

ESC
ENROLLMENT SERVICES CENTER
PO BOX 7190
MADISON WI 53707 7190

Mailing Date: 05/06/2009

000004
HENRY PHILLIPS
465 W WASHINGTON AVE
MADISON WI 53703 2703



State of Wisconsin

Case: 5000836651

Enrollment Services Center

Phone/TTY #: 1-800-291-2002

Fax #: 1-608-261-9310

You can use the fax number above to
send proof or to report changes.

Dear HENRY PHILLIPS:

We have enclosed a summary of the information you gave us. The summary also includes information about your rights and responsibilities and the program rules. An "Enrollment and Benefits" booklet with additional detail will be mailed to you as well. Please be sure to read this information carefully.

If you see anything in the summary that is not correct, you must contact us. If the information is correct, you must sign and return the enclosed Signature Page to the address above by May. 18, 2009. If you do not sign and return this Signature Page, your benefits will not be approved.

We will send you a separate letter if we need proof of your answers.

If you have questions about your application, please visit access.wisconsin.gov or call the number above.

If you have a disability and need help with this information, please call the phone number listed at the top of this page.

SYS TEST

HENRY PHILLIPS, your summary was generated on May 5, 2009 at 05:29 PM.

Application Summary

Here is the summary of what you told us.

Basic Information

Person	Gender	Language	County or Tribe
HENRY PHILLIPS	MALE	ENGLISH	ENROLLMENT SERVICES CENTER
Where You Live		Mailing Address	
465 WASHINGTON MADISON, WI, 537032703			
Homeless?		No	
Contact Information			
Home Phone		(608) 280-1111	
Work Phone		(608) 280-2222 ext. 234	
Cell Phone		(608) 280-4444	
Message Phone		(608) 280-3333 ext.	
Email Address		HENRY@WISCONSIN.GOV	
Best way to get in touch with you		WORK PHONE	
Phone Type			
Best time to get in touch with you		Any Time	

People In Your Home

Person	Gender	Marital Status	Language
HENRY PHILLIPS Age: 38	MALE	MARRIED	ENGLISH
Programs Requested			
FoodShare Health Care			
SSN Application Date		US Citizen	
		Yes	
Resident of WI?	Intends to reside in WI?	Migrant Farm Worker	Where does he/she live?
Yes	Yes	No	INDEPENDENT (HOME/APT/TRLR)
Race and Ethnicity		Out of Home?	
White		No	

Person STEPHANIE PHILLIPS Age: 33	Gender		Marital Status	Language
	FEMALE		MARRIED	ENGLISH
	Programs Requested			
	FoodShare Health Care			
	SSN Application Date		US Citizen	
			Yes	
	Resident of WI?	Intends to reside in WI?	Migrant Farm Worker	Where does he/she live?
	Yes	Yes	No	INDEPENDENT (HOME/APT/TRLR)
Race and Ethnicity		Out of Home?		
White				
Person BROOKE PHILLIPS Age: 8	Gender		Marital Status	Language
	FEMALE		SINGLE-NEVER MARRIED	ENGLISH
	Programs Requested			
	FoodShare Health Care			
	SSN Application Date		US Citizen	
			Yes	
	Resident of WI?	Intends to reside in WI?	Migrant Farm Worker	Where does he/she live?
	Yes	Yes	No	INDEPENDENT (HOME/APT/TRLR)
Race and Ethnicity		Out of Home?		
White		No		

Relationship Information

Person HENRY Age: 38	Relationships		Do they buy food and eat meals together?
	is the husband of Stephanie		Yes
	is the legal/adj father of Brooke		Yes

Questions About the People In Your Home

Person	Blind or Disabled?	Medicare Part A or Part B?	Convicted of a Drug Felony?	In a Recent Accident?	Getting FS From Another State?	In Drug or Alcohol treatment?	Youth Existing Out of Care?
HENRY Age: 38					No	No	
STEPHANIE Age: 33					No	No	
BROOKE Age: 8					No	No	

Other Benefits Questions

Person	Previous SSI Benefits?	Has SSI Approval Letter?	Getting SSI 1619(b)?	Getting Tribal Commodities?	Tribal Member?	Son or Daughter of Tribal member?	Kinship Care Court Order?	Foster Care Court Order?
HENRY Age: 38	No	No	No	No	No	No		
STEPHANIE Age: 33	No	No	No	No	No	No		
BROOKE Age: 8	No	No	No	No	No	No		

School Enrollment Information

Person	Graduation Status	Date of Graduation	Enrollment Status	Type of School
HENRY Age: 38		12/31/9999	NOT ENROLLED	
STEPHANIE Age: 33		12/31/9999	NOT ENROLLED	
BROOKE Age: 8		12/31/9999	FULL TIME	ELEMENTARY

Cash Information

Person	Set aside for burial?	Value
HENRY Age: 38	No	\$1000.0

Checking Account Information

Person	Set aside for burial?	Value	Account Number
HENRY Age: 38	No	\$1000.0	1234567890
	Bank Name		Bank Address
	BANK OF MADISON		777 W WASHINGTON AVE MADISON WI 53703
	Other Owners		

Job Income Information

Person	Name of Employer		Address of Employer	
HENRY Age: 38	SYSTEMS INC		W194N1148 MCCORMICK DR	
	Job Start Date	Job End Date	Date of Final Paycheck	How often paid
	01/01/2008	12/31/9999	12/31/9999	MONTHLY
	Is this a temporary job?		Position Type	
	No			
	Type of Pay		Rate of Pay	Hours Per week
	REGULAR PAY		\$20.0	40.0
	On Strike		Strike Begin Date	Strike End Date
	No			
Person	Name of Employer		Address of Employer	
STEPHANIE Age: 33	SYSTEMS INC		770 W EASHINGTON AVE	
	Job Start Date	Job End Date	Date of Final Paycheck	How often paid
	01/01/2008	12/31/9999	12/31/9999	MONTHLY
	Is this a temporary job?		Position Type	
	No			
	Type of Pay		Rate of Pay	Hours Per week
	REGULAR PAY		\$20.0	20.0
	On Strike		Strike Begin Date	Strike End Date
	No			

SIGNATURE

By signing this application, I certify that I understand and acknowledge the following statements:

- The county or tribal local agency and the Wisconsin Department of Health Services are authorized to request any information that is appropriate and necessary for the proper administration of assistance programs authorized under Wisconsin law (Medicaid, BadgerCare Plus, FoodShare, and the Caretaker Supplement programs).
- I may need to provide proof of my answers. Also, by signing this application I am authorizing any other person or organization, including any financial or educational institutions, to provide the agency information or proof needed to determine if I can receive benefits and the level of those benefits.
- This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability, or religious or political beliefs.
- If I have a disability, I may request information about my benefits in an alternate format.
- I assign and give up rights to any payments from a liable third party to the Wisconsin Department of Health Services up to the payment amount that was made for my medical care. These payments may include payments from hospital and health insurance policies or payments received as a settlement from an accident.
- There are penalties for giving false information or breaking the rules. I will have to repay any benefits that are issued incorrectly due to a failure to report changes or to provide complete and correct information.
- I am not required to report a reduction or loss of income, but I may be able to get a higher FoodShare benefit if I do. If I do not report a reduction or loss of income, my FoodShare benefit may not increase.
- If I do not report or verify any listed expenses, I may not receive a deduction for the unreported or unverified expenses.
- By signing this application, I am meeting the FoodShare Program work registration requirement.
- Any member of the household who violates FoodShare rules, such as hiding or giving false information or misusing benefits, may lose benefits for a certain period of time or even permanently. Other criminal penalties may be imposed.

By signing this application, I certify, under penalty of perjury and false swearing, that I understand the questions and statements on the application summary and my answers are correct and complete to the best of my knowledge.

SIGNATURE _____

Primary Person Date

Other Adult Date

SIGNATURE _____

Authorized Representative Date

Other Adult Date

