

RETURN ADDRESS  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

Mailing Date: MM/DD/YYYY

000001  
ANNA MEMBER  
123 MAIN ST  
ANYTOWN WI 55555



## State of Wisconsin

Case #: 1234567890

### ABC Agency

Worker: IM A WORKER  
Phone #: 1-222-333-4444  
Fax #: (555) 666-7777  
Use fax # to send verifications.



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 1-222-333-4444. These services are free.

## You Are Getting One-Time FoodShare Benefits

This letter is to notify you that you are getting one-time FoodShare benefits for the month shown in the table below. The amount of the benefits and reason are also shown below. The benefits are in your FoodShare account now.

Month	Amount	Reason(s)
MM/YY	\$XX.XX	- You're getting additional benefits January through June due to a new federal law. This amount is for January. Starting next month, this amount will be added at the same time as your usual benefits.

## QUEST Card

The Wisconsin QUEST card is how you use your FoodShare benefits. You can check your QUEST card balance by doing any of the following:

- Calling QUEST Card Customer Service at 1-877-415-5164
- Looking at your last receipt
- Going to [www.ebtedge.com](http://www.ebtedge.com)

If any QUEST card on your account is lost or stolen, you may have to pay a \$2.70 fee to replace it. The fee will come out of your FoodShare benefits.

Each month, you may use your QUEST card as often as you need to. Any unused benefits will roll over to the next month. However, if you do not use your QUEST card for one year, you will lose any FoodShare benefits that have been in your account for more than 365 days.

## Key Contacts

**TTY Services:** For TTY services call 711. These services are free.



**Online Help:** ACCESS is an internet tool that lets you apply for other benefits, check your benefits, or report changes. Visit [access.wisconsin.gov](http://access.wisconsin.gov).

**General Questions about FoodShare or Health Care Benefits:** See your Enrollment and Benefits handbook or go to [dhs.wisconsin.gov/em/customerhelp](http://dhs.wisconsin.gov/em/customerhelp). If you have been approved to get other public assistance benefits or SSI, you may be able to enroll in FoodShare. You can apply for FoodShare online at [access.wisconsin.gov](http://access.wisconsin.gov) or contact your agency listed on page 1.

**ForwardHealth Card:** See your Enrollment and Benefits handbook, visit [dhs.wisconsin.gov/em/customerhelp](http://dhs.wisconsin.gov/em/customerhelp), or call 1-800-362-3002 (TTY and translations services are available).

### QUEST Card:

See your Enrollment and Benefits handbook or visit [dhs.wisconsin.gov/foodshare/ebt.htm](http://dhs.wisconsin.gov/foodshare/ebt.htm). Call 1-877-415-5164 (voice) or 1-800-947-3529 (TTY) if you:

- Need to report your card damaged, stolen or lost;
- Get an error message while using your card;
- Need to check your account balance; or,
- Have any other questions about your card.



**Get Letters Online Instead of by Regular Mail:** You can get letters and information about your benefits online instead of by regular mail. To make this choice, contact your agency listed on page 1 or log in to your MyACCESS account at [access.wisconsin.gov](http://access.wisconsin.gov). If you do not have a MyACCESS account, you must create one to view your letters and information about your benefits online.

**Any Other Questions:** Contact your agency listed on page 1.



## YOU HAVE THE RIGHT TO A FAIR HEARING ABOUT YOUR BENEFITS

### What is a Fair Hearing and why should I ask for one?

A Fair Hearing gives you the chance to tell why you think there has been a wrong decision about your application or benefits. At the hearing, a hearing officer will hear from you and the agency to find out if the decision was right or wrong. You may bring a friend or family member with you to the hearing. You may also be able to get free legal help. To learn more about free legal help, call 1-888-278-0633.

### How long do I have to ask for a hearing?

The Division of Hearings & Appeals must get your request for a hearing about the decision in this letter by the date below:

FoodShare

→ Month DD, YYYY

Keep in mind that these are the deadlines for asking for a hearing about the decision in this letter. If you are getting FoodShare benefits and you miss the deadline, you can ask for a hearing at any time if you do not agree with your FoodShare benefit amount.

**Please Note: You cannot request a Fair Hearing if you have been disqualified from the FoodShare Program for an intentional program violation.**

### Can I keep my benefits while I wait for my hearing?

Yes, if you are already getting benefits and if you ask for a hearing before your benefits change, you can keep getting the same benefits until the hearing officer makes a decision. If the hearing officer decides that the agency was right, you may need to return the extra benefits that you got after your benefits were supposed to change.

**Please Note: Benefits will not be continued if the change was due to a member receiving a FoodShare intentional program violation disqualification.**

### How do I ask for a hearing?

You can ask for a fair hearing and/or a hearing request form at the agency shown on the first page of this notice. Or, you can get a request form at [dhs.wisconsin.gov/em/customerhelp](https://dhs.wisconsin.gov/em/customerhelp). You can send the form or a letter asking for a hearing to the Division of Hearings & Appeals, PO Box 7875, Madison, WI 53707-7875, or fax it to 608-264-9885.

## **Your Rights and Responsibilities FoodShare**

YOU HAVE THE RIGHT TO A WRITTEN NOTICE from this agency before any action is taken to stop or reduce your FoodShare benefits. For most actions, you will receive a letter at least 10 days before the action is taken.

YOU MAY REPRESENT YOURSELF OR BE REPRESENTED at the hearing or conference by an attorney, friend or anyone else you choose. We cannot pay for your attorney. However, free legal services may be available to you if you qualify.

If you fail to appear, or your representative fails to appear at the hearing without good cause, your appeal is considered abandoned and will be dismissed.

COMPUTER CHECK: If you work, the wages you report will be checked by computer against the wages your employer reports to the Department of Workforce Development. The Internal Revenue Service, Social Security Administration, Unemployment Insurance Division and Department of Transportation may also be contacted about income and assets you may have.

IF YOU RECEIVE BENEFITS OR SERVICES, you must follow these rules:

- DO NOT give false information or hide information to get or continue to get benefits.
- DO NOT trade or sell FoodShare benefits (QUEST Card).
- DO NOT alter cards to get benefits you are not entitled to receive.
- DO NOT use FoodShare benefits to buy ineligible items, like alcohol or tobacco.
- DO NOT use someone else's QUEST Card or ForwardHealth card.

### **FOODSHARE PENALTY WARNING**

Any member of your household who intentionally breaks any of the following rules can be barred from FoodShare for 12 months after the first violation, 24 months after the second violation or for the first violation involving a controlled substance, and permanently for the third violation.

- Giving false information or hiding information to get or continue to get FoodShare benefits,
- Trading or selling FoodShare benefits,
- Using FoodShare benefits to buy nonfood items like alcohol or tobacco,
- Using another person's FoodShare benefits, identification cards or other documentation.

Depending on the value of the misused benefits, you can also be fined up to \$250,000, imprisoned up to 20 years or both. A court can also bar you from FoodShare Wisconsin for an additional 18 months. You will be permanently disqualified if you are convicted of trafficking FoodShare benefits of \$500 or more. You will not be able to take part in FoodShare Wisconsin for 10 years if you are found to have made a fraudulent statement or representation with respect to identity and residence to receive multiple benefits at the same time. Fleeing felons and probation/parole violators are not able to take part in FoodShare

Wisconsin. You may also be subject to further prosecution under other applicable federal laws.

If you trade (buy or sell) FoodShare benefits for a controlled substance/illegal drugs, you will be barred from the FoodShare program for a period of 2 years for the first finding and permanently for the second finding. If you trade (buy or sell) firearms, ammunition or explosives, you will be barred from FoodShare Wisconsin permanently.

### **USDA Nondiscrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.ascr.usda.gov/how-file-program-discrimination-complaint), (AD-3027) found online at: <https://www.ascr.usda.gov/how-file-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: <mailto:program.intake@usda.gov>.

This institution is an equal opportunity provider.

Federal Regulations: 7 CFR 273, 42 CFR 431, 42 CFR 433, 42 CFR 435

Wisconsin Statutes: 49.22, 49.45, 49.49, 49.95