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**State of Wisconsin**  
Case #: 1234567890

**Agency**  
Worker: A WORKER  
Phone #: 1-234-567-8901  
Fax #: (123) 456-7890  
Use fax # to send verifications.

Mailing Date: Á T BÖÖBÖÛÛÛ  
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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 1-800-456-7890. These services are free.

## Proof Needed for Exemption from FoodShare Work Requirement

Someone in your household reported that he or she does not need to meet the FoodShare work requirement because of an exemption. To get credit for the exemption, you need to provide proof of the items requested on the next page by **Feb 15, 2013**. If you do not provide proof, you will not be exempt, and you must meet the work requirement.

Adults ages 18 through 49 with no minor children in the home who do not meet the work requirement, or do not have an exemption, may only get up to three months of FoodShare benefits in a 36-month period unless they start meeting the work requirement or qualify for an exemption.

To make sure your proof gets processed as quickly as possible, use the **Document Tracking Sheet** at the end of this notice.

This institution is an equal opportunity provider.

EXEMPT



## Proof Needed for Exemption from FoodShare Work Requirement

This section lists items that we need proof of by the due date. Contact us right away if you have questions or problems getting the proof, and we will help you.




What?	Who?	Examples
Supplemental Security Income	OPCE RUPP	A letter or check stub that shows you get Supplemental Security Income. This may be called a budget letter, a benefits letter, a proof of income letter, or a proof of award letter.
Supplemental Security Income Letter	OPCE RUPP	A letter that shows you get Supplemental Security Income. This may be called a budget letter, a benefits letter, a proof of income letter, or a proof of award letter.

EXAMPLE

\*\*\* You must include this document as the coversheet for all options \*\*\*

<b>Document Tracking Sheet</b>	
<b>FROM:</b>	<b>ANNA MEMBER</b>
<b>PHONE:</b>	_____
<b>ATTN:</b>	_____
<b>Total number of pages: _____</b> (including this sheet)	

**Important note:** To avoid a delay in processing, include this document tracking sheet with your proof. In the box above, fill in the total number of pages (including this sheet) and your phone number. Return this page and your proof using one of the options below. Do not write anywhere else on this sheet. Use a separate sheet of paper if you want to add more information.

Options	Instructions
 <b>FAX</b>	<p>- Use this document tracking sheet as the first page of your fax.</p> <p>- If your document has information on both sides, copy each side before faxing.</p> <p>AGENCY: (123) 456-7890</p>
 <b>MAIL</b>	<p>- Include this document tracking sheet and mail to:</p> <p>AGENCY            321 FIRST ST            PO BOX 123            ANYTOWN WI 55555</p>
 <b>IN PERSON</b>	<p>- Include this document tracking sheet and take to the agency office where you usually get services or to the following agency:</p> <p>AGENCY            321 FIRST ST            PO BOX 123            ANYTOWN WI 55555</p>

**Confidentiality:** This fax should only be used by the person or agency listed above. It may have information that is private and should not be shared. If you are not the person or agency listed above, it is against the law to review, use, copy, or share the contents with anyone.  
 If you get this fax by mistake, please call the sender right away at the phone number above.