *

☑ Samantha Powell

[Save and next]

Here it asks you what type of work you do. Most likely, you will select the first option, "A paying job in the past three months (including jobs on strike)".

| Account home | Apply for programs | Documents ▾ | | Español | Samantha ▾ |

Application number: 3611000939

← Back   ☰ Application overview

Income and benefits

Samantha's work activities

Please tell us all of Samantha's work activities. Only check one box for each type of activity. We'll ask if Samantha has more than one of each type later on.

What work activities does Samantha have? *

☐ A paying job in the past three months (including jobs on strike)

☐ Self-employment or an activity that pays money, in the past four months

☐ A job that pays in goods or services (in-kind work)

☐ None of these

[Save and next]

Need help? Visit Help Center

Fill out the name of the place you work and the address if you know it. If not, no big deal, just leave that blank. You will also be asked some specific questions about your job, answer to the best of your ability.

Samantha's job details

Please tell us about Samantha's job. If Samantha has more than one, just choose one to start with. We'll ask you about the others after.

Employer name *

Employer address (optional)

Street address

Apartment, unit, or room number

City

State

Zip code

Employer contact number (optional)

Zip code

Employer contact number (optional)

Employer FEIN (optional)

> The FEIN is the Federal Employer Identification Number. Every employer has one. You can find it on your tax forms, or you can ask your employer or the IRS for it.

Job start date (optional)

MM/DD/YYYY 📅

Has this job ended recently, or will it be ending soon? *

○ Yes

○ No

Is this a temporary job? (optional)

○ Yes

○ No

What type of position is this? Choose the answer that best applies. (optional)
○ Manager
○ Staff
○ I don't know

Is this job through AmeriCorps? (optional)
○ Yes
○ No
○ I don't know

Is Samantha currently on strike? *
○ Yes
○ No

Save and next

Next, it will ask you for more information about your paychecks. For this example, I put that I work at "Example Job". So it asks me questions about my paychecks from "Example Job". If you are unsure about any of the questions in this section, select no.

Please tell us about the pay Samantha gets from this job.

How often is Samantha paid by Example Job? *
○ Weekly
○ Every two weeks
○ Twice per month
○ Monthly
○ Other

Is Samantha paid an hourly wage, or does Samantha get a salary for this job? *
○ Hourly wage
○ Salary

Does Samantha get overtime, holiday, shift differential, or weekend pay? *
○ Yes
○ No

Shift differential pay is extra pay for working outside of normal working hours.

Does Samantha get tips, bonuses, commissions or other extra income? *
○ Yes
○ No

Does Samantha have any pre-tax deductions for this job? (optional)
○ Yes
○ No
○ I don't know

Pre-tax deductions are money taken out of an employee's paycheck before taxes. Pre-tax deductions are made for retirement plans, health insurance, and other employee benefits.

Save and next

Now it asks you about your pay. If you select hourly wage, it will ask for your pay rate and how many hours you work per week.

Is Samantha paid an hourly wage, or does Samantha get a salary for this job? *

◉ Hourly wage

○ Salary

What is Samantha's hourly pay rate? *

$ 0.00

How many hours per week does Samantha work at this job? *

Then it asks if you have any other jobs. If you do, you will complete the same process for each job. If not, select no.

← Back   ☰ Application overview

Income and benefits

Additional jobs

Please tell us if Samantha has another paying job.

We only want to know about paying jobs at this time. If Samantha has self-employment, in-kind work, volunteer work, or makes money from some other activity, don't report that here.

Does Samantha have another paying job? (optional)

○ Yes

○ No

Save and next

Need help? Visit Help Center

Contact us

Website support: 800-362-3002

Health care and FoodShare enrollment support

Wisconsin Shares Child Care Subsidy Program support

Wisconsin Works (W-2) support

Helpful links

ForwardHealth program resources

Find a free or low-cost clinic

Find an aging and disability resource center

Find a health care facility or provider

Child care resources

Employment services for parents

211 Wisconsin

Your right to free interpretation services

After, it asks you about other income you may have. More than likely, the answer to this will be no. An example of other income could include money made on social media.

Account home | Apply for programs | Documents ▾ | Español | Samantha ▾

Application number: 3611000939

← Back | ☰ Application overview

Income and benefits

Other income

Please tell us about your other income. This includes any money that doesn't come from work. Some examples are money from child support, Social Security payments, retirement benefits, and investments.

Does anyone in your household have other income? *

○ Yes
◉ No

Save and next

Need help? Visit Help Center

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Child care resources

Employment services for parents

211 Wisconsin

Your right to free interpretation services

Next it asks about other benefits you might be getting. Remember that for FPOS, this is just about you. If you are unsure, it is safe to assume you probably don't have any of these.

Income and benefits

Other benefits

Please tell us if your household gets any of these other types of benefit payments.

Is anyone getting grants, scholarships, or other aid for education or training? *

○ Yes
◉ No

Was anyone getting SSI benefits but doesn't anymore? *

○ Yes
◉ No

Has anyone gotten an SSI approval letter, but not yet gotten a payment? *

○ Yes
◉ No

Is anyone getting Medicaid benefits through SSI 1619(b)? *

○ Yes
◉ No

Save and next

Need help? Visit Help Center

Contact us

Helpful links

If you are eligible for tribal benefits select yes. If you aren't or you are unsure, select no.

You've finished this section! It should look something like this.

Over halfway there! Time to fill out the bills section.

This section is super quick.

This question asks about tax deductions. Select no.

Account home   Apply for programs   Documents ▾   Español   Samantha ▾

Application number: 3611000939

← Back   ≡ Application overview

Bills

Your other bills

Please tell us about your other bills. If more than one person shares the cost of a bill, only choose one person for that bill.

Does anyone in your household have tax deductions? (optional)

○ Yes

○ No

○ I don't know

By tax deductions, we mean expenses you can claim on your taxes. Some examples are IRA contributions, and student loan interest.

We're only asking about tax deductions for the current tax year.

Save and next

Need help? Visit Help Center

Contact us

Website support: 800-362-3002

Health care and FoodShare enrollment support

Wisconsin Shares Child Care Subsidy Program support

Helpful links

ForwardHealth program resources

Find a free or low-cost clinic

Find an aging and disability resource center

Child care resources

Employment services for parents

211 Wisconsin

All done with that section!

ACCESS

Account home   Apply for programs   Documents ▾   Español   Samantha ▾

Application number: 3611000939

≡ Application overview

Bills

You finished the bills section

✓ You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.

When you're ready to continue, go to the application overview.

Information from this section

Other bills   Add or remove people ✎

Application overview

Need help? Visit Help Center

Contact us

Website support: 800-362-3002

Health care and FoodShare enrollment support

Wisconsin Shares Child Care Subsidy Program support

Wisconsin Works (W-2) support

Helpful links

ForwardHealth program resources

Find a free or low-cost clinic

Find an aging and disability resource center

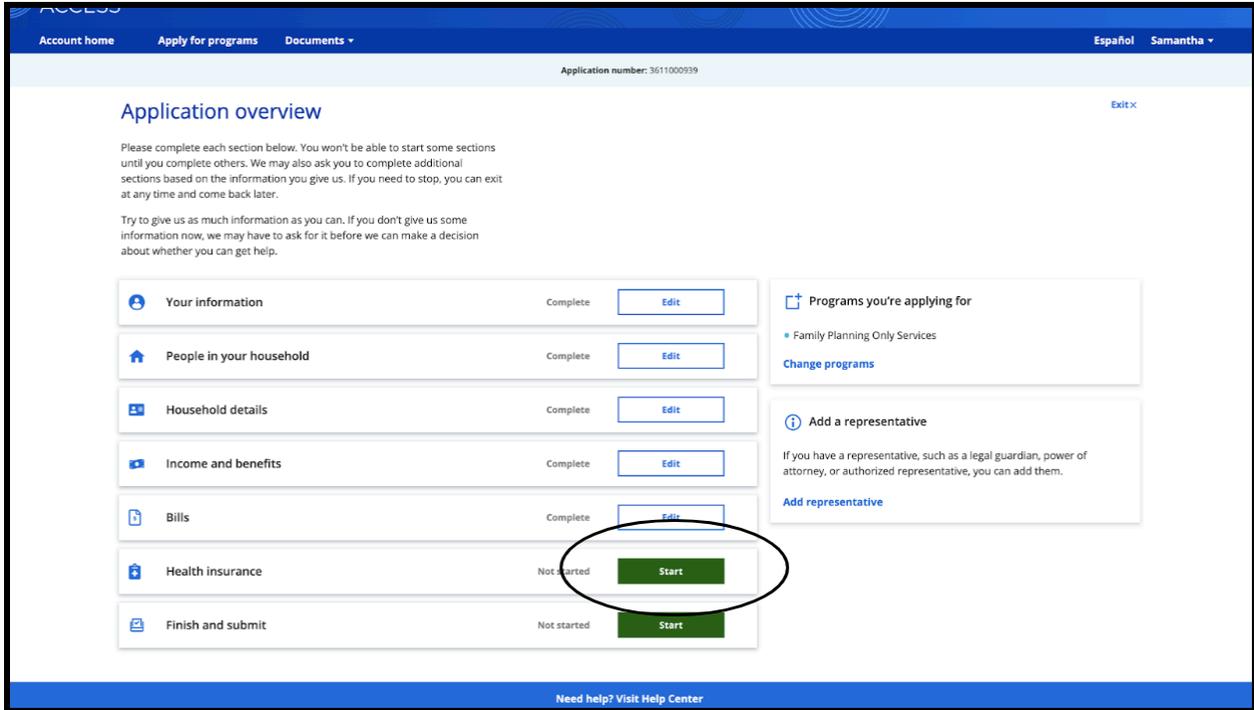Find a health care facility or provider

Learn about Wisconsin Wayfinder
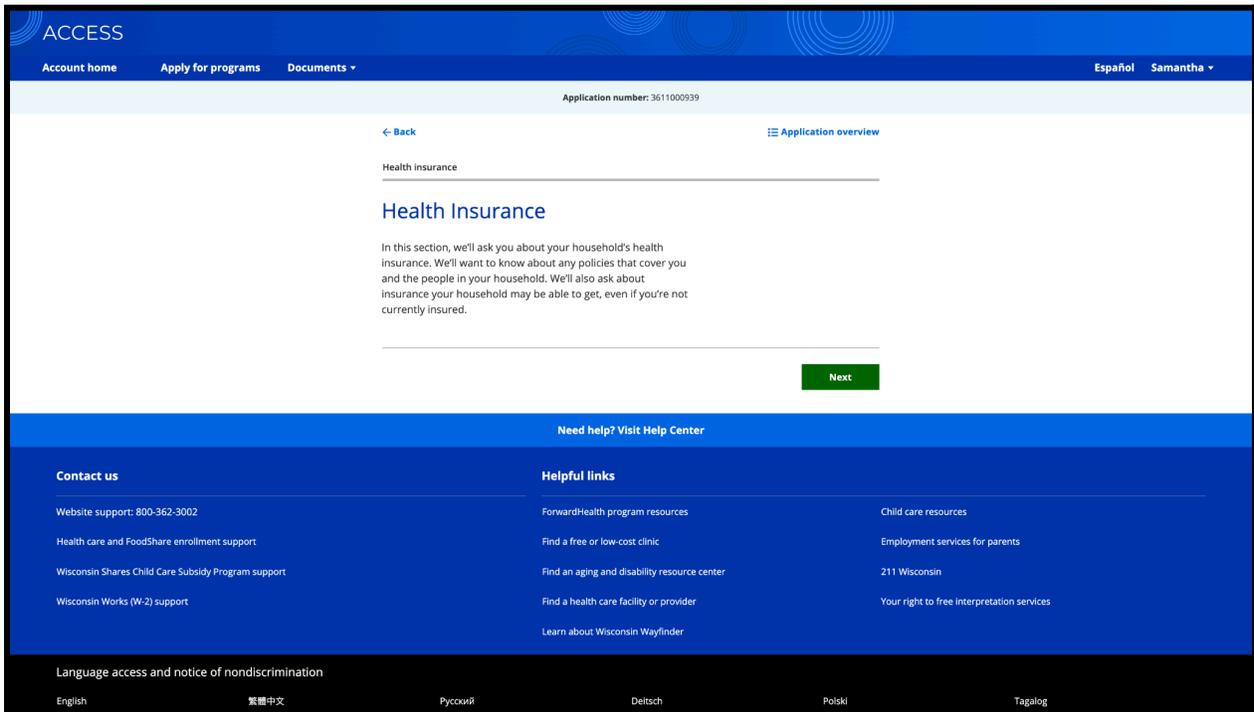
Child care resources

Employment services for parents

211 Wisconsin

Your right to free interpretation services

Almost done! Let's fill out health insurance next.

Health insurance can seem confusing but this section is actually very easy because you can just select "no".

This section asks about the health insurance you already have (most likely through your parents). Because FPOS is just for you, you can select no.

Health insurance

Health insurance policy holders

We want to know about any health insurance policies that cover the people in your household. Please tell us if anyone holds a health insurance policy that covers one or more people in your household.

Does anyone have a health insurance policy that covers one or more people in your household? *

○ Yes

◉ No

> Be sure to include anyone who has a policy that covers people in your household, even if they're not on this application.

Save and next

You've finished the last section! Woohoo!

Health insurance

You finished the health insurance section

✓ You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.

When you're ready to continue, go to the application overview.

Information from this section

Health insurance policies   **Add or remove people** ✎

Application overview

Time to finish and submit.

Read through your rights and responsibilities and check that you have done so.

Account home   Apply for programs   Documents ▾   Español   Samantha ▾

Application number: 3611000939

← Back   ☰ Application overview

Finish and submit

Health care rights and responsibilities

Below are the rules for the BadgerCare Plus and Medicaid health care coverage programs and the Family Planning Services Only program. Please read the following information carefully. These programs have a unique set of rights and responsibilities. You'll be able to save a copy after you submit your application.

Your rights

Every health coverage applicant or member has the right to:

- Be treated with respect by agency staff.
- Have your civil rights upheld.
- Have your private information kept private.
- Get an application or renewal or have the application or renewal mailed on the same day you ask for it.
- File an application or renewal on the day of initial contact.
- Get a decision about your application or renewal within 30 days of the day the agency got it. If your application or renewal is received at the agency after 4:30 p.m. or on a weekend or holiday, the date of receipt will be the next working day. This includes paper and online applications or renewals.
- Be told in advance if your benefits are going to be reduced or ended and the reason for the change.
- Ask the agency to explain anything in this application or renewal or other materials that you do not understand.
- Request a fair hearing if you disagree with any action of the agency.
- See the agency's records and files relating to you except

800-537-7697 (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index/html**.

Acknowledgement

By signing the application or renewal, you are authorizing your agency, the Wisconsin Department of Health Services, and the Wisconsin Department of Children and Families to request any information that is appropriate and necessary for the proper administration of the program under Wisconsin law. Anyone, including financial institutions, credit reporting agencies, or educational institutions may release this information, unless it is prohibited or restricted by law. Your authorization remains in effect until (1) your application or renewal is denied, (2) your eligibility ends, or (3) you inform your agency in writing that you wish to end your authorization.

Also, your signature on the application or renewal means that you understand the questions and statements on this application/renewal form and the penalties for giving false information or breaking the rules. By signing the application/renewal, you are certifying under penalty of perjury and false swearing that all of your answers are correct and complete to the best of your knowledge, including information provided about the citizenship and immigration status of each household member applying for benefits. Also, you understand and agree to provide documents to prove what you have said.

☑ By checking this box, I attest that I have read and under-stand the rights and responsibilities on this screen. *

                                                              Save and next

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Need help? Visit Help Center

Contact us   **Helpful links**

Website support: 800-362-3002   ForwardHealth program resources   Child care resources

Sign your application and submit it!

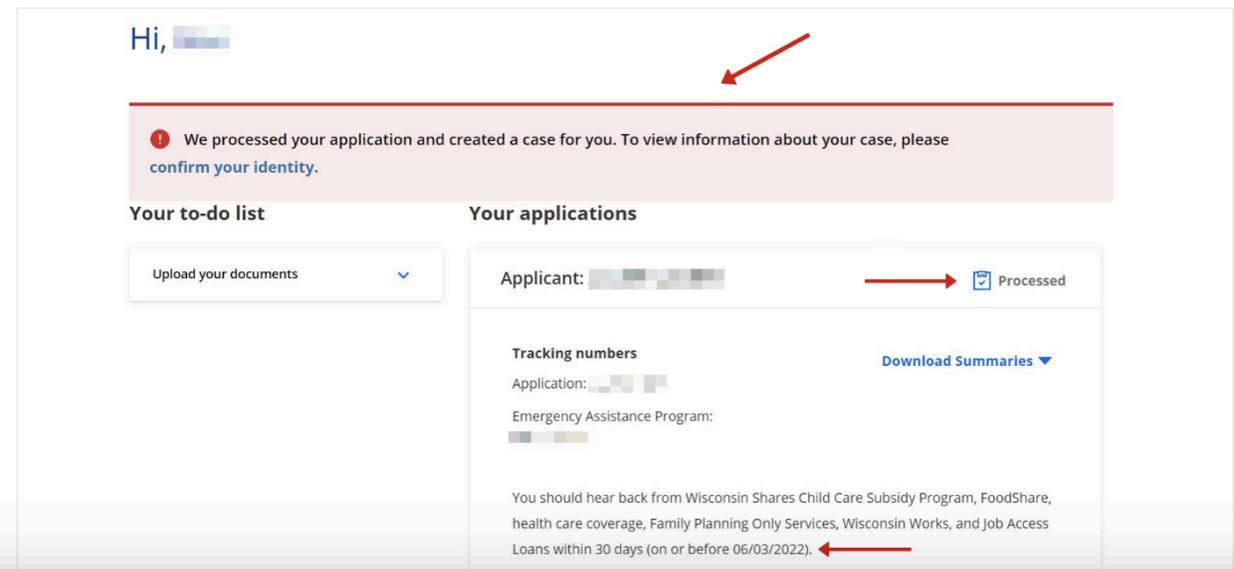Pat yourself on the back! You finished applying!

<u>So what happens next?</u>
- Your local health department will review your application.
- They may need to call you to ask you a couple more questions. Monitor your voicemail for a call from them.
- You will receive notification that you have been approved one of three ways. Either you will receive a letter in the mail (less likely if you marked you would prefer emails), you will get a phone call, or you can log in to your Access account and check your status online.
  - Your Access account should look something like the screenshot below.

After you submit your application, it is in "submitted" status. You will see on your account home page when you should get a decision about your application.
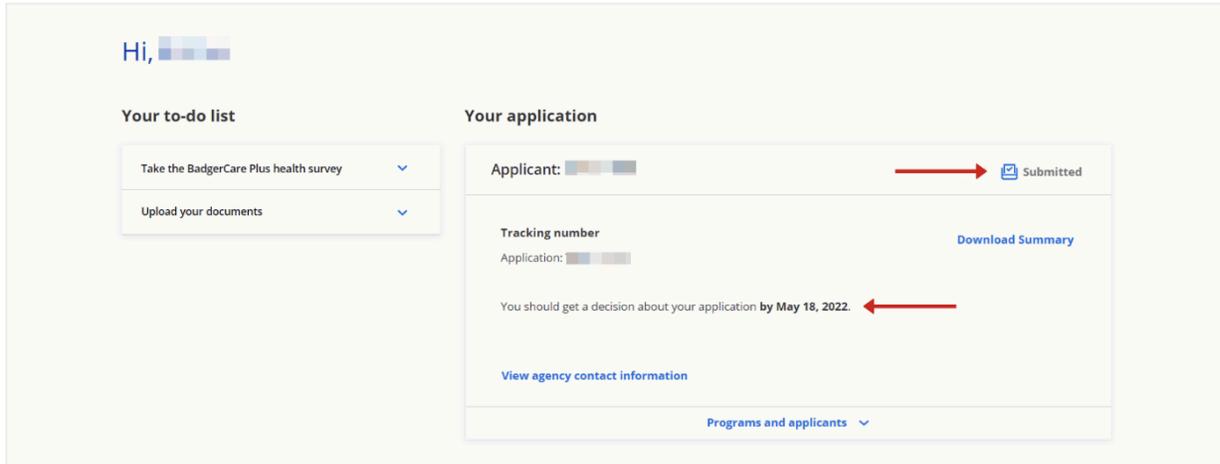
After your application is processed, informational alerts will appear in a banner across the top of the screen to share time sensitive information. These messages will give the current status of your application, and let you know of any action needed.

If you have questions you want answered at any point in this process go to the following link:
https://access.wi.gov/s/kc-article?q=WFqByUaVhVaFsciieCDatRfmPMQQcb8jvQRc5Ifq5de7Ok5K-tDQihSZPkZTA9cteXMi-SLr8YZUdPX4reNthQ%3D%3D.

This page will help you find a phone number you can call with questions. On the right is a contact information box. Use the drop down menu to select your county. Below I have Dane County selected. Press "continue".

It will bring you to a page similar to the one below. There should be a phone number listed for you to call. The screenshot below is an example of what the Dane County page looks like.