

MILWAUKEE
MILWAUKEE ENROLLMENT SERVICES

State of Wisconsin

PO BOX 05676
MILWAUKEE WI 53205

Date: 01/18/10
Case Name: TEST WAIVE-INTERVIEW
Case Number: 5700479559
Worker Name: KEVIN L CLOUGH
Worker No: XCT266
Telephone: (608)-283-3030

QUESTIONS: Ask your Worker.

TEST WAIVE-INTERVIEW

101 MAIN
MILWAUKEE WI 53570

F1 - CSLT

An interview must be completed to get FoodShare benefits. Because you needed FoodShare right away, you did not have to complete your interview before your first benefits were issued. To continue getting FoodShare you must complete an interview with a worker from your agency by (30 days from file date). If you do not complete the interview by that date your FoodShare benefits will end on (end date of expedited benefits). Please see the 'About your Benefits' letter for more information on the FoodShare benefits you have been issued.

You can do the interview by phone. A worker from your agency will contact you at the time listed below. The phone number we have for you is <Phone num>. If this phone number is not correct, please call us at the telephone number above to update this information. Or, you can provide your phone number online at access.wi.gov. If you have a MyACCESS account, click on 'Login to Account'. If you do not have a MyACCESS account, click on 'Create an Account'.

Your phone interview has been scheduled for:

Date:

Time:

If you cannot do the interview at the scheduled time above, you must call us at the telephone number above right away to set up another date and time.

An authorized representative can do the interview for you. Or if you prefer to do your interview in person, please call us at the telephone number above.

Once your interview is complete and your benefits have been decided, you have the right to a fair hearing if you do not agree with the decision. You can find more information about fair hearings on your Notices of Decision, the Enrollment and Benefits booklet or online at dhs.wi.gov/em/customerhelp.

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. These services are free.