

RETURN ADDRESS  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX



**State of Wisconsin**

Case #: 0000000000

Mailing Date: MM/DD/YYYY

**#1: Notice of pending**  
**Scenario: Applicant's application for health care is pending. The applicant does not have to take any action.**

MAILING ADDRESS  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

Phone Number: X-XXX-XXX-XXXX  
Fax Number: X-XXX-XXX-XXXX  
Use fax # to send information.



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.

## **Your Application for Benefits is Pending**

You applied for health care on <DATE>. We are sending this letter because we were not able to process your application within the normal 30-day timeframe. Your application is pending.

### **No Action Required**

You do not need to do anything. You will be notified of the status of your benefits once your application is finished processing.

If you would like more information, call your agency at the phone number listed at the top of this letter.

## **Nondiscrimination Statement**

The Department of Health Services is an equal opportunity employer and service provider. All people applying for or who get benefits are protected against discrimination based on race, color, national origin, disability, age, sex or religion. State and federal laws require all health care benefits to be provided on a nondiscriminatory basis.

EXAMPLE

## 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 1-800-472-1638.

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

The Division of Hearing and Appeals must get your request for a hearing about the delay in processing your application within 45 days of the date of this letter.

### How do I ask for a hearing?

You can ask for a fair hearing and/or a hearing request form from your agency. Or you can get a request form at [dhs.wisconsin.gov/forwardhealth/resources.htm](https://dhs.wisconsin.gov/forwardhealth/resources.htm). You can send the form or a letter asking for a hearing to the Division of Hearing and Appeals, PO Box 7875, Madison, WI 53707-7875, or fax it to 608-264-9885.

EXAMPLE

RETURN ADDRESS  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX



State of Wisconsin

Case #: 0000000000

Mailing Date: MM/DD/YYYY

MAILING ADDRESS

XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

**#2: Notice of pending**  
**Scenario: Applicant's application is pending for health care, FoodShare, and**  
**Caretaker Supplement. The applicant must take action for health care and**  
**FoodShare but not for Caretaker Supplement.**

XXX

Fax Number: X-XXX-XXX-XXXX  
Use fax # to send information.



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.

## **Your Applications for Benefits are Pending; Action is Required by You in Order to Complete Processing**

We are sending this letter because your applications for health care, FoodShare, and Caretaker Supplement are pending. Action is required by you in order for us to complete processing.

### **Health Care Application**

You applied on <DATE>. Your application is pending because you did not give us all the information we asked for. Any action, proof, or information needed from you is **due by <DATE>**.

#### **Action Needed**

- You need to sign your application.

#### **Proof Needed**

Provide proof of:

- Wisconsin residency
- Employment at JOB 1 including: Expected monthly income before taxes or deductions and number of hours worked per pay period.
- Employment at JOB 2 including: Expected monthly income before taxes or deductions and number of hours worked per pay period

#### **Information Needed**

- Is anyone in your home currently self-employed, (such as Farming, Crafts, Lawn care, etc.) or has anyone had self-employment in the last 4 months?
- Is anyone in your home currently employed or on strike?

## FoodShare Application

You applied on <DATE>. Your application is pending because you did not give us all the information we asked for. Any action, proof, or information needed from you is **due by <DATE>**.

Action Needed
<ul style="list-style-type: none"><li>You need to sign your application.</li></ul>



Proof Needed
Provide proof of: <ul style="list-style-type: none"><li>Wisconsin residency</li><li>Employment at JOB 1 including: Expected monthly income before taxes or deductions and number of hours worked per pay period.</li><li>Employment at JOB 2 including: Expected monthly income before taxes or deductions and number of hours worked per pay period</li></ul>



Information Needed
<ul style="list-style-type: none"><li>Is anyone in your home currently self-employed, (such as Farming, Crafts, Lawn care, etc.) or has anyone had self-employment in the last 4 months?</li><li>Is anyone in your home currently employed or on strike?</li><li>Does anyone in your home pay utility expenses?</li></ul>



## Caretaker Supplement Application

You applied on <DATE>. Your application is pending because your agency did not process it within the normal 30-day timeframe. You do not need to take any action.

## More Information

If you would like more information, call your agency at the phone number listed on the first page of this letter. If you have already given the required information to your agency, you do not need to provide it again.

You will be notified of the status of your benefits when your application is complete.

## USDA Joint Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination 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](#), (AD-3027), found online at: <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> 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](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

## 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 1-800-472-1638.

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

The Division of Hearing and Appeals must get your request for a hearing about the delay in processing your application within 45 days of the date of this letter.

### How do I ask for a hearing?

You can ask for a fair hearing and/or a hearing request form from your agency. Or you can get a request form at [dhs.wisconsin.gov/forwardhealth/resources.htm](https://dhs.wisconsin.gov/forwardhealth/resources.htm). You can send the form or a letter asking for a hearing to the Division of Hearing and Appeals, PO Box 7875, Madison, WI 53707-7875, or fax it to 608-264-9885.

EXAMPLE

RETURN ADDRESS  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX



State of Wisconsin

Case #: 0000000000

Mailing Date: MM/DD/YYYY

**#3: Notice of pending**  
**Scenario: Applicant's application is pending for FoodShare and the applicant must take action.**

MAILING ADDRESS  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

Phone Number: X-XXX-XXX-XXXX  
Fax Number: X-XXX-XXX-XXXX  
Use fax # to send information.



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.

## **Your Application for Benefits is Pending; Action is Required by You in Order to Complete Processing**

We are sending this letter because your application for FoodShare is pending. Action is required by you in order for us to complete processing.

### **FoodShare Application**

You applied on <DATE>. Your application is pending because you did not give us all the information we asked for. Any action, proof, or information needed from you is **due by <DATE>**.

#### **Action Needed**

- You need to sign your application.

#### **Proof Needed**

Provide proof of:

- Wisconsin residency
- Employment at JOB 1 including: Expected monthly income before taxes or deductions and number of hours worked per pay period.
- Employment at JOB 2 including: Expected monthly income before taxes or deductions and number of hours worked per pay period

#### **Information Needed**

- Is anyone in your home currently self-employed, (such as Farming, Crafts, Lawn care, etc.) or has anyone had self-employment in the last 4 months?
- Is anyone in your home currently employed or on strike?
- Does anyone in your home pay utility expenses?



**More Information**

If you would like more information, call your agency at the phone number listed on the first page of this letter. If you have already given the required information to your agency, you do not need to provide it again.

You will be notified of the status of your benefits when your application is complete.

EXAMPLE

## 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/filing-program-discrimination-complaint-usda-customer), (AD-3027) found online at: <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>, 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.