

RETURN ADDRESS
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX



State of Wisconsin
Case #: 000000000

Agency
Worker: IMA Worker
Phone #: 123-456-7890
Fax #: (123) 456-7890

Mailing Date: MM/DD/YYYY

000001
ANNA MEMBER
123 MAIN STREET
ANYTOWN WI 12345

 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 because of a disability or if you need this letter translated or explained in your own language, please call X-XXX-XXX-XXXX. These services are free.

About Your Benefits

This letter tells you about your benefits. If you have a question, please call the agency above. If you would like to get letters like this online instead of by regular mail, please see the Key Contacts at the end of this letter.

Which benefit?	Status of your benefits?
 Health Care	You applied on DATE. Your application was denied. Please see Your Health Care Benefits page to learn more.
 FoodShare	You applied on DATE. Your application was denied. Please see Your FoodShare Benefits page to learn more about why.

If you don't agree with this decision, you have the right to a Fair Hearing. Please see the last page of this letter to learn more. You may also talk with the agency above.

Your Health Care Benefits

 Who is not enrolled?		
When?	Which plan?	Who and why?
As of DATE	BadgerCare Plus	<p>ANNA, BILL: You or someone in your household did not give all the information your agency needed to process your application, change, or renewal. See the "What was needed?" section for more details.</p> <p>ANNA, BILL: You or someone in your household did not take a needed action or give the required proof of your answers to your agency. See the "What was needed?" section for more details.</p>
Supporting Laws: S.49.471		

What was needed?	
Who?	What?
ANNA	<p>We needed proof of your:</p> <ul style="list-style-type: none"> -Employment at ABC CORP including : Expected monthly income before taxes or deductions and number of hours worked per pay period <p>We needed answers to these questions:</p> <ul style="list-style-type: none"> -Does anyone in your home get income from unemployment compensation benefits?

SAMPLE



Your FoodShare Benefits

 Who will not get FoodShare and why?	
When?	Who and Why?
DATE - DATE	<p>ANNA, BILL: You or someone in your household did not give all the information your agency needed to process your application, change, or renewal. See the "What was needed?" section for more details.</p> <p>ANNA, BILL: You or someone in your household did not take a needed action or give the required proof of your answers to your agency. See the "What was needed?" section for more details.</p>

What was needed?	
Who?	What?
ANNA	<p>We needed proof of your:</p> <ul style="list-style-type: none"> -Employment at ABC CORP including : Expected monthly income before taxes or deductions and number of hours worked per pay period -Wisconsin residency <p>We needed answers to these questions:</p> <ul style="list-style-type: none"> -Does anyone in your home get income from unemployment compensation benefits? -Does anyone in your home get income from Workers Compensation benefits?



Wisconsin JobNet is available to you. JobNet is the largest source of job openings in Wisconsin. You can visit the JobNet website at www.dwd.state.wi.us/jobnet/mapWI.htm. Or, you can use touch-screen computers at your local Job Center. To find a Job Center near you, call 1-888-258-9966.

SAMPLE



Your Household's Reported Income and Bills

Here is a list of the income and bills that we have on file for your household.

Income			
Who has income?	When and how much? As of DATE		
ANNA Job: ABC CORP	\$000.00 each month		



How We Counted Your Income

Here are the amounts and limits that were used to decide whether you could get benefits. To learn more, please see your Enrollment & Benefits handbook.

BadgerCare Plus			
This was used for: ANNA			
	DATE	DATE	DATE
Your Counted Income	\$000.00	\$000.00	\$000.00
Counted Income Limit	\$0,000.00	\$0,000.00	\$0,000.00
Premium Income Limit	\$0,000.00	\$0,000.00	\$0,000.00
	DATE	DATE	
Your Counted Income	\$000.00	\$000.00	
Counted Income Limit	\$0,000.00	\$0,000.00	
Premium Income Limit	\$0,000.00	\$0,000.00	

SAMPLE



	DATE	DATE
Your Gross Income	\$000.00	\$000.00
Your Counted Income	\$000.00	\$000.00
Counted Income Limit	\$0,000.00	\$0,000.00

Key Contacts

TTY Services: For TTY services call 711. These services are free.



Online Help: ACCESS is an internet tool that lets you apply for other benefits, check your benefits, or report changes. Visit access.wisconsin.gov.

General Questions about FoodShare or Health Care Benefits: See your Enrollment and Benefits handbook or go to dhs.wisconsin.gov/em/customerhelp. If you have been approved to get other public assistance benefits or SSI, you may be able to enroll in FoodShare. You can apply for FoodShare online at access.wisconsin.gov or contact your agency listed on page 1.

ForwardHealth Card: See your Enrollment and Benefits handbook, visit dhs.wisconsin.gov/em/customerhelp, or call 1-800-362-3002 (TTY and translations services are available).

QUEST Card:

See your Enrollment and Benefits handbook or visit dhs.wisconsin.gov/foodshare/ebt.htm. Call 1-877-415-5164 (voice) or 1-800-947-3529 (TTY) if you:

- Need to report your card damaged, stolen or lost;
- Get an error message while using your card;
- Need to check your account balance; or,
- Have any other questions about your card.



Get Letters Online Instead of by Regular Mail: You can get letters and information about your benefits online instead of by regular mail. To make this choice, contact your agency listed on page 1 or log in to your MyACCESS account at access.wisconsin.gov. If you do not have a MyACCESS account, you must create one to view your letters and information about your benefits online.

Any Other Questions: Contact your agency listed on page 1.



YOU HAVE THE RIGHT TO A FAIR HEARING ABOUT YOUR BENEFITS

What is a Fair Hearing and why should I ask for one?

A Fair Hearing gives you the chance to tell why you think there has been a wrong decision about your application or benefits. At the hearing, a hearing officer will hear from you and the agency to find out if the decision was right or wrong. You may bring a friend or family member with you to the hearing. You may also be able to get free legal help. To learn more about free legal help, call 1-888-278-0633.

How long do I have to ask for a hearing?

The Division of Hearings & Appeals must get your request for a hearing about the decision in this letter by the date below:

FoodShare	→ DATE
Health Care	→ DATE

Keep in mind that these are the deadlines for asking for a hearing about the decision in this letter. If you are getting FoodShare benefits and you miss the deadline, you can ask for a hearing at any time if you do not agree with your FoodShare benefit amount.

Please Note: You cannot request a Fair Hearing if you have been disqualified from the FoodShare Program for an intentional program violation.

Can I keep my benefits while I wait for my hearing?

Yes, if you are already getting benefits and if 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 the extra benefits that you got after your benefits were supposed to change.

Please Note: Benefits will not be continued if the change was due to a member receiving a FoodShare intentional program violation disqualification.

How do I ask for a hearing?

You can ask for a fair hearing and/or a hearing request form at the agency shown on the first page of this notice. Or, you can get a request form at dhs.wisconsin.gov/em/customerhelp. You can send the form or a letter asking for a hearing to the Division of Hearings & Appeals, PO Box 7875, Madison, WI 53707-7875, or fax it to 608-264-9885.