

ESC  
ENROLLMENT SERVICES CENTER  
PO BOX 7190  
MADISON WI 53707 7190



**State of Wisconsin**

**Case #:** 3100158431

Mailing Date: 01/11/2010

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MEMBER NAME  
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XXXXXXXXXX XXX XXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX WI 99999 9999

**Enrollment Services Center**

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

Fax #: 1-888-415-2115

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

Your annual renewal is due for **Family Planning Services and FoodShare**. Your renewal must be done by **Feb. 28, 2010**, or your benefits will end.

You can do your renewal:

- Online: Go to [access.wi.gov](http://access.wi.gov) and click on "Renew My Benefits". Follow the instructions to set up an account, if you have not done so in the past, and then complete the renewal process (see note).
- By phone: You will need to call the phone number listed above to set up an appointment.

Note: An interview is needed for FoodShare. Please contact the agency at the number above to set up a date and time for your interview. If you cannot do the interview at the time indicated, or you miss the interview, you must call the phone number above to set up another date and time.

To complete your renewal, we must receive a signed application and proof of some of the answers you give. Please see the Proof Needed section at the end of this letter.

If your renewal is not completed timely, there may be a gap or delay in your benefits and/or enrollment.

Once your renewal is complete, if you do not agree with the decision, you have the right to a Fair Hearing. You can find more information about fair hearings on your Notices of Decision, the Enrollment & Benefits booklet or online at [dhs.wi.gov/em/customerhelp](http://dhs.wi.gov/em/customerhelp).

If you have a disability, you have the right to ask for reasonable accommodations to access facilities, programs, services or information. If you need help understanding or reading English, you have the right to ask for an interpreter, a translator or a different format. To ask for these services, free of charge, contact your agency.

## **Proof Needed**

To complete your renewal, you may be required to provide proof of your answers. You will get a letter about the proof you are required to send. If you need help getting any of the items listed, contact your agency. In some situations, you may be asked to give proof of other items not listed here.

**Income** - Proof of all job income and wages for any family members who have a job. You can use:

- Check stubs (for the last 30 days)
- Employer Verification of Earnings (EVF-E) form
- A letter from the employer. The letter must have the same information as the EVF-E form. To get a form ask your agency to send one to you. Your employer must complete and sign this form.

**Self-Employment Income** - Proof of income for all family members who are self-employed. You can use:

- Copies of most recent tax forms
- A Self-Employment Income Report Form(s). You can get this form online at [dhs.wi.gov/em/customerhelp](http://dhs.wi.gov/em/customerhelp) or contact your agency.

**Other Income** - Proof of all other income for anyone in your home such as alimony, child support, disability or sick pay, interest or dividends, Veterans Benefits, workers compensation, unemployment insurance, etc. You can use:

- Pension statement
- Current award letter
- Copy of check
- Court order or payment record of child support received from another state

If you get a payment from Social Security you do not have to send proof of that payment.

**Pregnancy** - Proof of pregnancy for all pregnant women. You can use:

- A letter from your health care provider that confirms the pregnancy and includes the due date

**Proof Needed, If You Want to Get the Credit**

**Obligated Child Support Payments** - Proof of any child support payments a family member pays.

You can use:

- Court order or payment record if order is from another state

**Medical Expenses for Elderly or Disabled Household Members** - Proof of any medical expenses.

You can use:

- Itemized receipts

- Medicine or pill bottle with price on label

- Health insurance policy showing co-payment, deductible, premium or coinsurance