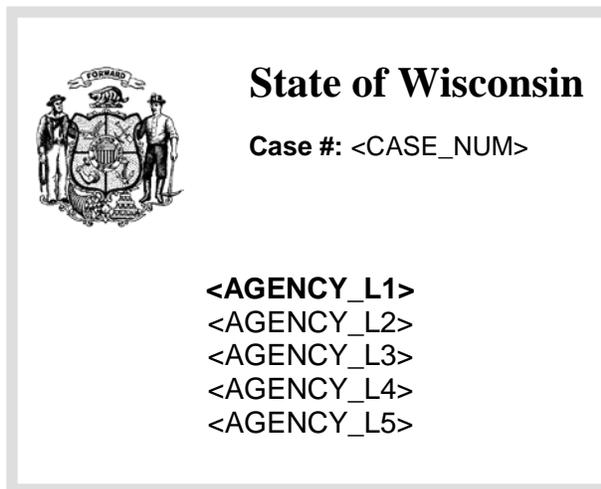


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FOODSHARE AND/OR CHILD CARE SIX MONTH REPORT INSTRUCTIONS

The FoodShare and/or Child Care Six Month Report form is used to report current information about your household. If you need help completing this form, contact your agency using the contact information above. You will have two options to complete your report.

Options	Instructions
 ONLINE	<p>- If you do not have a MyACCESS account, you can go to access.wi.gov and create a new account.</p> <p>-If you have a MyACCESS account, go to access.wi.gov, log on to your account and click on “Six Month Report” under Alerts to complete your online report.</p>
 MAIL	<p>- You can complete and return the enclosed form. See instructions below.</p>

This report must be completed, signed and returned to your agency if you want to continue getting FoodShare and/or Child Care benefits. **To avoid a delay in your benefits, return this form by ___/05/___.**

You will need to provide proof of some of your answers. For example, include pay stubs to verify wages for all jobs reported in Section 4, Part B. See each section of the instructions for examples of items you can use for proof. Your agency will contact you if more information is needed.

You must answer “Yes” or “No” to the questions in each section and sign the report. Households that receive Child Care benefits must also **complete and sign the Child Care Additional Information form.**

Print your answers using blue or black ink. Use an additional sheet of paper if more room is needed to answer any question. Personally identifiable information is kept private and is only used for the direct administration of FoodShare and/or Child Care.

SECTION 1 – ADDRESS/SHELTER EXPENSE INFORMATION

Address: The address that is currently on file for your household is pre-printed. If you have moved, check “**Yes**” and write your new address in the Address section. Check “**No**” if the address is correct and go to Section 2 – Household Members. If you are homeless, write “Homeless” in this space.

Phone Number: Write in your phone number(s). If you do not have a phone, write in a number where you can be reached if one is available.

E-mail: Your cell phone number and e-mail address is to give your agency more options to contact you. Providing this information is not required.

If you receive FoodShare benefits and you moved, answer the shelter questions (rent, mortgage, property tax, homeowner’s insurance).

- **Rent:** If you pay rent or lot rent, write in the amount that you pay each month. If you live in subsidized housing, such as Section 8 or Public Housing, write in the amount that you must pay.
- **Mortgage:** If you have a mortgage payment, write in the amount that you pay each month.
- **Property Taxes/Homeowner's Insurance:** If your property taxes and/or homeowners insurance are paid separately from your mortgage payment, write in the amount that you pay each month.

Some examples of proof are: your lease, mortgage papers, real estate tax statement or homeowner’s insurance policy.

SECTION 2 – HOUSEHOLD MEMBERS

We need to collect current information about the people who live with you. Pre-printed on the form is the information we have about your household. Check “**Yes**” next to each person who still lives with you. If there are new members in your household, write the requested information in the space provided or use an additional sheet of paper if more room is needed.

Providing information on U.S. citizenship and Social Security Number (SSN) is voluntary; however any person who wants FoodShare but does not provide this information will be denied benefits. Households receiving Child Care must provide SSNs for children receiving benefits but parents do not need to provide SSN if they do not have one. The collection of a SSN for each household member applying for or getting benefits is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. SSNs, as well as other information provided, are used for verification with the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and Department of Transportation. SSNs are also used to check the identity of household members to prevent duplicate participation and to make sure the household meets enrollment rules.

SECTION 3 – CHILD SUPPORT PAYMENTS (FoodShare Only Households)

Complete this section if you receive FoodShare benefits. Check “**No**” if there has been no change and go to **Section 4 – Job Income and Wages**. Check “**Yes**” if anyone in your household had a change in their court-ordered obligation to pay child support to a person not in your household. Write the amount of child support obligation, the date started, how often payment is required and the date of the out-of-state court order. *Please note:* You do not need to provide proof for child support payments ordered by a Wisconsin court. Some examples of proof are: court order or payment record from another state.

SECTION 4 – JOB INCOME AND WAGES

A. EMPLOYMENT INCOME

The job income information we have on file for your household is pre-printed on the form. Review each job for change in rate of pay or hours worked.

Check “**No**” if there has been no change in the pre-printed information listed. If you checked “**No**” in all the boxes (there have been no changes in income) AND no one in your household has a new job, go to Part C – Self Employment.

Check “**Yes**” if there has been a change in wages or hours. If someone has left a job, enter the last day worked. If you check “**Yes**” in any of the boxes, go to **Part B – Report Income**. Or, if someone in your household has a job that is not listed, report the employer, wages and hours in Part B.

Some examples of change in wages are: change in hourly rate of pay, change in the number of hours worked, loss of a job, starting a new job or change from full-time or part-time status.

B. REPORT INCOME

If you checked “**Yes**” in Part A or you need to report a new job not listed, complete this section. Due to limited space, the form only lists wages and hours for five employers. If a job is not listed, provide that information in Part B.

Write the name of each person with wages from a job, the employer name, how often the person is paid, the rate of pay per hour and the date that employment began.

Some examples of proof of wages are:

1. All pay stubs received in the last month or
2. A signed statement from the employer that includes gross earnings (income before taxes or any deductions are taken out) and pay dates for the last month or
3. List of rate of pay and average number of hours expected to be worked in the next month.

Child Care households must provide proof of all wages listed in Part A and Part B. **FoodShare only** households only need to provide proof of wages if there was a change reported in Part B.

C. SELF-EMPLOYMENT.

The self-employment information we have on file for your household is pre-printed on the form. The counted income displayed is the average monthly adjusted self-employment income after allowable business expenses are subtracted. If this information is not correct, explain the change in the space provided.

Here are some examples of changes in self-employment:

- The self-employed person is ill or injured and is unable to work for a month or more.
- A farmer has suffered unusual crop loss due to the weather or other circumstances, and will not receive reimbursement for the loss.
- There has been a substantial increase in business-related expenses without an increase in income.

If anyone in your household has started self-employment, list the person's name, the type of self-employment business, average monthly income received or expected from the self-employment and the date the self-employment started.

Some examples of proof for self-employment are: income tax returns or bookkeeping records.

SECTION 5 – OTHER INCOME

A. OTHER INCOME

Some examples of other income are payments from Child Support, Unemployment Insurance, Worker's Compensation, Social Security Income or Foster Care payments.

Review each source of Other Income pre-printed on the form. If you receive Child Care benefits or Child Care AND FoodShare benefits, use the first column to report changes. If your household only receives FoodShare, use the second column to report changes.

Households that get **Child Care** benefits must report all Other Income. Households that get **FoodShare** benefits only must report changes of more than \$50 in Other Income.

In the **Child Care** column, households should check “**Yes**” if there has been any change in Other Income. In the **FoodShare Only Change of more than \$50** column, households should check “**Yes**” if the income has increased by more than \$50.

In both columns, check “**No**” if there is no change in the pre-printed information.

If you checked “**Yes**”, OR if someone in the household has a source of Other Income not listed, go to **Part B** - Report Other Income.

If you checked “**No**” to all the boxes in Part A AND no one in your household gets any Other Income, go to **Section 6** - Signature.

B. REPORT OTHER INCOME

Child Care households, if you checked “Yes” in Section A, list any changes to Other Income. You must also provide information for new sources of Other Income that are not pre-printed.

FoodShare only households, if you checked “Yes” in Section A, list any changes of more than \$50. You must also report any new sources of Other Income.

Write in the person’s name, source of income and the monthly amount received. Some examples of proof for other income are: an award letter or copy of last check.

Note: If you do not report a reduction in your household’s monthly income or the loss of any household income, you will not receive any resulting increase in your FoodShare benefit.

SECTION 6 – SIGNATURE

Signature: Review all the information you provided, sign and date this form.

RETURN THE FORM TO THE AGENCY THAT IS LISTED ON THE FORM. An envelope has been provided for your convenience.

CHECKLIST:

- ✓ Check to make sure you answered all the questions.
- ✓ Remember to sign the form.
- ✓ Do not forget to send proof of your answers, including pay stubs for wages reported in Section 4 – Part B.
- ✓ Make sure you can see your agency’s address through the window of the envelope provided.