

## IRIS PROVIDER PAPERWORK CHECKLIST

DOCUMENT NAME	REQUIRED/OPTIONAL
<b>Form F-01312:</b> Provider Application	Required <sup>1</sup>
<b>Form W-9</b>	Background check is required if W-9 lists "Individual/sole proprietor or Single Member LLC"
<b>Form F-00180:</b> Traditional <b>OR Form F-00180a:</b> Non-Traditional WI Medicaid Program Provider Agreement	Required
Copy of Liability Insurance Certificate	Required <sup>1</sup>
Copy of Professional License and/or Certificate	Required <sup>2</sup>
<b>Adult Family Home Information Form</b>	Optional <sup>3</sup>
<b>Form F-01246:</b> Background Information Disclosure Addendum	<b>Required only if:</b> DBA individual/sole proprietor & single member LLC
<b>Form F-82064:</b> Background Information Disclosure (BID)	<b>Required only if:</b> DBA individual/sole proprietor & single member LLC
<b>Direct Deposit Form</b>	Required

**NOTE:**

Please ensure all **REQUIRED** documents are filled out accurately before submitting them for processing.

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<sup>1</sup>Required for new IRIS provider

<sup>2</sup>See the back of the list

<sup>3</sup>ONLY for non-taxable income AFH provider