

MILWAUKEE  
MILWAUKEE ENROLLMENT SERVICES

State of Wisconsin

PO BOX 05676  
MILWAUKEE WI 53205

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

QUESTIONS: Ask your Worker.

TEST NO-PHONE

101 MAIN  
MILWAUKEE WI 53570

F2 - CSLU

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, but we do not have a current phone number for you. Please call us at the phone number above right away to provide us with your phone number or a phone number we can use to contact you. Or, you can provide your phone number or a contact phone number online at [access.wi.gov](http://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 time above, you must call us at the number above right away to set up another date and time.

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

You have a right to a fair hearing if you do not agree with any action taken regarding your application or ongoing benefits. 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](http://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.