

RETURN ADDRESS
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Mailing Date: MM/DD/YYYY

000001

MAILING ADDRESS
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX



State of Wisconsin

Case #: 0000000000

Milwaukee Enrollment Services

Worker: IMA WORKER

Phone #: X-XXX-XXX-XXXX

Fax #: (XXX) XXX-XXXX

Use fax # to send verifications.



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-XXX. These services are free.

FOODSHARE SIX-MONTH REPORT FORM COMPLETION INSTRUCTIONS

As a FoodShare member, you must report current information about your household by completing and submitting the FoodShare Six-Month Report form. You must complete and submit your FoodShare Six-Month Report form by **MM/DD/YYYY** if you want to keep getting FoodShare benefits without any delays.

You have **two options** for submitting your form:

1. Report your information **online** through your MyACCESS account:

- Go to access.wi.gov.
- Log in to your account.
- Click on "Six-Month Report" under Alerts.
- Follow the on-screen instructions.

Note: If you do not have a MyACCESS account, you can go to access.wi.gov and create one.

2. Complete the enclosed **paper** form using the completion instructions on the following pages. Use the provided envelope to mail the form and any proof to the agency listed on the form.

If you need help completing your FoodShare Six-Month Report form, contact your agency using the contact information at the top of this page.

You may need to provide proof of some of your answers. See the instructions for each section for examples of proof you can provide. Your agency will contact you if you need to provide more proof.

Instructions for Completing Paper FoodShare Six-Month Report 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 benefits.

SECTION 1 – ADDRESS/SHELTER EXPENSE INFORMATION

Address: The address that is currently on file for your household is preprinted. If you moved, check “Yes” and complete the rest of Section 1. If the address is correct, check “No” and go to **Section 2 – Household Members**. If you are homeless, write “Homeless” in the space provided.

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.

Email (optional): Write in your email address if you want to give your agency more options to contact you.

Rent: If you pay apartment rent or lot rent (rent for use of land on which to park a mobile home), 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 each month.

Utility: If you have any utility bills, such as electric, gas, phone, water, or trash removal, check the box for the utility that you pay each month. Check “Yes” or “No” based on whether a utility is used for heat.

Mortgage: If you have a mortgage payment, write in the amount that you pay each month.

Property Taxes: If your property taxes are paid separately from your mortgage payment, write in the amount that you pay each month.

Homeowner's Insurance: If your homeowner's insurance is paid separately from your mortgage payment, write in the amount you pay each month.

You may need to provide proof of some of your answers. Some examples of proof you can provide 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. The information that is currently on file for your household is preprinted. Check “Yes” next to each person who still lives with you. Check “No” next to each person who does not still live with you.

If there are new members in your household, write in the requested information in the space provided. Use an additional sheet of paper if more room is needed.

Providing Social Security numbers and information on U.S. citizenship is voluntary; however, if this information is not provided, FoodShare benefits will be denied. The collection of a Social Security number 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. Social Security numbers, 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. Social Security numbers 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

If anyone in your household had a change in his or her court-ordered obligation to pay child support to a person not in your household, check “Yes” and complete the rest of Section 3. If no one in your household had a change in his or her court-ordered obligation to pay child support to a person not in your household, check “No” and go to **Section 4 – Job Income and Wages**.

Ordered Amount: Write in the amount of the child support obligation.

Date Change Began: Write in the date the change in the child support obligation started.

How often?: Check the box to indicate how often payment is required.

Date of Out-of-State Court Order: Write in the date of the out-of-state court order.

You may need to provide proof of your answers. Some examples of proof you can provide are a court order or payment record from another state.

Note: You do not need to provide proof for child support payments ordered by a Wisconsin court.

SECTION 4 – JOB INCOME AND WAGES

A. Employment Income

The job income information that is currently on file for your household is preprinted.

Check “Yes” if there has been a change to the preprinted information. Some examples of a change are a change in an hourly rate of pay, a change in the number of hours worked, loss of job, start of a new job, or a change from full-time or part-time status. If someone left a job, write in the last day worked. If you check “Yes” in any of the boxes, go to **Part B – Report Income**.

Check “No” if the preprinted information has not changed. If you check “No” in all the boxes **and** all jobs for all members of your household are listed, go to **Part C – Self Employment**.

If someone in your household has a job that is not listed, go to **Part B – Report Income**.

B. Report Income

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

Write in the name of the person with the job and the employer's name. Check the box for how often the person is paid. Write in the rate of pay per hour and the date the job began.

You may need to provide proof of some of your answers. Some examples of proof of wages you can provide are:

- All pay stubs received in the last month.
- 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. The statement must list the rate of pay and average number of hours expected to be worked in the next month.

C. Self-Employment

The self-employment information that is currently on file for your household is preprinted. The counted income displayed is the average monthly adjusted self-employment income after allowable business expenses are subtracted. If the information is not correct, explain the change in the space provided.

Some examples of changes in self-employment are:

- 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 be paid for the loss.
- There has been a substantial increase in business-related expenses without an increase in income.

If anyone in your household has self-employment income that is not listed, write in the person's name, type of self-employment business, average monthly income received or expected from the self-employment, and the date the self-employment started.

You may need to provide proof of some of your answers. Some examples of proof you can provide are income tax returns or bookkeeping records.

SECTION 5 – OTHER INCOME

A. Has there been a change in other income?

The other income that is currently on file for your household is preprinted. You must report changes of more than \$50 in other income. Some examples of other income are payments from child support, unemployment insurance, workers compensation, veterans benefits, Social Security income, or Foster Care.

If the other income has changed by more than \$50, check "Yes" and go to **Part B – Report Other Income**.

If there is no change to the other income, check "No." If you check "No" and all other income for all members of your household is listed, go to **Section 6 – Signature**.

If someone in your household has other income that is not listed, go to **Part B – Report Other Income**.

B. Report Other Income

If you checked "Yes" in **Part A – Has there been a change in other income?** or you need to report other income that is not listed, complete this section.

Write in the person's name, source of income, and the monthly amount received.

You may need to provide proof of some of your answers. Some examples of proof you can provide are an award letter, a pension statement, or a copy of the last check stub.

Note: If you do not report a decrease in your household's monthly income or the loss of any household income, you will not get any resulting increase in your FoodShare benefits.

SECTION 6 – SIGNATURE

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

Return the form to the agency that is listed on the form. An envelope has been provided for your convenience.

Checklist:

- ☐ Make sure you answered all the questions.
- ☐ Remember to sign the form.
- ☐ Do not forget to send proof of your answers. For example, if reporting wages in Section 4 – Part B, include dated check stubs for the previous 30 days, an earnings report, or a statement from your employer.
- ☐ Make sure you can see your agency's address through the window of the provided envelope.

USDA NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at:

http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider

EXAMPLE

FOODSHARE SIX-MONTH REPORT

To avoid a delay in your FoodShare benefits, complete, sign and return this form by MM/DD/YYYY

To : RETURN ADDRESS
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

Case Number: 000000000000

Case Name: XXXXXXXX

Worker Information

Name: IMA **WORKER ID:**
123456

Phone:

You have two options to complete your report.

- Online at access.wi.gov, log on to your MyACCESS account and click on "Six Month Report" under Alerts, or
- By mail: Complete and return this form to the address above.

----- **COMPLETE THIS FORM USING BLUE OR BLACK INK. PLEASE PRINT.** -----

Enclose all required proof of your answers. You can find more details in the instructions. Your agency will contact you, if more information is needed. Make sure to include your most current contact information so the agency will be able to contact you.

SECTION 1 – ADDRESS / SHELTER EXPENSE INFORMATION

The address listed below is what we have on file for your household.

MAILING ADDRESS
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

Have you moved to a different address? ☐ Yes ☐ No If "**Yes**", complete the rest of this section. If "**No**", go to **Section 2** – Household Members. If you are homeless, write "Homeless" in the space below.

What is your new address?

Street _____ Apt Number _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

If you do not have a phone, what is a number where you can be reached? _____

E-mail _____

(Section 1 Continued on Next Page)

SECTION 1 (Continued)

If you pay rent or lot rent, how much do you pay? \$ _____ per month
(If you live in subsidized housing, write in the amount of rent you must pay.)

If you pay rent, is heat included in your rent? ☐ Yes ☐ No

Is your household required to pay any of the following utilities and is the utility used for heat?
USED FOR HEAT?

<input type="checkbox"/> Gas (Natural)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Electric		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Liquid Propane Gas		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Fuel Oil/ Kerosene		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Coal		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Wood		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check the box if your household is required to pay for any of the following utilities:

<input type="checkbox"/> Phone		<input type="checkbox"/> Water	<input type="checkbox"/> Sewer
<input type="checkbox"/> Installation		<input type="checkbox"/> Trash Removal	<input type="checkbox"/> Other: _____

If you have a mortgage, how much do you pay? \$ _____ per month

Property Taxes (if paid separately from your mortgage) \$ _____ per month

Homeowners Insurance (if paid separately from your mortgage) \$ _____ per month

(Section 2 Continued on Next Page)

SECTION 2 – HOUSEHOLD MEMBERS

Below are the names of all people we have as living in your household. Review the names and check “Yes”, if they still live with you, or “No”, if they do not.

	YES	NO
SMRF TEST	<input type="checkbox"/>	<input type="checkbox"/>

Complete the information below for new household members who are not pre-printed above.
Use an additional sheet of paper if more room is needed or if more people have moved in with you.

First Name _____ Last Name _____

Date of Birth _____ (mm/dd/yy) Sex: ☐ Male ☐ Female

U.S. Citizen ☐ Yes ☐ No Social Security Number _____

Alien Registration Number _____

What is the date this person moved in with you? _____ (mm/dd/yy)

Does this person purchase, prepare or share food with you? ☐ Yes ☐ No

Is this person related to you? ☐ Yes ☐ No

If “Yes”, how is he or she related to you (for example, son, mother, brother, sister, etc.)?

(Section 3 Continued on Next Page)

SECTION 3 – CHILD SUPPORT PAYMENTS

Has any household member had a change in his or her legal obligation to pay child support?
☐ Yes ☐ No If **"Yes"**, fill out the requested information below. If **"No"**, go to **Section 4**.

Ordered Amount \$ _____ Date change began _____ (mm/dd/yy)

How often? ☐ Every Week ☐ Bi-Weekly ☐ Twice a Month ☐ Once Per Month

Date of Out-of-State Court Order _____ (mm/dd/yy)

SECTION 4 – JOB INCOME AND WAGES

A. EMPLOYMENT INCOME

Listed below is the information we have about members of your household who have a job. Check **"Yes"** next to the job if there has been a change in rate of pay, hours worked or if the job ended. If this individual no longer works with this employer, list the date the job ended. Check **"No"** if there are no changes.

Has there been a change in the rate of pay or hours worked at this job?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____	Employer _____
Rate of Pay	Hours Worked Per Pay Period	Type of Pay
		Date Ended (mm/dd/yy)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____	Employer _____
Rate of Pay	Hours Worked Per Pay Period	Type of Pay
		Date Ended (mm/dd/yy)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____	Employer _____
Rate of Pay	Hours Worked Per Pay Period	Type of Pay
		Date Ended (mm/dd/yy)

(Section 4 Continued on Next Page)

SECTION 4 (Continued)

A. Employment Income (Continued): Has there been a change in the rate of pay or hours worked at this job?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____	Employer _____	
Rate of Pay	Hours Worked Per Pay Period	Type of Pay	Date Ended (mm/dd/yy)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____	Employer _____	
Rate of Pay	Hours Worked Per Pay Period	Type of Pay	Date Ended (mm/dd/yy)

If you checked “**Yes**” to any job detail, go to **Part B** – Report Income. Answer all questions about any household member who had a change in rate of pay or hours worked or who started a new job. If there are no changes in job income (all boxes are checked “**No**”), go to **Part C** – Self Employment.

☐ Check here if no one is employed.

B. REPORT INCOME

Use an additional sheet of paper if more room is needed to report changes in job income. For employed household members with income reported below, **enclose all pay stubs** received in the last 30 days. An employer statement may also be used to verify current wages.

Member Name _____ **Employer Name** _____
 How Often Paid? ☐ Each Week ☐ Every Two Weeks ☐ Each Month ☐ Twice a Month
 Rate of Pay Per Hour \$ _____ Date Started _____

Member Name _____ **Employer Name** _____
 How Often Paid? ☐ Each Week ☐ Every Two Weeks ☐ Each Month ☐ Twice a Month
 Rate of Pay Per Hour \$ _____ Date Started _____

Member Name _____ **Employer Name** _____
 How Often Paid? ☐ Each Week ☐ Every Two Weeks ☐ Each Month ☐ Twice a Month
 Rate of Pay Per Hour \$ _____ Date Started _____

(Section 4 Continued on Next Page)

SECTION 4 (Continued)

C. SELF-EMPLOYMENT

This is the information we have on file for people in your household who are self-employed.

Name	Type of Business	Average Adjusted Monthly Income
------	------------------	---------------------------------

If this information is not correct, please explain the change here:

If anyone in your household has self-employment income not listed, complete the following:

Name _____ Type of Business _____

Average Monthly Income _____ Date Self-Employment Began _____

SECTION 5 – OTHER INCOME

A. HAS THERE BEEN A CHANGE IN OTHER INCOME?

Listed below is what we have on file for members of your household.

You only need to report changes of more than \$50 in Other Income. Check “**Yes**” under “**Change of More Than \$50**”, if the member’s Other Income has changed by more than \$50.

Examples of Other Income are payments from Child Support, Unemployment Insurance, Worker’s Compensation or Social Security Income.

(Section 5 Continued on Next Page)

SECTION 5 (Continued)

A. HAS THERE BEEN A CHANGE IN OTHER INCOME?

Change of More Than \$50	Name of Member	Source of Other Income	Monthly Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

If you checked “**No**” to all the boxes above AND no one in your household is getting any Other Income from another source, go to **Section 6** - Signature.

☐ Check here if there is no Other Income.

B. REPORT CHANGES TO OTHER INCOME

Member Name	Source of Other Income	Monthly Amount

SECTION 6 – SIGNATURE

I certify that my answers on this form are correct and complete to the best of my knowledge. I understand that the information I provide on this form may result in a change or termination of my benefits. I also understand that if I intentionally give incorrect information it may result in a fine and/or imprisonment.

SIGNATURE _____ **Date Signed** _____

**To avoid a delay in your FoodShare benefits,
return this form by DATE.**