

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 1-800-362-3002. Translation services are free of charge.

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

Your FoodShare benefits will start from 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)	Telephone Number (optional)
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Address – Street

City	State	Zip Code
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SIGNATURE – Applicant or Authorized Representative	Date Signed (mm/dd/yy)
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If you need help right away, you may be able to get FoodShare within seven days of providing your application if your household:

- Has \$100 or less available in cash or in the bank **and**
- Expects to receive less than \$150 of income this month **or**
- Has rent/mortgage or utility costs that are more than your total gross monthly income, available cash, or bank accounts for this month **or**
- Includes a migrant or seasonal farm worker whose income has stopped.

Answer the following questions to be considered for faster service.

Total gross income expected by your household this month (before taxes or other deductions)	\$ _____
Total available assets (examples: cash, money in checking/savings accounts, CDs, stocks, IRAs)	\$ _____
Total rent or mortgage this month	\$ _____
Did your household receive Wisconsin FoodShare benefits this month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your household receive Supplemental Nutrition Assistance Program (SNAP/food stamp, EBT) benefits in another state this month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

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 if the utility is used to heat your home.

	Used for Heat?		Used for Heat?
<input type="checkbox"/> Gas (natural)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fuel oil/kerosene	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Electric	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Coal	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Liquid propane gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wood	<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 do so, you will need to give at least your name, address, and signature to set your filing date. 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” on pages 5 and 6 for a list of proof you may need to give us.

Mail or fax applications and/or proof/verifications.

If you live in Milwaukee County:
MDPU
PO Box 05676
Milwaukee WI 53205
Fax: 1-888-409-1979

If you **do not** live in Milwaukee County:
CDPU
PO Box 5234
Janesville, WI 53547-5234
Fax: 1-855-293-1822

You can also scan and/or upload any proof online at access.wisconsin.gov.

You can set your filing date with just your name, address, and signature or complete a full application by applying online at access.wisconsin.gov, by mail, in person, or by phone.

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

FOODSHARE WISCONSIN IMPORTANT INFORMATION

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

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, audiotape, 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](https://www.ascr.usda.gov/how-file-program-discrimination-complaint), (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.

FAIR HEARING

You have the right to a fair hearing if you do not agree with any action taken regarding your application or your ongoing benefits. You may request a fair hearing by writing:

Department of Administration
Division of Hearing and Appeals
P.O. Box 7875
Madison, WI 53707-7875

The Request for a Fair Hearing form may be downloaded at www.dhs.wisconsin.gov/forwardhealth/resources.htm. You may also contact your agency to ask for a fair hearing verbally or in writing.

AUTHORIZED REPRESENTATIVE

You have the right to have another person apply for FoodShare benefits for you. This person will act as an “authorized representative.” If you want to have an authorized representative, complete the Authorization of Representative form (F-10126). To get this form, go to www.dhs.wisconsin.gov/forwardhealth/resources.htm or ask the agency. If an authorized representative provides wrong information that is used to determine your FoodShare benefits, you will be responsible for any mistakes.

USE OF SOCIAL SECURITY NUMBERS / PERSONALLY IDENTIFIABLE INFORMATION

Personally identifiable information, including Social Security Numbers (SSNs), will be used only for the direct administration of FoodShare Wisconsin. Providing or applying for an SSN is voluntary; however, anyone who does not provide his/her SSN or apply for one will not be able to get FoodShare benefits. Anyone in the household who is not applying for FoodShare does not need to provide an SSN. Your SSN permits a computer check of your information from government agencies, such as the Internal Revenue Service (IRS), Social Security Administration, Department of Workforce Development, or the School Lunch Program. SSNs are also used to check identity and verify income from sources such as employers.

IMMIGRATION STATUS

To be able to get FoodShare, you must be a United States citizen or have a qualifying immigration status with the United States Citizenship and Immigration Services (USCIS). Immigration status of all people applying for FoodShare will be verified with USCIS and may affect the FoodShare enrollment and benefit amount. Immigration status will NOT be verified with USCIS for any person who is not applying for FoodShare or who indicates he/she does not have qualifying immigration status with the USCIS. However, income from those individuals may affect the FoodShare enrollment or benefit amount.

WORK REGISTRATION

Everyone in your FoodShare group must be registered for work unless otherwise exempt. Those who do not have to register for work include:

- A parent or other household member who is responsible for the care of a dependent child who is less than 6 years old or for a disabled person of any age;
- A person younger than 16 years of age or 60 years of age or older;
- People in drug addiction or alcohol treatment programs;
- People who are already working at least 30 hours per week (or are getting weekly earnings that equal 30 times the federal minimum hourly wage);
- People who are getting or have applied for Unemployment Insurance;
- Students enrolled at least half time in a recognized school, training program, or institution of higher learning; or
- People who are physically or mentally unfit for employment as determined by the agency.

Although registration for work is required, taking part in a work program is voluntary.

Effective April 1, 2015, certain adults within the ages of 18 through 49 with no minor children in the home may only get up to three months of FoodShare benefits within a 36-month period unless they meet the FoodShare work requirement. To meet the work requirement, they will be referred to the FoodShare Employment and Training (FSET) program unless they are otherwise exempt. You will get more information about FSET if you are enrolled in FoodShare.



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

COLLECTION OF INFORMATION

The collection of information on the application, including the Social Security Number of each household member applying, is authorized under the Food and Nutrition Act of 2008, as amended through P.L. 110-246, to determine if your household is able to take part in FoodShare Wisconsin. Information will be verified through computer matching programs and will also be used to monitor compliance with FoodShare program rules and program management.

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
- 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/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/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 you have an appointment at the agency, please bring as many items on the list as you can to your interview. If your appointment is by phone, you will be sent a list of the items you will need after your appointment. If you are not able to get the items you need, tell your agency what items you are not able to get, and we can help you. You may be asked to give proof of items not listed below. If so, the 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

- (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:

- 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
- Transportation and lodging costs to get medical care
- Related cost for seeing eye or hearing dog
- Lifeline/Medic Alert costs if prescribed by a health care professional
- Billing statement
- Itemized receipts
- Medicine or pill bottle with price on label
- 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
- 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 dog food and/or veterinarian services for a seeing eye or hearing dog.

FOODSHARE WISCONSIN APPLICATION

This application is for FoodShare only. This is not an application for Medicaid, BadgerCare Plus, Child Care, or W-2. You can apply for Medicaid, BadgerCare Plus, and Child Care online at access.wisconsin.gov at the same time you are applying for FoodShare. To apply for W-2, you must contact your agency. These programs can provide you help with the cost of health care or child care or finding a job as part of W-2.

How to Use This Form

1. Do not write in the shaded sections.
2. Print clearly. Use blue or black ink.
3. Fill out the application completely. If you need more room to provide your answer, use a blank sheet of paper. Return your application to **your agency**. To get the address of your agency, go to www.dhs.wisconsin.gov/forwardhealth/resources.htm or call Members Services at 800-362-3002.
4. If you need help filling out this application, contact your agency.
5. If you want someone else to complete the application process for you, complete the Authorization of Representative form (F-10126). You can get this form at www.dhs.wisconsin.gov/forwardhealth/resources.htm or from your agency.

SECTION 1 – CONTACT INFORMATION

Please tell us how we can contact you. Include the area code for all phone numbers.

Telephone Number ()	Type of Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Other Telephone Number ()	Who does this number belong to? <input type="checkbox"/> Self <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Relative	What is this person's name?
Email Address		

What is the best way and time to contact you during the weekdays?

SECTION 2 – APPLICANT INFORMATION

If you are completing this application for someone else, answer the rest of the questions as if you were that person.

Name – Applicant (Last, First MI)	Date of Birth (mm/dd/yy)	Social Security Number
Address – Residence (Street)		
City	State	Zip Code
Mailing Address – if different from your residence (include street/PO box, city, state, zip code)		

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced
U.S. Citizen (only for those applying) <input type="checkbox"/> Yes <input type="checkbox"/> No	Race or Ethnicity (optional)
In which language do you want FoodShare notices printed?	Primary Language Spoken in Your Home

SECTION 3 – HOUSEHOLD INFORMATION

If more room is needed, use a blank sheet of paper or the “Notes” section of this application to answer these questions.

Name – Spouse or Other Adult (Last, First MI)	Is this person applying for FoodShare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (mm/dd/yy)	Social Security Number (if applying)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced

U.S. Citizen (only for those applying) <input type="checkbox"/> Yes <input type="checkbox"/> No		Race or Ethnicity (optional)
Relationship to Applicant	Do you share food with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide care for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name – Child 1 (Last, First MI)		Is this person applying for FoodShare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (mm/dd/yy)	Social Security Number (if applying)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	Race or Ethnicity (optional)	U.S. Citizen (only for those applying) <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Applicant	Do you share food with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide care for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name – Child 2 (Last, First MI)		Is this person applying for FoodShare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (mm/dd/yy)	Social Security Number (if applying)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	Race or Ethnicity (optional)	U.S. Citizen (only for those applying) <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Applicant	Do you share food with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide care for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name – Child 3 (Last, First MI)		Is this person applying for FoodShare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (mm/dd/yy)	Social Security Number (if applying)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	Race or Ethnicity (optional)	U.S. Citizen (only for those applying) <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Applicant	Do you share food with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide care for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4 – STUDENT INFORMATION

If more room is needed, use a separate sheet of paper.

Is there anyone 18-49 years of age attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, go to Section 5.	Name of Student (Last, First MI)
Name of School	Is this student enrolled <input type="checkbox"/> Part time or <input type="checkbox"/> Full time
Is the student employed at least 20 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student caring for a child under 6 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student caring for a child 6-12 years of age where adequate daycare is not available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student a single parent caring for a child less than 12 years of age and attending school full time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student participating in a federal- or state-funded work-study program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student unable to work due to a temporary or permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student attending school due to placement through Workforce Investment Act (WIA), Wisconsin Works (W-2) or FoodShare Employment and Training (FSET)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 5 – ADDITIONAL HOUSEHOLD INFORMATION

Has anyone been found totally disabled by the Social Security Administration (SSA), Veterans Administration (VA), or Railroad Retirement Board?

Yes No

Name (Last, First MI)	Date of Disability Determination (mm/dd/yy)
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Has anyone been convicted of a drug felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name (Last, First MI)	Date of Conviction (mm/dd/yy)
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Is anyone a fleeing felon or in violation of probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name (Last, First MI)
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SECTION 6 – ABSENT PARENT INFORMATION

Do any children have a biological or adoptive mother or father who is not living at home?

Yes No

Name of Absent Parent (Last, First MI)	Social Security Number	Date of Birth (mm/dd/yy)
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Name(s) of Child(ren)	Relationship to Child(ren) <input type="checkbox"/> Mother <input type="checkbox"/> Father
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Date Parent Left Household (mm/dd/yy)	Date Last Contact With Parent (mm/dd/yy)
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Court Order of Divorce / Paternity

Case Number	County	State
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Reason for Parent's Absence

Name of Absent Parent (Last, First MI)	Social Security Number	Date of Birth (mm/dd/yy)
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Name(s) of Child(ren)	Relationship to Child(ren) <input type="checkbox"/> Mother <input type="checkbox"/> Father
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Date Parent Left Household (mm/dd/yy)	Date Last Contact With Parent (mm/dd/yy)
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Court Order of Divorce / Paternity

Case Number	County	State
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Reason for Parent's Absence

(continue on next page)

SECTION 7 – ASSETS

Asset information is only needed if you are applying for emergency benefits. List all assets owned by the applicant(s). Include assets owned jointly with anyone else. Do not include the value of personal household belongings unless they have an unusually high value. Assets include items such as cash, checking or savings accounts, certificates of deposit, trust funds, stocks, bonds, retirement accounts, interest in annuities, U.S. savings bonds, property agreements, contracts for deeds, timeshares, rental property, life estates, livestock, tools, farm machinery, Keogh plans or other tax shelters, or personal property being held for investment purposes.

Type of Asset	Name of the Owner(s)	Current Value	Description (such as name of bank/financial institution, account number)
Cash		\$	
Checking Account		\$	
Savings Account		\$	
Other Type of Asset		\$	
Other Type of Asset		\$	
Other Type of Asset		\$	

SECTION 8 – EMPLOYMENT/JOB INCOME AND WAGES

Enrollment in FoodShare is based on total household income. Do not list self-employment in this section. Self-employment will be entered in Section 10. If more room is needed, use a separate sheet of paper.

Is anyone listed below a migrant worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is any household member working? If yes, answer questions below for each household member who is working. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Person Working	Date Employment Began (mm/dd/yy)
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Employer Name and Address

How Often Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Once per month	Number of Hours in Pay Period
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How Much Paid Per Hour \$	Gross Earnings Per Pay Period \$
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Name of Person Working	Date Employment Began (mm/dd/yy)
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Employer Name and Address

How Often Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Once per month	Number of Hours in Pay Period
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How Much Paid Per Hour \$	Gross Earnings Per Pay Period \$
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SECTION 9 – LOSS OF EMPLOYMENT

Has anyone recently ended employment? If yes, complete the rest of Section 9.

Yes No

Name of Person	Date Job Ended (mm/dd/yy)
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Employer Name and Address

Reason Employment Ended <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid off <input type="checkbox"/> Other	Has this person applied for unemployment insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 10 – SELF-EMPLOYMENT INCOME

List the amounts you reported to the IRS on your tax form. If you did not file taxes last year, leave the net annual income and depreciation boxes empty. Your agency will contact you for more information.

Is anyone in your home self-employed? If yes, complete the following. If no, go to Section 11 – Other Income.

Yes No

Type – Self-Employment	Name – Business
When did this self-employment begin?	What is the most recent year federal taxes were filed for this business?

Has there been a significant change to the average annual income and expenses for this business since the most recent taxes were filed?

Yes No

Name – Self-Employed Person	How many hours are worked each month?
Net Annual Income \$	Depreciation Amount Claimed \$

Do you expect any changes in your net income this year?

Yes No

SECTION 11 – OTHER INCOME

If more room is needed, use a separate sheet of paper.

Does anyone in your household receive other income? If yes, complete the section below for each income type.

Yes No

Type of Income		Name – Who Gets This Income	Gross Monthly Amount
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Alimony/Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Workers/Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Disability/Sick Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Interest/Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Veterans Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

SECTION 12 – EXPENSES

Dependent Care: Does anyone pay for child or adult care so they can work, look for work, go to school, or receive training?

Yes No

Who pays for child/adult care?	Who is paid?	Who is it for?
Amount \$	How Often Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Once per month	

Child Support: Is anyone court ordered to pay child support?

Yes No

Who pays for child/adult care?	Who is paid?	Who is it for?
Amount \$	How Often Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Once per month	

Medical Expenses: Does any elderly or disabled household member have out-of-pocket medical costs? See page 6 for examples.

Yes No

Who is the expense for?

What are the expenses?

Amount

How Often Paid

\$

Weekly Bi-weekly Once per month

Shelter Costs: Does anyone in the household have shelter costs (rent, mortgage, property taxes, etc.)?

Yes No

Who pays the expense?

What is the expense?

Amount

How Often Paid

\$

Weekly Bi-weekly Once per month

Utility Costs:

Does anyone in the household pay for utilities?

Yes No

If you pay rent, is heat included in the rent?

Yes No

Check the box(es) for the utilities your household is required to pay and if 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Coal	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Liquid propane gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wood	<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: _____

Do you receive housing assistance (Section 8 or other subsidized public housing)?

Yes No

SECTION 13 – RIGHTS AND RESPONSIBILITIES

Fair Hearings: I understand I have the right to file a fair hearing request to appeal any action taken concerning my application or ongoing benefits if I do not agree with that action. I understand I can ask for a fair hearing by writing to: **Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53708-7875 or by calling 608-266-3096.** I may also contact the agency office where I applied and ask for a fair hearing verbally or in writing. I understand I can refer to the ForwardHealth Enrollment and Benefits handbook (P-00079) for more information.

Rights and Responsibilities: I have received the “Important Information” section of the FoodShare Wisconsin Application that includes my rights and responsibilities.

Reporting Changes: I understand that failure to report any changes that result in incorrect benefits will mean recovery of any amounts overpaid and could also lead to prosecution for fraud, which is a felony.

Expenses: I understand that expenses I report, such as shelter, utilities, child care, child support, or medical costs, may affect the level of FoodShare benefits my household receives. I understand that failure to report or verify an expense means that I do not want to receive a deduction for this expense.

Income Reduction: I understand that I am not required to report a reduction or loss of income; however, I may be entitled to a higher FoodShare benefit if I do. I understand that as long as I do not report a reduction in my household’s monthly income or the loss of any household income, I will not receive any resulting increase in my FoodShare benefit.

Immigration Status: I understand that I and all other persons living in my household who apply for aid must be citizens or in a satisfactory immigration status in order to receive assistance. I understand that the immigration status of any person in my household applying for benefits will be verified with the United States Citizenship and Immigration Services (USCIS); this information provided to USCIS may affect my household’s eligibility and amount of benefits. I understand that my status will NOT be verified with USCIS if I am not requesting assistance for myself or if I state that I am an immigrant without satisfactory immigration status.

Any person, including any financial institution, credit reporting agency, employer, or educational institution, is authorized to release this information, according to Wisconsin Statute § 49.22 (2) (2m): “The department may request from any person any information it determines appropriate and necessary for the administration of programs carrying out the purposes of 7USC 2011 to 2029. Any person in this state shall provide this information within seven days after receiving a request under this subsection.”

I understand the questions and statements on this application form. I understand the penalties for giving false information or breaking the rules. I certify, under penalty of perjury and false swearing, that all my answers are correct and complete to the best of my knowledge, including information provided about the citizenship status of each household member applying for benefits. I understand and agree to provide documents to prove what I have said. I understand that the local agency may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits.

By signing this application, I am acknowledging that I have read and understand the rights and responsibilities as stated above.

SIGNATURE – Applicant or Authorized Representative	Date Signed (mm/dd/yy)
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