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State of Wisconsin

Case #: 123456789

IM Agency
Phone: 987-654-3210
Fax: 123-456-7890
Online at access.wi.gov

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 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.

Are You Getting Benefits in Another State?

Take Action by [Month Day, Year] to Keep Getting FoodShare in Wisconsin

Dear [Head of Household],

Our records show that a member of your household, [NAME NAME], applied for or is getting Supplemental Nutrition Assistance Program (SNAP) benefits in another state. In Wisconsin, SNAP is known as FoodShare. Each person can only get these benefits in one state at a time.

Take action now.

As the head of your household, you must take action if you want the person listed here to keep getting FoodShare in Wisconsin. Send us a document by Month Day, Year that proves where this person lives. See the **Send in documents** section at the end of this letter for instructions on how and where to send them.

Proof Needed	Who?	Due Date
Wisconsin Residency	[NAME NAME]	[Month Day, Year]

What to send: Lease/rental agreement; mortgage statement; or statement from landlord.

Call your local agency right away at [987-654-3210] if you need help finding the kinds of documents listed above or if the person getting benefits in another state is no longer in your household.

If you don't act, FoodShare benefits could end for the person listed here.

If you don't send us documents to show that the person listed in this letter lives in Wisconsin, their FoodShare benefits will end. If that person has other state benefits, those could be affected as well. The benefits for anyone else in the household will stay the same.

Need help?

Call your local agency at [987-654-3210] if you have questions or need more help.

USDA Non-discrimination 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 (866) 632-9992, 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:

fncivilrightscomplaints@usda.gov

This institution is an equal opportunity provider.

Your Right to a Fair Hearing

What is a fair hearing and why should I ask for one?

A fair hearing gives you the chance to tell why you think there has been a wrong decision about your application or benefit. At the hearing, a hearing officer will hear from you and the agency to find out if the decision was right or wrong. You may bring a friend or family member with you to the hearing. You may also be able to get free legal help.



To learn more about free legal help, call 888-278-0633.

How long do I have to ask for a hearing?

The Division of Hearings and Appeals must get your request for a hearing about the decision in this letter by the date below:

{Program



[Month Day, Year]

Can I keep my benefits while I wait for my hearing?

Yes, if you are already getting benefits and if you ask for a hearing before your benefits change, you can keep getting the same benefits until the hearing officer makes a decision. If the hearing officer decides that the agency was right, you may need to return the extra benefits that you got after your benefits were supposed to change.

How do I ask for a hearing?

Get a Request for Fair Hearing form at doa.wi.gov/RequestAHearing or contact your agency. You can send the form or a letter asking for a hearing to the Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875.



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ECF: XXXXXXXXXXXX

Send in documents

From: [NAME NAME]

Total number of pages:
(including this sheet)

Phone: _____

- 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: XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX
In Person	Include this page and take it to the agency where you usually get services or to: XX
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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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.