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| **STATE OF WISCONSIN****DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-16076 (10/2024) |
| foodshare six-month report**SMRF** |
| **To avoid a delay in your FoodShare benefits, complete, sign and return this form by:** Return DateTo: Return Address | **Case Number:** Case Number**Case Name:** Case Name**Worker Information****Name:** Worker Name**ID:** Worker ID**Phone:** Worker Phone Number |
| Complete and submit your FoodShare Six-Month Report form in one of the following ways:* Online through the ACCESS website: Log into your ACCESS account at [access.wi.gov](https://access.wisconsin.gov/), and click the Six-Month Report link under Alerts.
* By mobile app: If reporting no changes from the information we already have, submit through the MyACCESS app.
* By mail: Complete and return this form to the address in the box at the top of this form.
* By telephone: Call your local agency and complete the form over the telephone.
* By fax: If you live in **Milwaukee County**, fax the completed paper form and any proof to 888-409-1979. If you do **not** live in Milwaukee County, fax the form and any proof to 855-293-1822. Fax both sides of the paper form.

**-----------------------COMPLETE THIS FORM USING BLUE OR BLACK INK. PLEASE PRINT.------------------------**Include all required proof of your answers. You can find more details in the instructions. Your agency will contact you if more information is needed. Make sure to include your most current contact information so the agency will be able to contact you. |
| **SECTION 1 – ADDRESS/SHELTER INFORMATION** |
| The address listed below is what we have on file for your household.Member Name and Address |
| Have you moved to a different address?If “Yes,” complete the information below for the new address. If “No,” complete the email question below, then go to **Section 2** – Household Members. If you are homeless, write “Homeless” in the space below. | [ ]  Yes [ ]  No |
| What is your new address? |
| Street | Apt. Number |
| City | Zip Code |
| Home Phone | Cell Phone |
| If you do not have a phone, what is a number where you can be reached? |
| Is there a change in your email address?  | [ ]  Yes [ ]  No |
| Email |
| Do you prefer to get communications from the State through email? [ ]  Yes [ ]  No |
| If you pay rent or lot rent, how much do you pay per month? (If you live in subsidized housing, write in the amount of rent you must pay.) |
| $ |  |
| If you pay rent, is heat included in your rent? | [ ]  Yes [ ]  No |
| Is your household required to pay any of the following utilities, and is the utility used for heat? |
|  | Used for heat? |  | Used for heat? |
| [ ]  Gas (Natural)[ ]  Electric[ ]  Liquid Propane Gas | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No | [ ]  Fuel Oil/Kerosene[ ]  Coal[ ]  Wood | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Check the box if your household is required to pay for any of the following utilities: |
| [ ]  Phone [ ]  Water [ ]  Sewer[ ]  A/C Surcharge [ ] Trash Removal [ ]  Other:  |
| If you have a mortgage, how much do you pay?$ | Property Taxes (if paid separately from your mortgage)$ |
| Homeowner’s Insurance (if paid separately from your mortgage)$ |
| **SECTION 2 – HOUSEHOLD MEMBERS** |
| Below are the names of all the people we have as living in your household. Review the names and check “Yes” if they still live with you or “No” if they do not. |
|  | Yes | No |  | Yes | No |
| Household Member |[ ] [ ]  Household Member |[ ] [ ]
| Household Member |[ ] [ ]  Household Member |[ ] [ ]
| Household Member |[ ] [ ]  Household Member |[ ] [ ]
| Household Member |[ ] [ ]  Household Member |[ ] [ ]
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| Household Member |[ ] [ ]  Household Member |[ ] [ ]
| Household Member |[ ] [ ]  Household Member |[ ] [ ]
| Household Member |[ ] [ ]  Household Member |[ ] [ ]
| Household Member |[ ] [ ]  Household Member |[ ] [ ]
| **Complete the information below for new household members who are not preprinted above.** Use an additional sheet of paper if more room is needed or if more people have moved in with you. You do not have to answer the questions below on ethnicity and race. 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 benefits. |
| First Name | Last Name | Date of Birth (mm/dd/yy) |
| Ethnicity (optional) [ ]  Hispanic or Latino(a)[ ]  Not Hispanic or Latino(a)[ ]  I don’t know[ ]  I prefer not to answer | Race (optional): check all that apply[ ]  American Indian/Alaskan Native [ ]  Asian[ ]  Black/African American [ ]  Native Hawaiian/ Pacific Islander [ ]  White [ ]  Other [ ]  I don’t know [ ]  I prefer not to answer  |
| Sex[ ]  Male [ ]  Female | U.S. Citizen[ ]  Yes [ ]  No | Social Security Number |
| Alien Registration Number | When did this person move in with you? (mm/dd/yy) |
| Does this person buy, prepare, or share food with you? | [ ]  Yes [ ]  No |
| Is this person related to you? | [ ]  Yes [ ]  No |
| If “Yes,” explain in the space below how they are related to you (for example, son, mother, brother, sister)?  |
| **SECTION 3 – JOB INCOME AND WAGES** |
| 1. **Employment Income**

Listed below is the information we have about members of your household who have a job. Check “Yes” next to the job if there has been a change in rate, pay, or hours worked or if the job ended. If this individual no longer works with this employer, list the date the job ended. Check “No” if there are no changes.Has there been a change in the rate of pay or hours worked at this job? |
| [ ]  Yes [ ]  No | Name | Employer |
| Rate of Pay | Hours Worked Per Pay Period | Type of Pay | Date Ended (mm/dd/yy) |
| [ ]  Yes [ ]  No | Name | Employer |
| Rate of Pay | Hours Worked Per Pay Period | Type of Pay | Date Ended (mm/dd/yy) |
| [ ]  Yes [ ]  No | Name | Employer |
| Rate of Pay | Hours Worked Per Pay Period | Type of Pay | Date Ended (mm/dd/yy) |
| [ ]  Yes [ ]  No | Name | Employer |
| Rate of Pay | Hours Worked Per Pay Period | Type of Pay | Date Ended (mm/dd/yy) |
| [ ]  Yes [ ]  No | Name | Employer |
| Rate of Pay | Hours Worked Per Pay Period | Type of Pay | Date Ended (mm/dd/yy) |
| If you checked “Yes” to any job detail, go to **Part B** – Report Income. Answer all questions about any household member who had a change in rate of pay or hours worked or who started a new job. If there are no changes in job income (all boxes are checked “No”), go to **Part C** – Self Employment.[ ]  Check here if no one is employed. |
| 1. **Report Income**

Use an additional sheet of paper if more room is needed to report changes in job income. For employed household members with income reported below, **enclose all pay stubs** received in the last 30 days. An employer statement may also be used to verify current wages. |
| Member Name | Employer Name |
| Date Started (mm/dd/yy) | How Often Paid?[ ]  Weekly [ ]  Every Two Weeks[ ]  Monthly [ ]  Twice a Month [ ]  Other | Number of Hours Worked |
| Rate of Pay Per Hour$ | Salary (if not paid hourly)$ |
| Member Name | Employer Name |
| Date Started (mm/dd/yy) | How Often Paid?[ ]  Weekly [ ]  Every Two Weeks[ ]  Monthly [ ]  Twice a Month [ ]  Other | Number of Hours Worked |
| Rate of Pay Per Hour$ | Salary (if not paid hourly)$ |
| Member Name | Employer Name |
| Date Started (mm/dd/yy) | How Often Paid?[ ]  Weekly [ ]  Every Two Weeks[ ]  Monthly [ ]  Twice a Month [ ]  Other | Number of Hours Worked |
| Rate of Pay Per Hour$ | Salary (if not paid hourly)$ |
| 1. **Self-Employment**

Listed below is the information we have on file for people in your household who are self-employed. If the information has changed, check “Yes,” and explain the change in the lines below. If the information has not changed, check “No.” |
| Has this information changed?[ ]  Yes [ ]  No | Name |
| Business Name | Business Type |
| Average Monthly Income | Average Monthly Expenses | Average Hours Worked Per Month |
| If any information has changed, please explain the change below. Use an additional sheet of paper if more room is needed. |
| If anyone in your household is self-employed and his or her information is not listed above, complete the following: |
| Household Member’s Name | Business Name |
| Business Ownership Type[ ]  Partnership [ ]  S corporation [ ]  Sole proprietorship [ ]  Other [ ]  I don’t know |
| Business Type | Date Business Started |
| Has the business filed taxes? [ ]  Yes [ ]  NoIf yes, for what year did the business last file taxes?  |
| Has the business had a significant change in income or expenses (more than $125)?[ ]  Yes [ ]  No [ ]  I don’t know |
| Average Monthly Income | Average Monthly Expenses | Average Hours Worked Per Month |
| **SECTION 4 – OTHER INCOME** |
| 1. **Has there been a change in other income?**

Listed below is what we have on file for members of your household.You only need to report changes of more than $125 in other income. Check “Yes” under “Change of More Than $125” if the member’s other income has changed by more than $125.Examples of other income are payments from child support, unemployment insurance, workers’ compensation, or Social Security income. |
| Change of More Than $125 | Name of Member | Source of Other Income | Monthly Amount |
| [ ]  Yes [ ]  No |  |  | $ |
| [ ]  Yes [ ]  No |  |  | $ |
| [ ]  Yes [ ]  No |  |  | $ |
| [ ]  Yes [ ]  No |  |  | $ |
| If you checked “No” to all the boxes above **AND** no one in your household is getting any other income from another source, go to **Section 5** – Child Support PaymentsIf you checked “Yes” above **OR** to add information about a new source of other income, go to **Part B** – Report Other Income.[ ]  Check here if there is no other income.1. **Report Other Income**
 |
| Member Name | Source of Other Income | Monthly Amount |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **SECTION 5 – CHILD SUPPORT PAYMENTS** |
| 1. **Report Change in Child Support**

Listed below is the information we have on file for your household. Please review to make sure this information is still correct. |
| **Was there a change?** | **Name of Member** | **Begin Date** | **Support Type** | **Ordered Amount** |
| [ ]  Yes [ ]  No |  |  |  |  |
| How much child support is being paid per month? |
| If you checked “No” **and** no on in your household is obligated to pay child support or guardianship, go to **Section 6—Lottery or Gambling Winning**. If you checked “Yes” **or** need to add new child support information, go to **Part B—Report Child Support.**[ ]  Check here if there are no child support or guardianship obligations |
| 1. **Report Child Support**

Fill out the information below to report child support for any member in the household. |
| Name of Person Paying Child Support (First and Last Name) |
| Ordered Amount $ | Date Change Began (mm/dd/yy) |
| How often?[x]  Weekly [ ]  Every Two Weeks[ ]  Twice a Month [ ]  Monthly | Date of Out-of-State Court Order (mm/dd/yy) |
| How much child support is being paid per month? |
| **SECTION 6 – LOTTERY OR GAMBLING WINNING** |
| **A. Report Change in Lottery or Gambling Winning**Please report if anyone in your household had a substantial lottery or gambling winning defined as a single winning of $4,500 or more before tax deductions from a single hand, ticket, game, or bet. |
| **Name of Member** | **Date of Winning** |
|  |  |
|  |  |
|  |  |
| [ ]  Check here if no member in the household had a substantial lottery or gambling winning from a single hand, game, ticket, or bet that is over the program amount listed above. |
| **SECTION 7 – SIGNATURE** |
| I certify that my answers on this form are correct and complete to the best of my knowledge. I understand that the information I provide on this form may result in a change or termination of my benefits. I also understand that if I intentionally give incorrect information, it may result in a fine and/or imprisonment.  |
| **SIGNATURE** | Date Signed (mm/dd/yy) |
| **To avoid a delay in your FoodShare benefits, return this form by** Select Due Date**.** |

**USDA NONDISCRIMINATION STATEMENT**

***Do Not Send Applications Here***

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

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