

TEST TEST, your summary was generated on March 14, 2018 at 02:52 PM This

is a summary of the information we used to determine your eligibility.

**Basic Information**

Person	Gender	Language	County or Tribe
TEST TEST	MALE	ENGLISH	MILWAUKEE COUNTY
Where You Live		Mailing Address	
PO BOX 05676 MILWAUKEE, WI, 53205			
FoodShare Break in Service Requirements Met Date			
Homeless?		No	
Contact Information			
Home Phone			
Work Phone			
Cell Phone			
Message Phone			
Best way to get in touch with you			
Phone Type			
Best time to get in touch with you			

**Email Information**

Person	Email Address	Get Email from Health Care Partners?	Get Letters Online?
TEST			No

**People In Your Home**

Person	Gender	Marital Status	Language
TEST TEST Age: 29	MALE	MARRIED	ENGLISH
Programs Requested			
FoodShare Health Care Child Care			
SSN Application Date	SSN Cooperation	US Citizen	
	Yes	Yes	
Resident of WI?	Intends to reside in WI?	Migrant Farm Worker	
Yes	Yes	No	
Race and Ethnicity	Special Needs Child	Where does he/she live?	
	No	INDEPENDENT (HOME/APT/TRLR)	

Person	Gender	Marital Status	Language
MOM TEST Age: 31	FEMALE	MARRIED	ENGLISH
<b>Programs Requested</b>			
FoodShare Health Care			
SSN Application Date	SSN Cooperation	US Citizen	
	Yes	Yes	
Resident of WI?	Intends to reside in WI?	Migrant Farm Worker	
Yes	Yes	No	
Race and Ethnicity	Special Needs Child	Where does he/she live?	
	No	INDEPENDENT (HOME/APT/TRLR)	
Person	Gender	Marital Status	Language
SON TEST Age: 7	MALE	SINGLE-NEVER MARRIED	ENGLISH
<b>Programs Requested</b>			
FoodShare Health Care			
SSN Application Date	SSN Cooperation	US Citizen	
	Yes	Yes	
Resident of WI?	Intends to reside in WI?	Migrant Farm Worker	
Yes	Yes	No	
Race and Ethnicity	Special Needs Child	Where does he/she live?	
American Indian / Alaskan	No	INDEPENDENT (HOME/APT/TRLR)	

### Pregnancy Information

You told us no one in your home is pregnant.

### Relationship Information

Person	Relationships	Do they buy food and eat meals together?	Caring for Reference Person?	Filling Parental Role	Legal Custody
TEST Age: 29	is the husband of Mom	Yes	No	No	No
	is the acknowledged father of Son	Yes	Yes	No	No

### Long-term Care Services

You told us no one in your home has requested long-term care services. These are services for people who need help with activities of daily living through in-home care, a nursing home or other medical facility.

**Questions About the People In Your Home**

Person	Blind or Disabled?	Medicare Part A or Part B?	Convicted of a Drug Felony?	Getting FS From Another State?	In Drug or Alcohol treatment?	Youth Exiting Out of Care?
TEST Age: 29	No	No	No	No	No	No
MOM Age: 31	No	No	No	No	No	No
SON Age: 7	No	No	No	No	No	No

You told us no one in your home has current or pending settlements related to being in any type of accident that requires medical care.

**Other Benefits Questions**

Person	Previous SSI Benefits?	Has SSI Approval Letter?	Receiving SSI Payments?	Getting SSI 1619(b)?	Getting Tribal Commodities?	Kinship Court Order?	Foster Care Court Order?
TEST Age: 29	No	No	No	No	No	No	No
MOM Age: 31	No	No	No	No	No	No	No
SON Age: 7	No	No	No	No	No	No	No

**Tribal Member Information**

Person	Tribal Member or Child or Grandchild of Tribal Member?	Member of Federally Recognized Tribe?	Tribe Name	Eligible for Indian Health Services?	Received Indian Health Services?	Receives Non-Gaming Tribal Income?
TEST Age: 29	No			No		No
MOM Age: 31	No			No		No
SON Age: 7	No			No		No

**School Enrollment Information**

Person	Graduation Status	Date of Graduation	Enrollment Status	Type of School
TEST Age: 29	NOT GRADUATED		NOT ENROLLED	

MOM Age: 31	NOT GRADUATED		NOT ENROLLED	
SON Age: 7	NOT GRADUATED		NOT ENROLLED	

### FoodShare Work Requirement Exemptions

Person	Taking part in an allowable work program?	Caring for a child under age 6 who does not live in the home?	Caring for another person who cannot care for himself or herself?
TEST Age: 29	No	No	No

### Health Care Coverage Information

You told us no one in your home has Health Care coverage from a source other than BadgerCare Plus, Medicaid or Medicare, either now or in the last three months.

### Job Income Information

The job(s) listed below are the only job(s) we have on file for the people in your home.

Person	Name of Employer		Address of Employer	
TEST Age: 29	XYZ		Phone Number:	
	Job Start Date	Job End Date	Date of Final Paycheck	How often paid
	05/01/2017			MONTHLY
	Is this a temporary job?		Position Type	
	No		Staff	
	Type of Pay		Rate of Pay	Hours Per Pay Period
	SALARY			160.0
	Type of Pre-Tax Deduction		Amount	How Often
	On Strike		Strike Begin Date	Strike End Date
No				

### Self-Employment Information

The self-employment listed below is the only self-employment we have on file for the people in your home.

Person	Type and Name of Self Employment	Earnings per month	Hours per month	Business Expenses per month	Depreciation Amount
TEST Age: 29	BAKERY	\$200.00	40	\$100.00	
	Other Disallowed Expenses	Additional disallowed expenses for Child Care	Business Start Month	Most Recent Business Taxes Filed Year	
			05/2017	2017	

**Room and Meals Income Information**

You told us no one in your home makes money by providing room and/or meals to someone living in your home.

**Other Income Information**

This is the only income we have on file for the people in your home from a source other than a job or self-employment (for example, Social Security, Supplemental Security Income, unemployment insurance, or child support).

Person	Type of Income	Start Date of Income	How Often Received	Amount Received
TEST Age: 29	ANNUITIES	05/01/2017	MONTHLY	\$200.00

**Educational Aid Information**

You told us no one in your home has grants, scholarship or other aid for education or training.

**Shelter Information**

You told us no one has housing bills, including rent, lot rent, property taxes or assessments, home insurance, mobile home payments, or payments for temporary housing.

**Utility Information**

You told us no one has utility bills, such as gas, electricity, water, sewer or telephone.

**Heating Assistance Information**

You told us no one in your home has gotten help from the Wisconsin Home Energy Assistance Program (WHEAP) either this month or in the past 12 months.

**Housing Assistance Information**

You told us no one in your home is getting housing or rent assistance, such as Section 8 or public housing from the Department of Housing and Urban Development (HUD).

**Other Bills Questions**

You told us no one in your home makes payments to someone living in another household, such as child support, maintenance, alimony, guardian fees, or attorney's fees.

You told us no one in your home has had medical bills in the last four months or has unpaid medical bills.

**Dependent Care Bills**

You told us no one in your home pays someone to provide care for a child or adult who lives in your home.

**Wisconsin Shares Child Care Approved Activity**

Person	Effective Month	Activity Type Code
TEST Age: 29	03/2018	ACTIVITY SEARCH
Person	Effective Month	Activity Type Code
MOM Age: 31	03/2018	ACTIVITY SEARCH

**Wisconsin Shares Asset Limit**

Effective Month	What is the value of your household's liquid assets?
05/2017	Less than or equal to \$25,000

**BC+ Tax Deductions**

You told us no one in your home has deductions listed on page one of the IRS Form 1040. The most common types are student loan interest, alimony paid, higher education expenses, or the deduction for self-employment tax.

**Tax Filing Information**

Tax Year
2017
NO ONE IN THE HOUSEHOLD IS PLANNING TO FILE TAXES

**FoodShare/Health Care/Wisconsin Shares Child Care Electronic/Telephonic Signature**

I have agreed to submit this application electronically/by telephone. My signature, whether telephonic, electronic, or written certifies that, under penalty of perjury and false swearing, my answers are correct and complete to the best of my knowledge. I also certify that:

- I understand the questions and statements on this application form.
- I have read and understand my Rights and Responsibilities.
- I understand the penalties for giving false information or breaking the rules.
- I understand the agency may contact other persons or organizations to obtain needed proof of my eligibility and level of benefits and I authorize third parties to provide this proof.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.
- I understand the FoodShare program work requirements.
- I understand that I must be in an approved activity to receive Wisconsin Shares Child Care subsidy.

**Signed electronically/telephonically: TEST TEST**

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