

ESC
ENROLLMENT SERVICES CENTER
PO BOX 7190
MADISON WI 53707 7190



State of Wisconsin

Case #: 888888888

Mailing Date: 07/08/2010

000001
Customer
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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.



DHS is an equal opportunity employer and service provider. If you need an interpreter or this letter explained to you in your own language, or if you need help accessing our programs or need this material in a different format because of a disability, please call 1-800-362-3002. These services are free.

Dear Customer:

You asked to complete your renewal by mail. Before we can process your renewal, we need to know if anything has changed or if there is new information about your household. Enclosed with this letter are the:

- Application Summary that tells you what information we have on file about you and your household
- Signature Page

Complete the steps below no later than the due date in your renewal notice.

1. Review the information on the Application Summary.
2. If something on the summary has changed, draw a line through it and print the new information on the summary, including the date of the change.
3. If something on the summary has changed, draw a line through it and print the new information on the summary, including the date of the change.
4. We need to know if anyone has moved in or out of your household. If anyone has moved in or out, tell us who on the summary or on the back of the signature page.
5. If your renewal is for Caretaker Supplement or Medicaid for the Elderly, Blind or Disabled, we also need information about assets. If someone has assets that are not on the summary, tell us that information on the summary or on the back of the signature page.

6. If you want your renewal to count for FoodShare, check the FoodShare Renewal box on the signature Page. You will need to complete a FoodShare interview. You can renew your FoodShare benefits now with another program renewal, even if your FoodShare renewal is not due yet. If you do, your next renewal for all programs will be due at the same time.
7. On the signature page, tell us if you made changes to the summary or not by checking one of the boxes.
8. Sign and return the signature page (and the summary if you made changes on it) to the address on this letter.

We may need to contact you for more information. If we need proof of any of the information, you will get a letter telling you what we need. To speed up processing of your renewal, you may send proof of your income, like paystubs, with the signature page.

SYS TEST

The summary would appear here.

RENEWAL SIGNATURE

Member Name	Case Number	Due Date
Customer	8888888888	08/31/2010

By signing this Renewal Signature page, I certify that I understand and acknowledge the following statements.

- All the information on the Summary sent to me is correct and I have no changes or other information to report, or
- The information on the Summary was not complete or correct. I have made changes on the Summary on the back of this Signature page.

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.

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

- FoodShare Renewal - please check the box if you want this renewal to also count for FoodShare.**

In addition to the above statements, I agree with the following statements for FoodShare.

I have read and understand my FoodShare Rights & Responsibilities. I understand the penalties for giving false information or breaking the rules. 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 I do. I understand that as long as I do not report this reduction or loss in income, my FoodShare benefit will not increase. 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.

SIGNATURE _____
Primary Person

Date Signed

SIGNATURE _____
Other Adult

Date Signed

SIGNATURE _____
Authorized Representative

Date Signed

SIGNATURE _____

Other Adult

Date Signed

NOTES

Use the space below and the other side of this page if you need more space to write changes.
