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Mailing Date: MM/DD/YEAR

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State of Wisconsin

Case #: XXXXXXXXXXXX

IM AGENCY

Phone: 123-456-7890

Fax: 987-654-3210

Online at access.wi.gov



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 123-456-7890. These services are free.

You Must Complete Six-Month Report Forms to Keep Getting FoodShare Benefits

You are getting this letter because there has been a change in your FoodShare household. You will need to start completing six-month report forms.

You do not need to take any action at this time.

Your first six-month report form will be due in Month Year You will be sent this form about a month before it's due. If you do not submit your six-month report form by the due date, you could lose your FoodShare benefits.

Your household will need to complete a FoodShare six-month report form every six months until your next renewal. Your next renewal date is Month Day, Year. When it is time for your renewal, you will get information sent to you by mail.

If you have questions about this letter or your FoodShare benefits, call your agency at 123-456-7890. If you do not agree with the change in your FoodShare benefits, you have the right to a fair hearing. Fair hearing information can be found at the end of this letter.

Your Right to a Fair Hearing

What is 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 benefit. 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 1-888-278-0633.**

How long do I have to ask for a hearing?

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

FoodShare → Month Day, Year

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 FoodShare 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.

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 doa.wi.gov/RequestAHearing. 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.

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. mail:
Food and Nutrition
Service, USDA 1320
Braddock Place,
Room 334 Alexandria,
VA 22314; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
FNCSIVILRIGHTSCOMPLAINTS@usda.gov

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