

<FoodShare Office>
<Address>
<Address>
<Telephone Number

<Recipient Name>
<Address>
<Address>

<Date>

Dear <Recipient name>,

We are writing to let you know that the rules for getting FoodShare benefits have changed.

Our records show that you are not getting FoodShare benefits because you did not take part in FoodShare Employment and Training (FSET) activities. **As of March 1, 2008, you no longer have to take part in FSET activities in order to get FoodShare benefits.** This rule change is part of Wisconsin's 2007-2009 State Budget.

Keep in mind that you can still volunteer for FSET and it will not affect your FoodShare benefits.

Because your FoodShare case is now closed, you will need to reapply for FoodShare. You can apply online at access.wi.gov, or you can call the local county or tribal agency listed above. You can also get started on your application by filling out and returning the enclosed form to your local county/tribal agency.

If you have questions, please contact your local county or tribal agency. If you no longer live near this agency, please call Member Services at 1-800-362-3002 to find out where to apply. You can also visit dhfs.wisconsin.gov/foodshare and click on the "Where do I apply" link.

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STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY Services
Division of Health Care Financing
HCF16019A (04/07)

If you need an interpreter or other help in completing this form, contact your local FoodShare office for help. You may have another adult complete the application process for you.

To apply for FoodShare benefits, start the application process by completing the information on this page. Include your name, address and signature and submit it to your local FoodShare office or you can apply online at access.wisconsin.gov. If you are eligible, FoodShare benefits will be provided from the date a completed registration form (this form or online) is received by the local FoodShare office. To get the telephone number and/or address of your FoodShare office go to dhfs.wisconsin.gov/em/imagencies/index.htm or call 1-800-362-3002.

Name		Social Security Number (Optional)
Address (Number, Street, City, State, Zip Code)		Date of Birth (Optional)
SIGNATURE - Applicant or Authorized Representative	Date Signed	Telephone Number (Optional) ()

If you need help right away or have an emergency, you may qualify for faster service. To be considered for faster service, answer the questions on the back of this page before submitting it.

To complete the application process for FoodShare benefits you will be required to have an interview with a FoodShare or Social Security Administration eligibility worker. You will be asked to provide information that is needed to determine your household's eligibility for FoodShare Wisconsin. You will also be asked to provide proof of certain information such as identity, residence and monthly income.

Your request for FoodShare benefits will be processed as soon as possible, but no later than 30 days from the date your request is received by the FoodShare office. However, you may be eligible to receive faster service if:

Your household has no more than \$100 available in cash and bank accounts and expects to receive less than \$150 in income this month; **OR** the total amount of your monthly gross income and available cash and bank accounts of all household members is less than your rent or mortgage and utility costs for this month; **OR** your household includes a migrant or seasonal farm worker whose income has stopped.

Answer the questions on the back of this page so the FoodShare office can decide if you qualify for faster FoodShare service. If you do qualify for faster service, you must still complete the application process to receive FoodShare benefits within seven days.

Tear Off and Submit This Page to Your Local FoodShare Office

APP

Check or write an answer:

- | | Yes | No |
|---|--------------------------|--------------------------|
| Did your household receive FoodShare benefits this month? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is anyone in your household a migrant or seasonal farm worker? | <input type="checkbox"/> | <input type="checkbox"/> |
| If "Yes", did his/her income recently stop? | <input type="checkbox"/> | <input type="checkbox"/> |
| Will s/he receive more than \$25 in income from a new source, in the next ten days? | <input type="checkbox"/> | <input type="checkbox"/> |

What is your household's total gross income for this month?
(Gross income is your income before taxes and other deductions.)

\$ _____

What are your household's total available assets?
(Examples of assets include, cash, bank accounts, stocks, bonds, IRAs, certificates of deposit and Keogh plans.)

+ \$ _____

Total income and assets

= \$ _____

What are your shelter expenses for this month?
(Examples of shelter expenses include rent or mortgage payments for an apartment, house or mobile home lot.)

\$ _____

What are your total utility expenses for this month?
(Examples of utility expenses include gas, electric, water, sewer and trash removal.)

+ \$ _____

Total shelter/utility expenses

= \$ _____