

WISCONSIN DEPARTMENT OF HEALTH SERVICES

Division of Medicaid Services

F-02260 (01/2022)

TEMPORARY QUEST CARD ISSUANCE CHECKLIST

INSTRUCTIONS: When a member requests a temporary QUEST card, complete the checklist below.

Name — Member	Case Number
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1. Have you confirmed the identity of the member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the member does not have photo identification or proof of ID in the electronic case file (ECF), a supervisor must approve the card issuance.	Supervisor's Initials
2. Is the member's mailing address correct in CARES?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, update the address.	
3. Are benefits available now or within the next seven days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do not issue a replacement.	
4. Has a temporary card been issued in the last 30 days or in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do not issue a replacement.	
5. Did the member request a permanent card in the last seven days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do not issue a replacement. Tell the member to wait for the permanent card to arrive in the mail.	
6. Does an emergency situation exist that makes the member unable to wait for a permanent card to arrive in the mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do not issue a replacement. Tell the member to wait for the permanent card to arrive in the mail.	

SIGNATURE — Supervisor	Date Signed
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