

SIGNATURE

Date: 11/22/2011
 Name: BETTY DRAPER
 Case Number: 6700525161

ATTENTION
 Primary Worker: Nisha Subramanian

FoodShare/Health Care/Caretaker Supplement

By signing this application, I certify that I understand and acknowledge the following statements:

- I am authorizing any other person or organization, including any financial or educational institutions, to provide the agency information or proof needed to determine if I can receive benefits and the level of those benefits.
- I certify, under penalty of perjury and false swearing, that I understand the questions and statements on the application summary and my answers are correct and complete to the best of my knowledge, including information provided about the citizenship status of each household member applying for benefits.
- I understand and agree to provide documents to prove what I have said.

Wisconsin Works (W-2)

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|------------|--|
| | By signing this application, I acknowledge that I understand the questions and my answers are correct and complete to the best of my knowledge. Also, by signing, I understand and agree to the statements in the application summary. |
| (Initials) | By initialing in the space provided, I agree that I have received the W-2 Rights and Responsibilities: A Help Guide brochure and that it was explained to me by a FEP or another W-2 agency staff. |

Child Care (CC)

By signing this application, I acknowledge that I understand the questions and my answers are correct and complete to the best of my knowledge. Also, by signing, I understand and agree to the statements in the application summary.

I also acknowledge that I have read and understand the Child Care Responsibilities and Rights contained on pages.

SIGNATURE _____
 Primary Person _____ Date _____

 Other Adult _____ Date _____

SIGNATURE _____
 Authorized Representative _____ Date _____

 Other Adult _____ Date _____

Return the completed signature page to the agency listed on your cover sheet.