ACCESS APPLICATION COVER SHEET – MILWAUKEE ENROLLMENT SERVICES (Miles) FAX NUMBER 414-438-4580

Confidentiality: This facsimile transmission is intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential, or exempt from disclosure under applicable law.

If the reader of this message is not the intended recipient or an agent authorized to receive this transmittal on behalf of the intended recipient, please notify <u>DHSMilESCustomerService@dhs.wisconsin.gov</u>. Any unauthorized review, use, copying, dissemination, or distribution of the content of this communication is strictly prohibited.

NOTE: This cover sheet should only be used for sending documents after the application or review is completed on ACCESS.

Sender		Phone Number		ACCESS Date
Customer – Last Name	First Name			Date of Birth
ACCESS Application Tracking Number or Case Nur		Number of Pages (including cover sheet)		
Check the type(s) of documentation being submitted.				
Six-Month Report form (SMRF) packet				
FoodShare Employment and Training (FSET) exemption form/letter				
Other – specify:				
Change of Address and Expenses				
Lease	Home ins	urance	Telephone bill	
☐ Mortgage	Gas bill		Property tax	
Rent Receipt	Electric bi	II	Medical bills	
Income	Unearned Income		Assets	
Check stub(s)	Unemploy	vment	nt 🗌 Bank account statement	
Employer Verification of Earnings (EVFE)	Social Security (SS) income Vehicle ownership		le ownership	
Letter signed by employer			🗌 Trust	account
Taxes for year:			🗌 Life ir	nsurance
Other income – specify:				
Identity and Citizenship				
Photo ID	Alien registration papers			
Birth certificate	SS card or Form SS-5 (application for Social Security card)			
Birth announcement/footprints	School records			
Passport				
Other – specify:				