



Verification of Necessity for Ongoing Meals/lodging Form

Wisconsin Medicaid or BadgerCare Plus members requesting assistance with meals and/or lodging for an extended period of time require verification of the ongoing need for meals and/or lodging.

MEMBER INFORMATION

Member's name:	ForwardHealth ID #:
Physician's name:	Physician's phone:

PLEASE PROVIDE THE FOLLOWING INFORMATION

What is the medical necessity that requires meals and or lodging for an extended period of time?
What is the medical necessity for member's attendant to remain with the member? (complete or mark n/a)
What is the anticipated length and dates of member's continued stay?

PERSON COMPLETING FORM

I certify that the member listed above requires the medical care as requested/indicated above. Printed name of health care provider or social worker:	Date:
Signature:	Contact number:

Please note: Authorizations for a member's meals/lodging are valid for a maximum of four weeks without re-verification of need. Failure to submit this form may result in denial of service.

Mail or fax the completed form to Veyo at:

Mail: Veyo, Attention: Clinical Coordinator, 8383 Greenway Blvd, Suite 400, Middleton, WI 53562

Fax: (888) 506-7708, Attn: Clinical Coordinator