

CDPU
CENTRALIZED DOCUMENT PROCESSING UNIT
PO BOX 5234
JANESVILLE WI 53547 5234



State of Wisconsin
Case #: XXXXXXXXXXXXXXXX

[CONSORTIA]
Phone: XXX-XXX-XXXX

Mailing Date: MM/DD/YYYY

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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 1-800-362-3002, press option #7 and state your language. Or, e-mail us at: memberservices@wisconsin.gov. These services are free.

FOODSHARE EMPLOYMENT AND TRAINING PROGRAM REFERRAL

The FoodShare Employment and Training (FSET) program provides FoodShare members services to help build job skills and find employment. Certain FoodShare members are required to take part in a work program, like FSET, in order to receive FoodShare benefits. Any member required to take part in a work program may only receive FoodShare benefits for a limited time if they choose not to take part in a work program.

You or any other household members may choose to enroll in FSET even if taking part in a work program is not required. The table below lists the members who have been referred to the FSET program. You and other household members may take part in FSET when your FoodShare benefits begin. An FSET agency in your area will contact each person listed below to set up an appointment to enroll in the FSET program.

Member Name	Referral Type	Begin Month
<Name 1>	Voluntary	MONTH YYYY
<Name 2>	Time Limited FoodShare	MONTH YYYY
<Name 3>	Time Limited FoodShare	MONTH YYYY

REFERRAL TYPE

Voluntary Referral

A referral was sent to the FSET program for this member because he or she asked to take part in the FSET program. If this member no longer wants to take part in FSET, contact the agency listed above. FoodShare benefits will not decrease or end if this member does not take part in FSET activities.

Time Limited FoodShare Referral

Certain adults between the ages of 18 and 49 with no minor children in the home will only get 3 months of time limited FoodShare benefits in a 36 month period, unless they meet the FoodShare work requirement. There are three ways to meet the work requirement:

- Working at least 80 hours each month,
- Taking part in an allowable work program such as FSET, Wisconsin Works (W-2) or certain programs under the Workforce Investment Act (WIA) at least 80 hours each month, or
- Both working and taking part in an allowable work program for a combined total of at least 80 hours each month.

If someone in your home meets one of the following, they do not have to meet the work requirement and will not have to take part in FSET:

- Living with a child under age 18,
- Caring for a person who cannot care for himself or herself,
- Caring for a child under age 6 who does not live in the home,
- Physically or mentally unable to work,
- Pregnant,
- Applied for or receiving unemployment insurance, or
- Taking part in an alcohol or substance abuse (AODA) program.

If you have any questions, see your Enrollment & Benefits handbook or contact the agency listed on page 1. You can also go to dhs.wisconsin.gov/em/customerHelp/.

Proof Needed

Anyone who has an exemption may need to provide proof. See the last page of this letter for items that can be used as proof. If you have an exemption from the work requirement and you already provided proof, you do not need to take any other action at this time.

Complete the Proof of Work Requirement Exemption form in this letter and return it along with any proof to:

If you live in Milwaukee County:

MDPU
PO Box 05676
Milwaukee WI 53205
Fax: 1-888-409-1979

If you **do not** live in Milwaukee County:

CDPU
PO Box 5234
Janesville, WI 53547-5234
Fax: 1-855-293-1822

PROOF OF WORK REQUIREMENT EXEMPTION

Instructions: If anyone in the household meets any of the below, check the box and write their name in the space provided. See the section listed for items you can use to provide proof.

Work Requirements – See Section A on the back if you checked any of these boxes.

<input type="checkbox"/> Working at least 80 hours each month.	Name(s):
<input type="checkbox"/> Taking part in an allowable work program such as FSET, Wisconsin Works (W-2), or programs under WIA at least 80 hours each month.	Name(s):
<input type="checkbox"/> Both working and taking part in an allowable work program for a combined total of at least 80 hours each month.	Name(s):

Providing Care for Another Person – See Section B on the back if you checked any of these boxes.

<input type="checkbox"/> Living with a minor child under the age of 18.	Name(s):
<input type="checkbox"/> Caring for a person who cannot care for himself or herself.	Name(s):
<input type="checkbox"/> Caring for a child under age 6 who does not live in the home.	Name(s):

Health Conditions – See Section C on the back if you checked either of these boxes.

<input type="checkbox"/> Unable to work due to a physical or mental health condition.	Name(s):
<input type="checkbox"/> Pregnancy.	Name(s):

Unemployment Insurance – See Section D on the back if you checked this box.

<input type="checkbox"/> Applied for or receiving unemployment insurance.	Name(s):
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Alcohol or Substance Abuse Program – See Section E on the back if you checked this box.

<input type="checkbox"/> Taking part in an alcohol or substance abuse (AODA) program.	Name(s):
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ITEMS YOU CAN USE TO PROVIDE PROOF

Section A – Work Requirements

- All check stubs received in the last 30 days
- A signed statement from employer that includes gross earnings, hours worked and pay dates expected in the next 30 days
- An Employer Verification of Earnings form – to get a copy of this form, contact your agency listed on page 1 or call Member Services at 1-800-362-3002
- A statement from an allowable employment program that includes participation hours

Section B – Providing Care for another Person

- A signed statement from the parent or legal guardian
- Custody agreement

Section C – Health Conditions

- Note or letter from a certified healthcare provider confirming pregnancy, physical or mental health condition
- Approval letter from the State Disability Determination Bureau
- Award letter from the Social Security Administration

Section D – Unemployment Compensation

- Current award letter
- Copy of last check
- Bank statements

Section E – Alcohol or Substance (AODA) Program

- Letter from an AODA counselor