

STATE OF WISCONSIN

DEPARTMENT OF HEALTH SERVICES, Division of Health Care Access and Accountability

DEPARTMENT OF WORKFORCE DEVELOPMENT, Division of Workforce Solutions

F-16076A (07/08)

FOODSHARE AND/OR CHILD CARE SIX MONTH REPORT FORM INSTRUCTIONS

The FoodShare and/or Child Care Six Month Report form is used for you to report current information about your household circumstances. This report must be completed, signed, and returned to your local county/tribal agency if you want to continue receiving FoodShare and/or Child Care benefits. To avoid a delay in your FoodShare and/or Child Care benefits, answer all questions, sign, and return this form by ___/05/____. If this form is not completed and returned by ___/30/___ your FoodShare and/or Child Care benefits will end. Include documents to verify the information you report, including pay stubs to verify wages for all employed members of your household. See each section of the instructions for examples of proof that can be used for verification. Your worker will contact you if more information is needed to determine your eligibility for FoodShare and/or Child Care benefits.

For this form to be complete, you must answer “Yes” or “No” to the questions (except where marked as NOT REQUIRED) in each section and sign the form. Please contact your worker if you have any questions or need help completing this form.

Print your answers, using blue or black ink. Use an additional sheet of paper if more room is needed to answer any question.

Personally identifiable information is kept confidential and is only used for the administration of public assistance programs.

SECTION 1 – ADDRESS/SHELTER EXPENSE INFORMATION

Address. The address that is currently on file for your household is pre-printed here. Review this address. If you have moved, check “Yes” and write your new address in the Address section, and enclose proof of your new address, shelter, and utility expenses. If “No”, go to Section 2. If you are homeless, write “Homeless” in this space. If you do not receive FoodShare benefits, you do not need to give proof of shelter or utility expenses.

Telephone Number. Write in your telephone number. If you do not have a telephone, write in a number where you can be reached if one is available.

Rent. If you pay rent or lot rent and receive FoodShare benefits, write in the amount that you pay each month. If you live in subsidized housing, such as Section 8 or Public Housing, write in the amount that you must pay.

Mortgage. If you have a mortgage payment and receive FoodShare benefits, write in the amount that you pay each month.

Property Taxes / Homeowner's Insurance. If your property taxes and/or homeowners insurance are paid separately from your mortgage payment and you receive FoodShare benefits, write in the amount that you pay each month.

Utilities. Check each of the utilities that you pay if you receive FoodShare benefits. Do not check any utilities that are included in your rent. If you pay for electric heat, check both “heat” and “electricity”.

Some examples of proof are: your lease or mortgage papers, real estate tax statement, homeowner’s insurance policy or current utility and telephone bills.

SECTION 2 – CHILD SUPPORT PAYMENTS

If anyone in your household has had a change in their court-ordered obligation to pay child support to a non-household member check “Yes” and explain the change. Check “No” if there has not been a change. Some examples of proof are: court order or payment record from any state. Complete this section if you receive FoodShare benefits.

SECTION 3 – HOUSEHOLD MEMBERS

Individuals in your household. Review the pre-printed names listed and check “Yes”, if this person still lives with you, or “No” if they no longer live with you.

Provide the requested information for all individuals living with you that were not pre-printed on the form. Use an additional sheet of paper if more room is needed.

Providing information on US citizenship is voluntary; however any person who wants FoodShare and/or Child Care benefits but does not provide this information, will not be eligible for benefits.

Providing or applying for an SSN is voluntary; however any person who wants FoodShare and/or Child Care benefits but does not provide their SSN or apply for one, will not be eligible for benefits.

SSN information will be used for administration of the FoodShare and Child Care programs. 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 (DWD) 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 entities.

SECTION 4 – HOUSEHOLD INCOME

- A. **Wages.** Check “Yes”, if anyone in your household has income from wages or self-employment. If you checked “Yes”, write in the name of the person that works, the employer name, how often the person is paid, and the date the employment began. If no one in your household has income from wages or self-employment, check “No”.

Some examples of proof of wages are: all pay stubs received in the last month or a signed statement from the employer that either includes gross earnings and pay dates for the last month, or pay rates and average hours expected to be worked in the next month.

- B. **Self-Employment.** The information pre-printed on the form is the information we currently have for self-employed people who live with you. Please review this information carefully. The counted income that is displayed is the average monthly net self-employment income after allowable business expenses are subtracted. If this information is not correct, explain the change in the space provided.

Here are some examples of changes in self-employment:

- The self-employed person is ill or injured and is unable to work for a month or more.
- A farmer has suffered unusual crop loss due to the weather or other circumstances, and will not receive reimbursement for the loss.
- There has been a substantial increase in business-related expenses without an increase in income.

If anyone in your household has started self-employment, list the person’s name, the type of self-employment business, average monthly income received or expected from the self-employment, and the date the self-employment started.

Some examples of proof for self-employment are: income tax returns or bookkeeping records.

- C. **Other income.** Check “Yes”, if anyone in your household receives other income. Some examples of other income are payments from Child Support, Unemployment, Worker’s Compensation, Social Security, or Foster Care payments. For all persons in your household who receive other income, write in the person’s name, source of income and the monthly amount received. If no one in your household receives other income, check “No”.

Some examples of proof for other income are: an award letter or copy of last check.

Note: If you do not report a reduction in your household’s monthly income or the loss of any household income, you will not receive any resulting increase in your FoodShare benefit.

SECTION 5 – SIGNATURE

Signature. Once you have reviewed all the information you have provided, sign and date the form.

RETURN THE SIGNED AND DATED FORM TO THE AGENCY THAT IS LISTED ON THE FORM. An envelope has been provided for your convenience.

CHECKLIST:

- Did you answer all the questions?
- Did you remember to sign the form?
- Did you send proof of your answers, including pay stubs?
- Can you see the County’s address through the window of the envelope?