



# Registration Packet

July 2020

**FOODSHARE WISCONSIN REGISTRATION**

**INSTRUCTIONS:** If you have a disability and need this application in an alternate format or need it translated to another language, please contact your agency. To get the phone number of your agency, go to [www.dhs.wisconsin.gov/forwardhealth/resources.htm](http://www.dhs.wisconsin.gov/forwardhealth/resources.htm) or call Member Services at 800-362-3002. Translation services are free of charge.

You may have another adult complete the application for you. If your FoodShare benefits stopped within the last 30 days, you may complete this application or contact your agency to find out if you can reopen your FoodShare benefits without completing this application.

If you are found eligible for FoodShare, your FoodShare benefits will start on the date your application is received by your agency. Your application will be processed as soon as possible but no later than 30 days from the date your application is received by your agency.

Name – Applicant (Last, First, Middle Initial)		Social Security Number (optional)	
Date of Birth (mm/dd/yy – optional)	Phone Number (optional)	Are You Currently Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			
City		State	Zip Code
<b>SIGNATURE</b> – Applicant or Authorized Representative			Date Signed (mm/dd/yy)

**Priority FoodShare Services**

If you need help right away, you may be able to get FoodShare benefits within seven days of providing your application and/or registration form if any of the following are true:

- Your household has \$100 or less available in cash or in the bank and will have less than \$150 of income this month.
- Your household has rent, mortgage, or utility costs that are more than your total gross monthly income (available cash or in bank accounts) for this month.
- Your household includes a migrant or seasonal farm worker whose income has stopped.

**Answer the following questions to be considered for faster service.**

What is the total gross income expected by your household this month (before taxes or other deductions)?	\$ _____
What are your household's total available assets (for example, cash, money in checking or savings accounts, or a lump sum of money)?	\$ _____
What is the amount your household pays in total for rent or mortgage this month?	\$ _____
Did your household get Wisconsin FoodShare benefits this month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently living in a shelter for victims of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your household get Supplemental Nutrition Assistance Program (SNAP, food stamps, electronic benefits transfer) benefits in another state this month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone in your household a migrant or seasonal farm worker whose income has recently stopped and who does not expect to receive more than \$25 in income in the next 10 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If your household has to pay utilities, answer the following questions.**

If you pay rent, is heat included in your rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check the utilities your household is required to pay, and check "Yes" or "No" if the utility is used to heat your home.	
Used for heat?	Used for heat?
<input type="checkbox"/> Gas (natural) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fuel oil/kerosene <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Electric <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Coal <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Liquid propane gas <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wood <input type="checkbox"/> Yes <input type="checkbox"/> No

Check the utilities your household is required to pay.

Phone     Water     Sewer     Trash removal     Installation     Air conditioning surcharge     Other: \_\_\_\_\_

You have the right to submit your application at any time. To set your filing date (the date your benefits can start) you must provide at least your name, address, and signature. You can then complete a full application online at [access.wi.gov](https://access.wi.gov), by mail, by fax, by phone, or in person.

You will need to have an interview with your agency in person or over the phone in order to finish the rest of your application.

You may have to provide proof of some of your answers. See the "Proof Needed" section for a list of proof you may need to give us.

**Mail or fax applications and/or proof to:**

If you live in Milwaukee County:  
MDPU  
PO Box 05676  
Milwaukee, WI 53205

If you **do not** live in Milwaukee County:  
CDPU  
PO Box 5234  
Janesville, WI 53547-5234

Or fax: 888-409-1979

Or fax: 855-293-1822

You can also scan and upload any proof online at [access.wi.gov](https://access.wi.gov).

If you want to apply for BadgerCare Plus or Medicaid, you can apply for these health care programs online at [access.wi.gov](https://access.wi.gov) at the same time you are applying for FoodShare benefits. Or you can complete a paper application for health care. Applications can be found online at [www.dhs.wisconsin.gov/forwardhealth/resources.htm](https://www.dhs.wisconsin.gov/forwardhealth/resources.htm) or by contacting your agency.

**FOODSHARE WISCONSIN IMPORTANT INFORMATION**

This application is for FoodShare benefits only. It is not an application for BadgerCare Plus, Family Planning Only Services, Medicaid, Wisconsin Shares Child Care Subsidy, or Wisconsin Works (W-2). You can apply for BadgerCare Plus, Family Planning Only Services, Medicaid, and Wisconsin Shares online at [access.wi.gov](https://access.wi.gov) at the same time you are applying for FoodShare. You must contact your agency to apply for W-2.

FoodShare is an entitlement. You do not have to apply for W-2 or other programs to be able to get FoodShare benefits. FoodShare benefits are available to help meet nutritional needs of low-income households. A household is usually made up of people who live together and share food. The amount of FoodShare benefits a household gets is based on the household's size, expenses, and income. FoodShare benefits are issued on a Wisconsin QUEST card, which is used like a debit card at grocery stores or farmers markets that accept FoodShare.

As a FoodShare member, you have rights and responsibilities. Your rights include:

- The right to be notified of your enrollment status within 30 days of applying.
- The right to get benefits within seven days if you qualify for immediate help.
- The right to be treated with respect and not be discriminated against because of age, sex, race, color, disability, religious creed, national origin, or political beliefs.

You are responsible for:

- Answering all questions on the application completely and honestly and signing your name to certify, under penalty of perjury, that all your answers are true and correct.
- Providing proof of all information needed to determine eligibility.
- Reporting required changes within the time frame provided to you in your letters.
- Not selling, trading, or giving away benefits.
- Using FoodShare benefits only to buy allowed items.

People who break FoodShare rules may be disqualified from the program, fined, imprisoned, or all three.

For more information about your rights and responsibilities, go to [www.dhs.wisconsin.gov/library/F-10150B.htm](https://www.dhs.wisconsin.gov/library/F-10150B.htm).

## **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, 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](#), (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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

## **WRITTEN NOTICE**

You have the right to receive a written notice from your agency before any action is taken to end or reduce your FoodShare benefits. For most actions, you will get a letter at least 10 days before the action is taken.

## **FAIR HEARING**

You have the right to a fair hearing if you disagree with any agency action. You may request a fair hearing verbally by calling 608-266-7709. You can also send the Request for Fair Hearing form or a letter requesting a hearing by fax to 608-264-9885 or by mail to:

Department of Administration  
Division of Hearing and Appeals  
PO Box 7875  
Madison, WI 53707-7875

Your request must be received within 90 days of the agency's effective date for your FoodShare benefits **or**, if you do not agree with the amount of your FoodShare benefits, at any time while you are getting benefits.

The Request for Fair Hearing form may be downloaded at [www.dhs.wisconsin.gov/forwardhealth/resources.htm](http://www.dhs.wisconsin.gov/forwardhealth/resources.htm), or you can call the agency listed on your letter to request a hearing.

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 FoodShare benefits will not stop or be reduced. You can ask that your benefits continue, at least until a decision is made about your appeal. During this time, if another unrelated change occurs, your 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 service may be available to you if you qualify. To learn more about free legal help, call 888-278-0633.

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.

### **LEGAL GUARDIAN, CONSERVATOR, OR POWER OF ATTORNEY**

If you have a legal guardian, conservator, or power of attorney, that person can fill out and submit this form on your behalf. That person would also need to submit documents about his or her appointment along with this form.

### **AUTHORIZED REPRESENTATIVE**

You may have an authorized representative fill out and submit this form on your behalf. To appoint an authorized representative, fill out either the Appoint, Change, or Remove an Authorized Representative: Person form, F-10126A, or the Appoint, Change, or Remove an Authorized Representative: Organization form, F-10126B. Both forms are available at [www.dhs.wisconsin.gov/library/F-10126.htm](http://www.dhs.wisconsin.gov/library/F-10126.htm). If an authorized representative provides wrong information that is used to determine your FoodShare benefits, either you or your authorized representative will be responsible for any mistakes.

### **COLLECTION OF INFORMATION / USE OF SOCIAL SECURITY NUMBERS / PERSONALLY IDENTIFIABLE INFORMATION**

**The collection of this information, including the Social Security number of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in SNAP. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.**

**The information will be used to determine if your household can get or keep getting benefits.**

**Information you give will be verified through computer matching programs. This information will also be used to monitor compliance with program rules and for program management.**

**This information may be disclosed to other federal and state agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.**

**If a SNAP claim arises against your household, the information on this application, including all Social Security numbers, may be referred to federal and state agencies, as well as private claims collection agencies, for claims collection action.**

**Providing the requested information, including the Social Security numbers of each household member, is voluntary. However, failure to provide a Social Security number will result in the denial of SNAP benefits to each individual failing to provide a Social Security number. Any Social Security numbers provided will be used and disclosed in the same manner as Social Security numbers of eligible household members.**

**Your Social Security number will not be shared with the United States Citizenship and Immigration Services (USCIS).**

### **IMMIGRATION STATUS**

To be able to get FoodShare, you must be a U.S. citizen or have qualifying immigration status with USCIS. Immigration status of all individuals applying for FoodShare will be verified with USCIS and may affect FoodShare enrollment and benefits. Immigration status will **not** be verified with USCIS for any individual who is not applying for FoodShare or who indicates he or she does not have qualifying immigration status with USCIS. However, income from those individuals may affect FoodShare enrollment or benefits.

### **QUALITY CONTROL REVIEW**

Your FoodShare case may be randomly selected by the Wisconsin Department of Health Services for a quality control review. A FoodShare quality control review is a review of your FoodShare case to make sure the agency that enrolled you in FoodShare issued your benefits correctly and is following the rules set by the federal government. Federal law states that you must cooperate with the quality control review. If you do not give the information requested and do not cooperate with the review, your FoodShare case may be closed. If this happens, you will be told how long your case may be closed.

### **WORK REGISTRATION REQUIREMENT FOR INDIVIDUALS AGES 16 THROUGH 59**

All FoodShare applicants and members ages 16 through 59 must be registered for work unless they are considered exempt. You will be registered for work at the time you are determined eligible for FoodShare unless you meet an exemption.

You meet an exemption from the work registration requirements if **any** of the following is true:

- You are 16 or 17 years old and are not the primary person in the FoodShare group.
- You are 16 or 17 years old and are the primary person in the FoodShare group but are enrolled in school or in an employment and training program at least half time.
- You are found to be unfit for work. This applies if:
  - You get temporary or permanent disability benefits from the government or a private source.
  - You are found to be mentally or physically unable to work by your agency.
  - You are verified as unable to work by a statement from a health care professional or social worker.
- You are enrolled in W-2 and complying with the W-2 work requirements.
- You are the primary caregiver for a dependent child younger than age 6 (whether the child lives in your home or out of your home). However, if you and another person both have parental control of the child, only one of you can be exempt from the work registration requirements as the primary caregiver of that child.
- You are the primary caregiver for another person who cannot care for himself or herself (whether the person lives in your home or out of your home).
- You have applied for or are receiving unemployment compensation.
- You are regularly taking part in an alcohol or other drug abuse treatment or rehabilitation program.
- You are working 30 or more hours per week or earning wages equal to 30 or more hours per week at the federal minimum wage.
- You are enrolled at least half time in a recognized school, training program, or institution of higher education.

You may need to provide proof to your agency if you meet one of these exemptions. Although registration for work is required, taking part in a work program is voluntary.

#### **WORK REGISTRATION REQUIREMENT SANCTION**

If you do not comply with the work registration requirements and you do not meet an exemption, you will not be able to get FoodShare benefits for a specified sanction period. This includes if you voluntarily and without good cause do any of the following:

- Turn down a suitable job offer
- Quit a job of 30 or more hours per week (or a job with earnings equal to 30 hours per week at the federal minimum wage)
- Reduce your work hours to less than 30 hours per week (or your earnings to less than 30 times the federal minimum wage)
- Take part in W-2 but do not meet the W-2 program work requirements
- Apply for or get unemployment benefits but do not meet the unemployment compensation program work requirements

If, during the sanction period, you move to another FoodShare household, the remainder of your sanction period will transfer with you to that household. The length of a sanction period is:

- One month for the first sanction.
- Three months for the second sanction.
- Six months for the third or subsequent sanctions.

You can end a sanction period early if you become exempt from the work registration requirements.

You will need to reapply for FoodShare if you want to get benefits after the sanction period ends. If you are part of a FoodShare group, you will need to let your worker know to update your case instead of having to reapply.

#### **WORK REQUIREMENT FOR ABLE-BODIED ADULTS AGES 18 THROUGH 49**

Certain adults ages 18 through 49 with no minor children living in the home may only get three months of time-limited FoodShare benefits in a 36-month (three-year) period unless they meet the FoodShare work requirement or are considered exempt. This work requirement is different from the work registration requirement.

There are three ways to meet the work requirement:

1. Work at least 80 hours each month.
2. Take part in an allowable work program at least 80 hours each month, such as:
  - a. FoodShare Employment and Training (FSET).
  - b. W-2.
  - c. Certain programs under the Workforce Innovation and Opportunity Act (WIOA).
3. Have an in-kind job (paid with goods instead of money) or volunteer at least 80 hours each month.

4. Have a combination of work, an in-kind job, volunteer, or take part in an allowable work program for a total of 80 hours each month.

You will get information about the FSET program if you are enrolled in FoodShare.

You may be considered exempt and may not need to meet the work requirement if any of the following is true:

- You are living with a child under age 18 who is part of the same FoodShare household.
- You are the primary caregiver for a person who cannot care for himself or herself.
- You are the primary caregiver for a dependent child under age 6.
- You are physically or mentally unable to work. This includes being homeless long term. Being homeless long term means you will not have a regular place to stay for the next 30 nights.
- You are pregnant.
- You are receiving or have applied for unemployment insurance.
- You are taking part in an alcohol or other drug abuse (AODA) treatment or rehabilitation program.
- You are enrolled in an institution of higher learning at least half time.
- You are age 18 or older attending high school at least half time.
- You are enrolled in W-2 and complying with W-2 requirements.
- You are working 30 or more hours per week or are earning wages equal to 30 or more hours per week at the federal minimum wage.

**Note:** You may need to provide proof that you have an exemption.

#### **JOB CENTER**

Job Center is available to you. Job Center is the largest source of job openings in Wisconsin. Visit the Job Center website at [jobcenterofwisconsin.com](http://jobcenterofwisconsin.com), or you can use touch-screen computers at your local job center. To find a job center near you, call 888-258-9966 (toll free).

#### **COMPUTER CHECK**

**Information on your application will be subject to verification through the state income and eligibility verification system. If you work, job income and wages you report will be checked by computer against wages your employer reports to the Department of Workforce Development. The IRS, Social Security Administration, and Unemployment Insurance Division are also contacted about income and assets you may have. Information from these agencies may affect your household's enrollment and/or benefit amount.**

**If any information you give is found to be incorrect, you may be denied FoodShare benefits and/or be subject to criminal prosecution for knowingly providing false information. You must repay any benefits you get if you gave false information. If a FoodShare claim is made against your household, information on the application, including all Social Security numbers, may be referred to federal and state agencies, as well as private collection agencies, for claims collection action.**

#### **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**
- **Altering cards to get benefits you are not entitled to get**
- **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 and 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 or illegal drugs, you will be barred from the FoodShare program for a period of two 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.**

### **PROOF NEEDED**

Enrollment in FoodShare cannot be determined until you provide proof of certain answers. The list below shows what proof is needed and some of the items you can use.

- If your interview is at the agency, please bring as many items of proof as you can from the list below.
- If your interview is by phone, you will be sent a list of what you will need to provide proof of after your phone interview.

If you are not able to get the items you need, tell your agency what items you are not able to get, and your agency can help you. You may be asked to give proof of items not listed below. If so, your agency will send you a list of other proof that is needed.

#### **Identity**

- Driver's license
- Birth certificate
- Passport or U.S. citizen card
- Paycheck
- Employee ID
- Hospital record

#### **Earned Income**

- All check stubs received in the last 30 days
- A signed statement from employer that includes gross earnings and pay dates expected in the next 30 days
- Employer Verification of Earnings form

#### **Other Income**

- (for example, unemployment insurance, disability insurance, Social Security, retirement, veterans benefits, military allotments)
- Award letter
  - Copy of last check

The following items may be required to get a credit.

#### **Housing Costs and Utility Bills**

- Current rent receipt with landlord's name and phone number on it
- Lease or mortgage papers
- Real estate property tax statement
- Utility bills

#### **Child Support**

- (received or paid in a state other than Wisconsin)
- Court order papers or other record of payment
  - Payment record from other state

If you are age 60 or over, blind, or have a disability, you may get a credit for certain medical costs.

#### **Medical Costs and Expenses**

Medical costs and expenses include, but are not limited to, the following:

- Hospital, medical, dental, and vision services
- Premiums for health insurance, Medicare premiums, and costs for prescriptions drug plans
- Prescription and over-the-counter medicine
- Nursing home and home health services
- Medical equipment and supplies
- Transportation and lodging costs to get medical care
- Related cost for a specially trained service animal
- Lifeline/Medic Alert costs if prescribed by a health care professional
- Billing statement
- Itemized receipts
- Medicine or pill bottle with price on label
- Health insurance policy showing premium, coinsurance, copayments, or deductible
- Statement from pharmacy
- Repayment agreement with provider
- Statement from doctor verifying over-the-counter drug was prescribed
- Bill for services of a visiting nurse, homemaker, or home health aide
- Lodging and/or transportation receipts for obtaining medical treatment or services
- Bill or receipts for animal food, training, or veterinarian services for a specially trained service animal



**FOODSHARE WISCONSIN APPLICATION**

This application is for FoodShare only. This is not an application for Medicaid, BadgerCare Plus, Wisconsin Shares, or Wisconsin Works (W-2). You can apply for Medicaid, BadgerCare Plus, and Wisconsin Shares online at [access.wi.gov](http://access.wi.gov) at the same time you are applying for FoodShare. To apply for W-2, you must contact your agency. These programs can provide you help with the cost of health care or child care or finding a job as part of W-2.

**How to Use This Form**

1. Print clearly. Use blue or black ink.
2. Fill out the application completely. If you need more room to provide your answer, use a blank sheet of paper. Return your application to **your agency**. To get the address of your agency, go to [www.dhs.wisconsin.gov/forwardhealth/resources.htm](http://www.dhs.wisconsin.gov/forwardhealth/resources.htm) or call Member Services at 800-362-3002.
3. If you need help filling out this application, contact your agency.
4. You may have an authorized representative apply for you. To appoint an authorized representative, fill out either the Appoint, Change, or Remove an Authorized Representative: Person form, F10126A, or the Appoint, Change, or Remove an Authorized Representative: Organization form, F10126B. This will allow your authorized representative to complete and sign the application for you. To get this form, call 800-362-3002, or go to [www.dhs.wisconsin.gov/forwardhealth/representative-types.htm](http://www.dhs.wisconsin.gov/forwardhealth/representative-types.htm).

**SECTION 1 – CONTACT INFORMATION**

Please tell us how we can contact you. Include the area code for all phone numbers.

Phone Number	Type of Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Other Phone Number	Who does this number belong to? <input type="checkbox"/> Self <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Relative	What is this person's name?
Email Address		

What is the best way and time to contact you during the weekdays?

**SECTION 2 – APPLICANT INFORMATION**

If you are completing this application for someone else, answer the rest of the questions as if you were that person. **Note:** You don't have to answer race and ethnicity questions if you don't want to. We are asking these questions to help improve our programs and make sure they do not discriminate based on ethnicity or race. Your answers will not be used to make a decision about your programs and benefits.

Name – Applicant (Last, First Middle Initial)	Date of Birth (mm/dd/yy)	Social Security Number	
Street Address			
City	State	Zip Code	
Are you currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address – if different from your residence (include street or PO box)			
City	State	Zip Code	

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced
U.S. Citizen (only for those applying) <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race (optional, choose one or more) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White	
In which language do you want FoodShare letters printed?	Primary Language Spoken in Your Home

**SECTION 3 – HOUSEHOLD INFORMATION**

If more room is needed, use a blank sheet of paper to answer these questions. **Note:** You don't have to answer race and ethnicity questions if you don't want to. We are asking these questions to help improve our programs and make sure they do not discriminate based on ethnicity or race. Your answers will not be used to make a decision about your programs and benefits.

<b>Name – Spouse or Other Adult</b> (Last, First Middle Initial)		Is this person applying for FoodShare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (mm/dd/yy)	Social Security Number (if applying)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
U.S. Citizen (only for those applying) <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race (optional, choose one or more) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White		
Relationship to Applicant	Do you share food with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide care for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name – Child 1</b> (Last, First Middle Initial)		Is this person applying for FoodShare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (mm/dd/yy)	Social Security Number (if applying)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
U.S. Citizen (only for those applying) <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race (optional, choose one or more) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White		
Relationship to Applicant	Do you share food with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide care for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Name – Child 2</b> (Last, First Middle Initial)		Is this person applying for FoodShare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (mm/dd/yy)		Social Security Number (if applying)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
U.S. Citizen (only for those applying) <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnicity (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race (optional, choose one or more) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White		
Relationship to Applicant	Do you share food with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide care for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Name – Child 3</b> (Last, First Middle Initial)		Is this person applying for FoodShare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (mm/dd/yy)		Social Security Number (if applying)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
U.S. Citizen (only for those applying) <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnicity (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race (optional, choose one or more) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White		
Relationship to Applicant	Do you share food with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide care for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 4 – STUDENT INFORMATION**

If more room is needed, use a separate sheet of paper.

Is there anyone 18–49 years of age attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 20px;">If no, go to Section 5.</span>	Name – Student (Last, First Middle Initial)
Name of School	The student is enrolled: <input type="checkbox"/> Part time <input type="checkbox"/> Full time
Is the student employed at least 20 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student caring for a child under 6 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student enrolled in an education program that will be completed in two years or less and will lead to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student caring for a child 6–12 years of age where adequate day care is not available? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Is the student a single parent caring for a child less than 12 years of age and attending school full time?

Yes  No

Is the student participating in a federally or state-funded work study program?

Yes  No

Is the student unable to work due to a temporary or permanent disability?

Yes  No

Is the student attending school due to placement through Workforce Innovation and Opportunity Act (WIOA), W-2, or FoodShare Employment and Training (FSET)?

Yes  No

**SECTION 5 – ADDITIONAL HOUSEHOLD INFORMATION**

Has anyone been found totally disabled by the Social Security Administration, Veterans Administration, or Railroad Retirement Board?

Yes  No

Name (Last, First Middle Initial)

Date of Disability Determination (mm/dd/yy)

Has anyone been convicted of a drug felony?

Yes  No

Name (Last, First Middle Initial)

Date of Conviction (mm/dd/yy)

Is anyone a fleeing felon or in violation of probation/parole?

Yes  No

Name (Last, First Middle Initial)

**SECTION 6 – ABSENT PARENT INFORMATION**

Do any children have a biological or adoptive mother or father who is not living at home?

Yes  No

Name of Absent Parent (Last, First Middle Initial)

Social Security Number

Date of Birth (mm/dd/yy)

Name(s) of Child(ren)

Relationship to Child(ren)

Mother  Father

Date Parent Left Household (mm/dd/yy)

Date Last Contact With Parent (mm/dd/yy)

Court Order of Divorce / Paternity

Case Number

County

State

Reason for Parent's Absence

Name of Absent Parent (Last, First Middle Initial)

Social Security Number

Date of Birth (mm/dd/yy)

Name(s) of Child(ren)

Relationship to Child(ren)

Mother  Father

Date Parent Left Household (mm/dd/yy)	Date Last Contact With Parent (mm/dd/yy)	
Court Order of Divorce / Paternity		
Case Number	County	State
Reason for Parent's Absence		

**SECTION 7 – ASSETS**

Asset information is only needed if you are applying for emergency benefits or a household of individuals who are elderly, are blind, or have a disability. List all assets owned by the applicant(s). Include assets owned jointly with anyone else. Do not include the value of personal household belongings. Available assets mean any asset that can be cashed at any time. Assets include items such as cash, checking or savings accounts, certificates of deposit, trust funds, stocks, bonds (not set aside for education, or funeral expenses), interest in annuities, U.S. savings bonds, property agreements, contracts for deeds, timeshares, rental property, life estates, or personal property being held for investment purposes.

Type of Asset	Name of the Owner(s)	Current Value	Description (such as name of bank or financial institution, account number)
Cash		\$	
Checking Account		\$	
Savings Account		\$	
Other Type of Asset		\$	
Other Type of Asset		\$	
Other Type of Asset		\$	

**SECTION 8 – EMPLOYMENT/JOB INCOME AND WAGES**

Enrollment in FoodShare is based on total household income. Do not list self-employment in this section. Self-employment will be entered in Section 10. If more room is needed, use a separate sheet of paper.

Is anyone listed below a migrant worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is any household member working? If yes, answer questions below for each household member who is working. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<table style="width:100%;"> <tr> <td style="width:50%; padding: 5px;"><b>Name of Person Working</b></td> <td style="width:50%; padding: 5px;">Date Employment Began (mm/dd/yy)</td> </tr> </table>	<b>Name of Person Working</b>	Date Employment Began (mm/dd/yy)	Employer Name and Address
<b>Name of Person Working</b>	Date Employment Began (mm/dd/yy)		
How Often Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Once per month	Number of Hours in Pay Period		
How Much Paid Per Hour \$	Gross Earnings (before taxes) Per Pay Period \$		

<b>Name of Person Working</b>	Date Employment Began (mm/dd/yy)
Employer Name and Address	
How Often Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Once per month	Number of Hours in Pay Period
How Much Paid Per Hour \$	Gross Earnings (before taxes) Per Pay Period \$

**SECTION 9 – LOSS OF EMPLOYMENT**

Has anyone recently ended employment? If yes, complete the rest of Section 9.

Yes    No

Name (Last, First Middle Initial)	Date Job Ended (mm/dd/yy)
Employer Name and Address	
Reason Employment Ended <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid off <input type="checkbox"/> Other	Has this person applied for unemployment insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 10 – SELF-EMPLOYMENT INCOME**

Please tell us about any self-employment income you and/or anyone in your home gets. If more room is needed or more than one person is self-employed, use a separate sheet of paper.

Is anyone in your home self-employed? If yes, complete the rest of Section 10.

Yes    No

Name of Self-Employed Person	Business Name
Business Address	Business Ownership Type <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> I don't know
Business Type (for example, a farm, home day care)	Date Business Started

Has this business filed taxes?  Yes    No

If yes, for what tax year did the business last file taxes?

Has the business had a significant change in income or expenses?

Yes    No    I don't know

On average, how much does this business make each month? Please give us the income received before expenses are taken out. \$

On average, what are the total expenses this business has each month? \$

On average, how many hours per month does this person work for this business?

**SECTION 11 – IN-KIND OR VOLUNTEER INCOME OTHER INCOME**

Please tell us about any in-kind (getting goods, food, or services in exchange for work) or volunteer work you and/or anyone in your home does. If more room is needed, use a separate sheet of paper.

Name – Person or organization who gives goods, services, or food in exchange for work or services

Street Address		Phone Number
City	State	Zip

What is the service or work done in exchange for goods, services, or food?

How many hours each month are provided?	Date Service Started
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Name – Person or organization you volunteer with

Street Address		Phone Number
City	State	Zip

How many hours each month do you volunteer?      Date Service Started

**SECTION 12 – OTHER INCOME**

If more room is needed, use a separate sheet of paper.

Does anyone in your household receive other income? If yes, complete the section below for each income type.

Yes     No

Type of Income		Name – Who Gets This Income	Gross Monthly Amount
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Alimony/child support	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Workers/unemployment compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Disability/sick pay	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Interest/dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Veterans benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

**SECTION 13 – EXPENSES**

**Dependent Care:** Does anyone pay for child or adult care so they can work, look for work, go to school, or receive training?

Yes  No

Who pays for child/adult care?	Who is paid?	Who is it for?
Amount \$	How Often Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Once per month	

**Child Support:** Is anyone court ordered to pay child support?

Yes  No

Who pays child support?	Who is paid?	Who is it for?
Amount \$	How Often Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Once per month	

**Medical Expenses:** Does any household member who is elderly or has a disability have out-of-pocket medical costs? See page 7 of the FoodShare Wisconsin Registration for examples.

Yes  No

Who is the expense for?	What are the expenses?
Amount \$	How Often Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Once per month

**Shelter Costs:** Does anyone in the household have shelter costs (for example, rent, mortgage, property taxes)?

Yes  No

Who pays the expense?	Amount Household Pays Monthly \$
What is the expense for?	
<input type="checkbox"/> Rent/lot rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Property tax <input type="checkbox"/> Homeowner’s insurance <input type="checkbox"/> Mobile home loan payment <input type="checkbox"/> Special assessment	

**Utility Costs:**

Does anyone in the household pay for utilities?

Yes  No

If you pay rent, is heat included in the rent?

Yes  No

Check the box(es) for the utilities your household is required to pay and if the utility is used to heat your home.

	Used for heat?		Used for heat?
<input type="checkbox"/> Gas (natural)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fuel oil/kerosene	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Electric	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Coal	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Liquid propane gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wood	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check the box(es) for the utilities your household is required to pay.

Phone  Water  Sewer  Trash removal  Installation  Air conditioning surcharge  Other: \_\_\_\_\_

Do you receive housing assistance (Section 8 or other subsidized public housing)?

Yes  No

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## SECTION 14 – RIGHTS AND RESPONSIBILITIES

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**Fair Hearings:** I understand I have the right to file a fair hearing request to appeal any action taken concerning my application or ongoing benefits if I do not agree with that action. I understand I can ask for a fair hearing by calling 608-266-7709 or by sending a letter or Request for Fair Hearing form by fax to 608-264-9885 or by mail to:

Department of Administration  
Division of Hearings and Appeals  
PO Box 7875  
Madison, WI 53708-7875

I can download a Request for Fair Hearing form at [www.dhs.wisconsin.gov/forwardhealth/resources.htm](http://www.dhs.wisconsin.gov/forwardhealth/resources.htm). I may also contact the agency office where I applied and ask for a fair hearing verbally or in writing. I understand I can refer to the ForwardHealth Enrollment and Benefits handbook (P-00079) for more information.

**YOU HAVE THE RIGHT TO A WRITTEN NOTICE** from this agency before any action is taken to end or reduce your FoodShare benefits. For most actions, you will get a letter at least 10 days before the action is taken.

### YOU HAVE THE RIGHT TO:

- Get an application and have your application accepted right away.
- Have an adult who knows your situation help you apply for and manage your FoodShare benefits.
- Get your FoodShare benefits within 30 days after you apply if you meet the requirements.
- Get FoodShare benefits within 7 days if you meet the requirements for faster service.
- Not be discriminated against because you are elderly or because of sex, race, color, disability, religious creed, national origin, or political beliefs.
- Have your civil rights upheld.
- Be treated with respect by agency staff.
- Have your private information kept private.
- Ask your agency to explain anything you do not understand.
- Be told in advance if your FoodShare benefits are going to be reduced or will end and the reason for the change.
- See agency records and files relating to you but not information gotten from a confidential source.
- Be given a copy of FoodShare rules.
- Ask for a fair hearing if you do not agree with a decision made by your agency. A fair hearing gives you the chance to tell a hearing officer why you think the decision about your application or benefits was wrong.

### YOU ARE RESPONSIBLE FOR:

- Answering all questions completely and honestly when you apply for FoodShare benefits. You will be signing your name to certify, under penalty of perjury, that all your answers are true.
- Providing proof you are asked for.
- Reporting changes in household income over 130% of the federal poverty level. This amount will be listed on your letters. You can also find the current federal poverty level at [www.dhs.wisconsin.gov/foodshare/fpl.htm](http://www.dhs.wisconsin.gov/foodshare/fpl.htm).
- Reporting when the work hours of a household member with time-limited FoodShare benefits drop below 80 hours per month.
- Not making changes to a QUEST card or any FoodShare documents.
- Not selling, trading, or giving away your FoodShare benefits, documents, or QUEST cards.
- Using FoodShare benefits only to buy eligible items.

**People who break FoodShare rules may be disqualified from the program, fined, put in prison, or all three.**

**Reporting Changes:** I understand that if I get benefits I should not have by not reporting when my household's income goes above 130% of the federal poverty level and when the work hours of a household member with time-limited FoodShare benefits drop below 80 hours per month that I may have to pay back the benefits and may also be prosecuted for fraud, which is a felony.

**Expenses:** I understand that expenses I report, such as shelter, utilities, child care, child support, or medical costs, may affect the level of FoodShare benefits my household receives. I understand that not reporting or providing proof of an expense means that I do not want to receive a deduction for this expense.

**Income Reduction:** I understand that I am not required to report a reduction or loss of income; however, I may be entitled to a higher FoodShare benefit if I do. I understand that as long as I do not report a reduction in my household's monthly income or the loss of any household income, I will not receive any resulting increase in my FoodShare benefit.

**Immigration Status:** I understand that I and all other people living in my household who apply for FoodShare must be citizens or in a satisfactory immigration status to get benefits. I understand that the immigration status of any person in my household applying for benefits will be verified with USCIS; this information provided to USCIS may affect my household's eligibility and amount of benefits. I understand that my status will **not** be verified with USCIS if I am not requesting assistance for myself or if I state that I am an immigrant without satisfactory immigration status.

Any person, including any financial institution, credit reporting agency, employer, or educational institution, is authorized to release this information, according to Wis. Stat. § 49.22 (2) (2m): "The department may request from any person any information it determines appropriate and necessary for the administration of programs carrying out the purposes of 7USC 2011 to 2029. Any person in this state shall provide this information within seven days after receiving a request under this subsection."

I understand the questions and statements on this application form. I understand the penalties for giving false information or breaking the rules. I certify, under penalty of perjury and false swearing, that all my answers, including information provided about the citizenship status of each household member applying for benefits, are correct and complete to the best of my knowledge. I understand and agree to provide documents to prove what I have said. I understand that the local agency may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits.

By signing this application, I am acknowledging that I have read and understand the rights and responsibilities as stated above.

<b>SIGNATURE</b> – Applicant or Authorized Representative	Date Signed (mm/dd/yy)
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