

FOODSHARE AND/OR CHILD CARE SIX-MONTH REPORT

To avoid a delay in your FoodShare and/or Child Care benefits, complete, sign and return this form by <RETURN DATE>

To : <RETURN ADDRESS_LN_1>
<RETURN ADDRESS_LN_2>
<RETURN ADDRESS_LN_3>
<RETURN ADDRESS_LN_4>

Case Number:
Case Name:
Worker Information
Name:
ID:
Phone:

You have two options to complete your report.

- Online at access.wi.gov, log on to your MyACCESS account and click on “Six Month Report” under Alerts, or
- By mail: Complete and return this form to the address above.

----- **COMPLETE THIS FORM USING BLUE OR BLACK INK. PLEASE PRINT.** -----

Enclose all required proof of your answers. You can find more details in the instructions. Your agency will contact you, if more information is needed. Make sure to include your most current contact information so the agency will be able to contact you.

SECTION 1 – ADDRESS/SHELTER EXPENSE INFORMATION

The address listed below is what we have on file for your household.

Have you moved to a different address? Yes No If “Yes”, complete the rest of this section. If “No”, go to **Section 2** – Household Members. If you are homeless, write “Homeless” in the space below. If you have moved, Child Care households must include proof of the new address such as a lease or utility bill.

What is your new address?

Street _____ Apt Number _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

If you do not have a phone, what is a number where you can be reached? _____

E-mail _____

(Shelter Expense Information continued on Next Page – For FoodShare Only Households)

SECTION 1 (Continued)

If your household receives FoodShare benefits, answer the following shelter questions.

If you pay rent or lot rent, how much do you pay? \$ _____ per month
(If you live in subsidized housing, write in the amount of rent you must pay.)

If you have a mortgage, how much do you pay? \$ _____ per month

Property Taxes (if paid separately from your mortgage) \$ _____ per month

Homeowners Insurance (if paid separately from your mortgage) \$ _____ per month

SECTION 2 – HOUSEHOLD MEMBERS

Below are the names of all people we have as living in your household. Review the names and check “Yes”, if they still live with you, or “No”, if they do not.

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Complete the information below for new household members who are not pre-printed above.

Use an additional sheet of paper if more room is needed or if more people have moved in with you.

First Name _____ Last Name _____

Date of Birth _____ (mm/dd/yy) Sex: Male Female

U.S. Citizen Yes No Social Security Number _____

Alien Registration Number _____

What is the date this person moved in with you? _____ (mm/dd/yy)

Does this person purchase, prepare or share food with you? Yes No

Is this person related to you? Yes No

If “Yes”, how is he or she related to you (for example, son, mother, brother, sister, etc.)?

(Next Page - Section 3)

SECTION 3 – CHILD SUPPORT PAYMENTS (FoodShare Only Households)	
Has any household member had a change in his or her legal obligation to pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes” , fill out the requested information below. If “No” , go to Section 4 .	
Ordered Amount \$ _____ Date change began _____ (mm/dd/yy)	
How often? <input type="checkbox"/> Every Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Once Per Month	
Date of Out-of-State Court Order _____ (mm/dd/yy)	

SECTION 4 – JOB INCOME AND WAGES			
A. EMPLOYMENT INCOME			
Listed below is the information we have about members of your household who have a job. Check “Yes” next to the job if there has been a change in rate of pay, hours worked or if the job ended. If this individual no longer works with this employer, list the date the job ended. Check “No” if there are no changes. Child Care households must include proof for all job income.			
Has there been a change in the rate of pay or hours worked at this job?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____	Employer _____	
Rate of Pay	Hours Worked Per Pay Period	Type of Pay	Date Ended (mm/dd/yy)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____	Employer _____	
Rate of Pay	Hours Worked Per Pay Period	Type of Pay	Date Ended (mm/dd/yy)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____	Employer _____	
Rate of Pay	Hours Worked Per Pay Period	Type of Pay	Date Ended (mm/dd/yy)
<i>(Section 4 Continued Next Page)</i>			

SECTION 4 (Continued)

A. Employment Income (Continued): Has there been a change in the rate of pay or hours at this job?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____	Employer _____	
Rate of Pay	Hours Worked Per Pay Period	Type of Pay	Date Ended (mm/dd/yy)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____	Employer _____	
Rate of Pay	Hours Worked Per Pay Period	Type of Pay	Date Ended (mm/dd/yy)

If you checked “Yes” to any job detail, go to **Part B** – Report Income. Answer all questions about any household member who had a change in rate of pay or hours worked or who started a new job. If there are no changes in job income (all boxes are checked “No”), go to **Part C** – Self Employment.

B. REPORT INCOME

Use an additional sheet of paper if more room is needed to report changes in job income. For employed household members with income reported below, **enclose all pay stubs** received in the last 30 days. An employer statement may also be used to verify current wages.

Member Name _____ **Employer Name** _____

How Often Paid? Each Week Every Two Weeks Each Month Twice a Month

Rate of Pay Per Hour \$ _____ Date Started _____

Member Name _____ **Employer Name** _____

How Often Paid? Each Week Every Two Weeks Each Month Twice a Month

Rate of Pay Per Hour \$ _____ Date Started _____

Member Name _____ **Employer Name** _____

How Often Paid? Each Week Every Two Weeks Each Month Twice a Month

Rate of Pay Per Hour \$ _____ Date Started _____

(Section 4 – Self-Employment Continued Next Page)

SECTION 4 (Continued)

C. SELF-EMPLOYMENT

This is the information we have on file for people in your household who are self-employed.

<u>Name</u>	<u>Type of Business</u>	<u>Average Adjusted Monthly Income</u>
_____	_____	_____
_____	_____	_____

If this information is not correct, please explain the change here:

If anyone in your household has self-employment income not listed, complete the following:

Name _____ Type of Business _____

Average Monthly Income _____ Date Self-Employment Began _____

SECTION 5 – OTHER INCOME

A. HAS THERE BEEN A CHANGE IN OTHER INCOME?

Listed below is what we have on file for members of your household.

Child Care and FoodShare have different rules for reporting Other Income.

Child Care households must report any change in Other Income. Under the Child Care column, check “**Yes**” next to the member and the source of Other Income, if there has been a change.

FoodShare households only need to report changes of more than \$50 in Other Income. Check “**Yes**” under “**Change of more than \$50**”, if this member’s Other Income has changed by more than \$50.

Examples of Other Income are payments from Child Support, Unemployment Insurance, Worker’s Compensation or Social Security Income.

(Section 5 Continued Next Page)

SECTION 5 CONTINUED

A. HAS THERE BEEN A CHANGE IN OTHER INCOME?

Child Care	FoodShare Only - Change of more than \$50	Name of Member	Source of Other Income	Monthly Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

If you checked “**No**” to all the boxes above AND no one in your household is getting any Other Income from another source, go to **Section 6** - Signature.

If you checked “**Yes,**” above OR to add information about a new source of Other Income, go to **Part B** – Report Changes To Other Income.

B. REPORT CHANGES TO OTHER INCOME

<u>Member Name</u>	<u>Source of Other Income</u>	<u>Monthly Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 6 – SIGNATURE

I certify that my answers on this form are correct and complete to the best of my knowledge. I understand that the information I provide on this form may result in a change or termination of my benefits. I also understand that if I intentionally give incorrect information it may result in a fine and/or imprisonment.

SIGNATURE _____ **Date Signed** _____

**To avoid a delay in your FoodShare and/or Child Care benefits,
return this form by <Month> 5th.**