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| <FSET AGENCY ADDRESS LINE 1>  <FSET AGENCY ADDRESS LINE 2>  <FSET AGENCY ADDRESS LINE 3>  Mailing Date: <Mailing Date>  <MEMBER NAME>  <MEMBER ADDRESS LINE 1>  <MEMBER ADDRESS LINE 2>  <MEMBER ADDRESS LINE 3> | | **State of Wisconsin**  **State of Wisconsin**  **PIN #:** 1111111111  Worker: VAMSI KONIJETI Phone : (111) 111-1111  **PIN #:** <PIN Number>    Worker: <FSET WORKER NAME>  Phone: <FSET Worker Telephone> |
| This letter contains information about the FoodShare Employment and Training (FSET) program. 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 the telephone number shown above. These services are free. | | |
| **Action Required: Discuss FSET Participation**  You are scheduled for an appointment to discuss your participation in the FoodShare Employment and Training (FSET) program.  **Note:** If you are an adult age 18 through 49, have no minor children living in the home, and need to meet the work requirement, taking part in FSET will meet your work requirement. If you do not take part in the FSET program or meet your work requirement, you may only be able to receive three months of FoodShare benefits in a 36-month period.  **Appointment Details** | | |
| **Date and Time** | **Address** | |
| <Date>  <Time> | <Address Line 1>  <Address Line 2>  <Address Line 3> | |
| **Things you need to know:**   * Call the FSET worker at the number listed in the upper right corner if: * You cannot make this appointment because of a conflict or emergency. You may be able to reschedule the appointment. * You need help with child care or transportation to attend this appointment. * You no longer want job assistance and do not want to be enrolled in FSET. * You have questions about the information in this letter. * If you miss this appointment, you **MUST** call your FSET worker to make another appointment. * Some activities, such as FSET enrollment, orientation, and Job Club, may be in a group setting.   **USDA 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](mailto:FNSCivilRightsComplaints@usda.gov)   This institution is an equal opportunity provider. | | |