

**NEGATIVE NOTICE**

Applicant / Member Name (Last, First MI)	Case Number	Date
Address (City, State, Zip Code)		

**See Explanation of Action section for more details.**

**Child Care Assistance**

- Your application for Child Care Assistance has been denied.
- Your Child Care Assistance will be terminated effective \_\_\_\_\_.
- Your application for Child Care Assistance has been cancelled because you have withdrawn the application.
- We have not made a decision on your Child Care Assistance application because \_\_\_\_\_.

**FoodShare Wisconsin**

- Your application for FoodShare benefits has been denied.
- Your monthly FoodShare benefits will decrease from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ effective \_\_\_\_\_.
- Your FoodShare benefits will be terminated effective \_\_\_\_\_.
- \_\_\_\_\_ (Member) will no longer receive FoodShare benefits effective \_\_\_\_\_.
- Your application for FoodShare benefits has been cancelled because you have withdrawn the application.
- We have not made a decision on your FoodShare application because \_\_\_\_\_.

**Medicaid / BadgerCare Plus**

- Your application for Medicaid/BadgerCare Plus for the months of \_\_\_\_\_ has been denied because \_\_\_\_\_.
- Your Medicaid/BadgerCare Plus benefits will be terminated effective \_\_\_\_\_ because \_\_\_\_\_.
- Your application for Medicaid/BadgerCare Plus has been denied because your income exceeds the legal maximum by \$ \_\_\_\_\_ per month. If you incur six times this amount (\$ \_\_\_\_\_), in medical bills, you may be able to enroll. Contact your worker for details.
- Your Medicaid/BadgerCare Plus premium, patient liability or cost share has increased to \$ \_\_\_\_\_ per month, effective \_\_\_\_\_ because \_\_\_\_\_.
- Your application for Medicaid/BadgerCare Plus has been cancelled because you have withdrawn the application.
- We have not yet made a decision on your Medicaid/BadgerCare Plus application because \_\_\_\_\_.

**Wisconsin Works (W-2)**

- Your application has been denied for  W-2,  Job Access Loan or  Emergency Assistance (Check one program only).
- Your W-2 benefits will be terminated effective \_\_\_\_\_ because \_\_\_\_\_  
\_\_\_\_\_.
- Your W-2 payment will decrease from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ effective \_\_\_\_\_.
- Your application for W-2 has been cancelled because you have withdrawn the application.
- We have not made a decision on your W-2 application because \_\_\_\_\_  
\_\_\_\_\_.

**Other**

- Your application/review for \_\_\_\_\_ (program) has been denied, effective \_\_\_\_\_.
- Your application/review for \_\_\_\_\_ (program) has been denied, effective \_\_\_\_\_.

**Additional Comments / Explanation of Action(s)**. Please include income and expenses used in the eligibility determination. (For Medicaid and BadgerCare Plus cases include the appropriate legal citation for this action.)

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If you do not agree with your Medicaid/BadgerCare Plus, FoodShare benefits or Child Care Assistance decision, you can request a fair hearing. **Please see the enclosed for information about fair hearings.**

If you disagree with a W-2 decision, you can ask for a Fact Finding Review. You must ask for the review within 45 days from the date of the notice, or within 45 days from the effective date of the decision announced in this notice, whichever is later.

If you have questions, please contact

County/tribal or W-2 agency

Distribution: Member / Applicant – original

Case file – copy

## YOUR RIGHTS AND RESPONSIBILITIES FOR HEALTH CARE / FOODSHARE

**YOU HAVE THE RIGHT TO A WRITTEN NOTICE** from this agency before any action is taken to stop or reduce your health care (Medicaid, BadgerCare Plus, Family Planning Only Services) or FoodShare benefits. For most actions, you will receive a letter at least 10 days before the action is taken.

**YOU MAY REQUEST A FAIR HEARING FOR HEALTH CARE OR FOODSHARE BENEFITS** if you disagree with any agency action. You may request a fair hearing in writing or in person with the agency listed on the front of this notice. For FoodShare, your agency can take your request verbally. You may also request a fair hearing by writing to the Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875 or by calling 1-608-266-3096. Your request must be received (1) within 45 days of the action's effective date for health care and, (2) within 90 days of the agency's effective date for FoodShare or at any time while you are getting FoodShare benefits, if you do not agree with the amount of your benefits.

In most cases, if your Fair Hearing request is received by the Division of Hearings and Appeals prior to the action's effective date, your health care and/or FoodShare benefits will not stop or be reduced. Your benefits will continue, at least, until a decision is made about your appeal. During this time, if another unrelated change occurs, your health care or FoodShare benefits may change. If another change occurs, you will get a new letter. If you are not satisfied with the fair hearing decision, you may appeal and request a second fair hearing. If the fair hearing decision ends or reduces your benefits, you may have to repay any benefits you got while your appeal was pending. You may ask not to receive continued benefits.

**YOU MAY REPRESENT YOURSELF OR BE REPRESENTED** at the hearing or conference by an attorney, friend or anyone else you choose. We cannot pay for your attorney. However, free legal services may be available to you if you qualify.

If you fail to appear, or your representative fails to appear at the hearing without good cause, your appeal is considered abandoned and will be dismissed.

**IF YOU ARE RECEIVING HEALTH CARE BENEFITS**, you must cooperate with the Child Support Agency, unless you have a good cause reason. Your worker can provide more information about child support cooperation. Even if you are not able to enroll in health care, help is available to get or increase your child support payments. Contact your county Child Support Agency for more information.

**COMPUTER CHECK:** If you work, the wages you report will be checked by computer against the wages your employer reports to the Department of Workforce Development. The Internal Revenue Service, Social Security Administration, Unemployment Insurance Division and Department of Transportation may also be contacted about income and assets you may have.

**IF YOU ARE ENROLLED IN HEALTH CARE PROGRAM**, each time you go to a BadgerCare Plus or Medicaid provider you may be asked to see your ForwardHealth card. For some services, you may have to pay a copay to the provider. The amount will depend on the type of service and the cost of the service cost. Your provider should tell you if a copay is required or if a service is not covered by your health care plan. If you have questions about your health care plan, contact Member Services at 1-800-362-3002.

**IF YOU RECEIVE BENEFITS OR SERVICES**, you must follow these rules:

- **DO NOT** give false information or hide information to get or continue to get benefits.
- **DO NOT** trade or sell FoodShare benefits (QUEST Card) or ForwardHealth cards.
- **DO NOT** alter cards to get benefits you are not entitled to receive.
- **DO NOT** use FoodShare benefits to buy ineligible items, like alcohol or tobacco.
- **DO NOT** use someone else's QUEST Card or ForwardHealth card.

### FOODSHARE PENALTY WARNING

Any member of your household who intentionally breaks any of the following rules can be barred from FoodShare for 12 months after the first violation, 24 months after the second violation or for the first violation involving a controlled substance, and permanently for the third violation.

- Giving false information or hiding information to get or continue to get FoodShare benefits,
- Trading or selling FoodShare benefits,
- Using FoodShare benefits to buy nonfood items like alcohol or tobacco,
- Using another person's FoodShare benefits, identification cards or other documentation.

Depending on the value of the misused benefits, you can also be fined up to \$250,000, imprisoned up to 20 years or both. A court can also bar you from FoodShare Wisconsin for an additional 18 months. You will be permanently disqualified if you are convicted of trafficking FoodShare benefits of \$500 or more. You will not be able to take part in FoodShare Wisconsin for 10 years if you are found to have made a fraudulent statement or representation with respect to identity and residence to receive multiple benefits at the same time. Fleeing felons and probation/parole violators are not able to take part in FoodShare Wisconsin. You may also be subject to further prosecution under other applicable federal laws.

If you trade (buy or sell) FoodShare benefits for a controlled substance/illegal drugs, you will be barred from the FoodShare program for a period of 2 years for the first finding and permanently for the second finding. If you trade (buy or sell) firearms, ammunition or explosives, you will be barred from FoodShare Wisconsin permanently.

### DISCRIMINATION

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food and Nutrition Act of 2008 and USDA policy, discrimination is also prohibited on the basis of religion or political beliefs.

To file a complaint of discrimination, for health care or FoodShare, contact:

Wisconsin Department of Health Services  
Affirmative Action / Civil Rights Compliance  
1 W. Wilson, Room 555  
Madison, WI 53707-7850  
Telephone: (608) 266-9372 (voice) or 1-888-701-1251 (TTY)

#### Or, for health care

HHS, Director, Office for Civil Rights,  
Room 506-F  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Telephone: (202) 619-0403 (voice) or (202) 619-3257 (TTY)

#### Or, for FoodShare,

USDA, Director, Office of Adjudication  
1400 Independence Avenue, S.W.  
Washington, D.C. 20250-9410  
Telephone: (866) 632-9992 (voice).

Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA, HHS and DHS are equal opportunity providers and employers. For civil rights questions, call (608) 266-9372 (voice) or 1-888-701-1251 (TTY).

RE: Federal Regulations	7 CFR 273, 42 CFR 431, 42 CFR 433, 42 CFR 435
Wisconsin Statutes	49.22, 49.45, 49.49, 49.95