

# SENTENCING REFERRAL FORM

CCFC-02 (Rev. 9/13)

RAMONA MARIE RAUCH

16CT1265

NAME OF PRISONER

CASE #

25 DAYS HOC

10/19/16

LENGTH OF SENTENCE

DATE OF SENTENCE

## CONFINEMENT

- ☐ STRAIGHT TIME (NO HUBER)
- ☒ 303.08 HUBER (NO PROBATION)
- ☐ 973.03(4) HOME DETENTION
- ☐ STRAIGHT TIME AS A CONDITION OF PROBATION
- ☐ 973.09(4) TIME AS A CONDITION OF PROBATION WITH RELEASE PROVISIONS

☒ REPORT TO ROOM 646 621  
CRIMINAL JUSTICE FACILITY

1 DAY CREDIT

## RELEASE PROVISIONS

- ☐ NONE
- ☒ WORK (INCLUDES WORK SEARCH AND RELATED ACTIVITIES)
- ☐ CJRC
- ☐ SCHOOL
- ☒ MEDICAL/COUNSELING
- ☐ CHILD CARE
- ☒ ELDER CARE
- ☐ COMMUNITY SERVICE
- ☐ OTHER

\$1600.00

Received

JAN 05 2022

City Clerk - Racine, WI

DTR 10/20/16 BY 5pm

☐ AS LIMITED (SEE CCAP)

KIES BR 45

BY

GADOSH

JUDGE/COURT

NAME/TITLE

## ABOVE SECTION TO BE FILLED OUT BY COURT CLERK OR BAILIFF

You have been placed under the supervision of the Milwaukee County Sheriff's Office under the conditions listed above. You are hereby ordered to report to the CRIMINAL JUSTICE FACILITY - G46 - 949 N. 9TH STREET immediately after your release from the Courtroom for the following:

1. Booking Procedures - **MUST HAVE PHOTO ID at Time of Booking**
2. Employment Verification (If Applicable)
3. Scheduling of a Reporting Date
4. Orientation
5. Issuance of Rules and Regulations of the Institution

I ACKNOWLEDGE RECEIPT OF THIS FORM AND HAVE BEEN INSTRUCTED TO REPORT TO G46, CRIMINAL JUSTICE FACILITY.

SIGNATURE:

Ramona Rauch

at

DISTR.:

CCF-S Records

CCF-C

Circuit Court - Case File

**Milwaukee County House Of Correction  
Work Release Application**

Complete this application and gather all required documentation. Use the checklist provided to ensure you have everything you need. When complete, contact Huber 24 hours prior to reporting for your sentence to schedule a report time and phone interview. The purpose of the interview is to take care of all aspects of your Huber/Work release prior to incarceration. Failure to have this phone interview timely will result in delay or termination of your Huber/Work release privilege(s). Call 414-427-4761 or 414-525-5742 to set up your interview and report time. Milwaukee County Jail **WILL NOT** be able to provide you with any instructions. Failure to provide true, accurate and required information in a timely manner will be reason to deny your request for work release.

If you do not appear on your scheduled date and time for jail report your Huber/Work release/STS privilege will be sent to the courts for cancellation.

If at the time you come to jail to serve your sentence or during incarceration, test positive for alcohol or illegal drugs, your Huber/Work release privilege(s) may be cancelled.

ApplicantName Ramona Rauch DOE \_\_\_\_\_

Applicant DL # \_\_\_\_\_ Driving Status Occupational

Applicant Home Phone# 414-877-1600 Applicant Cell Phone # 414-248-2937

Employer Wheaton Franciscan St. Francis Hospital

Employer Address 3237 So. 16th St.

Employer Phone# 414-769-4040 Supervisor Name Mary Dukic

Supervisor Phone# 414-769-4130 Supervisor Cell Phone# 262-442-7389

Job Description HUC / PCA Length of employment/date of hire 5/6/2002

Work Schedule: If you have a set work schedule, complete this section. If your schedule changes frequently, have a copy of your schedule with you on your report date.

Circle days worked; Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Starting time 8am Ending time 4:30pm

Transportation Arrangements: \_\_\_\_\_

Driver's Name \_\_\_\_\_ DOB \_\_\_\_\_

Driver's DL# \_\_\_\_\_ Vehicle Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate# \_\_\_\_\_

You are required to provide proof of legal and gainful employment, (2) recent check stubs, or (3) bank cancelled paychecks (photo copy both sides) copies of work orders, copies of tax forms, 1099 forms, contracts etc.

You are required to provide a copy of valid driver's DL card for all drivers.

You are required to provide a copy of current insurance cards for any and all vehicles you will be driving or riding in.

You will need a copy of your current work schedule on company letterhead.

You are required to return the Letter to Employer (a part of this packet) signed by a ranking supervisor.

A letter (on company letterhead) from the employer is required stating the employer's willingness to cooperate with program staff during the period of work release from the jail.

Independent contractors or self-employed will be determined using a nine point definition. Substantial documentation is required to be considered an independent contractor or self-employed. Independent contractors must have workman's compensation insurance through a company they contract with. Self-employed must be covered by an individual health policy.

All work release applicants (other than self-employed with no employees) must be covered by workman's compensation insurance. If you claim to be exempt we will not consider your application any further.

Initial Huber/Work release fees are due at jail booking. The daily fee is \$ 24.00 for Huber and \$25.34 GPS full time and \$4.00 part-time, upon verification of check stub per day housed. Total needed at booking is \$336.00 cash for your initial payment Huber and \$354.82 for GPS. We only accept cash and money order payment for Huber/Work release fees.

No work release will be allowed if the money is not in your jail account.

Transportation may not exceed 1.5 hours per one way trip or 90 miles per one way trip.

If someone is providing transportation for you, this person MUST come to the south end of the jail every scheduled work day and identify themselves as your approved driver. They will use the intercom to inform Huber Office they are here to pick you up. After identifying themselves they may return to the approved vehicle. Jail Staff will not release you if the driver does not come to the door. Drivers should arrive 10 minutes prior to your release time. It is your responsibility to inform all drivers of this procedure.

All work release schedules will be based on a 40 hour work week + reasonable transportation time. If you work more than 40 hours per week, you must alter your schedule with your employer or obtain a court order for additional hours. Schedules are to be provided at the pre-incarceration interview. Compiling of work shifts in the first partial week of incarceration or the

last partial week of incarceration will not be allowed. No one will be allowed to work 7 consecutive days on work release.

You will not be allowed to work on your jail report date. That day we will be doing jail orientation, jail classification, collect urinalysis, collect DNA if appropriate and verify all submitted schedules

Huber/Work release inmates do not work on legal holidays. Any exceptions must be approved by the Huber Lieutenant 3 business days in advance of the holiday.

Items you may bring to the Jail (in clear plastic bag):

- Eye glasses
- List of prescription medications
- No more than \$50.00 cash in your locker at one given time.
- 3 changes of clothing, including the clothes you report in
- Battery operated alarm clock

**Do not bring:** tobacco, matches, lighters, jewelry, toiletries, knives, books, candy, radios, duffel bags, suitcases, book bags etc... etc...

**Additional information can be found the Milwaukee County website:**  
**<http://county.milwaukee.gov/HOC/HuberEMU-Information.htm>**

# Milwaukee County House Of Correction

8885 S. 68<sup>th</sup> Street  
Franklin, WI 53132  
Phone: 414-525-5741  
Fax: 414-525-5753

Superintendent Michael Hafermann

Dear Employer:

On \_\_\_\_\_ your employee \_\_\_\_\_ will begin serving a jail sentence at the Milwaukee County House Of Correction in Franklin, WI. The sentencing judge has allowed Huber/work release for your employee subject to the jail's approval. It is our goal to keep employment continuous with as few interruptions as possible.

Your employee will speak with jail program staff in advance of incarceration. The employee will need a letter on company letterhead, addressed to program staff, that indicates your company's willingness to cooperate with program staff during his/her term of incarceration. This cooperation would include providing work schedules, verifications of employment, verification of attendance at work by phone or on-site visit and compliance with work release rules and procedures.

After the interview, a member of our program staff will be calling to verify employment, verify schedules, provide the jail outdate, address any other details and answer any questions you may have in regard to the Huber/work release.

Your employee will miss work if scheduled on the jail report date. This is due to our need to book them in to the jail, conduct jail orientation, collect a urinalysis and do jail classification.

Feel free to call me if you have questions or concerns about your employee and their work release. I am available Monday-Friday 6:00 am-2:30pm at 414-427-4761.

I ask that you please sign off that you received this letter and have your employee return it to our program staff.

\_\_\_\_\_  
Supervisor Printed Name

\_\_\_\_\_  
Supervisor Signature

Best regards,

\_\_\_\_\_  
Lieutenant E. Rowe-Huber and Electronic Monitoring Supervisor

# Milwaukee County House Of Correction

8885 S. 68<sup>th</sup> Street  
Franklin, WI 53132  
Phone: 414-525-5741  
Fax: 414-525-5753

Superintendent Michael Hafermann

The following check list is provided to ensure that you have everything you need for a successful pre-incarceration interview. If you are not fully prepared at the time of your interview, the interview will be terminated and you will be required to reschedule at a later date or you may lose work release privileges.

The date and time of my report is \_\_\_\_\_

At the Milwaukee County House Of Correction, Franklin, WI 53132

I must bring on my report date the following:

- \_\_\_\_\_ My Huber/Work Release Application filled out complete with all information required
- \_\_\_\_\_ Proof of gainful employment as detailed on the Huber/Work Release Application
- \_\_\_\_\_ A photo copy of my driver's license and/or a photo copy of the driver's license of anyone giving me a ride
- \_\_\_\_\_ A photo copy of the "Proof of Insurance" card for all vehicles to be use for transportation
- \_\_\_\_\_ \$336.00 or \$354.82 when you are booked into the jail/electric monitor if employed.
- \_\_\_\_\_ A copy of my work schedule
- \_\_\_\_\_ Return letter from Program Coordinator to Employer with signature by ranking supervisor
- \_\_\_\_\_ A letter from my employer on company letterhead stating a willingness to cooperate with the Jail Program Staff.
- \_\_\_\_\_ Proof of your employer on company letterhead stating a willingness to cooperate with the Jail Program Staff.
- \_\_\_\_\_ Give notice of and provide documentation for existing medical or psychological conditions

## **Required paperwork for Huber/GPS/SCRAM-X release**

### **SELF- EMPLOYMENT REQUIREMENTS:**

- (2 years) Self-employed tax forms
- Tax ID number
- (2 months) Separate business checking account and bank statements.
- Provide job records of activity prior to incarceration. Receipts reflecting current activity. All must be kept current. Current contracts with valid addresses of worksites.
- Proof of insurance for business (policy number and information)
- Business must be 6 months or older

### **CHILD CARE REQUIREMENTS:**

- Court ordered
- Valid address
- Valid landline telephone number
- Provide a monthly phone bill
- Provide valid birth certificate(s) with child's name, parents name (inmate's name must be listed on certificate).
- If inmate claims sole custody, they must provide court paperwork stating that.
- A call will be made to the Child Integrity Unit to see if state is paying for childcare.
- Provide work schedule of spouse or other caregiver (to be verified), along with a letter from the caregiver stating the hours they are willing to watch child(ren).
- School schedule for school age children on letterhead, signed by principal or designee

### **ELDER CARE REQUIREMENTS:**

- Court ordered
- Valid address
- Valid landline telephone number
- Provide a monthly phone bill
- Doctor's letter stating conditions of patient (who the inmate is taking care of), and the hours the inmate needs to care for that person.
- If there is someone else also taking care of patient, a schedule for him or her must be provided.

### **TREATMENT REQUIREMENTS:**

- Court order
- A letter to be faxed in from a reputable treatment facility with treatment days and times, for verification.
- Treatment facility must fax in verification of attendance.
- Proof of private insurance. No state insurance.

### **MEDICAL REQUIREMENTS:**

- Court order

- Inmate's appointment letter faxed in from doctors office/hospital to verify days and times. No appointment "cards" are accepted.
- Must bring back attendance verification with times.
- Inmate must have a release of information letter signed and if possible sent to doctors before beginning commitment.
- Proof of private insurance

#### **SCHOOL REQUIREMENTS:**

- Court order
- Provide school schedule (days and hours), along with inmate's counselor's name
- Verification of attendance with counselor every Friday.
- May need a release of information letter if inmate is 17 yrs old or younger.

**IF YOU ARE SENTENCED TO 30 DAYS OR LESS, YOU MUST PAY IN FULL.**





# DNA COLLECTION



Date: 10/19/16 Judge: KIES

Name: RAMONA M. RAUCH DOB: \_\_\_\_\_

Case No.: 16CT1265 Charge: OWI 2ND

You have just been convicted of a felony/misdemeanor. Per Wisconsin State Statute 973.047 you are required to submit to a DNA sample. It is recommended that you provide this sample prior to your sentencing hearing. Samples are taken at the Milwaukee County Office of the Sheriff, 949 N. 9th Street, Level G.

Hours of operation: Monday—Friday 6:00 a.m. to 5:00 p.m.

621

**YOU MUST BRING THIS FORM AND A PHOTO ID WITH YOU.  
THIS FORM WILL BE SIGNED AND YOU SHOULD RETURN IT TO THE  
COURT ON YOUR SENTENCING DATE**

Sample taken date: 10/19/16 Officer name: Schwartz #152



**Wheaton Franciscan Healthcare**

400 W. River Woods Parkway  
Glendale, WI 53212

October 14, 2016

To Whom It May Concern:

This letter is in response to a request for employment verification for Ramona Rauch.

Ramona Rauch works for CND on Monday, Tuesday, Thursday, and Friday 8:00 AM – 4:30 PM. On 11/5/2016 she will be picking up a shift 7:30 AM – 3:30 PM, and any other Wednesday that Mary needs her.

Mary Dukic can be reached at 414-769-4130.

If you require additional information, please contact HR Connect Monday-Friday from 8:00am to 4:30pm at 1-800-914-6601.

Thank you.

A handwritten signature in black ink, appearing to read 'Jonathan Naimon'.

**Jonathan Naimon**  
**Jonathan.Naimon@wfhc.org**  
**HR Service Center Representative**  
**Phone: 1-800-914-6601**  
**Fax: 414-465-3401**

UP/69

ARBK101R

INMATE PROPERTY RECEIPT

DATE 10/20/16 TIME 12:34  
BOOKING NUMBER 669525919

UP

INMATE NAME RAUCH, RAMONA MARIE  
SEX F RACE W DOB

INVENTORY DATE, TIME 10/20/2016 12:31  
INVENTORIED AT AGENCY ID, NAME HOC MILWAUKEE CO. HOUSE OF CORRECTION  
INVENTORIED BY CKB710303

| ITEM | UNIT | ITEM               | TRANS      | TRANS |                          |
|------|------|--------------------|------------|-------|--------------------------|
| QTY  | CODE | DESCRIPTION        | DATE       | TYPE  | TO/FROM NAME             |
| 0001 | EA   | JACKET BLACK       | 10/20/2016 | REC   | INMATE RAUCH, RAMONA MAR |
| 0001 | EA   | PANTS BLACK        | 10/20/2016 | REC   | INMATE RAUCH, RAMONA MAR |
| 0001 | EA   | SHIRT YELLOW/GREEN | 10/20/2016 | REC   | INMATE RAUCH, RAMONA MAR |
| 0001 | EA   | TANK TOP WHITE     | 10/20/2016 | REC   | INMATE RAUCH, RAMONA MAR |
| 0001 | EA   | BRA WHITE          | 10/20/2016 | REC   | INMATE RAUCH, RAMONA MAR |
| 0001 | EA   | UNDERSHORTS        | 10/20/2016 | REC   | INMATE RAUCH, RAMONA MAR |
| 0001 | EA   | ADD ON WIS DL      | 10/20/2016 | REC   | INMATE RAUCH, RAMONA MAR |

\*\*\*\*\*  
\*\*\* YOU MUST CLAIM YOUR PROPERTY WITHIN 30 DAYS OF YOUR RELEASE. \*\*\*  
\*\*\* PROPERTY LEFT IN THE MILWAUKEE COUNTY JAIL OR HOUSE OF \*\*\*  
\*\*\* CORRECTION FOR MORE THAN 30 DAYS WILL BE DISPOSED OF \*\*\*  
\*\*\* ACCORDING TO MILWAUKEE COUNTY POLICY. \*\*\*  
\*\*\* YOU HAVE RECEIVED AN INMATE HANDBOOK. \*\*\*  
\*\*\* TELEPHONE CALLS PLACED WHILE AN INMATE AT EITHER THE COUNTY \*\*\*  
\*\*\* JAIL OR HOUSE OF CORRECTION MAY BE MONITORED. \*\*\*  
\*\*\* YOUR SIGNATURE BELOW VERIFIES SUBMISSION TO INFORMATION ABOVE.\*\*\*  
\*\*\*\*\*

INMATE/CIVILIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# COURT ORDER FOR IDP RELATED OFFENSE DRIVER ASSESSMENT AND DRIVER SAFETY PLAN

Wisconsin Department of Transportation  
s.343.30(1q) or 343.305(10) Wis. Stats.  
MV3632 6/2010

## Individual

|                                                  |                           |                                      |                       |
|--------------------------------------------------|---------------------------|--------------------------------------|-----------------------|
| Name (Last, First, MI)<br><i>Rauch Ramona M</i>  | Birth Date<br><i>6/11</i> | Sex<br><i>F</i>                      | State<br><i>WI</i>    |
| Address<br><i>621 English St Racine WI 53402</i> |                           | County of Residence<br><i>Racine</i> | Area Code - Telephone |

## Court

|                                               |                                                                                              |                |                 |
|-----------------------------------------------|----------------------------------------------------------------------------------------------|----------------|-----------------|
| Convicting Court Name<br><i>Circuit Court</i> | Convicting Court Address, Street, City, ZIP Code<br><i>821 W State St Milwaukee WI 53233</i> |                |                 |
| Judge                                         | Court Area Code - Telephone Number                                                           |                |                 |
| Citation Number                               | Court Case Number<br><i>16 CT 1265</i>                                                       | Non-UTC Number | Conviction Date |

## Arrest Information

|                                  |                 |
|----------------------------------|-----------------|
| Arrest Date(s)<br><i>5/18/16</i> | BAC Level or CS |
|----------------------------------|-----------------|

| First                    | Second                   | Third                    | OFFENSE                                                                    |
|--------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Implied Consent Refusal</b><br>- s.343.305(9) Wis. Stats.               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Operating while under the influence</b><br>- s.346.63(1)(a) Wis. Stats. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - s.346.63(1)(am) Wis. Stats.                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - s.346.63(1)(b) Wis. Stats.                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Causing Injury</b><br>- s.346.63(2) Wis. Stats.                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Causing Injury/Great Bodily Harm</b><br>- s.940.25 Wis. Stats.          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Causing Homicide</b><br>- s.940.09 Wis. Stats.                          |

Behavioral Health Services  
**RACINE COUNTY** Assessment Facility  
1717 Taylor Avenue  
Racine, WI 53403  
Telephone: (262) 638-6548  
*4pm*  
*\$250.00*

Information Attached for Assessment Facility

☐ Accident Report ☐ Citation

☐ Complaint

☐ Related Offenses

☐ Driver Record

☐ Other:

OCT 19 2016

JOHN BARRETT

Having been found guilty or having had an adverse finding for the above indicated offense, you are ordered to submit and comply with an assessment by the approved public treatment facility for your county of residence, as defined in s.51.45(2)(c), Wis. Stats. (or, as referred, to your state of residence). You are further ordered to submit and comply with the development of a driver safety plan.

The purpose of the assessment is to examine your use of alcohol or controlled substances and to develop a driver safety plan. Based on the assessment findings, your plan will involve attendance at a school under s.345.60, Wis. Stats. (or an educational program in another state), treatment, or both. This order and referral shall also serve as notice to you, encouraging your cooperation, since noncompliance with the assessment or the driver safety plan or failure to complete the driver safety plan within 12 months will result in withdrawal of your operating privileges by the Wisconsin Department of Transportation for an indefinite period until you are in compliance. The assessment facility's report on the assessment and the driver safety plan or referral will be submitted within 14 days to the Wisconsin Department of Transportation, the county department under s. 51.42, Wis. Stats., or its approved agency, the driver safety plan provider, and yourself.

THE COURT:  
(Judge/Court Commissioner Signature) *[Signature]* (Date) *10/19/2016*

I agree to contact the above-named assessment facility within 72 hours to set an appointment for the assessment or request a transfer. I am aware that a fee is charged and must be paid to comply with assessment or any referral. I understand that the assessment facility will report to the Wisconsin Department of Transportation my compliance status and any referral. My failure to participate will result in the Wisconsin Department of Transportation's indefinite withdrawal of my Wisconsin operating privileges until I do satisfactorily complete assessment and my driver safety plan.

**Distribution:** 1 - Court; 2 - Assessment Facility; 3 - Defendant

GF-176 (CCAP), 6/2010 Court Order for IDP Related Offense Driver Assessment and Driver Safety Plan.  
This form shall not be modified. It may be supplemented with additional material.

MV3632 (6/2010) s. 343.30(1), 343.305, Wis. Stats.  
Page 1 of 1

CJIS# W69525919 MILWAUKEE COUNTY HOUSE OF CORRECTION D.O.B. 21.01.1979

INMATE CLOTHING RECEIPT

LAST NAME Bauer (First) Pamona DATE 10-20-2016

| COAT/JACKET  |                                                               | HAT        | CAP         | GLOVES              |        |
|--------------|---------------------------------------------------------------|------------|-------------|---------------------|--------|
| <u>black</u> |                                                               |            |             |                     |        |
| SUIT         |                                                               | SPORT COAT |             |                     |        |
| PANTS        | <u>black leggings</u>                                         | BELT       | SHIRT       | SS <u>yellow</u> LS | TIE    |
| SWEATER      |                                                               |            | SWEATSHIRT  | LS                  | SS     |
| UNDERSHIRT   | TS                                                            |            | UNDERSHORTS |                     |        |
| SHOES        | TEN HI IO                                                     |            | BOOTS       | <u>black</u>        | BR BOX |
| OTHER        | <u>white tank top / white bra / black pants / socks black</u> |            |             |                     |        |

The above is a correct list of clothing accepted by the Milwaukee County House of Correction. The clothing listed on this form was taken from me upon my entry into the House of Correction.

SIGNATURE OF INMATE \_\_\_\_\_ SIGNATURE OF BOOKING OFFICER & BADGE # 7251

(Please Print) BOOKING OFFICER'S NAME B. Mattox

I HEREBY ACKNOWLEDGE HAVING RECEIVED ALL CLOTHING DUE ME FROM THE HOC:

SIGNATURE OF INMATE \_\_\_\_\_ SIGNATURE OF RELEASING OFFICER & BADGE # \_\_\_\_\_

DATE \_\_\_\_\_ (Please Print) RELEASING OFFICER'S NAME \_\_\_\_\_

OFFICIAL RECEIPT FOR CASH OR OTHER VALUABLES

COUNTY OF MILWAUKEE 718 R2

No. 022255

|                   |        |       |         |          |            |                      |
|-------------------|--------|-------|---------|----------|------------|----------------------|
| RECEIVED OF       |        | CASH  |         | \$       | 600        | 00                   |
| Six hundred       |        | 00/00 |         | dollars  |            | cents                |
| Rauk, Ramona Ditt |        |       |         |          |            |                      |
|                   |        |       |         |          |            |                      |
|                   |        |       |         |          |            |                      |
|                   |        |       |         |          |            |                      |
|                   |        |       |         |          |            |                      |
| FUND              | AGENCY | ORG.  | ACCOUNT | ACTIVITY | FUNCTION   | PROJECT/<br>JOB NO.  |
|                   |        |       | X       |          |            |                      |
|                   |        |       |         |          |            |                      |
|                   |        |       |         |          |            |                      |
|                   |        |       |         |          |            |                      |
|                   |        |       | AMOUNT  |          | REPT. CAT. | DEPARTMENT           |
|                   |        |       | 600     |          |            | Blue                 |
|                   |        |       |         |          |            | AUTHORIZED SIGNATURE |
|                   |        |       |         |          |            | DATE                 |
|                   |        |       |         |          |            | 10/20/16             |



Wheaton Franciscan Healthcare

WFMG Metro Physicians  
Family Medicine, Greenfield  
4600 W Loomis Rd Suite 130  
Greenfield WI 53220-4858  
Phone: 414-389-4900  
Fax: 414-465-4606

September 20, 2016

Fax: 414-769-4035 att Ramona

Patient: **Linda Sue Rauch**  
Date of Birth: **7/10/1953**

To Whom it May Concern:

I am the primary care physician for the above captioned patient who is diagnosed with:

Smoker

Create Notes Unprioritized 07/15/2012 Moecker, Neil A, MD

Dyslipidemia

Create Notes Unprioritized 07/15/2012 Moecker, Neil A, MD

History of MRSA infection

Create Notes Unprioritized 06/19/2013 Moecker, Neil A, MD

CAD (coronary artery disease)

Create Notes Unprioritized 07/22/2016 Lassanske, Erin C, APNP

Type 2 diabetes mellitus with diabetic neuropathy (HCC)

Create Notes Unprioritized 01/28/2016 Moecker, Neil A, MD

Acute congestive heart failure, unspecified congestive heart failure type (HCC)

Create Notes Unprioritized 07/20/2016 Paul, Jose Antony, MD

Ischemic cardiomyopathy

Edit Notes Unprioritized 07/22/2016 Lassanske, Erin C, APNP

Overview 11/2015: LVEF 45%  
4/2016: LVEF 31%

Linda's daughter helps her with her activities of daily living (ADL's). The daughter helps with showering, shopping, laundry, cleaning, and such.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

Neil A. Moecker, MD

Need to be correct