

MILWAUKEE  
MILWAUKEE ENROLLMENT SERVICES  
PO BOX 05676  
MILWAUKEE WI 53205



**State of Wisconsin**

**Case #:** 12345678

Mailing Date:

000005  
FSRULE TEST  
PO BOX 05676  
MILWAUKEE WI 53578

**Milwaukee Enrollment Services**

Worker:

Phone #:

Fax #:

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.

## REFERRAL TO THE FOODSHARE EMPLOYMENT AND TRAINING (FSET) PROGRAM

The table below shows who in your household has been referred to the FSET program and the month they can begin the program. The FSET program is a free program for FoodShare members to help build job skills and find employment. **For members who need to meet the work requirement to keep getting FoodShare benefits, taking part in the FSET program is one way to meet that requirement. If a member believes they are exempt from work requirements, they may need to provide proof to their agency.**

Member Name	Referral Type	Begin Month
FSRULE	Non-Time-Limited Benefits	Feb. 2020
BROTHER	Non-Time-Limited Benefits	Feb. 2020

An FSET agency in your area will contact each person listed in the table to set up an appointment to enroll in the FSET program. FoodShare members can start taking part in the FSET program when their FoodShare benefits begin.

### REFERRAL TYPES

All FSET referrals give members the choice to take part in the voluntary FSET program. There are two types of FSET referrals:

- Time-Limited Benefits
- Non-Time-Limited Benefits

### **Time-Limited Benefits Referral**

This referral type means the member needs to meet the work requirement to continue getting FoodShare. These members are limited to three months of FoodShare benefits in a 36-month (three-year) period unless they meet the FoodShare work requirement or meet an exemption. Those who meet an exemption may need to provide proof of the exemption. See the Exemptions from the Work Requirement section included in this letter for a list of exemptions and a way to provide proof.

There are three ways to meet the work requirement:

- Work at least 80 hours each month.
- Take part in an allowable work program, such as FSET, or certain programs under the Workforce Innovation and Opportunity Act (WIOA) for at least 80 hours each month.
- Both work and take part in an allowable work program for a combined total of at least 80 hours each month.

### **Non-Time-Limited Benefits Referral**

This type of referral means the member asked to take part in the FSET program. These members do not need to meet the work requirement, or they meet the requirement through work or participation in a work program (besides FSET). If a member with this type of referral no longer wants to take part in FSET, contact the agency listed on page 1 of this letter. FoodShare benefits will not decrease or end if a member with this type of referral does not take part in FSET activities.

### **EXEMPTIONS FROM THE WORK REQUIREMENT**

A person may be considered exempt and may not need to meet the work requirement if he or she is:

- Under 18 years old or over 49 years old.
- Living with a child under age 18 who is part of the same FoodShare household.
- Pregnant.
- The primary caretaker for a person who cannot care for himself or herself (whether the person lives in your home or out of your home).
- The primary caretaker for a dependent child under age 6 (whether the child lives in your home or out of your home). If two people share parental control of the child, only one can be exempt as the primary caretaker .
- Getting temporary or permanent disability benefits from the government or a private source.
- Unfit to work. This applies if the individual is:
  - Found to be mentally or physically unable to work by the county agency.
  - Verified as unable to work by a statement from a health care professional or social worker.
  - Homeless long term. Being homeless long term means the person will not have a regular place to stay for the next 30 nights.
  - Receiving or has applied for unemployment insurance.
- Taking part in an alcohol or other drug abuse (AODA) treatment or rehabilitation program.
- Enrolled at least half-time in a recognized school, training program, or institution of higher education.
- Enrolled in W-2 and complying with the W-2 work requirements.
- Working 30 or more hours per week or earning wages equal to 30 or more hours per week at the federal minimum wage.

**If you are meeting the work requirement or meet one of the exemptions above, complete the Proof of Meeting the Work Requirement or an Exemption form in this letter.** If you have already provided proof, you do not need to take any other action at this time.

**MORE INFORMATION**

For more information about the FSET program, visit [www.dhs.wisconsin.gov/foodshare/fset.htm](http://www.dhs.wisconsin.gov/foodshare/fset.htm). If you have any questions, contact the agency listed on page 1.

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SAMPLE

**PROOF OF MEETING THE WORK REQUIREMENT OR AN EXEMPTION**

**Instructions:**

- Review the list below to tell us if you or someone in your household is meeting the work requirement or an exemption.
- Check the box and write the name of the individual(s) in the space provided.
- The last column provides examples of the type of proof that can be used to verify information. Submit this completed form and any proof to:

If you live in **Milwaukee County**:  
 MDPU  
 PO Box 05676  
 Milwaukee, WI  
 Fax: 1-888-409-1979

If you live in **another county**:  
 CDPU  
 PO Box 5234  
 Janesville, WI 53547-5234  
 Fax: 1-855-293-1822

Meeting the Work Requirement		
Work Requirement	Name(s)	Examples of Proof
<input type="checkbox"/> I am working at least 80 hours each month (20 hours per week)		<ul style="list-style-type: none"> <li>• All check stubs from the last 30 days</li> <li>• A signed statement from an employer that includes gross earnings, hours worked, and pay dates expected in the next 30 days</li> <li>• An Employer Verification of Earnings form—to get a copy of this form, contact your agency listed on page 1 or call Member Services at 1-800-362-3002</li> <li>• A statement from an allowable employment program that includes participation hours</li> </ul>
<input type="checkbox"/> I am taking part in an allowable work program, or programs under WIOA at least 80 hours each month (20 hours per week).		
<input type="checkbox"/> I am both working and taking part in an allowable work program for a combined total of at least 80 hours each month (20 hours per week).		

## Meeting an Exemption

Exemption	Name(s)	Examples of Proof
<input type="checkbox"/> I am working 30 or more hours per week or earning wages equal to 30 or more hours per week at the federal minimum wage.		<ul style="list-style-type: none"> <li>• All check stubs from the last 30 days</li> <li>• A signed statement from an employer that includes gross earnings, hours worked, and pay dates expected in the next 30 days</li> <li>• An Employer Verification of Earnings form - to get a copy of this form, contact your agency listed on page 1 or call Member Services at 1-800-362-3002</li> </ul>
<input type="checkbox"/> I am living with a child under age 18 who is part of the same FoodShare household.		<ul style="list-style-type: none"> <li>• A signed statement from the child's parent or legal guardian</li> </ul>
<input type="checkbox"/> I am caring for a person who cannot care for himself or herself.		<ul style="list-style-type: none"> <li>• Custody agreement</li> <li>• Lease</li> <li>• Statement from the landlord</li> <li>• School enrollment documents</li> </ul>
<input type="checkbox"/> I am caring for a child under age 6 who does not live in the home.		
<input type="checkbox"/> I am unable to work due to a physical or mental health condition.		<ul style="list-style-type: none"> <li>• Note or letter from a certified health care provider confirming pregnancy or a physical or mental health condition</li> </ul>
<input type="checkbox"/> I am pregnant.		<ul style="list-style-type: none"> <li>• Approval letter from the state Disability Determination Bureau</li> <li>• Award letter from the Social Security Administration</li> </ul>
<input type="checkbox"/> I have applied for or am getting unemployment insurance.		<ul style="list-style-type: none"> <li>• Current award letter</li> <li>• Copy of last check</li> </ul>
<input type="checkbox"/> I am taking part in an alcohol or other drug abuse (AODA) treatment or rehabilitation program.		<ul style="list-style-type: none"> <li>• Letter from an AODA counselor or program service provider</li> </ul>