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| **DEPARTMENT OF HEALTH SERVICES**Division of Enterprise ServicesF-00603 (04/2012)  | **STATE OF WISCONSIN**S. 46.031(2g) |
| **PPS CORE MODULE** |
| This form's sole purpose is to meet State and Federal reporting requirements of the State / County contract. Use of this form is voluntary. |
| **INDIVIDUAL SUMMARY** |  |
| Title |       |  |
| \*First Name      | Middle Name / Initial      | \*Last Name      |
| Name Suffix |       |  |
| \*Gender [ ]  Male [ ]  Female [ ]  Unknown |  |
| \*Birthdate (mm/dd/yyyy) |       |  |
| SSN (may be used to verify client identity)  |       |  |
| County of Responsibility |       |  |
|  |  |
| **CORE SERVICES REPORTING** |  |
| AGENCY AND COUNTY INFORMATION |  |
| Worker ID |       | Local Data |       |
| Related Family ID |       |  |  |
| County of Responsibility |       |  |
|  |  |
| CASE INFORMATION |  |
| Start Date (mm/dd/yyyy) |       | Case Review Date (mm/dd/yyyy) |       |
| Closing Date (mm/dd/yyyy) |       | Closing Reason |       |
| Diagnosis |       |
|  |  |  |
| PRIMARY RESIDENCE |  |
| Address |       | County/Tribe of Residence |       |
|  |  |
|  City |       | Telephone |       |
|  State |       |  |
|  Zip |       |  |
|  |  |
| RACE AND ETHNICITY |  |
| \*Race [ ]  American Indian or Alaska Native [ ]  Asian [ ]  Native Hawaiian or Other Pacific Islander  [ ]  Black or African American [ ]  White [ ]  Unknown |
| \*Ethnicity [ ]  Non-Hispanic/Latino [ ]  Hispanic/Latino [ ]  Unknown |
|  |  |
| CHARACTERISTICS INFORMATION |  |
| \* Client Characteristic |     |  |  |
|  Client Characteristic |     |  |  |
|  Client Characteristic |     |  |  |
|  |  |
| **CORE SERVICE DETAILS** |  |
| \*SPC |       | \*SPC Start Date (mm/dd/yyyy) |       | \*Target Group |       |
|  Provider WPI/NPI |       |  SPC End Date (mm/dd/yyyy) |       |
|  Service Worker ID |       |  SPC Review Date (mm/dd/yyyy) |       |
|  |  |
| \*SPC |       | \*SPC Start Date (mm/dd/yyyy) |       | \*Target Group |       |
|  Provider WPI/NPI |       |  SPC End Date (mm/dd/yyyy) |       |
|  Service Worker ID |       |  SPC Review Date (mm/dd/yyyy) |       |
|  |  |
| \*SPC |       | \*SPC Start Date (mm/dd/yyyy) |       | \*Target Group |       |
|  Provider WPI/NPI |       |  SPC End Date (mm/dd/yyyy) |       |
|  Service Worker ID |       |  SPC Review Date (mm/dd/yyyy) |       |
|  |  |
| \*SPC |       | \*SPC Start Date (mm/dd/yyyy) |       | \*Target Group |       |
|  Provider WPI/NPI |       |  SPC End Date (mm/dd/yyyy) |       |
|  Service Worker ID |       |  SPC Review Date (mm/dd/yyyy) |       |
|  |  |

\* = Required