

APP



STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
HCF16019B (Rev. 12/04)

REGISTRATION

If you need an interpreter or other help in completing this form, contact your local county/tribal human or social services agency (local agency) for assistance. You may have another adult complete the application process for you.

To apply for FoodShare benefits, start the application process by completing the information on this page. Include your name, address and signature and submit it to your local agency. If you are eligible, FoodShare benefits will be provided from the date this completed registration form is received by the local agency.

Name		Social Security Number (Optional)
Address (Number, Street, City, State, Zip Code)		Date of Birth (Optional)
SIGNATURE - Applicant or Authorized Representative	Date Signed	Telephone Number (Optional) ()

If you need help right away or have an emergency, you may qualify for faster service. To be considered for faster service, answer the questions on the back of this page before submitting it.

To complete the application process for FoodShare benefits you will be required to have an interview with a FoodShare or Social Security Administration eligibility worker. You will be asked to provide information that is needed to determine your household's eligibility for FoodShare Wisconsin. You will also be asked to provide proof of certain information such as identity, residence and monthly income.

Your request for FoodShare benefits will be processed as soon as possible, but no later than 30 days from the date your request is received by the local agency. However, you may be eligible to receive faster service if:

Your household has no more than \$100 available in cash and bank accounts and expects to receive less than \$150 in income this month; **OR** the total amount of your monthly gross income and available cash and bank accounts of all household members is less than your rent or mortgage and utility costs for this month; **OR** your household includes a migrant or seasonal farm worker whose income has stopped.

Answer the questions on the back of this page so the local agency can decide if you qualify for faster FoodShare service. If you do qualify for faster service, you must still complete the application process to receive FoodShare benefits within seven days.

Did you use the ACCESS online screening tool prior to applying? Yes No

NOTE: The ACCESS online screening tool is optional. You do not have to use the tool prior to applying for FoodShare Wisconsin. See the back of this page for more information about ACCESS.

Tear Off and Submit This Page to Your Local Agency

APP

Check or write an answer:

- | | Yes | No |
|---|--------------------------|--------------------------|
| Did your household receive FoodShare benefits this month? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is anyone in your household a migrant or seasonal farm worker? | <input type="checkbox"/> | <input type="checkbox"/> |
| If “Yes”, did his/her income recently stop? | <input type="checkbox"/> | <input type="checkbox"/> |
| Will s/he receive more than \$25 in income from a new source, in the next ten days? | <input type="checkbox"/> | <input type="checkbox"/> |

What is your household’s total gross income for this month?
(Gross income is your income before taxes and other deductions.)

\$ _____

What are your household’s total available assets?
(Examples of assets include, cash, bank accounts, stocks, bonds, IRAs, certificates of deposit and Keogh plans.)

+ \$ _____

Total income and assets = \$ _____

What are your shelter expenses for this month?
(Examples of shelter expenses include rent or mortgage payments for an apartment, house or mobile home lot.)

\$ _____

What are your total utility expenses for this month?
(Examples of utility expenses include gas, electric, water, sewer and trash removal.)

+ \$ _____

Total shelter/utility expenses = \$ _____

ACCESS TO ELIGIBILITY SUPPORT SERVICES FOR HEALTH AND NUTRITION (ACCESS)

To find out if you may be eligible for health and nutrition programs, visit the state of Wisconsin’s web site at <http://access.wisconsin.gov/access/>.

This online screening tool will take you about 15 minutes to use. We’ll ask you to tell us general information about yourself and the people in your home, the money you get from a job or other places, your housing costs and a few other bills. What you tell us will stay private and secure.

When you are finished, ACCESS will let you know about health and nutrition programs you and the people in your home might be eligible for. It will also explain how to apply for these programs. On the last page, you will be able to print out a summary of all the information ACCESS provides. ACCESS does not keep any identifying information after you leave the web site.

This screening tool is optional. You do not have to use the screening tool prior to applying for FoodShare Wisconsin.



IMPORTANT INFORMATION

Read the following statements carefully. Ask about any statements you do not understand. Keep this information with your important papers.

FOODSHARE BENEFITS

The FoodShare Wisconsin Application is an application for FoodShare benefits only. FoodShare benefits are available to low-income households to help them meet monthly nutritional needs. A household is usually made up of the people who live together and share food. The amount of the FoodShare benefit is based on the household's income and the number of people in the household. FoodShare benefits are issued through the Wisconsin QUEST card that is used like a debit card at participating grocery stores or other participating food retailers. This is not an application for Wisconsin Medicaid, BadgerCare, SeniorCare, Child Care or Wisconsin Works (W-2). If you are interested in any of these programs, you must contact your local county/tribal social or human services agency or your W-2 agency.

COMPLETING THE APPLICATION PROCESS

To complete the application process for FoodShare benefits, you will be required to have an interview with a FoodShare or Supplemental Security Income (SSI) eligibility worker. You will be asked to provide information that is needed to determine your household's eligibility for FoodShare benefits. You will also be asked to provide proof of certain information, such as:

- Identity
- Address (unless you are homeless)
- Monthly Gross Income (before taxes)

To receive a deduction for the following expenses, you must report and verify:

- Rent or mortgage payments
- Utility costs
- Dependent care expenses
- Legally-obligated child support payments
- Out-of-pocket medical expenses for any elderly or disabled household member

PRIORITY SERVICE

Your request will be processed as soon as possible, but no later than 30 days from the date your request is received by the local agency. However, you may be eligible to receive faster service if your household:

- Has no more than \$100 available in cash and bank accounts and expects to receive less than \$150 in income this month;
- Has total monthly gross income and available cash and bank accounts that is less than the rent, mortgage, and utility costs for this month; OR
- Includes a migrant or seasonal farm worker whose income has stopped.

To see if you are eligible to receive FoodShare benefits within seven days, answer the questions on the back of the FoodShare Wisconsin Registration form and sign the front of the form. Submit the completed FoodShare Wisconsin Registration form to your local agency.

AUTHORIZED REPRESENTATIVE

You have the right to have another person represent you and act on your behalf to complete the application process, obtain FoodShare benefits, or use FoodShare benefits for you. This person will act as your “authorized representative”. If you want to have an authorized representative, use the Authorization of Participant’s Representative form (DES 2375) to inform the local agency who your representative will be. Contact your local agency to get this form. If the person who completes the application process for you gives the wrong information, you will be responsible for any mistakes.

USE OF SOCIAL SECURITY NUMBERS / PERSONALLY IDENTIFIABLE INFORMATION

Personally identifiable information will be used only for the direct administration of FoodShare Wisconsin.

Providing or applying for an SSN is voluntary; however any person who wants FoodShare benefits but does not provide their SSN or apply for one, will not be eligible for benefits. If someone in your household is not applying for FoodShare benefits you do not need to provide SSN information for that person.

SSN information will be used only for the direct administration of FoodShare Wisconsin. Your SSN permits a computer check of your information with government agencies such as the Internal Revenue Service (IRS), Social Security Administration (SSA) and the Department of Workforce Development as well as the School Lunch Program. Social Security Numbers are also used to check the identity of household members and to verify income from such sources as employers, banks and other parties.

IMMIGRATION STATUS

To be eligible for FoodShare benefits, individuals must be U.S. citizens or have a qualifying immigration status with the United States Citizenship and Immigration Services (USCIS). The immigration status of any person applying for FoodShare benefits will be verified with the USCIS. Information from USCIS may affect FoodShare Wisconsin eligibility and benefit amount.

Immigration status will NOT be verified with USCIS for persons who are not requesting assistance or who indicate that they do not have a qualifying immigration status with USCIS. However, the income and assets belonging to these individuals may affect FoodShare Wisconsin eligibility and benefit amount.

COLLECTION OF INFORMATION

The collection of information in the application, including the Social Security Number of each household member applying for benefits, is authorized under the Food Stamp Act of 1977, 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 FoodShare Wisconsin. This information will be verified through computer matching programs. This information will also be used to monitor compliance with program regulations 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. Providing the requested information, including the Social Security Number of each household member, is voluntary. However, failure to provide a Social Security Number will result in a denial of FoodShare 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.

W-2 ELIGIBILITY

FoodShare Wisconsin is an entitlement. You do not have to apply for W-2 to be eligible for FoodShare benefits.

NON-DISCRIMINATION

In accordance with Federal law and United States Department of Agriculture policy, this institution (your local agency) is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs or disability.

FoodShare Wisconsin Application – Important Information
HCF 16019B (Rev. 12/04)

To file a complaint of discrimination write:

USDA
Director, Office of Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, S.W.,
Washington D.C. 20250-9410

Telephone: (202) 720-5964 (voice and TDD)

USDA is an equal opportunity provider and employer.

You may also file a complaint of discrimination by contacting:
Department of Health and Family Services (DHFS)
Affirmative Action and Civil Rights Compliance Office
1 W. Wilson, Room 555
Madison, WI 53707-7850

Telephone: (608) 266-9372 (Voice); (608) 266-2555 (TTY)
Fax: (608) 267-2147

The DHFS is an equal opportunity employer and service provider. For civil rights questions, call (608) 266-9372 or (608) 266-2555 TTY.

FAIR HEARING

If you do not agree with any action taken concerning your application or ongoing benefits, you have the right to a Fair Hearing. You can request a Fair Hearing by writing to:
Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

Or by calling (608) 266-7709

The *Request for a Fair Hearing* form can also be downloaded from the Department of Administrations web site at <http://dha.state.wi.us/home/>.

You may also contact your local agency and ask for a Fair Hearing verbally or in writing.

CHANGE REPORTING REQUIREMENTS

If you are found eligible for FoodShare benefits, you will be required to report changes based on your household circumstances. At your interview, or in the mail, you will receive a Change Report form that outlines your reporting requirements. Direct any questions to your local agency.

WORK REGISTRATION

All persons in your FoodShare Wisconsin group must be registered with the FoodShare Employment and Training (FSET) program, unless otherwise exempt. Those who do not have to register with FSET 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;
- Participants in drug addiction or alcohol treatment programs;
- Persons who are already working at least 30 hours per week (or who are receiving weekly earnings which equal 30 times the federal minimum hourly wage);
- Persons who are receiving, or have applied for, Unemployment Insurance;
- Students enrolled in a recognized school, training program, or institution of higher learning; or
- Persons who are physically or mentally unfit for employment as determined by the local agency.

You will receive more information about the FoodShare Employment and Training Program if you are eligible for FoodShare benefits.

TIME-LIMITED BENEFITS

Adults 18-49 years of age who are not living with dependent children may be subject to time limited FoodShare benefits, unless they meet one of the following criteria:

- Employed a minimum of 80 hours per month;
- Participating in an employment and training program a minimum of 20 hours per week;
- Employed and participating in an employment and training program for a combined minimum of 20 hours per week;
- Participating in a workfare program;
- Physically or mentally unfit for employment as determined by the local agency;
- Pregnant; or
- Otherwise exempt from participation in the FoodShare Employment and Training Program.

STUDENT ELIGIBILITY

Students 18-49 years of age enrolled half-time or more in an institution of higher education such as a university, vocational or technical college are ineligible for FoodShare benefits, unless they meet certain requirements. To be eligible for FoodShare benefits a student must meet one of the following criteria:

- Employed a minimum of 20 hours per week;
- Responsible for the care of a dependent household member under 6 years of age;
- Responsible for the care of a dependent household member 6-11 years of age where it has been determined that adequate child care is unavailable;
- A single parent enrolled full-time and responsible for the care of a dependent child under 12 years of age;
- Enrolled in the Wisconsin Works (W2) Program;
- Participating in a state or federally funded work-study program;
- Participating in an on-the-job training program;
- Assigned to education as part of an authorized employment and training program; or
- Physically or mentally unfit for employment as determined by the local agency.

CHILD SUPPORT COOPERATION

While you are receiving FoodShare benefits, you must cooperate with the child support agency to establish paternity or to secure and enforce a child support order for your child(ren) under 18 years of age. If you do not cooperate with the child support agency, your benefits may end or be reduced. If you have good cause to not cooperate, you can file a good cause claim with the local agency using the Good Cause Claim form (DES 2019). Good cause for not cooperating may be granted if:

FoodShare Wisconsin Application

HCF 16019B (Rev. 12/04)

- There is significant risk of physical or emotional harm to you or your child if you give information to the child support agency;
- Your child was born as a result of incest or sexual assault;
- A petition for the adoption of your child has been filed with a court; or
- You are working with an agency to decide if you will place your child for adoption.

You may be asked to provide evidence, to prove your good cause claim. Examples of evidence include:

- Medical, court or law enforcement records; and
- Written statements from individuals, such as friends, neighbors, clergy, social workers and medical professionals.

Ask the local agency for more information about filing a Good Cause Claim.

If you are under a court order to provide child support payments for a child who is not living with you, you must be up-to-date in making those support payments or you may not be eligible to receive FoodShare benefits for yourself.

COMPUTER CHECK

The information on your application will be subject to verification through the state income and eligibility verification system. If you work, the wages you report are checked by computer against the wages your employer reports to the Department of Workforce Development. The Internal Revenue Service, Social Security Administration, Unemployment Insurance Division and Child Support Agency are also contacted about income and assets you may have. The information obtained may affect your household's FoodShare Wisconsin eligibility and amount of benefits.

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 received because you gave false information. If a FoodShare Wisconsin 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 and collection agencies, for claims collection action.

QUALITY CONTROL REVIEW

It is possible that your FoodShare Wisconsin case may be chosen for a Quality Control review. Quality Control reviews are done to make sure that:

- Persons who receive benefits are eligible for them;
- Persons who are eligible are not denied benefits;
- People receive the correct amount of benefits; and
- The agency complied with state and federal requirements.

If your case is chosen for review, a Quality Control reviewer will review your case file at the agency office and make an appointment to see you personally, usually in your home. The reviewer has state agency identification. The reviewer will ask to see documents and records which are necessary to verify your eligibility, such as Social Security cards, rent receipts, bank statements and wage receipts. The reviewer will also ask for your written consent to contact others for information needed to complete the review. You may lose your benefits if you do not cooperate with the reviewer.

FOODSHARE PENALTY WARNING

Any member of your household who intentionally breaks any of the following rules can be barred from FoodShare Wisconsin 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 FoodShare benefits,**
- **Trading or selling FoodShare benefits,**
- **Using FoodShare benefits to buy non-food items, like alcohol or tobacco, or**
- **Using another person's FoodShare benefits, identification cards or other documentation.**

Depending upon the value of misused benefits, the individual can also be fined up to \$250,000, imprisoned up to 20 years, or both. A court can also bar an individual from the program for an additional 18 months. You will also be permanently disqualified if you are convicted of trafficking FoodShare benefits of \$500 or more. You will be ineligible to participate for 10 years if you are found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits at the same time. Fleeing felons and probation/parole violators are ineligible for the program. The individual may also be subject to further prosecution under other applicable federal laws.

Individuals who trade (buy or sell) FoodShare benefits for a controlled substance/illegal drug(s), will be barred from FoodShare Wisconsin for a period of two years for the first finding, and permanently for the second finding. Individuals who trade (buy or sell) FoodShare benefits for firearms, ammunition or explosives, will be barred from FoodShare Wisconsin permanently.

APPLICATION

This application is for FoodShare benefits only. This is not an application for Medicaid, BadgerCare, SeniorCare, Child Care or W-2. If you are interested in applying for these assistance programs you must contact your local agency. These programs provide persons or families help with the cost of health care, 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.
4. If you need help filling out this application, contact your local agency for assistance. If you have a disability and need to access this application in an alternate format, or need it translated to another language, please contact (608) 266-3356 (voice) or (608) 266-2555 (TTY). These translation services are free of charge.
5. To complete the application process for FoodShare benefits you will be required to have an interview with a FoodShare or Social Security Administration eligibility worker.

SECTION 1 - COUNTY/TRIBAL SOCIAL OR HUMAN SERVICES AGENCY INFORMATION

(Agency Use Only)

Agency Name	Date Received	
Agency Address (Street, City, State, Zip Code)	Case Name	Case Number

SECTION 2 - PERSON COMPLETING APPLICATION

If you need help completing this application, you can have another person help you or appoint an Authorized Representative to represent you in the application process. Then, have that person answer the following questions. If not, skip to Section 3.

Name of Person Completing Application if other than the Applicant (Last, First, MI)	Relationship to Applicant	Do you live in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 3 - APPLICANT INFORMATION

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

Applicant Name (Last, First, MI)	Check the language in which you want FoodShare notices printed. <input type="checkbox"/> English <input type="checkbox"/> Spanish	Primary language spoken in your home:
Residence Address (Street, City, State, Zip Code)		Telephone Number
Mailing Address – If different from your residence (Street, City, State, Zip Code)		

Section 4 - Household Information

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

List the names of all persons living in your household.	Is this person applying for FoodShare benefits?	Social Security Number (Those Applying Only)	Date of Birth (MM/DD/YY)	Gender M - Male F - Female	Marital Status	U.S. Citizen (Only for those applying)	Race or Ethnicity (Optional)	Relationship to Applicant	Do you share food with this person?	Do you provide care for this person?
Name (Last, First, MI)										
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5 - Student Information

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

Is there anyone 18 – 49 years of age attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, go to Section 6	Name of Student (Last, First, MI)	Name of School	Enrollment <input type="checkbox"/> Part time <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 under 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 6 - Non-Financial Information

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

Is anyone in the household pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Pregnant Woman (Last, First, MI)	Estimated Due Date (mm/dd/yy)
Is anyone in the household temporarily unable to work due to injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name (Last, First, MI)	When will this person be able to return to work?
Has anyone been found totally disabled by the Social Security Administration (SSA), Veteran's Administration (VA), or Railroad Retirement Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name (Last, First, MI)	Date of Disability Determination (mm/dd/yy)
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)
Is anyone a fleeing felon or in violation of probation/parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name (Last, First, MI)	

Section 7 - Absent Parent Information

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

Do any children have a natural 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	Name(s) of Child(ren)	Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father
Reason for Parent's Absence		Date Parent Left Household	Date Last Contact With Parent	Court Order of Divorce / Paternity Case Number County State
Name of Absent Parent (Last, First, MI)	Social Security Number	Date of Birth	Name(s) of Child(ren)	Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father
Reason for Parent's Absence		Date Parent Left Household	Date Last Contact With Parent	Court Order of Divorce / Paternity Case Number County State
Name of Absent Parent (Last, First, MI)	Social Security Number	Date of Birth	Name(s) of Child(ren)	Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father
Reason for Parent's Absence		Date Parent Left Household	Date Last Contact With Parent	Court Order of Divorce / Paternity Case Number County State

Section 8 - Assets

Asset information is only needed for persons 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.

Type	Name of Owner(s)	Current Value	Description (such as Bank/Financial Institution Name, Account Number)	Name of Owner(s)	Current Value	Description (such as Bank/Financial Institution Name, Account Number)
Cash		\$			\$	
Checking Account		\$			\$	
Savings Account		\$			\$	
Other (for example: stocks, bonds, certificates of deposit, IRA)		\$			\$	

Section 9 - Employment

FoodShare benefit eligibility will be based on total household income.

Is any household member working (including self-employment)? Yes No

Is anyone listed below a migrant worker? Yes No

If "Yes", answer questions below for each household member who is working.

Name of Person Working	Employer Name and Address	Date employment began?	Pay period (weekly, bi-weekly, monthly)	Number of Hours in Pay Period	\$ per Hour	Gross Earnings per Pay Period

Section 10 - Loss of Employment

Has anyone recently ended employment? Yes No If "Yes", complete the rest of Section 10.

Name of Person	Employer Name and Address	Date employment ended? (mm/dd/ccyy)	Reason Employment Ended? (quit, fired, laid off, moved)	Has this person applied for unemployment insurance?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 11 - Unearned Income

Does anyone in your household receive unearned income? Yes No If you answered "Yes", complete the section below for each income type. If more room is needed, use a blank sheet of paper or the "Notes" section of this application to answer these questions.

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

Section 12 - Expenses

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

Child Care - Does anyone pay for child or adult care so they can work, look for work, go to school or receive training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who pays for child / adult care?	Who is paid?	Who is it for?	Amount \$	How often paid? (weekly, biweekly, monthly)
Child Support - Is anyone court-ordered to pay child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who pays the child support?		Who receives the child support payments?	Amount \$	How often paid? (weekly, biweekly, monthly)
Medical Expenses - Does any elderly or disabled household member have out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who is the expense for?		What are the expenses?	Amount \$	How often paid? (weekly, biweekly, monthly)
Shelter Costs - Does anyone in the household have shelter costs? (rent, mortgage, property taxes, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who pays the expense?		What is the expense?	Amount \$	How often paid? (weekly, biweekly, monthly)
Do you receive housing assistance? (Section 8 or other subsidized public housing)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Utility Expenses - Does anyone in the household have utility expenses? (heat, electricity, water, phone, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who pays the expense?		What is the expense?	Amount \$	How often paid? (weekly, biweekly, monthly)
Have you received heating assistance at this address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date heating assistance received? (mm/dd/yy)				

Section 13 - Rights and Responsibilities

Read and initial each statement below:

- ___ **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 & Appeals, Box 7875 Madison WI 53708-7875 or by calling (608) 266-7709.** 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 FoodShare Wisconsin Eligibility and Benefits handbook (PHC 16012) 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 which result in incorrect benefits will mean recovery of any amounts overpaid and could also lead to prosecution for fraud, a felony.
- ___ **Expenses:** I understand that expenses I report such as shelter, utility, 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.
- ___ **Work and Training:** I understand by signing the Application, I have registered myself and all persons included in my FoodShare group with the FoodShare Employment and Training Program (FSET), unless otherwise exempt.
- ___ **Immigration Status:** I understand that I and all other persons living in my household and 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 by 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 (7) 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.**

SIGNATURE – Applicant or Authorized Representative

Date Signed

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