

**ADD OR REMOVE AN AUTHORIZED BUYER OR ALTERNATE PAYEE
FOR FOODSHARE BENEFITS**

Personally identifiable information will be used only for the direct management of FoodShare Wisconsin.

Use this form to add or remove an **authorized buyer** or **alternate payee** for your FoodShare account.

- An **authorized buyer** is a person who can use your FoodShare benefits to buy food for your household. If you choose an authorized buyer, he or she will get a QUEST card with his or her name on it, **in addition to** you getting a QUEST card.
- An **alternate payee** is a person who uses FoodShare benefits on your behalf. If you choose an alternate payee, he or she will get a QUEST card with his or her name on it, **instead of** you getting a QUEST card.

You can remove an authorized buyer or alternate payee from your account at any time by contacting your agency or filling out this form.

Instructions: Fill out the information below to add or remove an authorized buyer or alternate payee from your FoodShare account. Submit the completed form to your agency. To find your agency, go to dhs.wisconsin.gov/forwardhealth/imagency/index.htm or call Member Services at 1-800-362-3002.

Case Name	Case Number	Worker Name
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By checking the box(es) below, I certify that:

I want _____ designated as an authorized buyer who has access to my FoodShare account to buy food for my household. I understand that we will both be given a QUEST card. My authorized buyer's QUEST card should be mailed to:
Street Address _____

City	State	Zip Code
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I want _____ removed as an authorized buyer from my FoodShare account.

I want _____ designated as an alternate payee who will use my FoodShare benefits to buy my food. I understand that my alternate payee will be given a QUEST card instead of me. My alternate payee's QUEST card should be mailed to:
Street Address _____

City	State	Zip Code
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I want _____ removed as an alternate payee from my FoodShare account.

I understand that:

- Any transaction on my FoodShare account is considered authorized, and benefits will not be replaced for purchases made by any of the following individuals:
- Myself
 - An authorized buyer
 - An alternate payee
 - Any other person to whom I voluntarily give my QUEST card and personal identification number (PIN)
- If any QUEST card on my account is lost or stolen, I may have to pay a \$2.70 fee to replace it. The fee will come out of my FoodShare benefits.

Note: Your signature below must be witnessed. Two witness signatures are required if you sign with an X.

SIGNATURE – Primary Cardholder or Other Payee	Date Signed
SIGNATURE – Witness 1 (Required)	Date Signed
SIGNATURE – Witness 2*	Date Signed

*Required only if primary cardholder or other payee signed with an X.

NOTE: You have the right to have another person represent you and act on your behalf to complete the application/ review process. This person will act as your authorized representative. If you wish to authorize someone to act on your behalf, complete the Medicaid /BadgerCare Plus/FoodShare Authorization of Representative form (F-10126). To get this form, contact your agency or visit <https://www.dhs.wisconsin.gov/library/F-10126.htm>.

For Income Maintenance (IM) Agency Caseworker Use Only

- New Authorized Buyer New Alternate Payee Remove Authorized Buyer Remove Alternate Payee

SIGNATURE – IM Agency Caseworker	Date Signed
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DISTRIBUTION: Case File – Original Member – Copy

USDA Nondiscrimination Statement

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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](https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer), (AD-3027) found online at: <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>, 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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