

RETURN ADDRESS  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

Mailing Date: MM/DD/YYYY

030283  
ANNA MEMBER  
123 MAIN ST  
ANYTOWN WI 55555



State of Wisconsin

Case #: 1234567890

ABC Agency



Phone Number: 1-222-333-4444  
Fax Number: 1-555-666-7777



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.

About Your Benefits

This letter tells you about your benefits. If you have a question, please call the agency above. If you would like to get letters like this online instead of by regular mail, please see the Resources and Contact Information section at the end of this letter.

Which benefit?	Status of your benefits?
 <b>Health Care</b>	There have been no changes to this benefit.
 <b>FoodShare</b>	As of Month DD, YYYY, your monthly benefit will go up from \$XXX.XX to \$XXX.XX. Please see Your FoodShare Benefits page to learn more.
<i>If you don't agree with this decision, you have the right to a Fair Hearing. Please see the last page of this letter to learn more. You may also talk with the agency above.</i>	

You are enrolled in the FoodShare program until Month YYYY as long as you continue to meet program rules.



## Your FoodShare Benefits



### Who will get FoodShare and how much?

When?	How much?	Who is enrolled?	
As of Month DD, YYYY	\$XXX / month	ANNA MEMBER	ANTHONY MEMBER

You will get a total of \$XXX.XX each month until there is a change in your case.



### More Information

#### FoodShare

FoodShare is a monthly benefit that helps you buy nutritious food for good health. You access your FoodShare benefits by using your QUEST card.

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.

Certain adults between the ages of 18 through 49 with no minor children living in the home may only be able to get 3 months of time-limited FoodShare benefits in a 36-month period, unless they meet a work requirement.

To learn more about your benefits, QUEST card, or the work requirement, please see your Enrollment and Benefits Handbook.



Wisconsin JobNet is available to you. JobNet is the largest source of job openings in Wisconsin. You can visit the JobNet website at [www.dwd.state.wi.us/jobnet/mapWI.htm](http://www.dwd.state.wi.us/jobnet/mapWI.htm). Or, you can use touch-screen computers at your local Job Center. To find a Job Center near you, call 1-888-258-9966.



## Your Household's Reported Income and Bills

Here is a list of the income and bills that we have on file for your household.



### Income

We have no income on file for your household.



## How We Counted Your Income

Here are the amounts and limits that were used to decide whether you could get benefits. To learn more, please see your Enrollment & Benefits handbook.



### FoodShare

As of Month YYYY	
Your Gross Income	\$XX.XX
Your Counted Income	\$XX.XX
Counted Income Limit	\$XXXX.XX



## Your Reporting Rules

You must report certain changes based on the benefits you are getting. The types of changes you must report are listed below. You must report these changes to the agency listed on page 1 of this letter. You can do this online or by phone, fax, or mail.

- **Online:** Go to [access.wi.gov](https://access.wi.gov). Log into your ACCESS account, and click Report My Changes. If you do not have an ACCESS account, you can go to [access.wi.gov](https://access.wi.gov) and create one.
- **Phone:** Call your agency. Your agency's phone number is listed on page 1 of this letter.
- **Fax or mail:** Complete a change report form and fax or mail it using the instructions on the form. To get a change report form, call your agency, or go to [www.dhs.wisconsin.gov/forwardhealth/change-report.htm](https://www.dhs.wisconsin.gov/forwardhealth/change-report.htm).

If your household's total monthly income (before taxes) goes over \$XXXX.XX, you must report it by the 10<sup>th</sup> day of the next month. For example, if your income goes over the limit in June, you must report it by July 10<sup>th</sup>.

Working adults between the ages of 18 and 49 with no minor children in the home must report by the 10th day of the next month if their employment hours go below 80 hours each month.

If you don't report a change listed above, and you get benefits or coverage that you aren't eligible for, you may have to pay us back. Keep in mind that if your benefits change, your reporting rules may also change.

## Resources and Contact Information

The following are resources and contacts that may be helpful to you.



### **MyACCESS App**

This free mobile app helps you manage your benefits from your smartphone. You can submit proof, get reminders, and more. To download the app, go to the App Store or Google Play Store, and search for "MyACCESS Wisconsin."

### **ACCESS**

#### **ACCESS Website**

This online tool lets you apply for benefits, check your current benefits, report changes, renew your benefits, and submit proof. To visit the ACCESS website, go to [access.wi.gov](https://access.wi.gov).



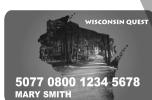
#### **Online Letters**

You can see letters and information about your benefits online through the ACCESS website. To sign up to get letters online instead of by regular mail, log into your account at [access.wi.gov](https://access.wi.gov), and click Manage My Email, or call the agency listed on page 1 of this letter.



#### **ForwardHealth Member Services for Health Care**

You can call ForwardHealth Member Services at 800-362-3002, Monday through Friday, from 8 a.m. to 6 p.m. for help finding a doctor, for questions about the health care services you can get, or to replace your ForwardHealth card.



#### **QUEST Card Service for FoodShare**

You can call QUEST Card Service at 877-415-5164 to create or change your PIN for your QUEST card; report your QUEST card damaged, stolen, or lost; check your account balance; or ask questions about your QUEST card.

#### **Any Other Questions**

You can call your agency for help with applying for other benefits or renewing your current benefits, to do an interview if you're enrolled in FoodShare, and to ask questions about your case. Your agency's phone number is listed at the top of page 1.

You can also find information about health care and FoodShare benefits on the Department of Health Services website at

[www.dhs.wisconsin.gov/forwardhealth/resources.htm](http://www.dhs.wisconsin.gov/forwardhealth/resources.htm) or in the Enrollment and Benefits Handbook at [www.dhs.wisconsin.gov/library/p-00079.htm](http://www.dhs.wisconsin.gov/library/p-00079.htm).



### TTY Services

For free TTY services, call 711.

SAMPLE



## 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 1-800-236-1127.

### 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.