

**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?  Yes  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

Yes  No

2. Is the member's mailing address correct in CARES?

If no, update the address.

3. Are benefits available now or within the next seven days?  Yes  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?  Yes  No

If yes, **do not** issue a replacement.

5. Did the member request a permanent card in the last seven days?  Yes  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?  Yes  No

If no, **do not** issue a replacement. Tell the member to wait for the permanent card to arrive in the mail.

<b>SIGNATURE</b> — Supervisor	Date Signed
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