

RETURN ADDRESS
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

Mailing Date: MM/DD/YYYY

000001
ANNA MEMBER
123 MAIN ST
ANYTOWN WI 55555 5555



State of Wisconsin

Case #: 0000000000

Milwaukee Enrollment Services

Worker: IMA WORKER

Phone #: 1-234-567-8910

Fax #: (123) 456-7890

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-XXXX. These services are free.

Action Required:
Review the Information We Have on File for You

Each year, we must review the information we have on file for you to see if you can keep getting <X> benefits. Based on the information we have on file, you can keep getting <X> benefits.

You must review the information we have on file for you to make sure it is correct. The information we have on file is included in the summary with this letter. If any information is wrong, you must correct it **by DATE**.

To correct the information we have on file, you can do one of the following:

- Call your agency at the number at the top of this letter.
- Make changes on the summary and mail or fax it back to the agency at the top of this letter.
To make changes, draw a line through any wrong information and write the correct information. If information about your household or income is missing, write it on the summary. Include the date of the change.

If you do not correct the information that is wrong and you get benefits that you should not get, you may have to pay back the benefits.

If you have checked the information on the summary and it is correct, you do not need to take any other action.

ANNA MEMBER, your summary was generated on DATE at TIME PM

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

Basic Information

Person	Gender	Language	County or Tribe
ANNA MEMBER	FEMALE	ENGLISH	MILWAUKEE COUNTY
Where You Live		Mailing Address	
123 MAIN ST ANYTOWN, WI, 55555-5555			
FoodShare Break in Service Requirements Met Date			
Homeless?		No	
Contact Information			
Home Phone			
Work Phone			
Cell Phone		(123) 456-7890	
Message Phone			
Best way to get in touch with you		CELL PHONE	
Phone Type			
Best time to get in touch with you			

Your Email Address

Email Address	ANNAMEMBER@ABC.COM
Get letters online instead of by regular mail?	No

People In Your Home

Person	Gender	Marital Status	Language
ANNA MEMBER Age: 35	FEMALE	MARRIED	ENGLISH
Programs Requested			
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?	
		INDEPENDENT (HOME/APT/TRLR)	

Person	Gender	Marital Status	Language
JOE MEMBER Age: 37	MALE	MARRIED	ENGLISH
Programs Requested			
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?	
		INDEPENDENT (HOME/APT/TRLR)	

Person	Gender	Marital Status	Language
EVAN MEMBER Age: 8	MALE	SINGLE-NEVER MARRIED	ENGLISH
Programs Requested			
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?	
		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
ANNA Age: 35	is the wife of Joe	Yes	No	No	No
	is the mother of Evan	Yes	No	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?
ANNA Age: 35	No	No	No	No	No	No
JOE Age: 37	No	No	No	No	No	No
EVAN Age: 8	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?
ANNA Age: 35	No	No	No	No	No	No	No
JOE Age: 37	No	No	No	No	No	No	No
EVAN Age: 8	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?
ANNA Age: 35	No			No		No
JOE Age: 37	No			No		No
EVAN Age: 8	No			No		No

School Enrollment Information

Person	Graduation Status	Date of Graduation	Enrollment Status	Type of School
ANNA Age: 35	GRADUATE		NOT ENROLLED	
JOE Age: 37	HIGH SCHOOL EQUIVALENCY		NOT ENROLLED	
EVAN Age: 8	NOT GRADUATED		FULL TIME	ELEMENTARY

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	
ANNA Age: 35	SHOP N SAVE		123 MAIN ST ANYTOWN, WI, 55555-5555 Phone Number:	
	Job Start Date	Job End Date	Date of Final Paycheck	How often paid
	01/01/2015			WEEKLY
	Is this a temporary job?		Position Type	
	No		Staff	
	Type of Pay		Rate of Pay	Hours Per Pay Period
	REGULAR PAY		\$9.00	30.0
	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
JOE Age: 37	CAR REPAIR / RESTORATION	\$800.00	80	\$300.00	
	Other Disallowed Expenses		Business Start Month	Most Recent Business Taxes Filed Year	
			01/2014	2014	

Other Income Information

You told us no one in your home gets money from a source other than a job or self-employment (for example, Social Security, Supplemental Security Income, unemployment insurance, or child support).

Educational Aid Information

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

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.

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				
2015				
Person	Filing Status	Claimed as tax dependent by someone outside the home	Dependents	Claimed for this year only
ANNA Age: 35	MARRIED FILING JOINTLY	No	EVAN MEMBER	No
JOE Age: 37				