

MILWAUKEE ENROLLMENT SERVICES
P.O. BOX 05676
MILWAUKEE WI 55216

State of Wisconsin



Case #: 1112223334

Mailing Date: 10/13/2010

01102
KATE WINSLET
123 W MAIN ST.
MILWAUKEE WI 53224-5109



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call 1-800-362-3002, press option #7 and state your language. Or, e-mail us at: memberservices@wisconsin.gov. These services are free.

Notice of Proof Needed

Please read each page of this letter carefully.

To get or keep **BadgerCare Plus and FoodShare** benefits you need to provide proof of items by the due date listed below. The items that need proof are listed on the next page along with examples and instructions. If you do not provide the proof by the due date, benefits will be denied, decreased, or ended.

To make sure your benefits get processed as quickly as possible, use the **Document Tracking Sheet** at the end of this notice.

Program(s)	Due Date	Contact Information
BadgerCare Plus; FoodShare	Nov. 12, 2010	Milwaukee Enrollment Services Worker: B WAX Phone: 414-987-6543 Fax: 414-555-1234 Email: BEA.WAX@WISCONSIN.GOV



Proof Needed

This section lists items that we need proof of by the due date listed below. Contact us right away if you have questions or problems getting the proof and we will help you.

What?	Who?	Examples*	Program(s)	Due Date
Self-employment KATE'S LAWNCARE including: Expected monthly business income; Expected monthly business expenses	KATE	Enclosed Self- Employment Income Report Form	BadgerCare Plus; FoodShare	Nov. 12, 2010
<i>*If you do not have any of the examples of proof listed, there are other things you can use. For a complete list of examples, go online to dhs.wi.gov/em/customerhelp or contact us.</i>				



Note from your worker

Complete the Self-Employment Income Report Form for the months of August, September, and October. You may complete all three months on one form or you can make copies of the form and complete each month on a separate page.

SELF – EMPLOYMENT INCOME REPORT

Personally identifiable information will only be used for the direct administration of assistance programs.*

Month of Report (month/year)	Today's Date	Worker Name	Agency	
Name (Last, First, MI)			Case Number (if known)	
Home Address		City	State	Zip Code
Business Name		Business Address (if not your home address) (Street, City, State, Zip Code)		

INCOME AND EXPENSES – Enter the amount for the previous month. Keep records, such as receipts, etc. that list the amounts you enter. For partnerships and corporations, report income and expenses for the operation as a whole; your share will be calculated later.

What percent of the business is owned by the applicant(s) listed above? _____% Number of hours worked this month: _____

Income

1. Gross receipts or sales, net capital gains and other incomes \$

Expenses

2. Materials and supplies (including office supplies) \$

3. Wages (not including wages to yourself) \$

4. Commissions paid to your employees \$

5. Vehicle expenses (gas and maintenance) \$

6. Travel expenses for business away from home (meals, lodging, transportation other than claimed in the car and truck category in line 5.) \$

7. Rent on business property \$

8. Repairs on business equipment and property (Do not include vehicle costs as this will be entered on line 5.) \$

9. Business telephone and utility expenses \$

10. Freight or shipping expenses \$

11. Legal and professional services \$

12. Business insurance \$

13. Bank service charges to business. \$

14. Interest charged to business debt (Do not include interest paid on rental property as this will be entered on line 19.) \$

15. Advertising expenses \$

16. Dues and publications \$

17. Depreciation \$

18. Purchase of income producing real estate, capital assets and equipment, and durable goods (or principal payments on loans for the purchase price of these assets). \$

19. Interest payments on loans for the purchase price of income producing real estate, capital assets and equipment, and durable goods. \$

20. Other expenses (not including transportation to and from work.)

a) _____ \$ _____

b) _____ \$ _____

c) _____ \$ _____

21. TOTAL EXPENSES (Add lines 2 through 20 and enter the amount.) \$

22. NET BUSINESS INCOME (or loss) (Subtract line 21 from line 1 and enter the amount.) \$

I hereby certify that the information given is accurate to the best of my knowledge. I understand that I may be required to present records and documents to support the figures given.

Participant Signature _____ Date Signed _____

SYS TEST

Document Tracking Sheet





FROM: KATE WINSLET

Total number of pages: _____
(including this sheet)

PHONE: _____

ATTN: MILWAUKEE ENROLLMENT SERVICES

Important note: To speed up the processing of your benefits, include this document tracking sheet and use an option below. Fill in the total number of pages (including this sheet) and your phone number. Do not write anywhere else on this sheet. Use a separate sheet of paper if you want to add more information. If you have more than one worker, you only have to send your documents to one location.

Options	Instructions
 ONLINE	<ul style="list-style-type: none"> - If you have a MyACCESS account and a scanner, go to access.wisconsin.gov, log on to your MyACCESS account and follow the instructions to scan and/or upload your documents. - If you do not have a MyACCESS account, you can go to access.wisconsin.gov and create a new account.
 FAX	<ul style="list-style-type: none"> - Use this document tracking sheet as the first page of your fax. - If your document has information on both sides, copy each side before faxing. <p style="text-align: center;">MILWAUKEE ENROLLMENT SERVICES: 414-555-1234</p>
 MAIL	<ul style="list-style-type: none"> - Include this document tracking sheet and mail to: MILWAUKEE ENROLLMENT SERVICES P.O. BOX 05676 MILWAUKEE, WI 55216
 IN PERSON	<ul style="list-style-type: none"> - Include this document tracking sheet and take to the agency office where you usually get services or to the following agency: MILWAUKEE ENROLLMENT SERVICES 1220 W VLIET ST., MILWAUKEE, WI 55216

Confidentiality: This fax should only be used by the person or agency listed above. It may have information that is private and should not be shared. If you are not the person or agency listed above, it is against the law to review, use, copy, or share the contents with anyone.

If you get this fax by mistake, please call the sender right away at the phone number above.