

FOODSHARE WISCONSIN REGISTRATION

If you have a disability and need to access this application in an alternate format or need it translated to another language, please contact your agency. To get the phone number of your agency, go to www.dhs.wisconsin.gov/forwardhealth/resources.htm or call Member Services at 800-362-3002. Translation services are free of charge.

You may have another adult complete the application for you. If your FoodShare benefits stopped within the last 30 days, you may complete this application or contact your agency to find out if you can reopen your FoodShare benefits without completing this application.

If you are found eligible for FoodShare, your FoodShare benefits will start on the date your application is received by your agency. Your application will be processed as soon as possible but no later than 30 days from the date your application is received by your agency.

Name – Applicant (Last, First MI)

Social Security Number (optional)	Date of Birth (mm/dd/yy – optional)	Phone Number (optional)
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Street Address

City	State	Zip Code
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SIGNATURE – Applicant or Authorized Representative	Date Signed (mm/dd/yy)
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Priority FoodShare Services

If you need help right away, you may be able to get FoodShare benefits within seven days of providing your application and/or registration form if any of the following are true:

- Your household has \$100 or less available in cash or in the bank and expects to receive less than \$150 of income this month.
- Your household has rent, mortgage, or utility costs that are more than your total gross monthly income (available cash or in bank accounts) for this month.
- Your household includes a migrant or seasonal farm worker whose income has stopped.

Answer the following questions to be considered for faster service.

What is the total gross income expected by your household this month (before taxes or other deductions)?	\$ _____
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What are your household's total available assets (for example, cash or money in checking or savings accounts or a lump sum of money)?	\$ _____
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What is the amount your household pays in total for rent or mortgage this month?	\$ _____
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Did your household receive Wisconsin FoodShare benefits this month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you currently residing in a shelter for victims of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Did your household receive Supplemental Nutrition Assistance Program (SNAP, food stamps, electronic benefits transfer) benefits in another state this month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is anyone in your household a migrant or seasonal farm worker whose income has recently stopped and who does not expect to receive more than \$25 in income in the next 10 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If your household has to pay utilities, answer the following questions.

If you pay rent, is heat included in your rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Check the box(es) for the utilities your household is required to pay and check "Yes" or "No" to tell us whether the utility is used to heat your home.

<input type="checkbox"/> Gas (natural)	Used for heat? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fuel oil/kerosene	Used for heat? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Electric	Used for heat? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Coal	Used for heat? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Liquid propane gas	Used for heat? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wood	Used for heat? <input type="checkbox"/> Yes <input type="checkbox"/> No

Check the box(es) for the utilities your household is required to pay.

Phone Water Sewer Trash removal Installation Other: _____

You have the right to submit your application at any time. To set your filing date (which is the date your benefits can start) you must provide at least your name, address, and signature. You can then complete a full application online at access.wi.gov, by mail, by fax, by phone, or in person.

You will need to have an interview with your agency in person or over the phone in order to finish the rest of your application.

You may have to provide proof of some of your answers. See “Proof Needed” for a list of proof you may need to give us.

Mail or fax applications and/or proof/verifications to:

If you live in Milwaukee County:

MDPU
PO Box 05676
Milwaukee, WI 53205

If you **do not** live in Milwaukee County:

CDPU
PO Box 5234
Janesville, WI 53547-5234

Or fax: 888-409-1979

Or fax: 855-293-1822

You can also scan and upload any proof online at access.wi.gov.

If you want to apply for BadgerCare Plus or Medicaid, you can apply for these health care programs online at access.wi.gov at the same time you are applying for FoodShare benefits. Or you can complete a paper application for health care. Applications can be found online at www.dhs.wisconsin.gov/forwardhealth/resources.htm. Or you can get them by contacting your agency.

FOODSHARE WISCONSIN IMPORTANT INFORMATION

This application is for FoodShare benefits only. It is not an application for BadgerCare Plus, Family Planning Only Services, Medicaid, Wisconsin Shares Child Care Subsidy, or Wisconsin Works (W-2). You can apply for BadgerCare Plus, Family Planning Only Services, Medicaid, and Wisconsin Shares online at access.wi.gov at the same time you are applying for FoodShare. You must contact your agency to apply for W-2.

FoodShare is an entitlement. You do not have to apply for W-2 or other programs to be able to get FoodShare benefits. FoodShare benefits are available to help meet nutritional needs of low-income households. A household is usually made up of people who live together and share food. The amount of FoodShare benefits a household gets is based on the household’s size and income. FoodShare benefits are issued on a Wisconsin QUEST card, which is used like a debit card at grocery stores that accept FoodShare.

You have the right to be notified of your enrollment status within 30 days of applying. You have the right to receive benefits within seven days if you qualify for immediate help.

You have the right to be treated with respect and not be discriminated against because of age, sex, race, color, disability, religious creed, national origin, or political beliefs.

You are responsible for:

- Answering all questions on the application completely and honestly and signing your name to certify, under penalty of perjury, that all your answers are true and correct.
- Providing proof of all information needed to determine eligibility.
- Reporting required changes within the time frame provided to you in your notices.
- Not putting your money or possessions in someone else’s name to be able to receive benefits.
- Not selling, trading, or giving away benefits.
- Using FoodShare benefits only to buy allowed items.

People who break FoodShare rules may be disqualified from the program, fined, imprisoned or all three.

USDA NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: <https://www.ascr.usda.gov/how-file-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

WRITTEN NOTICE

You have the right to receive a written notice from your agency before any action is taken to stop or reduce your FoodShare benefits. For most actions, you will receive a letter at least 10 days before the action is taken.

FAIR HEARING

You have the right to a fair hearing if you disagree with any agency action. You may request a fair hearing verbally by calling 608-266-7709 or sending a letter requesting a hearing to:

Department of Administration
Division of Hearing and Appeals
PO Box 7875
Madison, WI 53707-7875
Fax: 608-264-9885

Your request must be received within 90 days of the agency's effective date for your FoodShare benefits **or**, if you do not agree with the amount of your FoodShare benefits, at any time while you are getting benefits.

The Request for Fair Hearing form may be downloaded at www.dhs.wisconsin.gov/forwardhealth/resources.htm.

In most cases, if your fair hearing request is received by the Division of Hearings and Appeals prior to the action's effective date, your FoodShare benefits will not stop or be reduced. You can ask that your benefits continue, at least until a decision is made about your appeal. During this time, if another unrelated change occurs, your FoodShare benefits may change. If another change occurs, you will get a new letter. If you are not satisfied with the fair hearing decision, you may appeal and request a second fair hearing. If the fair hearing decision ends or reduces your benefits, you may have to repay any benefits you got while your appeal was pending. You may ask not to receive continued benefits.

You may represent yourself or be represented at the hearing or conference by an attorney, friend, or anyone else you choose. We cannot pay for your attorney. However, free legal service may be available to you if you qualify. To learn more about free legal help, call 888-278-0633.

If you fail to appear or your representative fails to appear at the hearing without good cause, your appeal is considered abandoned and will be dismissed.

LEGAL GUARDIAN, CONSERVATOR, OR POWER OF ATTORNEY

If you have a legal guardian, conservator, or power of attorney, that person can fill out and submit this form on your behalf. That person would also need to submit documents about his or her appointment along with this form.

AUTHORIZED REPRESENTATIVE

You may have an authorized representative fill out and submit this form on your behalf. To appoint an authorized representative, fill out either the Appoint, Change, or Remove an Authorized Representative: Person form, F-10126A, or the Appoint, Change, or Remove an Authorized Representative: Organization form, F-10126B. Both forms are available at www.dhs.wisconsin.gov/library/F-10126.htm. If an authorized representative provides wrong information that is used to determine your FoodShare benefits, either you or your authorized representative will be responsible for any mistakes.

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

The collection of this information, including the Social Security number of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in SNAP. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

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 disclosed to other federal and state agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

If a SNAP claim arises against your household, the information on this application, including all Social Security numbers, may be referred to federal and state agencies, as well as private claims collection agencies, for claims collection action.

Providing the requested information, including the Social Security numbers of each household member, is voluntary. However, failure to provide a Social Security number will result in the denial of SNAP benefits to each individual failing to provide a Social Security number. Any Social Security numbers provided will be used and disclosed in the same manner as Social Security numbers of eligible household members.

Your Social Security number will not be shared with the United States Citizenship and Immigration Services (USCIS).

IMMIGRATION STATUS

To be able to get FoodShare, you must be a U.S. citizen or have qualifying immigration status with 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.

QUALITY CONTROL REVIEW

Your FoodShare case may be randomly selected by the Wisconsin Department of Health Services for a quality control review. A FoodShare quality control review is a review of your FoodShare case to make sure the agency that enrolled you in FoodShare issued your benefits correctly and is following the rules set by the federal government. Federal law states

that you must cooperate with the quality control review. If you do not give the information requested and do not cooperate with the review, your FoodShare case may be closed. If this happens, you will be told how long your case may be closed.

WORK REGISTRATION REQUIREMENT FOR INDIVIDUALS AGES 16 THROUGH 59

All FoodShare applicants and members ages 16 through 59 must be registered for work unless they are considered exempt. You will be registered for work at the time you are determined eligible for FoodShare unless you meet an exemption.

You meet an exemption from the work registration requirements if **any** of the following is true:

- You are 16 or 17 years old and are not the primary person in the FoodShare group.
- You are 16 or 17 years old and are the primary person in the FoodShare group but are enrolled in school or in an employment and training program at least half time.
- You are found to be unfit for work. This applies if:
 - You get temporary or permanent disability benefits from the government or a private source.
 - You are found to be mentally or physically unable to work by your agency.
 - You are verified as unable to work by a statement from a health care professional or social worker.
- You are enrolled in W-2 and complying with the W-2 work requirements.
- You are the primary caregiver for a dependent child younger than age 6 (whether the child lives in your home or out of your home). However, if you and another person both have parental control of the child, only one of you can be exempt from the work registration requirements as the primary caregiver of that child.
- You are the primary caregiver for another person who cannot care for himself or herself (whether the person lives in your home or out of your home).
- You have applied for or are receiving unemployment compensation.
- You are regularly taking part in an alcohol or other drug abuse treatment or rehabilitation program.
- You are working 30 or more hours per week or earning wages equal to 30 or more hours per week at the federal minimum wage.
- You are enrolled at least half time in a recognized school, training program, or institution of higher education.

You may need to provide proof to your agency if you meet one of these exemptions. Although registration for work is required, taking part in a work program is voluntary.

WORK REGISTRATION REQUIREMENT SANCTION

If you do not comply with the work registration requirements and you do not meet an exemption, you will not be able to get FoodShare benefits for a specified sanction period. This includes if you voluntarily and without good cause do any of the following:

- Turn down a suitable job offer
- Quit a job of 30 or more hours per week (or a job with earnings equal to 30 hours per week at the federal minimum wage)
- Reduce your work hours to less than 30 hours per week (or your earnings to less than 30 times the federal minimum wage)
- Take part in W-2 but do not meet the W-2 program work requirements
- Apply for or get unemployment benefits but do not meet the unemployment compensation program work requirements

If, during the sanction period, you move to another FoodShare household, the remainder of your sanction period will transfer with you to that household. The length of a sanction period is:

- One month for the first sanction.
- Three months for the second sanction.
- Six months for the third or subsequent sanctions.

You can end a sanction period early if you become exempt from the work registration requirements.

You will need to reapply for FoodShare if you want to get benefits after the sanction period ends. If you are part of a FoodShare group, you will need to let your worker know to update your case instead of having to reapply.

WORK REQUIREMENT FOR ABLE-BODIED ADULTS AGES 18 THROUGH 49

Certain adults ages 18 through 49 with no minor children living in the home may only get three months of time-limited FoodShare benefits in a 36-month (three-year) period unless they meet the FoodShare work requirement or are considered exempt. This work requirement is different from the work registration requirement.

There are three ways to meet the work requirement:

1. Work at least 80 hours each month.
2. Take part in an allowable work program at least 80 hours each month, such as:
 - FoodShare Employment and Training (FSET).
 - W-2.
 - Certain programs under the Workforce Innovation and Opportunity Act (WIOA).
3. Both work and take part in an allowable work program for a combined total of at least 80 hours each month.

You will get information about the FSET program if you are enrolled in FoodShare.

You may be considered exempt and may not need to meet the work requirement if any of the following is true:

- You are living with a child under age 18 who is part of the same FoodShare household.
- You are the primary caregiver for a dependent child under age 6 (whether the child lives in the home or out of the home).
- You are the primary caregiver for a person who cannot care for himself or herself (whether the person lives in the home or out of the home).
- You are physically or mentally unable to work. This includes if you are experiencing chronic homelessness.
- You are pregnant.
- You are receiving or have applied for unemployment insurance.
- You are taking part in an alcohol or other drug abuse treatment or rehabilitation program.
- You are enrolled in an institution of higher learning at least half time.
- You are age 18 or older attending high school at least half time.

JOB CENTER

Job Center is available to you. Job Center is the largest source of job openings in Wisconsin. Visit the Job Center website at jobcenterofwisconsin.com, or you can use touch-screen computers at your local job center. To find a job center near you, call 888-258-9966 (toll free).

COMPUTER CHECK

Information on your application will be subject to verification through the state income and eligibility verification system. If you work, job income and wages you report will be checked by computer against wages your employer reports to the Department of Workforce Development. The IRS, Social Security Administration, and Unemployment Insurance Division are also contacted about income and assets you may have. Information from these agencies may affect your household's enrollment and/or benefit amount.

If any information you give is found to be incorrect, you may be denied FoodShare benefits and/or be subject to criminal prosecution for knowingly providing false information. You must repay any benefits you get if you gave false information. If a FoodShare claim is made against your household, information on the application, including all Social Security numbers, may be referred to federal and state agencies, as well as private collection agencies, for claims collection action.

FOODSHARE PENALTY WARNING

Any member of your household who intentionally breaks any of the following rules can be barred from FoodShare for 12 months after the first violation, 24 months after the second violation or for the first violation involving a controlled substance, and permanently for the third violation.

- Giving false information or hiding information to get or continue to get FoodShare benefits
- Trading or selling FoodShare benefits
- Altering cards to get benefits you are not entitled to receive

- Using FoodShare benefits to buy nonfood items like alcohol or tobacco
- Using another person's FoodShare benefits, identification cards, or other documentation

Depending on the value of the misused benefits, you can also be fined up to \$250,000, imprisoned up to 20 years, or both. A court can also bar you from FoodShare Wisconsin for an additional 18 months. You will be permanently disqualified if you are convicted of trafficking FoodShare benefits of \$500 or more. You will not be able to take part in FoodShare Wisconsin for 10 years if you are found to have made a fraudulent statement or representation with respect to identity and residence to receive multiple benefits at the same time. Fleeing felons and probation and parole violators are not able to take part in FoodShare Wisconsin. You may also be subject to further prosecution under other applicable federal laws.

If you trade (buy or sell) FoodShare benefits for a controlled substance or illegal drugs, you will be barred from the FoodShare program for a period of two years for the first finding and permanently for the second finding. If you trade (buy or sell) firearms, ammunition, or explosives, you will be barred from FoodShare Wisconsin permanently.

PROOF NEEDED

Enrollment in FoodShare cannot be determined until you provide proof of certain answers. The list below shows what proof is needed and some of the items you can use.

- If your interview is at the agency, please bring as many items of proof as you can from the list below.
- If your interview is by phone, you will be sent a list of what you will need to provide proof of after your phone interview.

If you are not able to get the items you need, tell your agency what items you are not able to get, and your agency can help you. You may be asked to give proof of items not listed below. If so, your agency will send you a list of other proof that is needed.

Identity

- Driver's license
- Birth certificate
- Passport or U.S. citizen card
- Paycheck
- Employee ID
- Hospital record

Earned Income

- All check stubs received in the last 30 days
- A signed statement from employer that includes gross earnings and pay dates expected in the next 30 days
- Employer Verification of Earnings form

Other Income

- (for example, unemployment insurance, disability insurance, Social Security, retirement, veterans benefits, military allotments)
- Award letter
 - Copy of last check

The following items may be required to get a credit.

Housing Costs and Utility Bills

- Current rent receipt with landlord's name and phone number on it
- Lease or mortgage papers
- Real estate property tax statement
- Utility bills

Child Support

- (received or paid in a state other than Wisconsin)
- Court order papers or other record of payment
 - Payment record from other state

If you are age 60 or over, blind, or a person with a disability, you may get a credit for certain medical costs.

Medical Costs / Expenses

Medical costs include, but are not limited to, the following:

- Hospital, medical, dental, and vision services
- Premiums for health insurance, Medicare premiums, and costs for prescriptions drug plans
- Prescription and over-the-counter medicine
- Nursing home and home health services
- Medical equipment and supplies
- Health insurance policy showing premium, coinsurance, co-payments, or deductible
- Statement from pharmacy
- Repayment agreement with provider
- Statement from doctor verifying over-the-counter drug was prescribed

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- Transportation and lodging costs to get medical care
- Related cost for a specially trained service animal
- Lifeline/Medic Alert costs if prescribed by a health care professional
- Billing statement
- Itemized receipts
- Medicine or pill bottle with price on label
- Bill for services of a visiting nurse, homemaker, or home health aide
- Lodging and/or transportation receipts for obtaining medical treatment or services
- Bill or receipts for animal food, training, or veterinarian services for a specially trained service animal.