



FoodShare and/or Child Care Six Month Report form

If your household is approved to get FoodShare benefits for a twelve month period, you will be sent a FoodShare and/or Child Care Six-Month Report form. This form must be filled out and sent to your FoodShare office at six months to be able to get benefits for the full twelve month period.

This form is also used by the Child Care program and if you are getting help from both programs you will get a second form that asks about your child care. If you have questions about child care contact 1-888-713-5437.

A notice will be sent to you in the fourth month of your benefit period. The notice is to let you know that the form will be sent the next month. You will also be asked to save pay stubs and proof of your answers.

The form and instructions will be mailed to you the last week in the fifth month. After you fill out the form, send the form and proof of your answers to the FoodShare office, by the date listed at the top of the form. If you lose your report form or do not receive it, call your FoodShare office and ask for a new form. If you have any questions about the form after you get it, you may call your worker.

You must answer all questions on the form. The form asks about:

- New address and changes in shelter and utility expenses,
- Change in legal obligation to pay child support,
- Changes in household composition (persons that have moved in or out, or newborns),
- Job income or wages for all employed or self-employed food unit members, and
- Unearned income sources and amounts for all food unit members.

NOTE: If you do not return the form, your FoodShare case will close. If you return a form and you did not answer all the questions, or it is not signed, it will be sent back to you and you will need to send it in again.

For More Information:

- Contact Member Services at 1-800-362-3002 (voice) or 711 (TTY) (TTY and translation services are available);
- Visit our web site at: dhs.wisconsin.gov/foodshare; or
- Contact your local FoodShare office.

The Department of Health Services is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 266-3356 or 1-888-701-1251 (TTY). All translation services are free of charge. For civil rights questions call (608) 266-9372 or 1-888-701-1251 (TTY).

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call 1-800-795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.



State of Wisconsin
Department of Health Services

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