

ESC
ENROLLMENT SERVICES CENTER
PO BOX 7190
MADISON WI 53707 7190

Mailing Date: 05/06/2009

000007
RICHARD RUSSELL
475 W WASHINGTON AVE
MADISON WI 53703 2703



State of Wisconsin

Case: 0000836702

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 RICHARD RUSSELL:

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 before May. 18, 2009. If the information is correct, you do not need to contact us.

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 listed above.

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

SYS TEST

Application Summary

Here is the summary of what you told us.

Basic Information

Person	Gender	Language	County or Tribe
RICHARD RUSSELL	MALE	ENGLISH	ENROLLMENT SERVICES CENTER
Where You Live		Mailing Address	
475 WASHINGTON MADISON, WI, 537032703		ST_NUMBER_ADR MADISON, WI, 537032616	
Homeless?		No	
Contact Information			
Home Phone		(608) 283-3535	
Work Phone		(608) 283-3030 ext. 123	
Cell Phone		(608) 283-3000	
Message Phone		(608) 283-4000 ext.	
Email Address		RUSSEL@WISONSIN.GOV	
Best way to get in touch with you		HOME PHONE	
Phone Type			
Best time to get in touch with you		Lunch Hour	

People In Your Home

Person	Gender	Marital Status	Language
RICHARD RUSSELL 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 TARA RUSSELL 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 TINA RUSSELL 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 RICHARD Age: 38	Relationships		Do they buy food and eat meals together?
	is the husband of Tara		Yes
	is the legal/adj father of Tina		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?
RICHARD Age: 38					No	No	
TARA Age: 33					No	No	
TINA 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?
RICHARD Age: 38	No	No	No	No	No	No		
TARA Age: 33	No	No	No	No	No	No		
TINA Age: 8	No	No	No	No	No	No		

School Enrollment Information

Person	Graduation Status	Date of Graduation	Enrollment Status	Type of School
RICHARD Age: 38		12/31/9999	NOT ENROLLED	
TARA Age: 33		12/31/9999	NOT ENROLLED	
TINA Age: 8		12/31/9999	FULL TIME	ELEMENTARY

Checking Account Information

Person	Set aside for burial?	Value	Account Number
RICHARD Age: 38		\$500.0	1234567890
	Bank Name		Bank Address
	BANK OF WISCONSIN		467 W WASHINGTON AVE MADISON WI 53703
	Other Owners		

Job Income Information

Person	Name of Employer		Address of Employer	
RICHARD Age: 38	SYSTEMS INC		556 W WASHINGTON 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	40.0
	On Strike		Strike Begin Date	Strike End Date
	No			
Person	Name of Employer		Address of Employer	
TARA Age: 33	SYSTEMS INC		556 W WASHINGTON AVE	
	Job Start Date	Job End Date	Date of Final Paycheck	How often paid
	01/01/2009	12/31/9999	12/31/9999	MONTHLY
	Is this a temporary job?		Position Type	
	Yes			
	Type of Pay		Rate of Pay	Hours Per week
	REGULAR PAY		\$20.0	15.0
	On Strike		Strike Begin Date	Strike End Date
	No			

Electronic/Telephonic Signature

I have agreed to submit this application by electronic means. By signing this application electronically, I certify, under penalty of perjury and false swearing, that my answers are correct and complete to the best of my knowledge, including information provided about the citizenship or alien status about each household member applying for benefits. I also certify that:

- I understand the questions and statements on this application form.
- I have read and understand my Rights & Responsibilities in the box above.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the agency may contact other persons or organizations to obtain needed proof of my eligibility and level of benefits.
- I understand that I am not required to report a reduction or loss of income, but that I may be able to get a higher FoodShare benefit if I do. I understand that as long as I do not report this reduction or loss in income, my FoodShare benefit will not increase.

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- I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to receive a deduction for the unreported or unverified expenses.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

✓ **By checking this box and typing my name below, I am electronically signing my application.**

RICHARD RUSSELL

May 5,2009 at 02:12 PM

