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Mailing Date: MM/DD/YYYY

MAILING ADDRESS  
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**State of Wisconsin**  
Case #: XXXXXXXX


**<Consortium>**  
X-XXX-XXX-XXXX for questions or  
to report changes  
X-XXX-XXX-XXXX to fax proof



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call X-XXX-XXX-XXXX. These services are free.

## About Your Benefits

This letter tells you about your benefits. If you have a question, please call the agency above. If you would like to get letters like this online instead of by regular mail, please see the Key Contacts at the end of this letter.

Which benefit?	Status of your benefits?
 <b>FoodShare</b>	You applied on <date>. Your application was approved. For <date> you will get < \$ >. As of <date>, you will get < \$ > each month. Please see Your FoodShare Benefits page to learn more.
<i>If you don't agree with this decision, you have the right to a Fair Hearing. Please see the last page of this letter to learn more. You may also talk with the agency above.</i>	

You are enrolled in the FoodShare program until <date> as long as you continue to meet program rules.



# Your FoodShare Benefits



## Who is enrolled in FoodShare and how much?

When?	How much?	Who is enrolled?
<date> - <date>	< \$ > / month	<name>
As of <date>	< \$ > / month	<name>

You applied for FoodShare on <date>. Because you applied after the first day of the month, you will get a partial FoodShare benefit in December.

You will get a total of < \$ > each month until there is a change in your case.



## More Information

### FoodShare

FoodShare is a monthly benefit that helps you buy nutritious food for good health. If you are getting FoodShare for the first time, you will get a plastic debit card in the mail called the Wisconsin QUEST card. Your FoodShare benefits are put on your QUEST card and can be used at most food stores.

If any QUEST card on your account is lost or stolen, you may have to pay a \$2.70 fee to replace it. The fee will come out of your FoodShare benefits.

Your benefits for <month> will be in your account by <date>. Starting in <month>, your benefits will be put in your account on the <number> day of each month.

Certain adults between the ages of 18 through 49 with no minor children living in the home may only be able to get 3 months of time-limited FoodShare benefits in a 36-month period unless they meet a work requirement.

To learn more about your benefits, QUEST card, or the work requirement, please see your Enrollment and Benefits Handbook.





Wisconsin JobNet is available to you. JobNet is the largest source of job openings in Wisconsin. You can visit the JobNet website at [www.dwd.state.wi.us/jobnet/mapWI.htm](http://www.dwd.state.wi.us/jobnet/mapWI.htm). Or, you can use touch-screen computers at your local Job Center. To find a Job Center near you, call 1-888-258-9966.



# Your Household's Reported Income and Bills

Here is a list of the income and bills that we have on file for your household.


 <b>Income</b>	
<b>Who has income?</b>	<b>When and how much?</b>
<b>As of Dec. 2015</b>	
<name> Job: <X>	< \$ > every other week

 <b>Bills</b>	
<b>Type of bill</b>	<b>When and how much?</b>
<b>As of &lt;date&gt;</b>	
<X>	<X>
<X>	<X>



## How We Counted Your Income

Here are the amounts and limits that were used to decide whether you could get benefits. To learn more, please see your Enrollment & Benefits handbook.

 <b>FoodShare</b>	
<b>As of Dec. 2015</b>	
<b>Your Gross Income</b>	\$1,290.00
<b>Your Counted Income</b>	\$672.50
<b>Counted Income Limit</b>	\$981.00

Your counted income is lower than your gross income because of a standard credit that everyone gets. You also get credit for these items: housing/utility bills and income from a job.



## Your Reporting Rules

Because your total income exceeds <X> FPL for your FoodShare group size and you remain eligible, you do not have to report any changes until your next review or six month report form.

However, working adults between the ages of 18 and 49 with no minor children in the home must report by the 10th day of the next month if their employment hours go below 80 hours each month.

If you don't report this change, and you get benefits or coverage that you aren't eligible for, you may have to pay us back. Keep in mind that if your benefits change, your reporting rules may also change.

## Key Contacts

**TTY Services:** For TTY services call 711. These services are free.



**Online Help:** ACCESS is an internet tool that lets you apply for other benefits, check your benefits, or report changes. Visit [access.wisconsin.gov](http://access.wisconsin.gov).

**General Questions about FoodShare or Health Care Benefits:** See your Enrollment and Benefits handbook or go to [dhs.wisconsin.gov/em/customerhelp](http://dhs.wisconsin.gov/em/customerhelp). If you have been approved to get other public assistance benefits or SSI, you may be able to enroll in FoodShare. You can apply for FoodShare online at [access.wisconsin.gov](http://access.wisconsin.gov) or contact your agency listed on page 1.

**ForwardHealth Card:** See your Enrollment and Benefits handbook, visit [dhs.wisconsin.gov/em/customerhelp](http://dhs.wisconsin.gov/em/customerhelp), or call 1-800-362-3002 (TTY and translations services are available).

### **QUEST Card:**

See your Enrollment and Benefits handbook or visit [dhs.wisconsin.gov/foodshare/ebt.htm](http://dhs.wisconsin.gov/foodshare/ebt.htm). Call 1-877-415-5164 (voice) or 1-800-947-3529 (TTY) if you:

- Need to report your card damaged, stolen or lost;
- Get an error message while using your card;
- Need to check your account balance; or,
- Have any other questions about your card.



**Get Letters Online Instead of by Regular Mail:** You can get letters and information about your benefits online instead of by regular mail. To make this choice, contact your agency listed on page 1 or log in to your MyACCESS account at [access.wisconsin.gov](http://access.wisconsin.gov). If you do not have a MyACCESS account, you must create one to view your letters and information about your benefits online.

**Any Other Questions:** Contact your agency listed on page 1.



## YOU HAVE THE RIGHT TO A FAIR HEARING ABOUT YOUR BENEFITS

### What is a Fair Hearing and why should I ask for one?

A Fair Hearing gives you the chance to tell why you think there has been a wrong decision about your application or benefits. At the hearing, a hearing officer will hear from you and the agency to find out if the decision was right or wrong. You may bring a friend or family member with you to the hearing. You may also be able to get free legal help. To learn more about free legal help, call <X>.

### How long do I have to ask for a hearing?

The Division of Hearings & Appeals must get your request for a hearing about the decision in this letter by the date below:

FoodShare → <date>

Keep in mind that these are the deadlines for asking for a hearing about the decision in this letter. If you are getting FoodShare benefits and you miss the deadline, you can ask for a hearing at any time if you do not agree with your FoodShare benefit amount.

**Please Note: You cannot request a Fair Hearing if you have been disqualified from the FoodShare Program for an intentional program violation.**

### Can I keep my benefits while I wait for my hearing?

Yes, if you are already getting benefits and if you ask for a hearing before your benefits change, you can keep getting the same benefits until the hearing officer makes a decision. If the hearing officer decides that the agency was right, you may need to return the extra benefits that you got after your benefits were supposed to change.

**Please Note: Benefits will not be continued if the change was due to a member receiving a FoodShare intentional program violation disqualification.**

### How do I ask for a hearing?

You can ask for a fair hearing and/or a hearing request form at the agency shown on the first page of this notice. Or, you can get a request form at [dhs.wisconsin.gov/em/customerhelp](https://dhs.wisconsin.gov/em/customerhelp). You can send the form or a letter asking for a hearing to the Division of Hearings & Appeals, PO Box 7875, Madison, WI 53707-7875, or fax it to 608-264-9885