



ACCESS

Your Connection to Health and Nutrition Benefits

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For everyone who is asking for benefits who is not a U.S. citizen, you may need to provide proof of their immigration status. You can give your worker copies of your Green Card, alien registration card, or passport. Even if someone does not have these documents, he or she may be able to get some benefits.

Application Summary

Here is a summary of what you told us, as well as important information about your rights and responsibilities. If you see N/A in this summary, it means the question was Not Applicable. We did not ask the question and it is not required for your application.

Basic Information

Your Name	Date of Birth	Gender	Language	County or Tribe
Anna Member	MM/DD/CCYY	Female	English	Any
Where You Live		Mailing Address		
123 MAIN ST ANYTOWN, WI, 55555				
Homeless?				
Contact Information				
Home Phone				
Work Phone				
Cell Phone				
Message Phone				
Best way to get in touch with you				
Phone Type (if Deaf or Hard of Hearing)				
Best time to get in touch with you				

Email Information

Person	Email Address	Get Email from Health Care Partners?	Get Letters Online?
Anna Member		Not Asked	

Priority Service Information

Are you getting FoodShare or SNAP (Supplemental Nutrition Assistance Program) this month?	
Are you residing in a domestic violence shelter?	
Total amount of income your household will get this month	\$0.00
Total value of your household's assets	
Total amount your household will pay for housing this month	\$0.00
Does your household have to pay any utilities that are used for heating your home?	
Has your household received help from the Wisconsin Home Energy Assistance Program (WHEAP) in the current month or past 12 months?	



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You told us that no one in your home has this kind of income, benefit, or bill.

Other Benefits Questions

Person	Has SSI Approval Letter?	Getting SSI 1619(b)?	Getting Tribal Commodities ?	Tribal member or Child or Grandchild of Tribal Member?	Eligible for Indian Health Services?	Received Indian Health Services?
Age:	Yes	No	No	N/A	N/A	N/A

School Enrollment Information

Person	In School?	Date of Graduation	Graduation Status	Enrollment Status	Type Of School
Age:	No				

Job Income Information

You told us that no one in your home has this kind of income, benefit, or bill.

Other Income Information

You told us that no one in your home has this kind of income, benefit, or bill.

Housing Bills Questions

Has your household received help from the Wisconsin Home Energy Assistance Program (WHEAP) in the current month or past 12 months?	
Does your household get housing or rent assistance?	

Housing Bills Information

You told us that no one in your home has this kind of income, benefit, or bill.

Utility Bills Information

You told us that no one in your home has this kind of income, benefit, or bill.



Other Bills Questions

Person	Support Payments or Obligations?	Medical Bills?
Age:	No	No

Your Interview

You must complete an interview with a worker in order to get FoodShare and/or Child Care benefits. Interviews are often done over the phone, but you may also ask to have a face-to-face interview with a worker. You will get more information about how to complete your interview from your agency.

Electronic Signature Acknowledgement

I wish to submit this application by electronic means. By signing this application electronically, I certify, under penalty of perjury and false swearing, that 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 the FoodShare Program work requirements.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By checking this box and typing my name below, I am electronically signing my application.

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Rights and Responsibilities

Please read the following information carefully. You can print a copy of your application/renewal on the next page, if you want a copy of this information.

Member Rights

Everyone applying for or getting FoodShare and health care has the right to:

- Be treated with respect by agency staff,



- Have your civil rights upheld,
- Have your private information kept private,
- Get an application or have the application/renewal mailed on the same day you ask for it,
- File an application/renewal on the day of initial contact,
- Get a decision about your application/renewal within 30 days of the day the agency getting it. If your application/renewal is received at the agency after 4:30 p.m. or on a weekend or holiday, the date of receipt will be the next business day. This includes paper and online applications/renewals,
- Get FoodShare benefits within 7 days of applying if you are in immediate need and qualify for faster service,
- Be told in advance if your benefits are going to be reduced or ended and the reason for the change,
- Ask the agency to explain anything in this application/renewal or other materials that you do not understand,
- Request a fair hearing if you disagree with any action of the agency,
- See the agency's records and files relating to you, except information obtained from a confidential source, and
- Ask for an interpreter or for information explained to you in your own language or for help, if you need help accessing our programs or need this material in a different format because of a disability.

As a health care applicant and member, you also have the right to:

- Emergency medical care and
- Remain enrolled even if temporarily absent from the state, as long as you are still a Wisconsin resident.

More information is in the Enrollment and Benefits Handbook, which will be mailed to you, or you can get it online at dhs.wisconsin.gov/em/customerhelp.

Fair Hearing

You have the right to a fair hearing, if you do not agree with any action taken regarding your application/renewal or your ongoing benefits. You may request a fair hearing by writing:

Department of Administration
Division of Hearing and Appeals
P.O. Box 7875
Madison, WI 53707-7875

You may also contact the agency where you applied and ask for help with filing a fair hearing request. For FoodShare, your agency can take your hearing request verbally.

For more information about Fair Hearings, see your Letter of Enrollment or your Enrollment and Benefits Handbook (P-00079). You will get a handbook in the mail or it is available online at dhs.wi.gov/em/customerhelp.



Member Responsibilities

REPORTING CHANGES

You can report changes online at access.wi.gov, by calling or visiting your agency, or by using the following forms to report changes by fax or mail:

Health Care change report form (BadgerCare Plus or Family Planning Only Services):

<https://www.dhs.wisconsin.gov/forms/f1/f10183.pdf>

Health Care change report form (Medicaid for the Elderly, Blind or Disabled):

<https://www.dhs.wisconsin.gov/forms/f1/f10137.pdf>

FoodShare change report form:

<https://www.dhs.wisconsin.gov/forms/f1/f16066.pdf>

FoodShare change report form (Elderly, Blind or Disabled households only):

<https://www.dhs.wisconsin.gov/forms/f1/f16006.pdf>

You must report to the agency any of the changes listed below:

Health Care: Report to the agency within 10 days any changes in:

- Income of any household member,
- Employment of any household member (beginning or ending, part time to full time),
- Address,
- Anyone moves in or out of your home, someone becomes pregnant or gives birth, someone gets married or divorced or your living arrangement changes (example: someone goes into a nursing home or other institution),
- Health insurance,
- Assets (only if your household receives Medicaid for Elderly, Blind or Disabled) and
- Housing bills, utility bills, medical expenses, or other allowable expenses (only if your household receives Medicaid for Elderly, Blind or Disabled).

Note: For Family Planning Only Services, you only need to report within 10 days, if:

- You move to a new address or out of state or
- Your living arrangement changes (example: incarceration.)

FoodShare Wisconsin: If all household members are age 60 or older, are blind or have a disability and no one has income from a job, you must report to your agency within 10 days:

- A new job,
- An increase in total child support income of more than \$100 per month,
- An increase in total Other Income of more than \$50 per month (examples of other income are Social Security, veterans benefits, retirement, child support, etc.),
- If a person moves in or out of your home,



- Any changes in your address and shelter costs, and/or
- Any change in the legal obligation to pay child support.

All other FoodShare members must report to the agency, by the 10th of the month after the change has happened, if the household's total gross monthly income exceeds 130% of the Federal Poverty Level (FPL) for the reported household size.

Time-limited FoodShare Benefits: Certain adults between the ages of 18 to 49 with no minor child in the home, who need to meet a work requirement, must report by the 10th of the month after the month when a change in work hours results in the number of hours falling below 80 hours per month.

Household size	130% FPL
1	\$1,307
2	\$1,759
3	\$2,212
4	\$2,665
5	\$3,118
6	\$3,571
7	\$4,024
8	\$4,476
9	\$4,929
10	\$5,382

Additional Information

CHILD SUPPORT COOPERATION

You must cooperate with the Child Support Agency by helping to locate absent parents, legally naming the absent parent and/or enforcing child support orders if you are requesting health care benefits for a child with an absent parent. If you do not cooperate with the Child Support Agency without good cause, your benefits may be reduced or end.

ASSETS FOR CHILD CARE

If your household has more than \$1,000,000 dollars of liquid assets, you must report this when applying for Child Care. Liquid assets include checking and savings accounts, and other cash equivalents.

OTHER HEALTH CARE COVERAGE

As a condition of health care enrollment, you must report to the agency any third party who may be liable to pay for medical care for you and your family. You must cooperate by giving information as requested. This also



includes any insurance that may be available through an absent parent or an employee's group health insurance.

Your enrollment in health care benefits gives the State the right to collect medical support payments for medical expenses that are covered by BadgerCare Plus and/or Medicaid. Medical support payments include those made under a court order and/or by an insurer.

The State has the right to use part of the medical support to pay back the cost of health care benefits you receive. The medical support payments kept by the state cannot be more than the total amount of health care benefits you receive through BadgerCare Plus and/or Medicaid. If you no longer receive health care benefits, the State has the right to collect medical support payments on past-due medical expenses that were covered by BadgerCare Plus and/or Medicaid.

DRUG FELONY/FLEEING FELONS

If you, or anyone in your household, apply for or get FoodShare benefits, you must report to the agency if anyone has been convicted of a drug felony for an offense that happened within the last 5 years. If you refuse to provide this information, you may be denied FoodShare benefits. If you have been convicted of a drug felony within the last 5 years and you are requesting FoodShare benefits, you must submit to a drug test. If a drug screen is positive, benefits will be reduced. If a drug screening is refused, your benefits may end.

Although fleeing felons and probation/parole violators are not able to get FoodShare benefits, their income and expenses may be used when determining the household's FoodShare enrollment and benefit amount. If a fleeing felon or probation/parole violator meets the terms and conditions of any outstanding warrants or probation/parole violations he or she may be able to receive FoodShare benefits.

OVERPAYMENTS

In some cases, you must pay back Medicaid/BadgerCare Plus for any benefits you got in error.

You must pay back any FoodShare payments you got in error. This is true if the error was your fault or the agency's fault.

If a FoodShare claim arises against your household, the information on this application/renewal may be referred to federal and state agencies, as well as private claims collection agencies, for claims collection action.

QUEST CARD AND PIN

- You are responsible for keeping your QUEST card and PIN safe.
- Any FoodShare account transaction made by you, an Authorized Buyer, Alternate Payee or by any other person you give your QUEST card and PIN is considered authorized and the benefits will not be replaced.
- You must report a lost or stolen card as soon as you can to QUEST Customer Service at 1-877-415-5164 or 711 (TTY).



- If your card is lost or stolen, FoodShare benefits will not be replaced for the time period between the loss or theft of your QUEST card and the time you report the loss or theft to QUEST Customer Service.
- Fraudulent or illegal use of your QUEST card may cause your FoodShare benefits to end or you may have to pay a fine and/or be put into prison or jail.

For more information on how to use your QUEST card, view the online video at:
<http://dhsmedia.wi.gov/main/Play/f14a2b194b7548e0aaaf67b321dfb3ae1d>

USE OF SOCIAL SECURITY NUMBER/PRIVACY STATEMENT

Personally identifiable information, including Social Security numbers (SSNs), will be used only for the direct administration of the FoodShare or health care programs in which you participate. Providing information on U.S. citizenship and SSN is voluntary; however any person who wants FoodShare or health care but does not provide this information will be denied benefits. Households receiving Child Care must provide SSNs for children receiving benefits but parents do not need to provide SSN if they do not have one. The collection of a SSN 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. SSNs, as well as other information provided, are used for verification with the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, School Lunch Program and Department of Transportation. SSNs are also used to check the identity of household members to prevent duplicate participation and to make sure the household meets enrollment rules.

If you are applying only for emergency services because of your immigration status, or you are a pregnant woman applying for BadgerCare Plus Prenatal Services, you do not need to provide SSN information. For a health care application/renewal, you do not need to provide an SSN or apply for one for your infant if you were enrolled in a health care program when you gave birth.

Your SSN will not be shared with the United States Citizenship and Immigration Services (USCIS).

COMPUTER CHECK VERIFICATION / COMPUTER MATCHING

Information collected on the application/renewal may be verified through computer matching programs and will also be used to monitor compliance with program rules and program management.

The Income and Eligibility Verification System and other computer matching are used to verify information with agencies such as the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and Department of Transportation. The agency may also submit this information to the United States Citizenship and Immigration Services and other agencies for verification.

The county or tribal agency, the state Department of Health Services or Department of Children and Families are authorized under Wisconsin law to request any information that is appropriate and necessary for the proper administration of programs. By applying, you are authorizing any person, including any financial institution, credit reporting agency, employer or educational institution, to release this information. This authorization remains in effect until your application/renewal is denied or your enrollment ends.



CITIZENSHIP

All people, living in your household who are applying for benefits, must be United States citizens, nationals or qualifying immigrants to get benefits. The immigration status of any person in your household who is applying for benefits will be verified with the United States Citizenship and Immigration Services (USCIS). Information from USCIS may affect your household's enrollment and benefit amount. Immigration status will not be verified with USCIS for people who are not applying for benefits, but their income and contributions may be counted.

RECOVERY OF HEALTH CARE

Wisconsin state law provides for the recovery of certain health care benefits you get while age 55 or older and residing in the community. With certain exceptions, the law also provides for the recovery of all health care benefits you get while you are a resident in a nursing home or an inpatient in a hospital for 30 days or more. A lien may be placed on your home for benefits you receive while in a nursing home if you are unlikely to return home and your spouse, minor or disabled child does not live in the home.

WORK REGISTRATION REQUIREMENT FOR INDIVIDUALS AGES 16 THROUGH 59

By signing this application/renewal, you have registered yourself and all persons included in your FoodShare group, unless otherwise exempt, for work.

All FoodShare members ages 16 through 59 must be registered for work unless they are considered exempt. A member will be registered for work when he or she is determined eligible for FoodShare, unless the member meets an exemption. A member may be considered exempt and may not need to register for work if any of the following apply:

- The member is younger than age 16 or older than age 59.
- The member is already working at least 30 hours per week (or getting weekly earnings that are equal to or more than 30 times the federal minimum hourly wage).
- The member is the primary caregiver for a dependent child under age 6 (whether the child lives in the home or out of the home). If two people have parental control of a child, only one of those people can be exempt from work registration as the primary caregiver of that child.
- The member is the primary caregiver for a person who cannot care for himself or herself (whether the person lives in the home or out of the home).
- The member is age 16 or 17 and is not listed as the primary person for his or her FoodShare group on the application.
- The member is age 16 or 17 and is the primary person in the FoodShare group, but is enrolled in school or in an employment and training program at least half-time.
- The member is regularly taking part in an alcohol or other drug abuse (AODA) treatment or rehabilitation program.
- The member is getting, or has applied for unemployment insurance.
- The member is enrolled at least half-time in a recognized school, training program, or institution of higher learning.



- The member is found to be unfit for work. This applies if:
 - The member is getting temporary or permanent disability benefits from the government or a private source.
 - The member is found to be physically or mentally unable to work by his or her agency.
 - The member is verified as unable to work by a statement from a health care professional or social worker.
- The member is enrolled in Wisconsin Works (W-2) and complying with the W-2 work requirement.
- The member is receiving transitional FoodShare benefits.

A member may need to provide proof to the agency if he or she meets one of these exemptions.

Note: Although registration for work is required, taking part in a work program is voluntary.

VOLUNTARY QUIT OF EMPLOYMENT

An applicant or member who is not exempt from the work registration requirement may lose benefits for one to six months if he or she voluntarily and without good cause does any of the following:

- Quits a job of 30 hours or more per week.
- Changes his or her work hours to less than 30 hours per week (or his or her weekly earnings change to less than 30 times the federal minimum wage).
- Turns down a suitable job.
- Does not meet the W-2 work requirements.
- Does not meet unemployment benefit work requirements.

If the individual has a good reason for the loss of employment or hours, there may be no loss of benefits. The agency will make a determination at the individual level.

WORK REQUIREMENT FOR ABLE-BODIED ADULTS AGES 18 THROUGH 49

Certain adults ages 18 through 49 with no minor children in the home may only get up to three months of time-limited FoodShare benefits in a 36-month period (three years) unless they meet the FoodShare work requirement. Participating in a work program such as the FoodShare Employment and Training Program (FSET) can help these individuals meet the work requirement. You will get more information about FSET once you are enrolled in FoodShare.

TIME LIMITED FOODSHARE BENEFITS

Certain adults ages 18 through 49 with no minor children in the home may only get up to 3 months of time-limited FoodShare benefits in a 36-month period (3 years) unless they meet the FoodShare work requirement. Participating in a work program such as the FoodShare Employment and Training Program (FSET) can help these individuals meet the work requirement. You will get more information about FSET once you are enrolled



in FoodShare.



Wisconsin JobNet is available to you. JobNet is the largest source of job openings in Wisconsin. You can visit the JobNet website at <https://jobcenterofwisconsin.com/>. Or, you can use touch-screen computers at your local Job Center. To find a Job Center near you, call 1-888-258-9966.

FOODSHARE PENALTY WARNING

Any member of the household who intentionally breaks any of the following rules can be barred from FoodShare for 12 months after the first violation; 24 months after the second violation or for a first violation involving a controlled substance; and permanently for the third violation:

- **Giving false information or hiding information to continue getting FoodShare benefits,**
- **Trading, selling, or altering FoodShare benefits,**
- **Using FoodShare benefits to buy non-food items, like alcohol or tobacco, or**
- **Using another persons FoodShare benefits, identification card or other documentation.**

Depending on the value of the misused benefits, the individual can also be fined up to \$250,000 and/or imprisoned up to 20 years. A court can also bar an individual from the program for an additional 18 months. You will also be permanently barred if you are convicted of trading or selling FoodShare benefits of \$500 or more. You will not be able to get FoodShare benefits for 10 years if you are found to have made a false statement about your identity and where you live in order to get multiple benefits at the same time.

Any household member who has traded (bought or sold) benefits for a controlled substance will be barred from getting FoodShare benefits for a period of two years for the first violation and permanently for the second offense. Any household member who has traded (bought or sold) benefits for firearms, ammunition or explosives will be barred from getting FoodShare benefits permanently.

NON-DISCRIMINATION STATEMENT

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination 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: <https://www.ascr.usda.gov/how-file-program-discrimination-complaint>, 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.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

Wisconsin Shares Acknowledgements

Wisconsin Shares Responsibilities, Rights and Penalties

Please read the following information carefully. Some of the Wisconsin Shares Responsibilities and Rights are different from other programs. We also suggest that you print out your application on the next page so you have a copy of this information.

By electronically or telephonically signing this application, I understand and agree to the following:

Child Care Recipient Responsibilities



As a Wisconsin Shares applicant and recipient you must report any of these changes within 10 days of the change:

- You move to a different address.
- If your mailing address changes.
- Someone moves into or out of your home.
- There is a change in your household income (ie. Rate of pay, number of hours worked, change in bonus and/or commission).
- If your Child and/or Family Support is more than \$1,250 per month.
- There is a change in your employment schedule (i.e. Changed from first shift to second shift).
- There is a change in your school schedule (if you are using Wisconsin Shares childcare while you attend school).
- You have a shared placement agreement and the placement schedule changes.
- There is a change in your childcare needs.
- Any other change that impacts your need for Wisconsin Shares.
- Authorize my IM/CC Worker to obtain information from third parties to verify my income, living circumstances, and need for child care.

You are responsible to pay your child care provider for any child care costs that are not paid by Wisconsin Shares, including:

- Unauthorized hours of child care.
- Costs not included in the child care price such as transportation, meals, registration fees, art supplies, diapers, etc.
- The difference between the Wisconsin Shares payment and the provider's price.
- Days and times your child is absent if your child has an attendance-based authorization and if the child care provider charges for times the child(ren) is absent.

Child Care Recipient Rights

You have the right to:

- Choose your own qualified child care provider, within limits set by law.
- Ask the agency worker to explain anything on this application or other materials that you do not understand.
- Be treated with respect by agency staff.
- Have your private information treated confidentially.
- Have your civil rights upheld.
- Request language or disability accommodations if needed to complete the application or review process.
- Have your application and verification fairly and accurately evaluated.
- Get timely notice of any additional information or verification you need to provide, appointments for phone or in-person interviews, and any decisions on your case.
- Request a fair hearing if you disagree with any action of the agency.

Acknowledgement of Child Care Penalties



- I understand that I may have to pay back any Wisconsin Shares subsidy payments made on my behalf, if received by mistake or fraud regardless of who made the mistake.
- I understand that if I intentionally falsify, mislead, misrepresent or withhold information, misuse child care benefits, or intentionally violate state or federal child care laws, I may be denied child care benefits for:
 - 6 months for a 1st intentional program violation,
 - 12 months for a 2nd intentional program violation,
 - Permanently for a 3rd intentional program violation.
- I understand that if I provide false or misleading information or omit information in order to receive benefits to which I am not eligible or in excess of those to which I am eligible, I could be subject to criminal penalties.

Child Support Enforcement Application

- I understand that by applying for Wisconsin Shares, there will be a referral for child support enforcement services under the state title IV-D program.
- I understand that I must cooperate with the child support agency in establishing legal parentage for my child(ren) and in collecting child support from any absent parent. Additional information regarding child support services can be found at: <https://dcf.wisconsin.gov/files/forms/pdf/11053.pdf>.

ACKNOWLEDGEMENT

By signing the application/renewal, you are authorizing your agency, the Wisconsin Department of Health Services, and the Wisconsin Department of Children and Families to request any information that is appropriate and necessary for the proper administration of the program under Wisconsin law. Any persons, including financial institutions, credit reporting agencies or educational institutions may release this information, unless it is prohibited or restricted by law. Your authorization remains in effect until 1) your application/renewal is denied, 2) your eligibility ends, or 3) you inform your agency in writing that you wish to end your authorization.

Also, your signature on the application/renewal means that you understand the questions and statements on this application/renewal form and the penalties for giving false information or breaking the rules. By signing the application/renewal, you are certifying, under penalty of perjury and false swearing, that all of your answers are correct and complete to the best of your knowledge, including information provided about the immigration and citizenship status of each household member applying for benefits. Also, you understand and agree to provide documents to prove what you have said.