

## Benefits Plan Assistance Report

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Report must be filled in completely prior to payment and submitted **within 5 days** of the end of service or previous month if service is continuing.

Report Month	Report Year (YYYY)
Consumer IRIS Number (9 Digits)	Service Provider Name (10-Character Abbreviation)
Consumer Name (As Listed on Purchase Order)	Service Authorization Date (MM/DD/YYYY)

Report Date	Report Author
Purchase Order (PO) Number	

### This service must be:

- Provided via direct contact with consumer via phone, virtually or face-to-face

### Reporting Must Include:

- When the contacts with the consumer took place
- Topics discussed and outcome of discussion
- Type of assistance provided and outcome of assistance
- Emergent needs
- Issues that have been resolved
- Plan for future consultation assistance (consumer must be informed of this plan)

**Please copy and paste your report below this line. The report must cover at a minimum all the reporting requirements listed above prior to payment.**

---