

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 1-888-947-6583. These services are free.

**Action Required:**

**Your Benefits are Due for Renewal**

To keep getting your **BadgerCare Plus and FoodShare** benefits without experiencing a gap or delay in your benefits, you must complete the entire renewal process by **Sep. 30, 2016**. This includes giving us any proof that we ask for (see the "Proof Needed" section of this letter).

As part of your renewal, **you must tell us about any changes in your household or income**. If you do not tell us about your changes and you get benefits that you should not have, you may have to pay them back.

**To Renew Your FoodShare Benefits**

**You are required to complete an interview to renew your FoodShare benefits.** Call your agency at 888-947-6583 for your interview any day from Sep. 19, 2016 through Oct. 14, 2016. You can do your interview during these business hours: Monday 08:00 AM - 04:30 PM; Tuesday 08:00 AM - 04:30 PM; Wednesday 08:00 AM - 04:30 PM; Thursday 08:00 AM - 04:30 PM; and Friday 08:00 AM - 04:30 PM.

It is important to complete your interview during the dates listed above so that your FoodShare benefits can continue. If you do not complete your interview during these dates, you must call to do your interview before **Sep. 30, 2016**, or your FoodShare benefits will end.

If you want to report changes before your FoodShare interview, you can complete a renewal form online or by mail:

- Online – Go to [access.wi.gov](http://access.wi.gov). See the online instructions below.
- By mail – Review the summary attached to this letter. If **anything** on the summary has changed, draw a line through it and write the new information, including the date of the change. If you have new information to report about your household or income, write it on the back of the signature page. Once you have made these changes, sign it and mail or fax it back to the agency listed at the top of this letter. You may send proof of your information along with your renewal form.

## To Renew Your Health Care Benefits

You can complete your health care renewal by phone, online, or by mail:

- By phone – You can renew your health care benefits during your FoodShare interview.
- Online – Go to [access.wi.gov](http://access.wi.gov). See the online instructions below.
- By mail – Review the summary attached to this letter. If **anything** on the summary has changed, draw a line through it and write the new information, including the date of the change. If you have new information to report about your household or income, write it on the back of the signature page. Once you have made these changes, sign it and mail or fax it back to the agency listed at the top of the first page of this letter. You may send proof of your information along with your renewal form.

## Fair Hearing Information

Once your renewal is complete, if you do not agree with the decision, you have the right to a fair hearing. If you are getting FoodShare, you can ask for a hearing at any time if you do not agree with your FoodShare benefit amount. You can find information about fair hearings on your Notices of Decision, in the Enrollment and Benefits booklet, or online at [dhs.wisconsin.gov/forwardhealth/resources.htm](http://dhs.wisconsin.gov/forwardhealth/resources.htm).

## Additional Online Instructions

Go to [access.wi.gov](http://access.wi.gov).

*If you already have a MyACCESS account:*

- Click on “Login to Account.”
- Enter your User ID and Password and click the Login button.
- Once on your MyACCESS page, click on the alert that says “Benefit Renewals Due For.”
- Follow the instructions to start your renewal.

*If you do not have a MyACCESS account:*

- Click on “Create an Account” and follow the steps to set up an account.
- You will see a message that says “Congratulations! You have created your secure MyACCESS account.” Click on the “Click here” link to go to your MyACCESS page.

- Enter your User ID and Password and click the Login button.
- Once on your MyACCESS page, click on the alert that says “Benefit Renewals Due For.”
- Follow the instructions to start your renewal.

EXAMPLE

## **Proof Needed**

To complete your renewal, you may be required to provide proof of your answers. If you need help getting any of the items listed, contact your agency. In some situations, you may be asked to give proof of other items not listed here.

**Income** - Proof of all job income and wages for any family members who have a job. You can use:

- Pay stubs (for the last 30 days), or
- Employer Verification of Earnings (EVF-E) form signed by your employer, or
- A letter from the employer. The letter must have the same information as the EVF-E form.

**Self-Employment Income** - Proof of income for all family members who are self-employed. You can use copies of your most recent federal tax forms. Your agency will send you a Self-Employment Income Report Form(s), if needed.

**Other Income** - Proof of all other income for anyone in your home such as alimony, child support, disability or sick pay, interest or dividends, Veterans Benefits, workers compensation, unemployment insurance, etc. You can use:

- Pension statement, or
- Current award letter, or
- Copy of check, or
- Court order or payment record of child support received from another state.

If you get a payment from Social Security you do not have to send proof of that payment, unless requested.

If you get a payment from Wisconsin unemployment or in-state child support, you do not have to send proof of that payment, unless requested.

The following information may also be needed for your health care renewal. It is not needed for your FoodShare renewal.

**Pre-Tax Payroll Deductions** - Proof of all Pre-Tax payroll deductions for anyone in your home such as health insurance premiums, health care savings account, parking and transit costs, etc.

You can use:

- Pay stubs, or
- Employer Verification of Earnings (EVF-E) form signed by your employer, or
- A letter from the employer describing your pre-tax payroll deductions.

**Certain Tax Deductions** - Proof of certain Tax deductions for anyone in your home such as student loan interest, alimony, higher education expenses, etc. You can use:

- Copy of cancelled check, or

- Receipt, or
- Last year's tax return.

EXAMPLE

## **Proof Needed, If You Want to Get the Credit**

**Obligated Child Support Payments** - Proof of any child support payments a family member pays. You can use a court order or payment record, if order is from another state.

**Medical Expenses for Elderly or Disabled Household Members** - Proof of any medical expenses. You can use:

- Itemized receipts.
- Medicine or pill bottle with price on label.
- Health insurance policy showing co-payment, deductible, premium or coinsurance.

**Note:** Your agency may ask for proof of any item if they have questions regarding your answers such as:

- **Utility Costs** — Proof of utility bills for anyone in your home. You can use utility bills, a rental agreement, lease or a written statement from your landlord.
- **Shelter Costs** — Proof of shelter costs for anyone in your home. You can use a rent receipt that shows your address, a mortgage statement, a rental agreement or a lease.

## **Other Proof**

### **Work Registration Requirement for Individuals Ages 16 through 59**

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 equal 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 your home or out of your home).
- The member is the primary caregiver for a person who cannot care for himself or herself (whether the person lives in your home or out of your 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 taking part in an alcohol or other drug abuse (AODA) treatment 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 physically or mentally unable to work.
  - The member is taking part in certain work programs.

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.

### **Work Requirement for Able-Bodied Adults Ages 18 through 49**

The work requirement for able-bodied adults ages 18 through 49 is different from the work registration requirement stated above. The work requirement for able-bodied adults applies to anyone in your FoodShare group who is age 18 through 49 with no minor children living in the home. These individuals may need to meet a work requirement to keep getting FoodShare benefits unless they are exempt. You will get more information about the work requirement from your agency.

Anyone who does not meet the work requirement may only get up to three months of FoodShare benefits in a 36-month period. Your agency will ask you some questions to see if anyone in your home meets the work requirement or is exempt. You may need to provide proof of your answers.

Anyone who needs to meet the work requirement will be referred to the FoodShare Employment and Training (FSET) program.

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

Below is a summary of information we have on file for your household. This is 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			
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?	
		INDEPENDENT (HOME/APT/TRLR)	



# PPRF

<b>Person</b>	<b>Gender</b>	<b>Marital Status</b>	<b>Language</b>
JOE MEMBER Age: 37	MALE	MARRIED	ENGLISH
	<b>Programs Requested</b>		
	FoodShare Health Care		
	<b>SSN Application Date</b>	<b>SSN Cooperation</b>	<b>US Citizen</b>
		Yes	Yes
	<b>Resident of WI?</b>	<b>Intends to reside in WI?</b>	<b>Migrant Farm Worker</b>
	Yes	Yes	No
	<b>Race and Ethnicity</b>	<b>Special Needs Child</b>	<b>Where does he/she live?</b>
			INDEPENDENT (HOME/APT/TRLR)

  

<b>Person</b>	<b>Gender</b>	<b>Marital Status</b>	<b>Language</b>
EVAN MEMBER Age: 8	MALE	SINGLE-NEVER MARRIED	ENGLISH
	<b>Programs Requested</b>		
	FoodShare Health Care		
	<b>SSN Application Date</b>	<b>SSN Cooperation</b>	<b>US Citizen</b>
		Yes	Yes
	<b>Resident of WI?</b>	<b>Intends to reside in WI?</b>	<b>Migrant Farm Worker</b>
	Yes	Yes	No
	<b>Race and Ethnicity</b>	<b>Special Needs Child</b>	<b>Where does he/she live?</b>
			INDEPENDENT (HOME/APT/TRLR)

## Pregnancy Information

You told us no one in your home is pregnant.

## Relationship Information

<b>Person</b>	<b>Relationships</b>	<b>Do they buy food and eat meals together?</b>	<b>Caring for Reference Person?</b>	<b>Filling Parental Role</b>	<b>Legal Custody</b>
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

## 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?
ANNA Age: 35	No	No	No
JOE Age: 37	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		
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	

**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**

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.

**Shelter Information**

Person	Type of Shelter Expense	Amount This Person Pays Per Month
JOE Age: 37	RENT/LOT RENT	\$500.00

**Utility Information**

Person	Type of Utility	Used for Heating?
ANNA Age: 35	ELECTRICITY	Y

**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.

**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				

RENEWAL SIGNATURE PAGE

Member Name	Case Number	Due Date
ANNA MEMBER	000000000	XX/XX/XXXX

By signing this Renewal Signature Page, I certify that I understand and acknowledge the following statement (check one box only):

- ☐ All the information on the summary sent to me is correct, and I have no changes or other information to report.
- OR
- ☐ I have made changes to the information included in this summary.

I am authorizing any other person or organization, including any financial or educational institutions, to provide the agency with information or proof needed to determine if I can get benefits and the amount of those benefits.

I certify under penalty of perjury and false swearing that I understand the questions and statements on the summary and that my answers are correct and complete to the best of my knowledge.

In addition to the above statements, I agree with the following statements for FoodShare: I have read and understand my FoodShare Rights and Responsibilities. I understand the penalties for giving false information or breaking the rules. I understand that I am not required to report a reduction or loss of income, but that I may be able to get a higher FoodShare benefit if I do report it. I understand that as long as I do not report this reduction or loss in income, my FoodShare benefit will not increase. I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to get a deduction for these expenses. I understand the FoodShare program work requirements.

SIGNATURE

Member or Other Adult in the Household

Date Signed

SIGNATURE

Authorized Representative

Date Signed

NOTES

Use the space below or the other side of this page if you need more space to write about changes in your household.