Dane County Contract Addendum Cover Sheet

Revised 03/2025

Res 215 significant

BAF # 25302
Acct: Bush/Breunig
Mgr: Hannes
Budget Y/N: N

Contract # Admin will assign	15973A

Dept./Division	Human Services /EAWS	**Vendor Name**	State of WI, Dept. of Health Services
Brief Addendum Title/Description	2025 DHS Region 10 FoodShare Employment and Training Service (FSET) Addendum: to amend contract level to FFY 2026.	**Vendor MUNIS #**	9474
		Addendum Term	10/1/2024 - 9/30/2026
		Amount ($)	$ 141,792.00

Department Contact Information		Vendor Contact Information	
Contact	Contract Coordination Assistant	**Contact**	Nicole Counard
Phone #	608-242-6200	**Phone #**	
Email	dcdhscontracts@danecounty.gov	**Email**	nicole.counard@dhs.wisconsin.gov
Purchasing Officer			

Purchase Order – Maintenance or New PO

☐	**PO Maintenance Needed**	**Org:**	**Obj:**	**Proj:**	
	PO#	**Org:**	**Obj:**	**Proj:**	
☒	**No PO Maintenance Needed –** *this addendum does not change the dollar amount of the contract.*				
☐	**New PO / Req. Submitted**	**Org:**	**Obj:**	**Proj:**	
	Req#	**Org:**	**Obj:**	**Proj:**	

Budget Amendment

☐ A Budget Amendment has been requested via a Funds Transfer or Resolution. Upon addendum approval and budget amendment completion, the department shall update the requisition in MUNIS accordingly.

Total Contracted Amount – List the Original contract info, then subsequent addenda including this new addendum

A resolution is required when the total contracted amount first exceeds $100,000.

Additional resolutions are then required whenever the sum(s) of any additional addenda exceed(s) $100,000

Addendum #	Term	Amount	Resolution	
Original	10/1/2024 - 9/30/2025	$ 4,662,721.00	☐ None	Res# Budgeted & Ongoing
1	10/1/2025 - 9/30/2026	$ 0.00	☒ None	Res#
A	10/1/2025 - 9/30/2026	$ 141,792.00	☐ None	Res# 2025 RES-215
			☐ None	Res#
			☐ None	Res#
			☐ None	Res#
Total Contracted Amount		$ 4,804,513.00		

Contract Language Pre-Approval – prior to internal routing, this contract has been reviewed/approved by:

☐ Corporation Counsel: ☐ Risk Management: ☐ No Pre-Approval

APPROVAL	APPROVAL – Contracts Exceeding $100,000	
Dept. Head / Authorized Designee	**Director of Administration**	**Corporation Counsel**
	Greg Brockmeyer	SHR 11.4.25

APPROVAL – Internal Contract Review – Routed Electronically – Approvals Will Be Attached

DOA:	Date In: 11/5/25 Date Out: _____	☒ Controller, Purchasing, Corp Counsel, Risk Management

Goldade, Michelle

From: Goldade, Michelle
Sent: Wednesday, November 5, 2025 12:38 PM
To: Hicklin, Charles; Rogan, Megan; Cotillier, Joshua
Cc: Oby, Joe
Subject: Contract #15793A
Attachments: 15973A.pdf

Tracking:

Recipient	Read	Response
Hicklin, Charles		
Rogan, Megan		
Cotillier, Joshua	Read: 11/6/2025 10:23 AM	Approve: 11/6/2025 10:29 AM
Oby, Joe		

Please review the contract and indicate using the vote button above if you approve or disapprove of this contract.

Contract #15973A
Department: Human Services
Vendor: WI Dept of Health Services
Contract Description: Addendum to amend contract level for 2026 (Res 215)
Contract Term: 10/1/25 – 9/30/26
Contract Amount: $141,792.00

Michelle Goldade
Administrative Manager
Dane County Department of Administration
Room 425, City-County Building
210 Martin Luther King, Jr. Boulevard
Madison, WI 53703
PH: 608/266-4941
Fax: 608/266-4425
TDD: Call WI Relay 711

Please note: I am currently working a modified schedule. I work in office Mondays and Wednesdays and work remotely Tuesday, Thursdays and Fridays.

Goldade, Michelle

From: Rogan, Megan
Sent: Wednesday, November 5, 2025 12:47 PM
To: Goldade, Michelle
Subject: Approve: Contract #15793A

Goldade, Michelle

From: Hicklin, Charles
Sent: Wednesday, November 5, 2025 3:04 PM
To: Goldade, Michelle
Subject: Approve: Contract #15793A

2025 RES-215

ACCEPTING FUNDS FROM THE STATE DEPARTMENT OF HEALTH SERVICES FOR FOODSHARE EMPLOYMENT AND TRAINING (FSET)
DCDHS – EAWS DIVISION

Dane County Department of Human Services (DCDHS) Economic Assistance and Work Services (EAWS) has been awarded funding from the state Department of Health Services for FoodShare Employment and Training (FSET). Dane County was the winning vendor for FSET in 2025 and negotiated three percent inflationary increases during the five-year contract term to fund administrative cost and participant service cost increases. This resolution accepts these pass-through dollars.

These funds are budgeted and ongoing within the department. No budgetary change is required due to entering into this agreement.

NOW, THEREFORE, BE IT RESOLVED that the County Executive and County Clerk, when required, are hereby authorized and directed to sign the agreement on behalf of Dane County.

15973A

Wisconsin Department of Health Services
Contract Centralization Legal Review

Agreement Number: **435400-M25-FSET- RG-10-01 M2**

Bureau of Procurement and Contracting (BPC) Review:

☒ This agreement requires **Standard** OLC review.

○ This agreement uses a BPC template with Office of Legal Counsel (OLC) approved language and requires **Simple** OLC review.

○ This agreement uses a BPC template with Office of Legal Counsel (OLC) approved language and does **not** require **Additional** OLC review.

○ This agreement uses intergovernmental cooperative purchasing.

Description:
Indemnification language change approved by Cody Wagner with DHS OLC on 3/24/25.

Office of Legal Counsel (OLC) Review and Approval:

☒ This agreement has been reviewed for form and approved by the Wisconsin Department of Health Services Office of Legal Counsel.

DocuSigned by:
Cody Wagner
31F480248CEC464...

10/24/2025

Name: Cody Wagner
Title: Office of Legal Counsel

Date Signed

Revision: 02/21/2025 (previous versions obsolete)

CONTRACT FOR SERVICES MODIFICATION
between
State of Wisconsin Department of Health Services (DHS)
and
Dane County Department of Human Services
for
Region 10 FoodShare Employment and Training Services

This Contract is between the State of Wisconsin Department of Health Services (DHS), at 201 E. Washington Ave., Madison, Wisconsin 53703, and Dane County Department of Human Services at 1202 Northport Drive, Madison, Wisconsin 53704. With the exception of the terms being modified by this Contract modification, all other terms and conditions of the existing contract, including funding, remain in full force and effect. This Modification, including any and all attachments herein and the existing contract, collectively, are the complete contract of the parties and supersede any prior contracts or representations. DHS and the Contractor acknowledge that they have read the Modification and understand and agree to be bound by the terms and conditions of the existing contract as modified by this action. This Modification becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by DHS.

Contract ID Number:	435400-M25-FSET- RG-10-01 M2
Contract Amount:	$4,804,513
Contract Term:	October 1, 2024 through September 30, 2026
Optional Renewal Terms:	Three (3) optional One (1) year renewals October 1, 2026 through September 30, 2027 October 1, 2027 through September 30, 2028 October 1, 2028 through September 30, 2029
DHS Division:	Division of Medicaid Services
DHS Contract Administrator:	BEEP: Nicole Counard BFAM: Jon Schmirler
DHS Contract Manager:	Tory Ortscheid
Contractor Contract Administrator:	Melissa Agard
Contractor Telephone:	N/A
Contractor Email:	contracts@danecounty.gov

I. PURPOSE OF ADDENDUM

The purpose of this addendum is to modify the Federal Fiscal Year 2026 Budget.

II. ADDENDUM

1. The attached Exhibit II entitled, “Exhibit II- Cost FSET FFY26-Region 10”, replaces in whole Exhibit II.
2. The attached Federal Award Information replaces in whole the Contract for Services Section **47. Federal Award Information**.

3. Replace in whole the Contract for Services Section **21 Confidential, Proprietary, and Personally Identifiable Information** *Indemnification* definition and Section 30 **Indemnification and Limited Liability** Subsection **30.1** with the following language:

> To the extent authorized under Wisconsin and Federal law, including Wis. Stat. §§ 895.46(a) and 893.80(2), DHS agrees that it shall be responsible for any losses or expenses (including costs, damages, and attorney's fees) attributable to the acts or omissions of its own employees, officers, subcontractors, or agents.

III. ALL OTHER NONCONFLICTING TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SUBSEQUENT ADDENDUMS REMAIN UNCHANGED.

State of Wisconsin **Department of Health Services**	**Contractor** Entity Name
Authorized Representative Name	Authorized Representative Name
Title	Title
Signature	Signature
Date	Date

SUPPLIER DIVERSITY AMENDMENT

After completing any contract under this subchapter, the contractor shall report to the agency that awarded the contract any amount of the contract that was subcontracted to minority businesses and any amount of the contract that was subcontracted to disabled veteran-owned businesses.

Each agency shall report to the department at least semiannually, or more often if required by the department, all of the following for the reporting period specified by the department:

a. The total amount of money it has expended for contracts and orders awarded to minority businesses.
b. The total amount of money and the percentage of the total amount of money it has expended for contracts and orders awarded to disabled veteran-owned businesses.
c. The number of contacts with minority businesses in connection with proposed purchases.
d. The number of contacts with disabled veteran-owned businesses in connection with proposed purchases.

Pursuant to Wis. Stat. 16.75(3m)(c), upon completion of the contract Contractor shall report to DHS any amount of the contract that was subcontracted to minority businesses and any amount of the contract that was subcontracted to disabled veteran-owned businesses. Contractor shall report this information periodically throughout the contract at the direction of DHS.

HIGH-RISK IT REVIEW

Pursuant to Wis. Stat. 16.973(13), Contractor is required to submit, via the contracting agency, to the Department of Administration for approval any order or amendment that would change the scope of the contract and have the effect of increasing the contract price. The Department of Administration shall be authorized to review the original contract and the order or amendment to determine whether the work proposed in the order or amendment is within the scope of the original contract and whether the work proposed in the order or amendment is necessary. The Department of Administration may assist the contracting agency in negotiations regarding any change to the original contract price.

FEDERAL AWARD INFORMATION

Federal Award Information	
FAIN	TBD
Federal Award Date	10/1/2025
Subaward period of Performance Start Date	October 1, 2025
Subaward period of Performance End Date	September 30, 2026
Amount of Federal Funds obligated in the subaward	$2,402,256.50
Total Amount of Federal Funds obligated	$2,402,256.50
Federal Award Project Description	Supplemental Nutrition Assistance Program
Federal Awarding Agency Name (Department)	U.S. Department of Agriculture
DHS Awarding Official Name	DHS Deputy Secretary, Debra K. Standridge
DHS Awarding Official Contact Information	DHSContractCentral@dhs.wisconsin.gov
Assistance Listings Number	SNAP-10.561
Assistance Listings Name	10.561 State administrative matching grants for the SNAP
Total made available under each Federal award at the time of disbursement	$2,402,256.50
R&D?	No
Indirect Cost Rate	6.3%

Exhibit II (M2)

FSET Region 10

Dane County Department of Human Services

Federal Fiscal Year 2026 Budget

October 1, 2025 through September 30, 2026

ADMINISTRATION DIRECT COSTS	
Salary and Wages	$1,489,376
Fringe Benefits	$495,368
Contractual Costs	$5,000
Materials and Supplies	$52,350
Travel and Training	$21,300
Equipment and Other Capital Exp.	$0
Facilities/Spaces	$71,309
Total Direct Costs	**$2,134,703**

OTHER ADMINISTRATION COSTS	
Indirect	$239,447
Management Fee	$0
Total Administration Other Costs	**$239,447**

PARTICIPANT REIMBURSEMENT	
Transportation and Other	$190,808
Dependent Care	$0
Job Retention (Transportation and Other)	$61,543
Total Participant Reimbursement Cost	**$252,351**

THIRD PARTY PROVIDER	
Administration	$2,093,612
Transportation & Other	$61,360
Dependent Care	$4,000
Job Retention-Transportation & Other	$19,040
Total TPP Cost	**$2,178,012**
TOTAL FSET PROGRAM	**$4,804,513**

DEPARTMENT OF HEALTH SERVICES
Division of Enterprise Services
F-01788 (03/2022)

STATE OF WISCONSIN

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Federal Executive Order (E.O.) 12549 “Debarment“ requires that all contractors receiving individual awards, using Federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: www.sam.gov.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

SIGNATURE – Official Authorized to Sign Application	Date Signed

For *(Name of Vendor)*	Unique Entity Identifier (UEI), *if applicable*

Department of Health Services **State of Wisconsin**
Division of Enterprise Services
F-03400 (07/2025)

Attestation of Filing Assurance of Compliance (Form HHS 690)

As a condition of receiving new or continued federal funding from the U.S. Department of Health and Human Services (HHS), on or after April 16, 2025, domestic recipients, subrecipients, and contractors must file an Assurance of Compliance (Form HHS 690) with the HHS Office for Civil Rights (OCR).

This filing requirement aligns with Executive Order (E.O.) 14173 "Ending Illegal Discrimination and Restoring Merit-Based Opportunity," which affirms, amongst other things, that contractual counterparties or grant recipients of federal funds must certify that it does not operate programs that violate any applicable Federal anti-discrimination laws.

In alignment with HHS policy, DHS, as the recipient of HHS funds, must ensure that all subrecipients and contractors receiving federal HHS funds through DHS attest that they have submitted Form HHS 690 to OCR.

HHS reserves the right to terminate financial assistance awards and claw back all funds if the recipients, during the term of this award, operate any program in violation of Federal anti-discriminatory laws or engages in prohibited boycott. Per the HHS Grants Policy Statement, domestic recipients, subrecipients, and contractors are subject to these conditions.

By signing below, you certify that your organization has submitted Form HHS 690 to the HHS Office of Civil Rights.

Signature — Official Authorized to Sign Application:

_____Date signed:_____

For (Name of Subrecipient or Contractor) (printed):

_____ Date signed:_____

docusign

Certificate Of Completion

Envelope Id: 57F7872F-C33F-473E-BE88-BBD1E661A419
Status: Sent
Subject: *Emergency* DHS - Dane County DHS - Region 10 FSET- 435400-M25-FSET- RG-10-01 M2
Source Envelope:
Document Pages: 8
Signatures: 1
Certificate Pages: 6
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-06:00) Central Time (US & Canada)

Envelope Originator:
Irene Au-Young
201 East Washington Avenue
Madison, WI 53703
irene.auyoung@dhs.wisconsin.gov
IP Address: 136.226.108.196

Record Tracking

Status: Original
10/1/2025 12:46:36 PM
Holder: Irene Au-Young
irene.auyoung@dhs.wisconsin.gov
Location: DocuSign

Security Appliance Status: Connected
Pool: StateLocal

Storage Appliance Status: Connected
Pool: DHS
Location: Docusign

Signer Events	Signature	Timestamp
Cody Wagner CodyW.Wagner@dhs.wisconsin.gov Office of Legal Counsel Wisconsin Department of Health Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	DocuSigned by: Cody Wagner 31F480248CEC464... Signature Adoption: Uploaded Signature Image Using IP Address: 165.189.255.141	Sent: 10/24/2025 10:19:31 AM Viewed: 10/24/2025 10:33:35 AM Signed: 10/24/2025 10:48:01 AM
Melissa Agard contracts@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 10/22/2025 1:41:38 PM ID: 27ebb68c-9257-4e9b-90ec-df6214558d3b		Sent: 10/24/2025 10:48:04 AM
Bill Hanna william.hanna@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 10/23/2025 2:37:18 PM ID: 7e1aa304-300b-4134-a2e8-f9deda1983df		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Tosha Link tosha.link@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 10/24/2025 10:19:30 AM
Nicole Counard nicole.counard@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 11/28/2023 1:09:27 PM ID: 0b4531a6-da2f-4a7c-9960-f737b6f14341	COPIED	Sent: 10/24/2025 10:19:30 AM
DMS PASS DHSDMSPASS@dhs.wisconsin.gov DMS Program Administrative Services Section (PASS) Account Wisconsin Department of Health Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 10/24/2025 10:19:31 AM
Chad Lillethun lillethun.chad@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 10/20/2025 1:07:00 PM ID: 18a1c67d-4a81-4c96-a1b3-36a227d2d4f5	COPIED	Sent: 10/24/2025 10:48:03 AM
Colleen Williams Williams.Colleen@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 10/24/2025 10:48:03 AM
Vicki Lawry dcdhscontracts@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 10/24/2025 10:48:03 AM Viewed: 10/24/2025 11:16:02 AM
Manivanh Patheuangsinh manivanh.patheuangsinh1@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		
Cory Flynn cory.flynn@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 7/1/2025 3:38:19 PM ID: 08e316b6-eda3-4d4a-bd9e-96a6a7a44ecc		

Carbon Copy Events	Status	Timestamp
Tory Ortscheid tory.ortscheid@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/24/2025 10:19:31 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Wisconsin Department of Health Services (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Wisconsin Department of Health Services:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: DHSContractCentral@dhs.wisconsin.gov

To advise Wisconsin Department of Health Services of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at DHSContractCentral@dhs.wisconsin.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Wisconsin Department of Health Services

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to DHSContractCentral@dhs.wisconsin.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Wisconsin Department of Health Services

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to DHSContractCentral@dhs.wisconsin.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Wisconsin Department of Health Services as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Wisconsin Department of Health Services during the course of your relationship with Wisconsin Department of Health Services.