

RETURN ADDRESS
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

Mailing Date: MM/DD/YYYY

000001
ANNA MEMBER
123 MAIN ST
ANYTOWN WI 55555



State of Wisconsin

Case #: 1234567890

ABC Agency

Worker: IM A WORKER
Phone #: 1-987-654-3210
Fax #: (555) 555-5555
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.

FOODSHARE SIX-MONTH REPORT FORM COMPLETION INSTRUCTIONS

As a FoodShare member, you must report current information about your household by completing and submitting the FoodShare Six-Month Report Form. You must complete and submit your FoodShare Six-Month Report Form by **MM/DD/YYYY** if you want to keep getting FoodShare benefits without any delays.

You have the following options for completing and submitting your FoodShare Six-Month Report Form:

1. ACCESS website: Report your information **online**:

- Go to access.wi.gov.
- Log in to your account.
- Click the Six-Month Report Form link under Alerts.
- Follow the on-screen instructions.

Note: If you do not have an ACCESS account, you can go to access.wi.gov to create one.

2. Mailing the paper form: Complete the enclosed paper form using the completion instructions on the following pages. Use the provided envelope to mail the form and any proof to the address listed on the form.
3. Faxing the paper form: Complete the enclosed paper form using the completion instructions on the following pages.
4. Telephone: Complete the form over the telephone by calling your local agency.
5. MyACCESS app: Submit the form through MyACCESS app if you are reporting that there are no changes. Note: no changes can also be reported through the options listed above.

If you need help completing your FoodShare Six-Month Report Form, contact your agency using the contact information at the top of this page.

You may need to provide proof of some of your answers. See the instructions for each section for examples of proof you can provide. Your agency will contact you if you need to provide more proof.

Instructions for Completing Paper FoodShare Six-Month Report Form

Print your answers using blue or black ink. Use an additional sheet of paper if more room is needed to answer any question. Personally identifiable information is kept private and is only used for the direct administration of FoodShare benefits.

SECTION 1 – ADDRESS/SHELTER INFORMATION

Address: The address that is currently on file for your household is preprinted. If you moved, check “Yes” and complete the rest of Section 1. If the address is correct, check “No” and go to **Section 2 – Household Members**. If you are homeless, write “Homeless” in the space provided.

Phone Number: Write in your phone number(s). If you do not have a phone, write in a number where you can be reached if one is available.

Email (optional): Check “Yes” or “No” to answer if you have changed your email address. Write in your email address if you want to give your agency more options to contact you. Check “Yes” or “No” to answer if you would like to get communications from the State through email.

Rent: If you pay apartment rent or lot rent (rent for use of land on which to park a mobile home), write in the amount that you pay each month. If you live in subsidized housing, such as Section 8 or public housing, write in the amount that you must pay each month.

Utility: If you have any utility bills, such as electric, gas, phone, water, or trash removal, check the box for the utility that you pay each month. Check “Yes” or “No” based on whether a utility is used for heat.

Mortgage: If you have a mortgage payment, write in the amount that you pay each month.

Property Taxes: If your property taxes are paid separately from your mortgage payment, write in the amount that you pay each month.

Homeowner's Insurance: If your homeowner's insurance is paid separately from your mortgage payment, write in the amount you pay each month.

You may need to provide proof of some of your answers. Some examples of proof you can provide are your lease, mortgage papers, real estate tax statement, or homeowner's insurance policy.

SECTION 2 – HOUSEHOLD MEMBERS

We need to collect current information about the people who live with you. The information that is currently on file for your household is preprinted. Check “Yes” next to each person who still lives with you. Check “No” next to each person who does not still live with you.

If there are new members in your household, write in the requested information in the space provided. Use an additional sheet of paper if more room is needed. Please check the box or boxes that best describe this person's ethnicity and/or race. You don't have to answer these questions if you don't want to. We're asking

these questions to help improve our programs and make sure they do not discriminate based on ethnicity or race. Your answers will not be used to make a decision about your programs and benefits.

Providing Social Security numbers and information on U.S. citizenship is voluntary; however, if this information is not provided, FoodShare benefits will be denied. The collection of a Social Security number for each household member applying for or getting benefits is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. Social Security numbers, as well as other information provided, are used for verification with the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and Department of Transportation. Social Security numbers are also used to check the identity of household members to prevent duplicate participation and to make sure the household meets enrollment rules.

SECTION 3 – JOB INCOME AND WAGES

A. Employment Income

The job income information that is currently on file for your household is preprinted.

Check “Yes” if there has been a change to the preprinted information. Some examples of a change are a change in an hourly rate of pay, a change in the number of hours worked, loss of job, start of a new job, or a change from full-time or part-time status. If someone left a job, write in the last day worked. If you check “Yes” in any of the boxes, go to **Part B – Report Income**.

Check “No” if the preprinted information has not changed. If you check “No” in all the boxes **and** all jobs for all members of your household are listed, go to **Part C – Self-Employment**.

If someone in your household has a job that is not listed, go to **Part B – Report Income**.

B. Report Income

If you checked “Yes” in Part A or you need to report a new job that is not listed, complete this section. Due to limited space, the form only lists pay and hours for five employers.

Write in the name of the person with the job and the employer’s name. Check the box for how often the person is paid. Write in the rate of pay per hour and the date the job began.

You may need to provide proof of some of your answers. Some examples of proof of wages you can provide are:

- All pay stubs received in the last month.
- A signed statement from the employer that includes gross earnings (income before taxes or any deductions are taken out) and pay dates for the last month. The statement must list the rate of pay and average number of hours expected to be worked in the next month.

C. Self-Employment

The self-employment information currently on file for your household is preprinted. Note that the average monthly income shown is income **before** allowable business expenses are taken out. If any of the information has changed, explain the change in the space provided. Use an additional sheet of paper if more room is needed.

If anyone in your household is self-employed and his or her self-employment information is not listed, write in the person's name, business's name, business ownership type, business type (for example, bakery, farm, plumbing), date the business started, business's tax information, whether the business has had a significant change in income or expenses, average monthly income **before** expenses are taken out, average monthly expenses, and the average number of hours the person works for the business each month.

Some examples of a significant change are:

- The self-employed person is ill or injured and is unable to work for a month or more.
- A farmer has suffered unusual crop loss due to the weather or other circumstances and will not be paid for the loss.
- There has been a substantial increase in business-related expenses without an increase in income.

You may need to provide proof of some of your answers. Some examples of proof you can provide are tax returns or bookkeeping records.

SECTION 4 – OTHER INCOME

A. Has there been a change in other income?

The other income that is currently on file for your household is preprinted. You must report changes of more than \$100 in other income. Some examples of other income are payments from child support, unemployment insurance, worker's compensation, veterans benefits, Social Security income, or Foster Care.

If the other income has changed by more than \$100, check "Yes" and go to **Part B – Report Other Income**.

If there is no change to the other income, check "No." If you check "No" and all other income for all members of your household is listed, go to **5 – Child Support Payments**.

If someone in your household has other income that is not listed, go to **Part B – Report Other Income**.

B. Report Other Income

If you checked "Yes" in **Part A – Has there been a change in other income?** or you need to report other income that is not listed, complete this section.

Write in the person's name, source of income, and the monthly amount received.

You may need to provide proof of some of your answers. Some examples of proof you can provide are an award letter, a pension statement, or a copy of the last check stub.

Note: If you do not report a decrease in your household's monthly income or the loss of any household income, you will not get any resulting increase in your FoodShare benefits.

SECTION 5 – CHILD SUPPORT PAYMENTS

Part A. Report Change in Child Support:

The current child support information on file for your household is filled out below. Check "Yes" if there has been a change to the information and complete **Part B-Report Child Support** to report change.

Check "No" if the information has not changed and go to **Section 6—Signature**.

Name of Member: This is the member in your household who has a change in child support.

Begin Date: This is the member in your household who has a change in child support.

Support Type: This is the type of support the person pays (child support, guardianship, alimony, etc.)

Ordered Amount: This is the amount of the person currently pays.

Part B. Report Child Support

Use this section to add new child support information.

Ordered Amount: Write in the amount of the new child support obligation after the changes.

Date Change Began: Write in the date the change in the child support obligation started.

How Often: Check the box to indicate how often payment is required.

Date of Out-of-State Court Order: Write in the date of the out-of-state court order.

You may need to provide proof of your answers. Some examples of proof you can provide are a court order or payment record from another state.

Note: You do not need to provide proof for child support payments ordered by a Wisconsin court.

If you no longer have to pay child support or guardianship obligations, check the box for no child support or guardianship obligations and complete **Section 6—Signature**.

SECTION 6 – SIGNATURE

Signature: Review all the information you provided, and sign and date the form.

Return the form to the agency that is listed on the form. An envelope has been provided for your convenience.

Checklist:

- Make sure you answered all the questions.
- Remember to sign the form.
- Do not forget to send proof of your answers. For example, if reporting wages in Section 3 – Part B, include dated check stubs for the previous 30 days, an earnings report, or a statement from your employer.
- Either **mail** the completed form and any proof to the address listed in the gray box at the top of the first page of the form, or **fax** the form and proof to 1-555-5555 (if you do **not** live in Anytown County) or 1-555-5555 (if you live in Anytown County).

Note: If you are mailing your form, make sure you can see your agency's address through the window of the provided envelope.

FOODSHARE SIX-MONTH REPORT FORM

To avoid a delay in your FoodShare benefits, complete, sign and return this form by MM/DD/YYYY

To : ABC Agency
123 MAIN ST
ANYTOWN WI 55555

Case Number: 1234567890
Case Name: ANNA MEMBER

Worker Information
Name: IM A WORKER
ID: XX-XXXXX
Phone: (555)555-5555

Complete and submit your FoodShare Six-Month Report Form in one of the following ways:

- Online through the ACCESS website. Log into your ACCESS account at access.wi.gov, and click the Six-Month Report link under Alerts.
- By mobile app: If reporting no changes from the information we already have, submit through the MyACCESS app.
- By mail: Complete and return this form to the address in the box at the top of this form.
- By telephone: Call your local agency and complete the form over the telephone.
- By fax: If you live in **Anytown County**, fax the completed paper form and any proof to 555-5555. If you do **not** live in Anytown County, fax the completed paper form and any proof to 555-555-5555. Fax both sides of the paper form.

----- COMPLETE THIS FORM USING BLUE OR BLACK INK. PLEASE PRINT. -----

Include all required proof of your answers. You can find more details in the instructions. Your agency will contact you if more information is needed. Make sure to include your most current contact information so the agency will be able to contact you.

SECTION 1 – ADDRESS/SHELTER INFORMATION

The address listed below is what we have on file for your household.

123 MAIN ST
ANYTOWN WI 55555

Have you moved to a different address? Yes No

If "Yes," complete the information below for the new address. If "No," complete the email question below, then go to **Section 2 – Household Members**. If you are homeless, write "homeless" in the space below.

What is your new address?

Street

Apt. Number

City

Zip Code

Home Phone	Cell Phone
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If you do not have a phone, what is a number where you can be reached?

Is there a change in your email address? Yes No

Email

Do you prefer to get communications from the State through email? Yes No

If you pay rent or lot rent, how much do you pay per month? (If you live in subsidized housing, write in the amount of rent you must pay.) \$

If you pay rent, is heat included in your rent? Yes No

Is your household required to pay any of the following utilities, and is the utility used for heat?

	Used for heat?		Used for heat?
<input type="checkbox"/> Gas (Natural)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fuel Oil/Kerosene	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Electric	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Coal	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Liquid Propane Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wood	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check the box if your household is required to pay for any of the following utilities:

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Water | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> A/C Surcharge | <input type="checkbox"/> Trash Removal | <input type="checkbox"/> Other: |

If you have a mortgage, how much do you pay? \$	Property Taxes (if paid separately from your mortgage) \$
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Homeowner's Insurance (if paid separately from your mortgage) \$

SECTION 2 – HOUSEHOLD MEMBERS

Below are the names of all the people we have as living in your household. Review the names and check "Yes" if they still live with you or "No" if they do not.

	Yes	No		Yes	No
ANNA MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	ANNA MEMBER	<input type="checkbox"/>	<input type="checkbox"/>

Complete the information below for new household members who are not preprinted above. Use an additional sheet of paper if more room is needed or if more people have moved in with you.

First Name	Last Name	Date of Birth (mm/dd/yy)
Ethnicity (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race (optional) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American	

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
Alien Registration Number	When did this person move in with you? (mm/dd/yy)	
Does this person buy, prepare, or share food with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this person related to you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," how is he or she related to you (for example, son, mother, brother, sister)?		

SECTION 3 – JOB INCOME AND WAGES

A. Employment Income

Listed below is the information we have about members of your household who have a job. Check "Yes" next to the job if there has been a change in rate, pay, or hours worked or if the job ended. If this individual no longer works with this employer, list the date the job ended. Check "No" if there are no changes.

Has there been a change in the rate of pay or hours worked at this job?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Name ANNA MEMBER	Employer ABC AGENCY	
Rate of Pay	Hours Worked Per Pay Period 50.00	Type of Pay SALARY	Date Ended(mm/dd/yy)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Employer	
Rate of Pay	Hours Worked Per Pay Period	Type of Pay	Date Ended(mm/dd/yy)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Employer	
Rate of Pay	Hours Worked Per Pay Period	Type of Pay	Date Ended(mm/dd/yy)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Employer	
Rate of Pay	Hours Worked Per Pay Period	Type of Pay	Date Ended(mm/dd/yy)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Employer	
Rate of Pay	Hours Worked Per Pay Period	Type of Pay	Date Ended(mm/dd/yy)

If you checked "Yes" to any job detail, go to **Part B** – Report Income. Answer all questions about any household member who had a change in rate of pay or hours worked or who started a new job. If there are no changes in job income (all boxes are checked "No"), go to **Part C** – Self Employment.

Check here if no one is employed.

B. Report Income

Use an additional sheet of paper if more room is needed to report changes in job income. For employed household members with income reported below, **enclose all pay stubs** received in the last 30 days. An employer statement may also be used to verify current wages.

Member Name		Employer Name	
How Often Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month		Rate of Pay Per Hour \$	Date Started (mm/dd/yy)
Member Name		Employer Name	
How Often Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month		Rate of Pay Per Hour \$	Date Started (mm/dd/yy)
Member Name		Employer Name	
How Often Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month		Rate of Pay Per Hour \$	Date Started (mm/dd/yy)

C. Self-Employment

Listed below is the information we have on file for people in your household who are self-employed. If the information has changed, check "Yes," and explain the change in the lines below. If the information has not changed, check "No."

Has this information changed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	
Business Name	Business Type	
Average Monthly Income	Average Monthly Expenses	Average Hours Worked Per Month

If any information has changed, please explain the change below. Use an additional sheet of paper if more room is needed.

If anyone in your household is self-employed and his or her information is not listed above, complete the following:

Household Member's Name	Business Name
Business Ownership Type <input type="checkbox"/> Partnership <input type="checkbox"/> S corporation <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> I don't know	
Business Type	Date Business Started

Has the business filed taxes? Yes No

If yes, for what year did the business last file taxes?

Has the business had a significant change in income or expenses (more than \$100)?

Yes No I don't know

Average Monthly Income	Average Monthly Expenses	Average Hours Worked Per Month
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SECTION 4 – OTHER INCOME

A. Has there been a change in other income?

Listed below is what we have on file for members of your household.

You only need to report changes of more than \$100 in other income. Check “Yes” under “Change of More Than \$100” if the member’s other income has changed by more than \$100.

Examples of other income are payments from child support, unemployment insurance, workers’ compensation, or Social Security income.

Change of More Than \$100	Name of Member	Source of Other Income	Monthly Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
<input type="checkbox"/> Yes <input type="checkbox"/> No			\$

If you checked “No” to all the boxes above **AND** no one in your household is getting any other income from another source, go to **Section 5 – Child Support Payments**.

If you checked “Yes” above **OR** to add information about a new source of other income, go to **Part B – Report Other Income**.

Check here if there is no other income.

B. Report Other Income

Member Name	Source of Other Income	Monthly Amount
		\$
		\$
		\$
		\$

SECTION 5 – CHILD SUPPORT PAYMENTS

A. Report Change in Child Support

Fill out the information below to report a change in child support for any member in the household.

Was There a Change?	Name of Member	Begin Date	Support Type	Ordered Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No				

If you checked “No” to all the boxes above **AND** no one in your household is obligated to pay child support or guardianship to another source, go to **Section 6 – Signature**.

If you checked “Yes” above OR need to add a new child support, go to **Part B – Report Child Support**.

Check here if there are no child support or guardianship obligations.

B. Report Child Support

Fill out the information below to report child support for any member in the household.

Name of Person Paying Child Support (First and Last Name)

Ordered Amount \$	Date Change Began (mm/dd/yy)
How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly	Date of Out-of-State Court Order (mm/dd/yy)

SECTION 6 – SIGNATURE

I certify that my answers on this form are correct and complete to the best of my knowledge. I understand that the information I provide on this form may result in a change or termination of my benefits. I also understand that if I intentionally give incorrect information, it may result in a fine and/or imprisonment.

SIGNATURE	Date Signed (mm/dd/yy)
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**To avoid a delay in your FoodShare benefits,
return this form by MM/DD/YYYY.**