



State of Wisconsin\Division of Hearings and Appeals

## Certificate of Administrative Action

Name: \_\_\_\_\_

Appeal #: \_\_\_\_\_

CARES #: \_\_\_\_\_

You have been ordered to take action regarding the appeal **NO LATER THAN**, as required by Federal and State Law.

Please provide the following information and return to the Division of Hearings and Appeals. **Include copies of screens from Forward Health/CARES/CWW that show the action taken as well as any positive or negative notices that were sent to the petitioner.**

Change entered in CARES on (date): \_\_\_\_\_

Comments/Explanation: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date sent to DHA

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Return completed form and supporting documents **NO LATER THAN** to:

Division of Hearings and Appeals

PO Box 7875

Madison WI 53707-7875

Fax (10 pages or less):

(608) 264-9885

Email (10 pages or less):

DHAmail@wisconsin.gov

Phone:

(608) 266-3038