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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-16076A (10/2023) | **STATE OF WISCONSIN** |
| foodshare six-month report instructions |

As a FoodShare member, you must report current information about your household by completing and submitting the FoodShare Six-Month Report form. You must complete and submit your FoodShare Six-Month Report form by Select Due Date if you want to keep getting FoodShare benefits without any delays.

You have the following options for completing and submitting your FoodShare Six-Month Report form:

1. ACCESS website: Report your information **online**:
* Go to [access.wi.gov](https://access.wisconsin.gov/).
* Log in to your account.
* Click the Six-Month Report form link under Alerts.
* Follow the on-screen instructions.

**Note:** If you do not have an ACCESS account, you can go to [access.wi.gov](https://access.wisconsin.gov/) to create one.

1. Mailing the paper form: Complete the enclosed paperform using the completion instructions on the following pages. Use the provided envelope to mail the form and any proof to the agency listed on the form.
2. Faxing the paper form: Complete the enclosed paper form using the instructions on the following pages. **Fax** the completed paper form and any proof to 1-855-293-1822 (if you do **not** live in Milwaukee County) or to 1‑888‑409‑1979 (if you live in Milwaukee County). Be sure to fax both sides of the paper form.
3. Telephone: Complete the form over the telephone by calling your local agency.
4. MyACCESS app: Submit the form through MyACCESS app if you are reporting that there are no changes. Note: no changes can also be reported through the options listed above.

If you need help completing your FoodShare Six-Month Report form, contact your agency using the contact information at the top of this page.

You may need to provide proof of some of your answers. See the instructions for each section for examples of proof you can provide. Your agency will contact you if you need to provide more proof.

**Instructions for Completing Paper FoodShare Six-Month Report Form**

Print your answers using blue or black ink. Use an additional sheet of paper if more room is needed to answer any question. Personally identifiable information is kept private and is only used for the direct administration of FoodShare benefits.

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| **SECTION 1 – ADDRESS/SHELTER INFORMATION** |

**Address:** The address that is currently on file for your household is preprinted. If you moved, check “Yes” and complete the rest of Section 1. If the address is correct, check “No” and go to **Section 2 – Household Members**. If you are homeless, write “Homeless” in the space provided.

**Phone Number:** Write in your phone number(s). If you do not have a phone, write in a number where you can be reached if one is available.

**Email (optional):** Check “Yes” or “No” to answer if you have changed your email address. Write in your email address if you want to give your agency more options to contact you. Check “Yes” or “No” to answer if you would like to get communications from the State through email.

**Rent:** If you pay apartment rent or lot rent (rent for use of land on which to park a mobile home), write in the amount that you pay each month. If you live in subsidized housing, such as Section 8 or public housing, write in the amount that you must pay each month.

**Utility**: If you have any utility bills, such as electric, gas, phone, water, or trash removal, check the box for the utility that you pay each month. Check “Yes” or “No” based on whether a utility is used for heat.

**Mortgage:** If you have a mortgage payment, write in the amount that you pay each month.

**Property Taxes:** If your property taxes are paid separately from your mortgage payment, write in the amount that you pay each month.

**Homeowner’s Insurance:** If your homeowner’s insurance is paid separately from your mortgage payment, write in the amount you pay each month.

You may need to provide proof of some of your answers. Some examples of proof you can provide are your lease, mortgage papers, real estate tax statement, or homeowner’s insurance policy.

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| **SECTION 2 – HOUSEHOLD MEMBERS** |

We need to collect current information about the people who live with you. The information that is currently on file for your household is preprinted. Check “Yes” next to each person who still lives with you. Check “No” next to each person who does not still live with you.

If there are new members in your household, write in the requested information in the space provided. Use an additional sheet of paper if more room is needed. Please check the box or boxes that best describe this person’s ethnicity and/or race. You don’t have to answer these questions if you don’t want to. We’re 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.

Providing Social Security numbers and information on U.S. citizenship is voluntary; however, if this information is not provided, FoodShare benefits will be denied. The collection of a Social Security number for each household member applying for or getting benefits is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. Social Security numbers, as well as other information provided, are used for verification with the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and Department of Transportation. Social Security numbers are also used to check the identity of household members to prevent duplicate participation and to make sure the household meets enrollment rules.

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| **SECTION 3 – JOB INCOME AND WAGES** |

1. **Employment Income**

The job income information that is currently on file for your household is preprinted.

Check “Yes” if there has been a change to the preprinted information. Some examples of a change are a change in an hourly rate of pay, a change in the number of hours worked, loss of job, start of a new job, or a change from full-time or part-time status. If someone left a job, write in the last day worked. If you check “Yes” in any of the boxes, go to **Part B – Report Income**.

Check “No” if the preprinted information has not changed. If you check “No” in all the boxes **and** all jobs for all members of your household are listed, go to **Part C – Self Employment**.

If someone in your household has a job that is not listed, go to **Part B – Report Income**.

1. **Report Income**

If you checked “Yes” in Part A or you need to report a new job that is not listed, complete this section. Due to limited space, the form only lists pay and hours for five employers.

Write in the name of the person with the job, the employer’s name, and the date the job began. Check the box for how often the person is paid. Write in the rate of pay per hour or the salary if the person is not paid hourly.

You may need to provide proof of some of your answers. Some examples of proof of wages you can provide are:

* All pay stubs received in the last month.
* A signed statement from the employer that includes gross earnings (income before taxes or any deductions are taken out) and pay dates for the last month. The statement must list the rate of pay and average number of hours expected to be worked in the next month.
1. **Self-Employment**

The self-employment information currently on file for your household is preprinted. Note that the average monthly income shown is income **before** allowable business expenses are taken out. If any of the information has changed, explain the change in the space provided. Use an additional sheet of paper if more room is needed.

If anyone in your household is self-employed and his or her self-employment information is not listed, write in the person’s name, business’s name, business ownership type, business type (for example, bakery, farm, plumbing), date the business started, business’s tax information, whether the business has had a significant change in income or expenses, average monthly income **before** expenses are taken out, average monthly expenses, and the average number of hours the person works for the business each month.

Some examples of a significant change are:

* + The self-employed person is ill or injured and is unable to work for a month or more.
	+ A farmer has suffered unusual crop loss due to the weather or other circumstances and will not be paid for the loss.
	+ There has been a substantial increase in business-related expenses without an increase in income.

You may need to provide proof of some of your answers. Some examples of proof you can provide are tax returns or bookkeeping records.

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| **SECTION 4 – OTHER INCOME** |

1. **Has there been a change in other income?**

The other income that is currently on file for your household is preprinted. You must report changes of more than $125 in other income. Some examples of other income are payments from child support, unemployment insurance, worker’s compensation, veterans benefits, Social Security income, or Foster Care.

If the other income has changed by more than $125, check “Yes” and go to **Part B – Report Other Income**.

If there is no change to the other income, check “No.” If you check “No” and all other income for all members of your household is listed, go to **Section 6 – Signature**.

If someone in your household has other income that is not listed, go to **Part B – Report Other Income**.

1. **Report Other Income**

If you checked “Yes” in **Part A – Has there been a change in other income?** or you need to report other income that is not listed, complete this section.

Write in the person’s name, source of income, and the monthly amount received.

You may need to provide proof of some of your answers. Some examples of proof you can provide are an award letter, a pension statement, or a copy of the last check stub.

**Note:** If you do not report a decrease in your household’s monthly income or the loss of any household income, you will not get any resulting increase in your FoodShare benefits.

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| **SECTION 5 – CHILD SUPPORT PAYMENTS** |

**Part A. Report Change in Child Support:**

The current child support information on file for your household is filled out below. Check “Yes” if there has been a change to the information and complete **Part B-Report Child Support** to report changes.

Check “No” if the information has not changed and go to **Section 6 - Lottery or Gambling Winning**.

**Name of Member:** This is the member in your household who has a change in child support.

**Begin Date:** This is the date the child support obligation started.

**Support Type**: This is the type of support the person pays (child support, guardianship support, alimony, etc.)

**Ordered Amount:** This is the amount of the child support obligation. Write the amount of child support the person actually pays each month.

**Part B. Report Child Support**

Use this section to report a change or to add new child support information.

**Ordered Amount:** Write in the amount of the new or changed child support obligation.

**Date Change Began:** Write in the date of the new or changed child support obligation.

**How Often:** Check the box to indicate how often payment is required.

**Date of Out-of-State Court Order:** Write in the date of the out-of-state court order.

You may need to provide proof of your answers. Some examples of proof you can provide are a court order or payment record from another state.

**Note:** You do not need to provide proof for child support payments ordered by a Wisconsin court.

If you no longer have to pay child support or guardianship obligations, check the box for no child support or guardianship obligations and complete **Section 6 - Lottery or Gambling Winning**.

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| **SECTION 6 – LOTTERY OR GAMBLING WINNING** |

We need to collect current information about any substantial lottery or gambling winning that anyone in your household has won that has not already been reported to your agency.

**Name of Member:** This is the member in your household who had a substantial lottery or gambling winning.

**Date of Winning:** Write the date the lottery or gambling winning occurred.

If you have no change to report, check the box for “no member in the household has a substantial lottery or gambling winning” and complete **Section 7 – Signature.**

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| **SECTION 7 – SIGNATURE** |

**Signature:** Review all the information you provided and sign and date the form.

**Return the form to the agency that is listed on the form.** An envelope has been provided for your convenience.

**Checklist:**

* Make sure you answered all the questions.
* Remember to sign the form.
* Do not forget to send proof of your answers. For example, if reporting wages in Section 3 – Part B, include dated check stubs for the previous 30 days, an earnings report, or a statement from your employer.
* Either **mail** the completed form and any proof to the address listed in the gray box at the top of the first page of the form or **fax** the form and any proof to 1-855-293-1822 (if you do **not** live in Milwaukee County) or to 1‑888‑409‑1979 (if you live in Milwaukee County).

**Note:** If you are mailing your form, make sure you can see your agency’s address through the window of the provided envelope.

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

**The information required on your application, including the Social Security number of each household member applying for benefits, is authorized under the Food and Nutrition Act of 2008, as amended PL 110-246 (7 United States Code 2011-2036. If you do not have a Social Security number due to religious beliefs or because of your immigration status, you will not be required to give a Social Security number.**

**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 given to other federal and state agencies for official examination and to law enforcement officials for the purpose of apprehending people fleeing to avoid the law.**

**Providing information on your application, including the Social Security number of each household member, is voluntary. However, any person who is asking for FoodShare benefits but does not give a Social Security number will not be able to get benefits. Any Social Security number provided for members who are not enrolled will be used and disclosed in the same way as Social Security numbers of enrolled household members.**

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

**IMMIGRATION STATUS**

To be able to get FoodShare, you must be a U.S. citizen or have qualifying immigration status with United States Citizenship and Immigration Services (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.

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| **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

This institution is an equal opportunity provider.

***Do Not Send Applications Here***