

RETURN ADDRESS
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XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

Mailing Date: MM/DD/YYYY

ANNA MEMBER
123 MAIN ST
ANYTOWN WI 55555



State of Wisconsin

CASE: 1234567890

ABC Agency

Phone: 987-654-3210

Fax: 555-555-5555

Online at access.wi.gov



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 1-987-654-3210. These services are free.

You May Be Able to Get More FoodShare

You recently told us that you had a change in your household information. If you give us some additional information, we can see if you can get more FoodShare benefits.

Here's what you need to do:

- Read the list below to see what information we are missing.
- If you have documents that show the missing information, you can send them to us. See **Send in documents** at the end of this letter for instructions.
- You can also call your agency with the information.

You are not required to give us this information right now, but if you do, we will let you know if you can get more FoodShare. If you don't take any action, nothing will change. You will keep getting your current benefit amount.

Name	Missing Information
NAME 1	- Employment at PUBLIX including: Type of employment (Regular, Trial, Census, etc.); Expected monthly income before taxes or deductions and number of hours worked per pay period
NAME 2	- Living arrangement

Contact your local agency if you have questions or need help getting this information.

USDA Nondiscrimination Statement

Supplemental Nutrition Assistance Program (SNAP) and Food Distribution Program on Indian Reservations (FDPIR) state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
Food and Nutrition Service, USDA 1320
Braddock Place, Room 334 Alexandria,
VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

Send in documents

From: [REDACTED]**Phone:** _____**Total number of pages:**

(including this sheet)






- Include this page if you fax, mail, or send in your documents to your agency.
- Add your phone number and the total number of pages in the box.
- Do not write anywhere else on this page.
- Send in document copies only (not originals). We cannot return any documents you send to us.

Ways to submit

The easiest and most secure way to send in documents is through your ACCESS account.

Go to access.wi.gov or use the MyACCESS app to set up an account or sign in. Scan the QR code to get the app.



 Mobile	Take photos of your documents and submit them using the MyACCESS mobile app.
 Online	Upload all the pages of your documents to the ACCESS website at access.wi.gov .
 Mail	Include this page and mail to: ABC AGENCY XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX
 In Person	Include this page and take it to the agency where you usually get services or to: ABC AGENCY
 Fax	Use this page as the first page of your fax. If your document has information on both sides, copy each side before faxing to: ABC AGENCY: 555-555-5555

Confidentiality: This fax should only be used by the person or agency listed above. It may have information that is private and should not be shared. If you are not the person or agency listed above, it is against the law to review, use, copy, or share the contents with anyone. If you get this fax by mistake, please call the sender right away at the phone number above.