



A Recipe for Good Health

FoodShare Six-Month Report

If your household is approved to get FoodShare benefits for a 12-month period, you must submit a FoodShare Six-Month Report form in order to keep getting FoodShare benefits. The Six-Month Report form and instructions will be mailed to you during the last week of the fifth month of your FoodShare case. For example, if your benefits began in January, you will get a Six-Month Report form during the last week of May.

Note: If you are a person who is elderly, blind, or disabled and are not working, or if you are homeless and getting FoodShare, you are not required to submit a Six-Month Report form and will not get it in the mail.

Deadline

If you want to keep getting FoodShare benefits without any delays, you must report current information about your household by completing and submitting the report by the due date listed on the form. If you do not fill out and return your Six-Month Report form, your FoodShare benefits will end.

Completing a FoodShare Six-Month Report Form

You can complete and submit your Six-Month Report form in one of the following ways:

Option 1: Complete and submit your Six-Month Report form through the ACCESS website.

1. Go to access.wi.gov.

Log into your account and click the FoodShare link under Alerts on the left menu. Follow the on-screen instructions for completing and submitting the form.

2. Upload proof of your answers.

It is a good idea to upload proof of your answers after you submit your form, especially if you are reporting new information or if your information has changed. For example, if you report that you have a new job, you could upload copies of your paystubs for the last 30 days when you submit your form. The instructions sent with your Six-Month Report form have more examples of proof. If you do not upload proof of your answers when you submit your form, your agency may ask for the proof later.



Once you submit your form, you will see a Your Next Steps section. Click View and Submit Proof. You can also upload proof at a later time. At that time, you will log into your account and click Needed Documents under My Documents from the left menu.

Option 2: Complete and submit your Six-Month Report form through the MyACCESS Mobile App.

1. Open the MyACCESS app.

Log into your account and click the FoodShare link. Follow the on-screen instructions for completing and submitting the form.

2. Open and review your form.

Your form lists the information we have on file about your household. **If you do not have any changes** to the information we have on file, you can sign and submit your form. **If you do have changes**, you will need to complete and submit your form another way: the ACCESS website, telephone, mail, or fax.

Option 3: Complete and submit your Six-Month Report form by telephone.

1. Call your agency.

Your agency's phone number will be listed on your form. You can also find your agency's phone number by going to <u>www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm</u>. You can also complete a form you may have started but did not finish by calling your agency.

2. Submit proof.

Your agency may ask for proof of your answers. You can submit proof by fax, ACCESS app, MyACCESS app, or mail your proof to the agency address listed at the top of your form.

Option 4: Complete your Six-Month Report form by mail.

1. Review the paper form that was mailed to you.

Your form lists the information we have on file about your household. You must review and fill out each section of the form and answer all the questions. The form asks about any changes to:

- Your address
- Your rent, mortgage, or utility expenses
- The people who live in your household
- Your legal obligation to pay child support
- The job income or wages for all employed or self-employed members of your household
- The unearned income sources for all household members
- Unearned income amounts, if the change is \$50 or more

If you do not have any changes in a section, check **No** and then continue completing each section of the form.

2. Mail the completed form with proof of your answers.

Use the envelope provided with your form to return both the completed form and proof of your answers. Proof can include paystubs received in the last month, bookkeeping records if you are self-employed, or a pension statement. The instructions sent with your Six-Month Report form list more examples of proof. Send the form and your proof to the agency address listed at the top of your form.

If you return your form without all the questions answered or not signed, it will be sent back to you to complete and return. If you lost your form or did not receive it, call your agency and ask for a new form.

Option 5: Complete and submit your Six-Month Report form by fax.

1. Review the paper form that was mailed to you.

Your form lists the information we have on file about your household. You must review and fill out each section of the form and answer all the questions. The form asks about any changes to:

- Your address
- Your rent, mortgage, or utility expenses
- The people who live in your household
- Your legal obligation to pay child support
- The job income or wages for all employed or self-employed members of your household
- The unearned income sources for all household members
- Unearned income amounts, if the change is \$50 or more

If you do not have changes in a section, check **No** and then continue completing each section of the form.

2. Fax the completed form with proof or your answers.

Fax your documents to the phone number based on where you live:

- 855-293-1822 if you do not live in Milwaukee County
- 888-409-1979 if you live in Milwaukee County

Be sure to fax both sides of the paper form.

Proof can include paystubs received in the last month, bookkeeping records if you are self-employed, or a pension statement. The instructions sent with your Six-Month Report form lists more examples of proof.

If you return your form and you did not answer all the questions or it is not signed, it will be sent back to you to complete and return. If you lost your form or did not receive it, call your local agency and ask for a new form.

Questions

To get more detailed information about the Six-Month Report form, contact your local agency.

Supplemental Nutrition Assistance Program (SNAP) and Food Distribution Program on Indian Reservations (FDPIR) state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

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: <u>https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</u>, 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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