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State of Wisconsin
Case #: 0000000000

Milwaukee Enrollment Services
Worker: IMA WORKER
Phone #: X-XXX-XXX-XXXX
Fax #: (XXX) XXX-XXXX
Use fax # to send verifications.

Mailing Date: MM/DD/YYYY

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MAILING ADDRESS
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 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 1-888-794-5556. These services are free.

REFERRAL TO THE FOODSHARE EMPLOYMENT AND TRAINING (FSET) PROGRAM

You and/or other members of your household have been referred to the FoodShare Employment and Training (FSET) program. The FSET program is a free program available to all FoodShare members to help build job skills and find employment. **For those who need to meet the work requirement for able-bodied adults without dependents in order to keep getting FoodShare benefits, taking part in the FSET program is one way to meet that requirement.**

There are two types of referrals to the FSET program:

1. Referrals for FoodShare members who need to meet the work requirement (this type of referral is called a Time-Limited FoodShare Referral).
2. Referrals for FoodShare members who do not need to meet a work requirement but who ask to take part in the FSET program (this type of referral is called a Voluntary Referral).

More information about each of these referral types can be found on page 2 of this letter.

The table on page 2 lists the members of your household who have been referred to the FSET program and shows what type of referral they received, as well as the date they can begin taking part in the FSET program. (**Note:** FoodShare members can start taking part in the FSET program when their FoodShare benefits begin.)

An FSET agency in your area will contact each person listed in the table to set up an appointment to enroll in the FSET program.

HOUSEHOLD MEMBERS WHO HAVE BEEN REFERRED TO THE FSET PROGRAM

Member Name	Referral Type	Begin Month
ANNA	Time Limited FoodShare	Mar. 2017
JOHN	Time Limited FoodShare	Apr. 2016

MORE INFORMATION ABOUT REFERRAL TYPES

Time-Limited FoodShare Referral

Individuals with this referral type need to meet the work requirement to continue receiving FoodShare. They may only get up to three months of time-limited FoodShare benefits in a 36-month (three-year) period, unless they meet the FoodShare work requirement or meet an exemption.

There are three ways to meet the work requirement:

1. Work at least 80 hours each month.
2. Take part in an allowable work program, **such as FSET**, Wisconsin Works (W-2), or certain programs under the Workforce Innovation and Opportunity Act (WIOA), at least 80 hours each month.
3. Both work and take part in an allowable work program for a combined total of at least 80 hours each month.

A member of your household may be considered exempt and may not need to meet the work requirement if any of the following are true:

- The individual is living with a child under age 18 who is part of the same FoodShare household.
- The individual is the primary caregiver for a person who cannot care for himself or herself.
- The individual is the primary caregiver for a dependent child under age 6.
- The individual is physically or mentally unable to work.
- The individual is pregnant.
- The individual is receiving or has applied for unemployment insurance.
- The individual is taking part in an alcohol or other drug abuse (AODA) program.
- The individual is enrolled in an institution of higher learning at least half-time.
- The individual is a high school student

Those who meet an exemption from the work requirement may need to provide proof of their exemption. See the last page of this letter for items that can be used as proof of an exemption.

To provide proof of an exemption, complete the Proof of Work Requirement Exemption form in this letter and return it along with any proof to:

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

If you have an exemption from the work requirement and you already provided proof, you do not need to take any other action at this time.

Voluntary Referral

Individuals with this referral type asked to take part in the FSET program but do not need to meet the work

requirement for able-bodied adults without dependents. If a member with a Voluntary Referral no longer wants to take part in FSET, contact the agency listed on page 1 of this letter. FoodShare benefits will not decrease or end if a member with a Voluntary Referral does not take part in FSET activities.

If you have any questions, contact the agency listed on page 1.

EXAMPLE

PROOF OF WORK REQUIREMENT EXEMPTION

Instructions: If anyone in the household meets any of the below, check the box and write their name in the space provided. See the section listed for items you can use to provide proof.

Work Requirements – See Section A on the back if you checked any of these boxes.

<input type="checkbox"/> Working at least 80 hours each month.	Name(s):
<input type="checkbox"/> Taking part in an allowable work program such as FSET, Wisconsin Works (W-2), or programs under WIA at least 80 hours each month.	Name(s):
<input type="checkbox"/> Both working and taking part in an allowable work program for a combined total of at least 80 hours each month.	Name(s):

Providing Care for Another Person – See Section B on the back if you checked any of these boxes.

<input type="checkbox"/> Living with a minor child under the age of 18.	Name(s):
<input type="checkbox"/> Caring for a person who cannot care for himself or herself.	Name(s):
<input type="checkbox"/> Caring for a child under age 6 who does not live in the home.	Name(s):

Health Conditions – See Section C on the back if you checked either of these boxes.

<input type="checkbox"/> Unable to work due to a physical or mental health condition.	Name(s):
<input type="checkbox"/> Pregnancy.	Name(s):

Unemployment Insurance – See Section D on the back if you checked this box.

<input type="checkbox"/> Applied for or receiving unemployment insurance.	Name(s):
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Alcohol or Substance Abuse Program – See Section E on the back if you checked this box.

<input type="checkbox"/> Taking part in an alcohol or substance abuse (AODA) program.	Name(s):
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ITEMS YOU CAN USE TO PROVIDE PROOF

Section A – Work Requirements

- All check stubs received in the last 30 days
- A signed statement from employer that includes gross earnings, hours worked and pay dates expected in the next 30 days
- An Employer Verification of Earnings form - to get a copy of this form, contact your agency listed on page 1 or call Member Services at 1-800-362-3002
- A statement from an allowable employment program that includes participation hours

Section B – Providing Care for another Person

- A signed statement from the parent or legal guardian
- Custody agreement

Section C – Health Conditions

- Note or letter from a certified healthcare provider confirming pregnancy, physical or mental health condition
- Approval letter from the State Disability Determination Bureau
- Award letter from the Social Security Administration

Section D – Unemployment Compensation

- Current award letter
- Copy of last check
- Bank statements

Section E – Alcohol or Substance (AODA) Program

- Letter from an AODA counselor