STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-16066 (10/2020)

CHG

FOODSHARE INCOME CHANGE REPORT

(Reduced Reporting Households)

If your monthly hours of work are reduced to less than 80 a month, or your total monthly gross* household income is more than your income reporting limit as shown below, report the change to your agency by the 10th of the next month. If such a change happens, you can:

- Report changes online at access.wisconsin.gov.
- Fill out this report and mail or fax it to:

If you live in Milwaukee County:
MDPU
PO Box 05676
Milwaukee WI 53205
Fax: 888-409-1979

If you do not live in Milwaukee County:
CDPU
PO Box 5234
Janesville, WI 53547-5234
Fax: 855-293-1822

- Call or take it to your agency. You can get the address and phone for your agency at www.dhs.wisconsin.gov/forwardhealth/resources.htm or by calling 800-362-3002 or 711 (TTY).

For example: You start a new job on August 1 that pays more than what you are making now, and there are three people getting FoodShare benefits in your household. If your household's total monthly gross income* in August is more than your income reporting limit of $2,252, you must report the change to your FoodShare worker by September 10. You can also find the amount you are required to report on your latest enrollment letter.

*Total monthly gross income means the total amount of income received by everyone in your household in a month before deductions, such as taxes and withholdings.

October 1, 2020, to September 30, 2021, Monthly Income Reporting Limit*			
Household Size	**Monthly Income Limit**	**Household Size**	**Monthly Income Limit**
1	$1,383	6	$3,809
2	$1,868	7	$4,295
3	$2,353	8	$4,780
4	$2,839	9	$5,266
5	$3,324	10	$5,752

*These income amounts are based on the 2020–2021 federal poverty guidelines, which change every October. For each additional household member, add $486 per person to the income limit.

You may continue to report other changes, such as change of address, a marriage, persons moving in or out of your household, or decreases in your monthly income; however, you are not required to do so. Should you choose to report these changes, contact your agency.

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

Your Name	Case Number

CHANGE IN INCOME AND HOURS

Job Income Hours and Wages Change

Name – Employed Person		Employer	
Rate of Pay Per Hour $	Hours Per Week	How Often Paid	First Pay Date

7 C.F.R. § 273.12(b)

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OTHER INCOME CHANGE
(for example, Social Security benefits, pensions, W-2 payments, strike benefits, child support, and alimony)

Name – Person Receiving Unearned Income	Date Income Changed
Source of Income	New Monthly Amount $

Month of Change	Number of People in Household

Total Monthly Gross Unearned Income	$
Total Monthly Gross Job Income and Wages	+ $
Total Household Gross Monthly Income	= $

Do you expect that the changes reported on this form will remain the same next month? ☐ Yes ☐ No
If no, explain below.

Expenses
I understand that expenses I report, such as shelter, utility, child care, child support, or medical costs, may affect the level of FoodShare benefits my household receives. I understand that failure to report or verify 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.

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

- Giving false information or hiding information to get or continue FoodShare benefits.
- Trading, selling, or altering 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 upon the value of misused benefits, the individual can also be fined up to $250,000, imprisoned up to 20 years, or both. A court can also stop you from getting FoodShare for an additional 18 months. You will also be permanently disqualified if you are convicted of trafficking FoodShare benefits of $500 or more. You will be able to take part in FoodShare for 10 years if you are found to have made a false statement or representation with respect to identity and residence in order to get multiple benefits at the same time. Fleeing felons and probation/parole violators are not able to get FoodShare.. 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 not get FoodShare benefits 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 denied from FoodShare benefits permanently.

SIGNATURE – Participant / Authorized Representative	Date Signed
Daytime Phone Number (Include Area Code)	

RETAIN COMPLETED FORM IN CASE FILE

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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