



Mailing Date: MM/DD/YYYY

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ANNA MEMBER
123 MAIN STREET
ANYTOWN, WI 55555

Milwaukee Enrollment Services

Worker: IMA WORKER

Phone #: 1-888-947-6583

Fax #: (414) 438-4580

Use fax # to send verifications.



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call 1-888-947-6583. These services are free.

Changes in Your FoodShare Reporting Requirements

This letter tells you about changes to the information you have to report for your FoodShare benefits.

Now, you are **only** required to report if your household's monthly gross income goes above the amounts listed below. Gross income is the amount of money you earn before taxes or other deductions.

Number of People in Your Home	Report if Monthly Household Total Gross Income Goes Over
1	\$1,316
2	\$1,784
3	\$2,252
4	\$2,720
5	\$3,188
6	\$3,656
For each additional person add \$468	

Gross income changes must be reported to your agency by the 10th of the month following the change.

Example: If there are two people living in your home, including yourself, and your household's gross income increases to \$1,800 a month on March 5, you must report this to your agency by April 10.

Note: These gross income amounts are 130% of the federal poverty level, which is set by the federal government each year.

The letters you get about your benefits will tell you what your reporting requirements are for FoodShare and other programs you may be enrolled in. If you are enrolled in other programs, you must still follow any reporting guidelines for those programs.

For more information, call the agency at the phone number listed at the top of this letter.

This institution is an equal opportunity provider.

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