

FOODSHARE BUY AND MAKE FOOD SEPARATELY

INSTRUCTIONS: Complete this form to tell us who is in your household and whether you buy and make food with them. This form provides FoodShare with information when an individual does not buy and make meals with other people that live in the same house. Personally identifiable information will only be used for the direct administration of FoodShare.

Form Submission

You can submit your completed form in one of the following ways:

 **Mobile App**

Take a photo of all the pages of the form and submit them using the MyACCESS mobile app.

 **Online**

Scan all pages of the form to the ACCESS website. You can do this through your ACCESS account, which you can log into at access.wi.gov.

Note: You can only scan forms to ACCESS at certain times. If you are unable to scan the form to ACCESS, submit the form using one of the other ways.

 **Fax**

- If you live in **Milwaukee County**, fax the form to 888-409-1979.
- If you do not live in Milwaukee County, fax the form to 855- 293-1822.

 **Mail**

- If you live in **Milwaukee County**, mail the form to:
 MDPU
 PO Box 05676
 Milwaukee, WI 53205
- If you do **not** live in Milwaukee County, mail the form to:
 CDPU
 PO Box 5234
 Janesville, WI 53547

 **In Person**

Take the form to your agency. Your agency contact information is on the Wisconsin Department of Health Services (DHS) website at www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm

SECTION 1

Information About the Person Who Applied for Benefits



Name – Person Who Applied for Benefits (First, Last, Middle Initial)		Case Number	
Street Address		Date of Birth	
City	State	Zip Code	

SECTION 2

Information About the Household



Provide a list of people who live in your household and their relationship to you (for example, child, spouse, parent, friend). Do you **buy or make** meals with these people? (Check yes or no.)

Name	Relationship	Yes	No	Name	Relationship	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3

Statements of Understanding and Signature



By signing below, I am saying, under penalty of perjury and false swearing, that the information I have given on this form is true. I am also saying that I understand that the following people are included in the same FoodShare household, even if we do not purchase and prepare meals together:

- Spouses
- Biological, adoptive, or stepparents and their children under the age of 22
- Adults and children under age 18 over whom they have parental control



SIGNATURE – Adult in Your Household

Date Signed

Print First and Last Name

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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