

MILWAUKEE
MILWAUKEE ENROLLMENT SERVICES
PO BOX 05676
MILWAUKEE, WI 53205

State of Wisconsin

ENVELOPE 01
QUESTIONS: Ask your Worker.

Date:
Case Name:
Case Number:
Worker Name:
Worker No:
Telephone:

MEMBER NAME
MEMBER ADDRESS
MEMBER ADDRESS
CITY, STATE, ZIP CODE

NCR

Enclosed is a summary of your request for assistance. Please review the summary to make sure the information is correct. If you need to make corrections, you can contact your agency at the phone number listed above or make your changes on the summary and return it by fax to 1-888-409-1979 or mail to Milwaukee DPU P.O. Box 05676 Milwaukee WI 53205-0676. If you do not contact your agency with corrections, you are indicating that this information is correct.

* Our records show that you have provided a telephonic signature for your FoodShare and/or health care request. Because telephonic signatures are allowed for FoodShare and/or health care, you do not need to sign and return the enclosed summary unless the information is not correct.

* Our records show that you have provided a telephonic signature for your FoodShare and/or health care request. However, telephonic signatures cannot be accepted for Caretaker Supplement (CTS). Please sign the enclosed summary and return it by fax to 1-888-409-1979 or mail to Milwaukee DPU P.O. Box 05676 Milwaukee WI 53205-0676.

* Please sign and return the enclosed summary by fax to 1-888-409-1979 or mail to Milwaukee DPU P.O. Box 05676 Milwaukee WI 53205-0676.
Please Note: Your signature on the enclosed summary is used only to set your filing date or date of request for assistance. To receive benefits, you will still need to complete the application process.

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, for health care or FoodShare, contact:

Wisconsin Department of Health Services
Affirmative Action/Civil Rights Compliance
1 W. Wilson, Room 555
Madison, WI 53707-7850
Telephone: (608) 266-9372 (voice)
1-888-701-1251 (TTY)

Or, for FoodShare

USDA, Director,
Office of Adjudication
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Phone: 1-866-632-9992 (toll free, voice)

Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

Or, for health care,
HHS, Director, Office for Civil Rights,
Room 506-F
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: (202) 619-0403 (voice) or
(202) 619-3257 (TTY).

USDA, HHS and DHS are equal opportunity providers and employers. For civil rights questions, call (608) 266-9372 (voice) or 1-888-701-1251 (TTY).

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 or help accessing our programs because of a disability, or if you need this letter translated or explained in your own language, please call 1-800-362-3002. These services are free.

APPEAL RIGHTS: Anytime your benefits are denied, reduced or ended and you think your agency made a mistake, contact them for an explanation. If the agency does not agree, you can ask your worker to help you in asking for a fair hearing. Call your agency at the number at the top of this letter for more information.

You can also write directly to:
Department of Administration
Division of Hearings and Appeals
PO Box 7875
Madison WI 53707-7875

You can get the Fair Hearing Request form online at dhs.wi.gov/em/customerhelp or by calling (608) 266-3096.

A request must be made no later than 90 days after the date of the action being appealed. You can request a hearing at any time while you are getting FoodShare benefits if you do not agree with the benefit amount.

If you are getting benefits and 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 or repay the extra benefits that you get between the time you asked for your hearing and the time that the hearing officer decides about your case. You will still need to complete any scheduled renewals