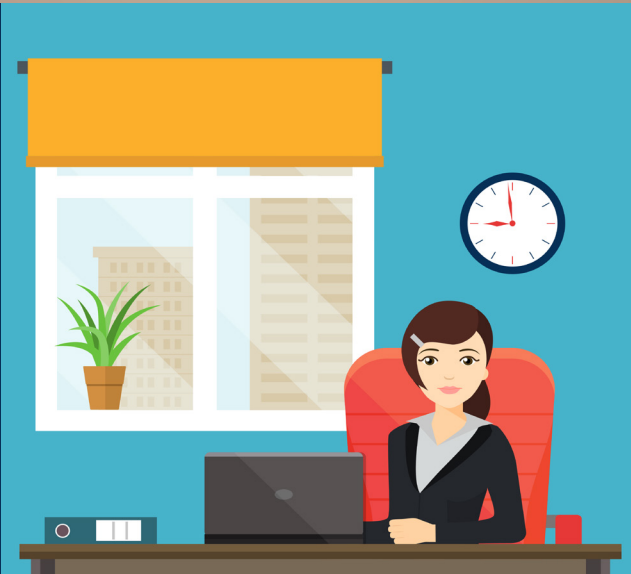




Guide fer Appliyee

fer Health (Gsundheet), Nutrition
(Gut Esse), un anri Programs in Wisconsin



Wann du en Disability hoscht un brauchschd des in en differnter Weg odder getranslate in en differnti Schprooch, odder wann du Questions hoscht weech dei Rechte un Schuldigkeete, schwetz mit dei Agency (sehn Page 15) odder ruf Member Services uff an 800-362-3002. Ennichi Hilf mit Schprooche koscht dich nix.

Willkumm

Brauchscht du Hilf fer Medical Insurance griege? Weescht du net wie du able sei zellscht fer dei Esssach bezaahle daer Munet? Brauchscht du Geld fer epper bezaahle fer achtgewwe uff dei Kinner wann du gehe musscht fer lanne odder schaffe odder lanne fer schaffe? Brauchscht du Hilf fer en Job finne odder fer dich helfe en besseri Job griege?

Daer do Guide saagt dich wie fer applye fer Health (Gsundheet), Nutrition (gut esse), un anri Hilf un Programs. Ennich epper as applyt un watt gfunne as eligible grigt Hilf (benefits) odder watt en Member vun en Program.



Health care
(achtgewwe
uff
Gsundheet)



Nutrition
(gut esse)



Child care
(achtgewwe
uff Kinner)



Employment
(schaffe)



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Benefits un Programs

Wisconsin hot die do Benefits un Programs fer helfe mit Gsundheit, gut esse, achtgewwe uff Kinner, un en Job finne. Fer meh Information griege weech alli Program, geh zu:

- www.dhs.wisconsin.gov/forwardhealth/resources.htm.
- <https://dcf.wisconsin.gov/childcare>.
- <https://dcf.wisconsin.gov/w2/parents>.

BadgerCare Plus

BadgerCare Plus is en Satt Medical Insurance fer Leit as 64 sin odder yinger un wennich Geld hen.

BadgerCare Plus Prenatal Plan Program

Die BadgerCare Plus Prenatal Plan Program gebt Hilf fer Weibslait as an ekschpeckte sin un net eligible sin fer BadgerCare Plus because vun ihre Immigration Status odder because sie sin in der Bresson odder die Tscheel.

Badger Care Plus Emergency Services

BadgerCare Plus Emergency Services gebt deel Hilf ebmols fer Leit as net eligible sin fer BadgerCare Plus because vun ihre Immigration odder Citizenship Status un doch Medical Care brauche graad nau.

Family Planning Only Services (des hot zu duh mit Sache wie Birth Control)

Die Family Planning Only Services Program gebt Mannslait un Weibslait deel Hilf mit Sache as relat-e zu Kinner hawwe un Birth Control.

Es kennt aa annri Bletz un Leit sei wu mer Hilf finne kann odder Leit as meh Hilf brauche as sell was glist watt do. Ruf dei Agency uff odder 211 fer meh Information. Geh zu Page 15 fer die Contact Information fer dei Agency.

FoodShare (des is en Program fer helfe mit Essach)

FoodShare Wisconsin, as aa SNAP gheese watt (sell schteht fer Supplemental Nutrition Assistance Program), helft Leit mit wennich Geld so as sie's Essach kaufe kenne as sie brauche fer gsund sei.

Medicaid for the Elderly, Blind, or Disabled (Hilf fer Leit as alt, blind, odder disabled sin)

Medicaid for the Elderly, Blind, or Disabled helft Leit as 65 sin odder elder, odder blind odder disabled sin, un wennich Geld hen. Des sin die differnti Plans fer em helfe:

- Supplemental Security Income (SSI) Medicaid
- SSI-related Medicaid
- Medicaid Purchase Plan
- Wisconsin Well Woman Medicaid
- Long-term care (Care fer en langi Zeit), so wie Family Care, Family Care Partnership, IRIS (Include, Respect, I Self-Direct), Program of All-Inclusive Care for the Elderly (PACE), Institutional Medicaid, un Katie Beckett

Family Care

Family Care helft Leit fer en langi Zeit as elder sin as 65 un as differnti physical odder mental Druwwle hen so as sie deheem bleiwe kenne so lang as meeglich.

Family Care Partnership

Family Care Partnership gebt Hilf mit Health Care und Prescription Drugs fer en langi Zeit zu Leit as elder sin as 65 un zu grossi Leit as differnti physical odder mental Druwwle hen so as sie independent lewe kenne in die Community so lang as meeglich.

IRIS (Include, Respect, I Self-Direct) Program

IRIS lesst Leit as 18 sin odder elder as Hilf brauche fer en langi Zeit so as sie ihre eegni Care selwert manag-e kenne.

Program of All-Inclusive Care for the Elderly (PACE)

PACE gebt Care fer en langi Zeit, Health Care Coverage, un Prescription Drugs fer Leit as 55 sin odder elder un in Milwaukee odder Waukesha County wuhne.

Institutional Medicaid (Hospital, Nursing Home, Bletz fer Leit as mental Druwwle hen)

Institutional Medicaid gebt Health Care Coverage un Hilf fer en langi Zeit zu Leit as entwedder 30 Daag in en Roi in en Institution waar odder as mer ekschpeckt as sie so lang datt drinn sei zelle.

Katie Beckett Medicaid

Die Katie Beckett Program gebt Health Care Coverage fer Kinner as unnich 19 sin un Disabilities hen fer en langi Zeit odder brauche en latt Hilf un wuhne noch deheem bei ihre Family.

Medicare Savings Programs

Medicare Savings Programs helfe Leit as Medicare griege so as sie certainti Medicare Costs bezaahle kenne, depende uff wie viel Geld as sie mache un hen.

Qualified Medicare Beneficiary

Medicaid bezaahlt Premiums fer Medicare Part A un Part B, Medicare Coinsurance, un Deductibles.

Specified Low Income Medicare Beneficiary

Medicaid bezaahlt Medicare Part B premiums.

Qualified Individual Group 1 (en annrer Naame defoor is Specified Low Income Beneficiary Plus)

Medicaid bezaahlt Medicare Part B Premiums.

Qualified Disabled and Working Individual (epper as disabled is un schaff)

Medicaid bezaahlt Medicare Part A premiums.



SeniorCare (fer eldri Leit)

SeniorCare helft Leit as 65 sin odder elder fer ihre Prescription Drugs bezaahle

Tuberculosis-Related Services Only Benefit

Die Tuberculosis-Related Services Only Benefit helft Leit as Tuberculosis hen un doch net eligible sin fer Medicaid so as sie Hilf fer ihre Tuberculosis griege kenne.

Caretaker Supplement

Caretaker Supplement is Geld fer Eldre mit wennich Geld as SSI-Hilf griege un wuhne bei un gewwe acht uff ihre Kinner.

Wisconsin Shares Child Care Subsidy Program

Die Wisconsin Shares Child Care Subsidy Program helft Families mit wennich Geld fer bezaahle fer achtgewwe uff ihre Kinner so as sie gehe kenne lanne odder schaffe odder lanne fer schaffe

Wisconsin Works (W-2)

W-2 is en Program fer en katzi Zeit un gebt Geld un Case Management Services zu Eldre as wennich Geld hen un zu Weibsleit as an ekschpeckte sin. S'is en Program fer Leit as willing sin fer gehe schaffe.



Wie fer applye

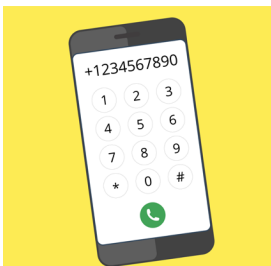
Du kannscht applye fer Hilf un Programs uff der Computer, iwwer die Phone, deich die Mail, odder in Person bei dei Agency. Wann du en Schprooch lese un schreibe kannscht as net Englisch odder Spanish is, musscht du applye bei dei Agency uffrufe odder en Application uff Babier ausfille.

Ennichi Hilf mit dei Schprooch, aa uffgschriwweni Translations un Interpreters, koscht dich nix. Ruf dei Agency uff fer Hilf. Geh zu Page 15 fer die Contact Information fer dei Agency griege.



Online: Yuscht in Englisch un Spanish

Geh zu access.wisconsin.gov. Click uff "Apply for Benefits." Du kannscht sehne was fer Programs fer dei Gsundheet, gut esse, un anri Benefits as du velleicht griege kenntscht depende uff die Information as du gebischt. Du kannscht en ACCESS Account uffsetze fer sehne online was sie an duh sin mit dei Application.



Uffrufe

Ruf dei Agency uff fer applye uff die Phone. Geh zu Page 15 fer die Contact Information finne fer dei Agency.

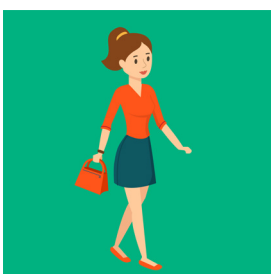


Mail odder Fax

Print en Babier-Application in dei Schprooch.

- **BadgerCare Plus un Family Planning Only Services:** Geh zu www.dhs.wisconsin.gov/library/F-10182.htm.
- **FoodShare:** Geh zu www.dhs.wisconsin.gov/library/F-16019A.htm.
- **Medicaid:** Geh zu www.dhs.wisconsin.gov/library/F-10101.htm.
- **SeniorCare:** Geh zu www.dhs.wisconsin.gov/library/f-10076.htm.

Duh was die Instructions dich saage uff die Application fer's nei schicke. Wann du's an nei faxe bischt, mach schuur fer all zwee Sides vun die Application ausfille.

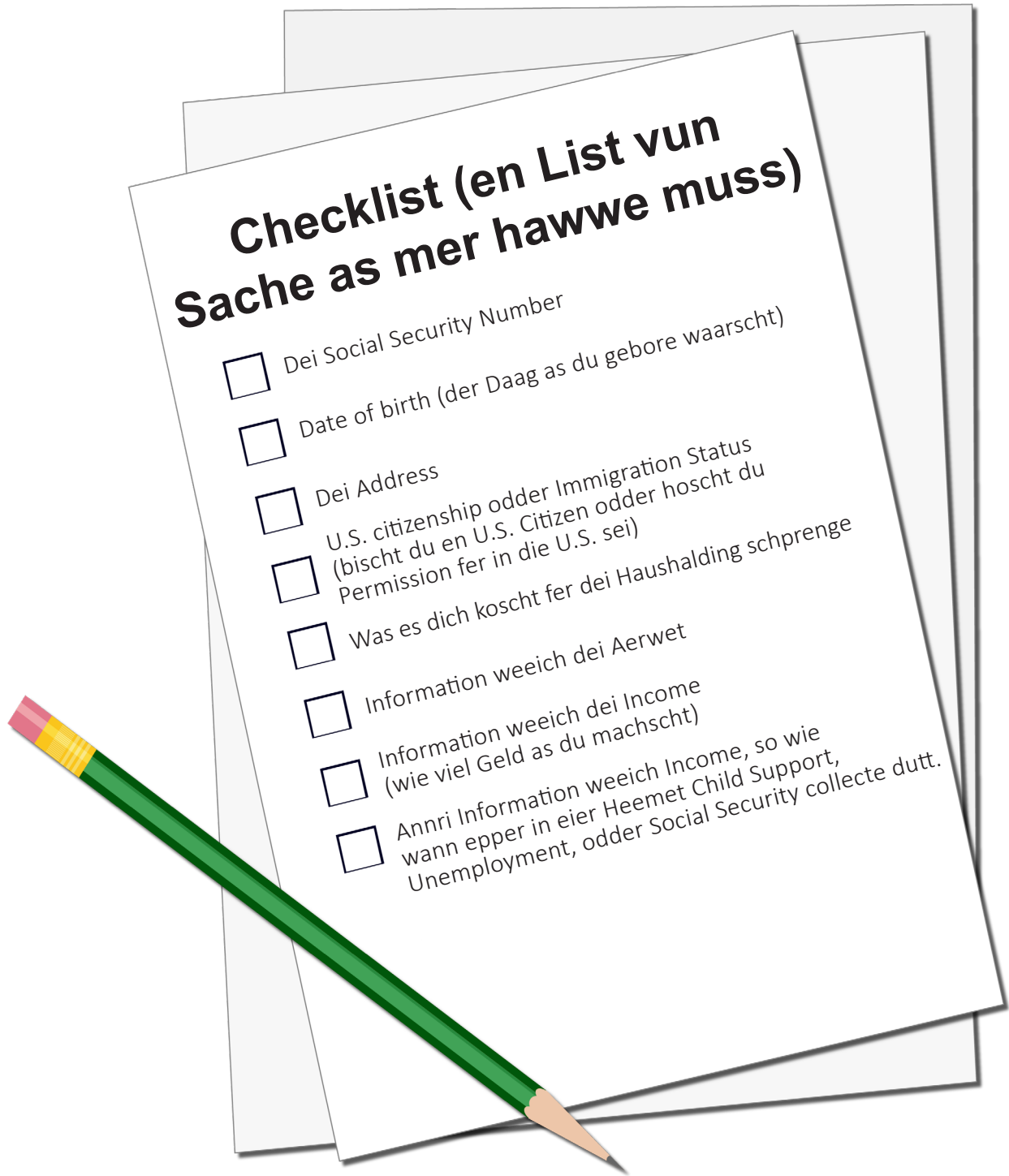


In Person (wann du selwert datt bischt)

Geh zu dei Agency, un epper as schafft datt zellt dich helfe en Application uff Babier ausfille odder applye online. Geh zu Page 15 fer die Contact Information fer dei Agency griege.

Was mer braucht fer applye

Wann du gehscht fer applye fer Benefits odder Programs mechte sie dich froge fer samm odder all vun die do Information fer alli epper as an applye is. Es zellt en latt gschwinder gehe wann du die Information reddi hoscht eb du applyscht.



Hilf un Vorschlaege

Hilf griege vun annri Leit

Ennich epper, so wie en Freind, Freindschaft, odder en Nochber, kann dich helfe applye fer Benefits. Wann du hawwe witt as epper odder en Organization dich helft fer applye fer Benefits un sie manag-e, musscht du odder muss en Court sie appointe fer acte fer dich. Do sin Leit as appoint warre kennde fer acte fer dich.

Authorizedi Representatives

En Authorized Representative is epper odder en Organization as du appointscht fer dich helfe applye fer Benefits odder Programs un sie manag-e.

Du kannscht epper fer dei Authorized Representative appointe bei die Appoint, Change, or Remove an Authorized Representative: Person Form, F-10126A, ausfille. Geh zu www.dhs.wisconsin.gov/library/F-10126.htm fer die Form griege.

Du kannscht en Organization fer dei Authorized Representative appointe bei die Appoint, Change, or Remove an Authorized Representative: Person Form, F-10126B, ausfille. Geh zu www.dhs.wisconsin.gov/library/F10126.htm fer die Form griege.

Annri Representatives

Conservators, selli sin Leit as legally appoint sin fer die Affairs manag-e fer epper, so wie aa deel Powers of Attorney, darrefe dich aa represente un helfe fer applye fer Benefits un Programs un sie manag-e. Mer mecht sie froge fer prov-e as sie dei Representative sin.

Fer meh Information weech Representatives geh zu: www.dhs.wisconsin.gov/forwardhealth/representative-types.htm.

Sache fer denke draa wammer an applye is

- Deel Programs hen differnti Rules weech uffsigne un Income (wie viel Geld as du machscht). Der eensischt Weg fer wisse eb mer eligible is, is fer applye. Wann du sehne witt eb du velleicht eligible bischt eb du applyscht, geh zu access.wisconsin.gov un click uff "Am I Eligible?" (Bin ich eligible?) Mer zellt dich Questions froge fer sehne eb du velleicht eligible waerscht.
- Wann du sehne witt wie viel Geld as mer mache darf fer qualifeye fer en Program, geh zu www.dhs.wisconsin.gov/forwardhealth/resources.htm.
- Wann du an applye bischt fer FoodShare, musscht du en Interview duh. Du kannscht en Interview duh iwwer die Phone odder in Person an dei Agency. Du kannscht dei Agency uffrufe nochdem as du dei Application nei gschickt hoscht online.
- Fer Medicaid un die Caretaker Supplement, musscht du Information weech dei Geld gewwe un du mechtscht gfroogt warre fer Proof gewwe defoor. Hald dei Bank Statements handy so as es gschwinder geht wann du gehscht fer applye.



Proof gewwe

Nochdem as du applyschst fer Benefits odder Programs musscht du velleicht meh Information odder Proof gewwe. **Du zellscht en Brief griege as dich saagt was fer Information as du Proof provid-e musscht defoor** so gschwind as dei Agency dei Application iwwegguckt.

Do is en List vun differnti Sadde Proof. In deel Cases kann dei Agency Proof griege vun arigeds schunscht un es zellt net notwendig sei as du's provid-e musscht. Wann du Hilf brauchscht fer Proof griege, ruf dei Agency uff.

Proof of Disability (Proof as du disabled bischt)

- Approval Brief vun der Disability Determination Bureau
- Award Brief vun die Social Security Administration

Proof of Identity (prov-e wer du bischt)

- Valid U.S. Passport
- Valid State Driver's License odder State Identity Card
- School Picture ID
- Employee Photo ID
- Military Dependent ID Card
- Military ID odder Draft Record
- Native American Tribal Enrollment Document
- Fer Kinner as unnich 18 sin as an applye sin fer BadgerCare Plus odder Medicaid, en Signed Statement of Identity form, F-10154 (Du kannscht dei Agency contacte fer die Form.)
- U.S. Citizenship and Immigration Services (USCIS) Photo ID

Annrer Proof of Identity— FoodShare Only

- Birth Certificate
- Hospital Birth Record
- Adoption Record
- Paycheck odder Pay Stub

Du kannscht Proof provid-e deich die MyACCESS Mobile App, Mail, odder Fax.

Der iesiescht Weg fer Proof provid-e is mit die MyACCESS Mobile App. Du kannscht die App downloade bei die App Store odder Google Play fer nix. Die App is yuscht in Englisch un Spanish.

- Ausgfillter Application fer en Social Security Card, SS-5
- Confirmation odder Church Membership Babiere
- Voter Registration Card
- Family Records (Birthday-Bicher, Freindschaftsbicher, Birth Announcement aus die Zeiding, Marriage License, Support odder Divorce Babiere)
- Life Insurance Policy
- Annrer Social Services Program ID
- Labor Union odder Fraternal Organization Records
- Court Order fer en Naame Change

Annrer Proof of Identity— FoodShare un Health Care

Medical Records (Vaccination Certificate [fer weise as du dei Shots grigt hoscht], ennichi Records vun en Doctor odder en Clinic, Bills)

Proof of U.S. Citizenship for Adults and Children (fer prov-e as epper grosses odder en Kind en U.S. Citizen is)

- Valid U.S. Passport
- en certifier Copy vun en U.S. Birth Certificate
- Citizenship ID card (aa fer prov-e as mer en U.S. Citizen is)

- Certificate of Citizenship or Naturalization (fer prov-e as mer as en U.S. Citizen gebore waar odder warre is)
- Adoption Papers (fer prov-e as mer adopt warre is)
- Military Record, Hospital Record, Schul-Record, Insurance Record, odder Nursing Home Record as weist wu mer in die U.S. gebore waar)
- Native American ID Card odder ennich eppes schunsch as kummt vun en recognizeder Indian Tribe

Proof as du legally in die U.S. sei darfscht (wann du net en U.S. Citizen bischt)

- Permanent Resident odder "Green" Card
- Certificate of Citizenship or Naturalization (fer prov-e as mer en U.S. Citizen warre is)
- Ennichi Documents as kumme vun die USCIS, odder en Alien Registration ("A") Number, odder USCIS Number

Proof of Tribal Membership and/or Native American or Alaska Native Descent (fer prov-e as du en Indian odder Alaska Native bischt)

- Tribal Enrollment Card (en Membership Card fer en Indian Tribe)
- Eppes uffgschriwwenes vun en Indian Tribe as provt as du en Member bischt)
- Certificate of Degree of Indian Blood (Indian Freindschaft) vun die Bureau of Indian Affairs
- Tribal Census Document (fer weise as du gezaehlt warre bischt as en Member vun en Indian Tribe)
- Birth Certificates, Medical, odder annri Records as weise as epper en Kind odder Kindskind is vun en Tribal Member
- Medical Records odder annri Documents as weise as epper eligible is fer Services griege vun en Indian Health Care Provider odder selli grigt hot

Proof of Child Support un/odder Alimony bezaahlt odder grigt

- Court Order (eppes vun en Court)
- Payment Record vun en annri Schteet

Proof of Assets (fer weise as du Geld hoscht)

- Statements vun en Bank
- Titles (fer weise as du Property eegensch)
- Contracts (fer weise as du fer annri Leit gschafft hoscht)
- Deeds (fer weise as du Titles hoscht)
- Financial Records (as weise ennich eppes weech dei Finances)
- Life Insurance Policies

Proof of Job Income (fer weise as du an bezaahlt warre bischt fer schaffe)

- Pay Stubs vun die letschte 30 Daag
- En Employer Verification of Earnings (EVF-E) Form, F-10146 (Du kannscht die Form griege vun dei Agency. Der Person as du schafftsch defoor muss die Form ausfille un signe. Schick die ausgefillt Form zrick an die Address as druff glist watt.)
- En Brief vun der Person as du schafftsch defoor (Wann du en Brief grigscht, muss er die seem Information hawwe as uff die EVF-E Form is.)

Proof of Self-Employment Income (fer prov-e as du dei eegner Boss bischt)

- Copies vun Tax Forms
- En Self-Employment Income Report Form, F-00107, odder Self-Employment Income Report: Farm Business Form, F-00219 (Du kannscht die Form griege vun dei Agency. Du settscht die Forms yuse yuscht wann du noch net dei Taxe gfiled hoscht fer dei eegni Business.)

Proof vun annrer Income

Note: Deel Exemple vun annrer Income sin Alimony, Child Support, Disability odder Sick Pay, Interest odder Dividends, Veterans Benefits, Workers' Compensation, un Unemployment Insurance.

- Pension Statement (fer weise as du Retirement-Geld an griege bischt)
- Copy vun en Check vun dei Bank
- Unemployment Compensation Brief
- Divorce Documents as weise was mer bezaahle muss zu em sei Ex odder fer Kinner
- Documentation of Court-Awarded Settlement (fer prov-e as du Geld grigt hoscht vun en Lawsuit odder fer Damages)
- Social Security Brief
- Veterans Affairs Brief
- Compensation Brief (gwehnlich wammer net en schaffe is)
- Financial Aid Brief
- Tax Records as Unearned Income weise
- Documentation vun ennicher annrer Source vun Income
- Proof vun en Kinship Care, Foster Care, odder Subsidized Guardian Payment odder Interim Caretaker Payment (des kennt uffgschriwwe sei bei die Child Protective Services Agency odder yuscht verbal)

Proof of Wisconsin Residency (fer weise as mer legally in Wisconsin wuhnt)

- Lease, Rental Agreement, odder Reseet odder Brief vun en Landlord mit die recht Address druff
- Mortgage-Reseet mit die recht Address druff
- Utility un/odder Phone Bill mit die recht Address druff
- Check Stubs mit em sei Naame, rechter Address, un der Naame vun em sei Boss druff
- Subsidized Housing Program Approval Document (wammer in en Housing Project wuhne darf)

- Weatherization Program Approval Document (wammer em sei Heemet weatherized hot)
- Current State of Wisconsin Driver's License (fer weise as des up-to-date is)
- Current Wisconsin ID Card (wie en Driver's License awwer yuscht fer em sei Identity prov-e)
- Current Motor Vehicle Registration (fer em sei Vehicle)

Note: Homelessi Leit un Families brauche net prov-e as sie en Address hen awwer sie misse doch certifye as sie in Wisconsin wuhne un planne fer noch in Wisconsin wuhne.

Proof of Education (fer weise as mer in die Schul gange is)

- Schul-Schedule
- Report Card (mit em sei Grades druff)

Proof of Medical Costs (fer weise wie viel as mer gechaert watt fer Medical Care)

- Billing Statement odder itemizedi Reseete
- Medicare Card as weist as mer Part B Coverage hot
- Health Insurance Policy as em sei Premium, Coinsurance, Copayment, odder Deductible weist
- Medicine odder Pille-Bottli mit en Preis uff die Label

Proof of Pretax Deductions (fer weise as mer Deductions hot eb mer Taxe bezaahle muss)

- Check Stubs (vun en Bank Account)
- En Brief vun em sei Boss

Proof of Pretax Deductions (fer weise as mer Deductions ghadde hot)

- Reseete
- Statements vun en Bank

- Check Stubs (vun en Bank Account)
- Taxe-Forms vun annri Yaahre

Proof of Not Being Able to Care for Child and Participate in Approved Activity (fer weise as mer net achtgewwe kann uff en Kind un Part nemme kann in en approveder Activity)

Brief vun en Dokter, Psychiatrist, odder Psychologist as saagt as en Maem odder Daed net able is fer achtgewwe uff en Kind odder Part nemme kann in en approveder Activity

Proof of Child Care Costs (fer weise wie viel as mer schpende muss fer achtgewwe uff Kinner)

- Gschriwwener Statement vun en Child Care Provider
- En gecanceleder Check
- En bezahlt Reseet odder Bill

Proof of Shelter un/odder Utility Expenses (fer weise wu mer wuhnt un wie viel mer bezahle muss fer Utilities)

- Mortgage Payment Records (watt bezahlt alli Munet)
- Rent-Reseet
- Brief vun en Landlord
- Lease (wie en Rental Agreement)
- HUD Subsidized Housing Approval (fer weise as mer in en Housing Project wuhne darf)
- Property Tax statement (watt gwehnlich bezahlt ee Mol's Yaahr)
- Utility Bill (fer em sei Gaes, Wasser, Lectric un so was)
- Statement vun en Utility-Kumpeni
- Phone Bill (watt gwehnlich alli Munet bezahlt)
- Homeowner's Insurance Policy odder Billing Statement
- WHEAP/LIHEAP odder annrer Energy Assistance

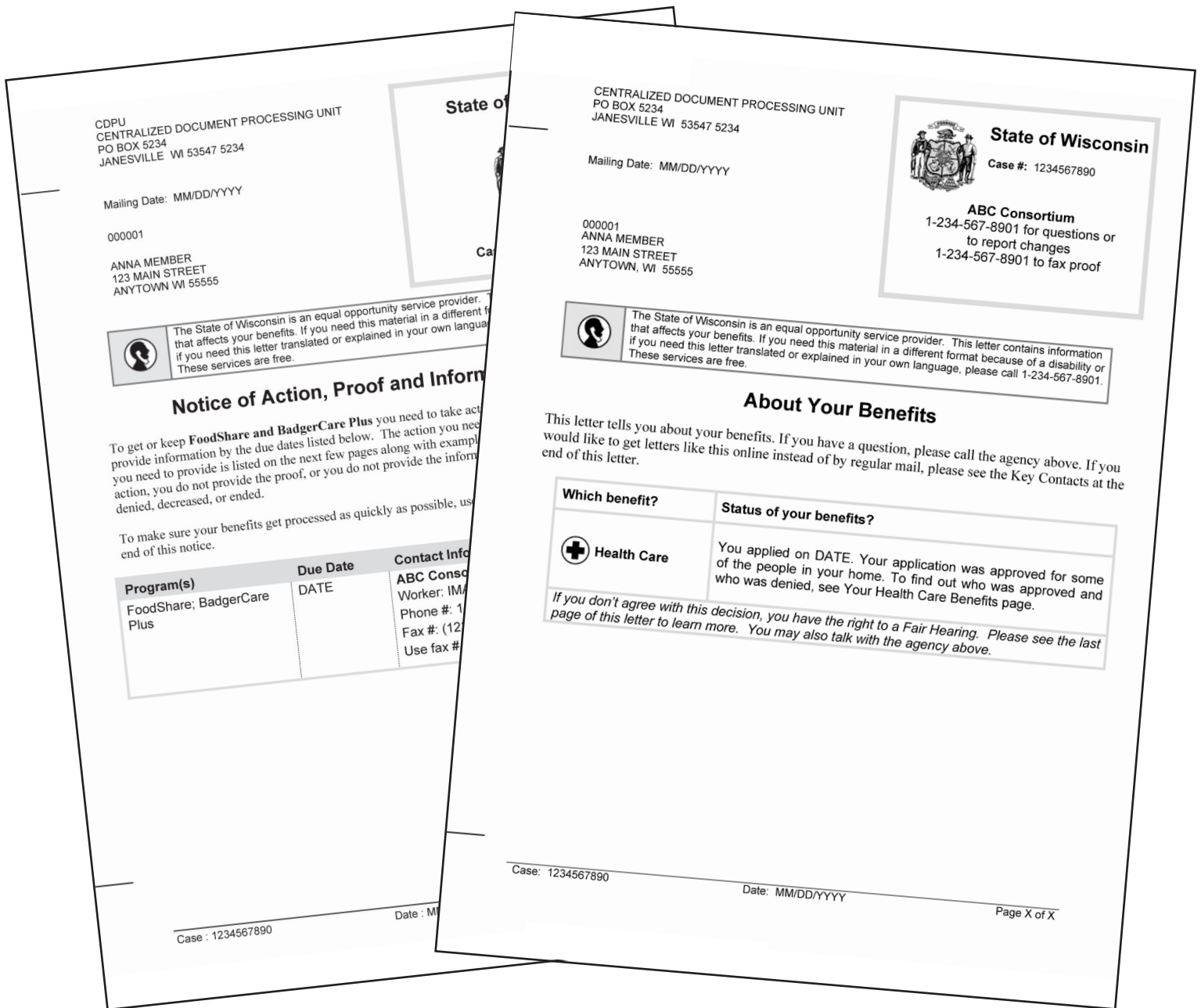


Yuus die MyACCESS App fer Pickters nemme vun dei Proof un schick's nei.

Briefe as du griege zellscht

Nochdem as du applyschst, zellscht du Briefe griege in die Mail. Die Briefe zelle dich updat-e weeich dei Benefits un Programs un dich saage eb dei Agency an waarde is uff ennich eppes. Es kennt sei as du meh Information gewwe, eppes faddich mache, odder Proof fer dei Andwadde gewwe musscht. **Du sollscht alli Brief as du grigscht gut lese.**

Du darfscht dei Briefe iwver die Computer griege in Blatz vun deich die Mail. Fer des uffsetze, log nei zu dei ACCESS Account an access.wisconsin.gov. Wann du ken ACCESS Account hoscht, kannscht eeni uffsetze fer dei Briefe un Information weeich dei Benefits un Programs sehne.



Bletz un Leit wo mer Hilf griege kann devun

Benefits un Programs

Dei County odder Indian Tribe kann dei Questions answere weech dei Benefits un Programs, dich helfe applye, die Rules auslege fer uffsigne, un dich helfe dei FoodShare Interview faddich mache.

County Agencies in Wisconsin sin uffgschplitt in 11 differnti Groups. Mer heest selli Agency Groups "consortiums."

Es sin aa nein Indian Tribal Agencies in Wisconsin. Wann du en Member vun en Tribe

bischt, watt in Touch mit dei Tribal Agency. Wann dei Tribe ken Tribal Agency hot, ruf die Agency uff as in dei County is.

Des do gebt en alphabetical List vun die Consortiums un Tribes un gebt die Phone Numbers fer alli wann so wie aa die Counties as heere zu alli Consortium. Ruf die Main Consortium Number uff fer schwetze mit dei Agency. Fer en Exempel, wann du in Green Lake County wuhnscht, deetscht du 888-256-4563 uffrufe.

Bad River Band of Lake Superior Tribe of Chippewa Indians	715-682-7127
Bay Lake	888-794-5747
<ul style="list-style-type: none"> • Brown • Door • Marinette • Oconto • Shawano 	
Capital	888-794-5556
<ul style="list-style-type: none"> • Adams • Columbia • Dane • Dodge • Juneau • Richland • Sauk • Sheboygan 	
Central	888-445-1621
<ul style="list-style-type: none"> • Langlade • Marathon • Oneida • Portage 	
East Central Income Maintenance Partnership	888-256-4563
<ul style="list-style-type: none"> • Calumet • Green Lake • Kewaunee • Manitowoc • Marquette • Outagamie • Waupaca • Waushara • Winnebago 	
Forest County Potawatomi Community	715-478-4433
Great Rivers	888-283-0012
<ul style="list-style-type: none"> • Barron • Burnett • Chippewa • Douglas • Dunn • Eau Claire • Pierce • Polk • St. Croix • Washburn 	
Lac Courte Oreilles Band of Lake Superior Tribe of Chippewa Indians of Wisconsin	715-634-8934
Lac du Flambeau Band of Lake Superior Tribe of Chippewa Indians	715-588-4235
Menominee Indian Tribe of Wisconsin	715-799-5137

MILES	888-947-6583
Milwaukee	
Moraine Lakes	888-446-1239
<ul style="list-style-type: none"> • Fond du Lac • Ozaukee • Walworth • Washington • Waukesha 	
Northern	888-794-5722
<ul style="list-style-type: none"> • Ashland • Bayfield • Florence • Forest • Iron • Lincoln • Price • Rusk • Sawyer • Taylor • Vilas • Wood 	
Oneida Nation	800-216-3216
Red Cliff Band of Lake Superior Chippewa	715-779-3706
Sokaogon Chippewa Community	715-478-3265
Southern	888-794-5780
<ul style="list-style-type: none"> • Crawford • Grant • Green • Iowa • Jefferson • Lafayette • Rock 	
Stockbridge-Munsee Community	715-793-4032
Western Region for Economic Assistance	888-627-0430
<ul style="list-style-type: none"> • Buffalo • Clark • Jackson • La Crosse • Monroe • Pepin • Trempealeau • Vernon 	
Wisconsin's Kenosha Racine Partnership (WKRP)	888-794-5820
<ul style="list-style-type: none"> • Kenosha • Racine 	

Health Care Services (ennich eppes was mit Heath Care zu duh hot)

Wann du Questions hoscht weech Services as gecovered warre bei BadgerCare Plus un Medicaid, ruf Member Services uff an 800-362-3002.

SeniorCare (fer eldri Leit)

Wann du Questions hoscht weech SeniorCare, ruf die SeniorCare Customer Service Hotline uff an 800-657-2038.

Wann du elder bischt odder en Disability hoscht, kann die Aging and Disability Resource Center (ADRC) in dei Area dich Information gewwe weech en latt Programs un Services un dich helfe die differnti long-term Care Options verschteh as available sin zu dich.

Fer Information finne fer dei ADRC, geh zu www.FindMyADRC.com.

Dei Recht fer recht gyused warre

Ennichi Zeit as du nunner gedreht watscht fer Benefits, odder wann selli nunner odder gans abgschnitte warre un du meensch, dei Agency hot en Mistake gmacht, watt in Touch mit dei Agency. Wann dei Agency net eenich is mit dich, darfscht du der Agency Worker froge fer dich helfe fer froge fer ein Prehearing Conference un en Fair Hearing.

Prehearing Conference (en Meeting fer browiere eppes verhandle eb es zu en Fair Hearing kumme deet)

Du mechtscht able sei fer zu en Agreement kumme mit die Agency deich en Prehearing Conference unni as du waarde musscht fer en Fair Hearing Blatz nemme. An en Conference darfscht du dei Seid vun die Shtory verzeele.

Dei Agency zellt auslege fer was sie eppes geduh hen. Wann die Agency sehnt as sie en Mistake gmacht hen, zelle sie es fixe fer dich un alles recht mache. Wann die Agency doch meent as sie im Rechte waere un du meensch alsnoch, sie waere letz, hoscht du's Recht fer deich die Fair Hearing Process geh.

Note: Wann du agreescht fer en Prehearing Conference hawwe, zell's ken Problem sei schpieder naus fer en Fair Hearing hawwe. Du darfscht froge fer en Fair Hearing, un wann du gsatisfied bischt mit wie's geht, darfscht dei Fair Hearing yuscht cancele.

Fair Hearing (wann die Prehearing Conference net ausschafft)

En Fair Hearing gebt dich die Glegeheit fer en Hearing Officer saage ferwas du meensch, ihre Decision weech deich Application fer Benefits waer letz gwest. An die Hearing zellt en Hearing Officer dich un die Agency abheiche fer ausfinne eb die Decision recht waer odder net. Du darfscht en Freund odder epper vun dei Family mit dich an die Hearing nemme. Es

kennt aa sei as du velleicht legal Hilf griege kenntscht fer nix. Lees die Legal Help Section uff Page 13 fer meh ausfinne.

Wammer die Fair Hearing Process yuse soll

Exemple vun Situations wammer en Fair Hearing foddre soll:

- Du meensch, dei Application waer nunner gedreht fer ken guti Reason odder because epper hot en Mistake gmacht.
- Dei Benefits warre gschtopppt fer en Zeit, nunner gschnitte, odder gans uffgheert, un du meensch, sell waer en Mistake.
- Du bischt net eenich mit die Amount vun Benefits as du an griege bischt.
- Sie hen nix geduh mit dei Application fer meh as 30 Daag.

Lees alli Brief as du grigscht gut so as du besser verschtehe kannscht ferwas sie eppes geduh hen. Wann sie dei Benefits chang-e because vun en Change in die Federal odder State Rules, braucht die Division of Hearings and Appeals dich net en Fair Hearing gewwe.

Wie fer froge fer en Fair Hearing

Froog dei Agency fer Hilf fer fil-e fer en Fair Hearing odder schreib yuscht en Brief an:

Department of Administration
Division of Hearings and Appeals
PO Box 7875
Madison, WI 53707-7875

Du kannscht die Fair Hearing Request Form griege online an www.dhs.wisconsin.gov/forwardhealth/resources.htm odder bei 608-266-7709 uffrufe.

Wann du lieber en Brief schreiwe witt in Blatz vun die Form yuse, musscht du des includ-e:

- Dei Naame
- Dei Mailing Address

- En katzi Description vun der Druwwel
- Der Naame vun die Agency as eppes geduh hot odder dich nunner gedreht hot
- Dei Social Security Number
- Dei Signature

Fer FoodShare, kann dei Agency dei Request nemme verbally (unni en Brief)

Fer Health Care, muss mer froge fer en Fair Hearing net wennicher as 45 Daag nooch die Zeit wu sie sell geduh hen, was mer an argu-e is mit. Fer FoodShare, muss mer froge net wennicher as 90 Daag nooch die Zeit wu sie sell geduh hen, was mer an argu-e is mit. Du darfst froge fer en Hearing ennichi Zeit weil as du FoodShare Benefits an griege bischt wann du meensch, du bischt net genug Benefits an griege. Dei letschter Enrollment Brief zellt dich die Date saage, bis wann du froge musscht fer en Hearing.

Du, der Person as dich an represente is (wann du so epper hoscht), un dei Agency zellt en Brief griege at least 10 Daag eb die Hearing mit die Zeit, die Date, und der Blatz vun die Hearing.

Dich reddi griege fer en Fair Hearing

Du hoscht's Recht fer Zeige, dei eegner Lawyer, odder epper schunscht fer dich counsele an die Fair Hearing bringe. Die Department of Health Services zellt net bezaahle fer en Lawyer dinge fer dich, awwer sie mechte able sei fer dich Hilf finne fer nix odder epper finne fer schwetze fer dich an die Fair Hearing.

Du hoscht's Recht fer ennich eppes in dei File sehne as sie gyused hen fer dei Application evaluat-e.

Du odder dei Representative hot's Recht fer:

- Questions froge zu ennich epper as en Zeig is an die Fair Hearing.

- Dei eegni Arguments mache und gschriwweni Sache gewwe as weise ferwas as du meensch, du waerscht recht.
- Medical Evidence gewwe fer weise eb du disabled bischt odder net odder net schaffe kansch because du bischt grank odder weh geduh, un des is die Reason fer die Fair Hearing. Dei Agency zellt bezaahle fer die Medical Evidence.

Wann du net Englisch schwetze kansch, hoscht du's Recht fer en Interpreter an die Hearing hawwe. Die Division of Hearings and Appeals mech bezaahle fer Translation odder Interpreters wann du froge deetscht defoor.

Continuation of Benefits (aahalde Benefits bezaahle)

Wann du Benefits an griege bischt un du froogscht fer en Hearing eb dei Benefits gechanged warre, kansch du aahalde die seeme Benefits griege bis en Hearing Officer en Decision macht.

Wann der Hearing Officer meent, dei Agency waer recht gwest, mechtscht du zrick gewwe odder bezaahle misse die Extra Benefits as du grigt hoscht gschwischich die Zeit as du gfroogt hoscht fer dei Fair Hearing un die Zeit as der Hearing Officer decid-e dutt weeich dei Case.

Wann du gfroogt hoscht fer en Fair Hearing, musscht du alsnoch ennichi Scheduled Renewals ausfille. Wann dei Agency dich saagt eb die Fair Hearing as dei Enrollment-Zeit verbei is, musscht du widder apply-e un alli Program Rules folge so as dei Benefits aangehn. Wann die Renewal weist as eppes gechanged waer mit dich, mechte dei Benefits chang-e odder uffgheert sei fer sell.

Was haepene kennt nooch die Fair Hearing

Wann die Fair Hearing finnt, du waarscht recht, zellt die Agency nix geeich dich duh. Wann dei Benefits gschtoppt warre sin, zelle sie widder schtaerde. Die Date wann die Benefits widder schtaerde zellt in der Brief sei as du grigt hoscht weech die Fair Hearing Decision.

Wann die Fair Hearing finnt, du waarscht letz, is sell wie's sei zellt, un du zellscht misse ennichi Benefits zrick bezaahle as du net gezeelt waarscht fer griege. Froog dei Agency weech ennichi Rules weech Benefits zrick bezaahle.

Mer zellt nix schunscht geeich dich duh mitdem as du gfroogt ghadde hoscht fer en Fair Hearing.

Rehearing (noch en Hearing hawwe)

Wann du net eenich bischt mit die Fair Hearing Decision, hoscht du's Recht fer en Rehearing wann du:

- Nei-i Evidence hoscht as mer net gwisst hot dewege odder as du net ghadde hoscht eb die Hearing as en Differns mache het kennde.
- Meensch, sie hen eppes net recht grigt in die Decision.
- Meensch, sie hen eppes net recht grigt in die Decision was zu duh hot mit die Law.

Du musscht schreiwe un froge fer en Rehearing so as sie der Brief griege in wennicher as 20 Daag noch die gschriwwe Decision vun die Fair Hearing. Die Division of Hearings and Appeals zellt noh decid-e in net meh as 30 Daag nochdem as sie dei Brief grigt hen eb du en Rehearing griege zellscht. Wann du ken Brief grigscht weech dei Brief in wennicher as 30 Daag meent sell, hen sie dei Request nunner gedreht.

En Hearing odder Rehearing Decision appeale

Wann du net eenich bischt mit die Decision vun en Fair Hearing odder en Rehearing, darfscht du die Decision alsnoch appeale zu die Circuit Court in dei County. Des muss geduh sei in wennicher as 30 Daag nochdem as du en Brief grigt hoscht mit die Decision weech die Fair Hearing odder in wennicher as 30 Daag nochdem as dei Appeal nunner gedreht watt. Fer en Appeal mache mit die Circuit court muss mer en Petition fil-e mit der Clerk of Courts in dei County. S'is en guti Idea fer legal Hilf (wie en Lawyer) griege wann du decidescht fer en Fair Hearing Decision appeale in en Circuit Court.

Legal Hilf

Du mechtscht legal Hilf griege vun Wisconsin Judicare, Inc., odder Legal Action of Wisconsin, Inc. (LAW). Fer die Office finne as's neegscht is zu dich:

- Ruf Judicare uff an 800-472-1638, odder geh zu www.judicare.org.
- Ruf LAW uff an 888-278-0633, odder geh zu www.badgerlaw.net.



Wie mir Information sammle un dei Privacy

Nondiscrimination Notice: S'is Geeich die Law fer Discriminat-e—Health Care-Related Programs

Die Wisconsin Department of Health Services dutt alli Federal Civil Rights Laws respecte un dutt nett epper discriminat-e weech em sei Race, Color, wu mer gebore waar, Elt, Dsability, odder Sex. Die Department of Health Services dutt net ennich epper raus schliesse odder sie differnt yuse weech em sei Race, Color, wu mer gebore waar, Elt, Dsability, odder Sex.

Die Department of Health Services:

- Helft Leit mit Disabilities fer gut communicat-e mit uns unni as es ennich eppes koscht; Exemple sin:
 - Gequalifedi Interpreters fer Leit as net heere kenne
 - Information as gschriwwe is in differenti Wege (gross Print, Audio, Computer, un anri Formats)
- Helft Leit as net gut Englisch schwetze; Exemple sin:
 - Gequalifedi Interpreters
 - Information as gschriwwe is in differnti Schprooche

Wann du so Sadde Hilf brauchsch, watt in Touch mit die Department of Health Services Civil Rights Coordinator an 844-201-6870.

Wann du meensch as die Department of Health Services net so Sadde Hilf gewwe hot odder as sie epper discriminate hot weech em sei Race, Color, wu mer gebore waar, Elt, Disability, odder Sex, darfscht du en Grievance fil-e mit: Department of Health Services, Attn: Civil Rights Coordinator, 1 West Wilson Street, Room 651, PO Box 7850, Madison, WI 53707-7850, 844-201-6870, TTY: 711, Fax: 608-267-1434, odder Email an dhscrc@dhs.wisconsin.gov. Du kannsch en Grievance fil-e in Person odder deich en Brief, odder bei Email. Wann du Hilf brauchsch en Grievance fil-e, kann der Department of Health Services Civil Rights Coordinator dich helfe.

Du kannsch aa en Civil Rights Complaint mit die U.S. Department of Health and Human Services, Office for Civil Rights, fil-e iwwer der Computer deich die Office for Civil Rights Complaint Portal, an <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, odder bei Mail odder Phone an:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Du kannsch Complaint Forms finne do: <http://www.hhs.gov/ocr/office/file/index.html>.

<p>Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-201-6870 (TTY: 711).</p>	<p>Deitsch (Pennsylvania Dutch) Wann du Deitsch (Pennsylvania Dutch) schwetzscht, kantscht du ebber griege as dich helfe kann mit Englisch, unni as es dich ennich eppes koschte zellt. Ruf 844-201-6870 uff (TTY: 711).</p>
<p>Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 844-201-6870 (TTY: 711).</p>	<p>ພາສາລາວ (Laotian) ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ ແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໃຫ້ໂທຫາເບີ 844-201-6870 (TTY: 711).</p>
<p>繁體中文 (Traditional Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 844-201-6870 (TTY: 711)。</p>	<p>Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-201-6870 (ATS : 711).</p>
<p>Deutsch (German) HINWEIS: Wenn Sie Deutsch sprechen, steht Ihnen kostenlos ein Sprachen-Service zur Verfügung. Tel.: +1 844-201-6870 (TTY: 711).</p>	<p>Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-201-6870 (TTY: 711).</p>
<p>العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 844-201-6870 (رقم هاتف الصم والبكم: 711).</p>	<p>हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 844-201-6870 (TTY: 711) पर कॉल करें।</p>
<p>Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-201-6870 (телетайп: 711).</p>	<p>Shqip (Albanian) KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 844-201-6870 (TTY: 711).</p>
<p>한국어 (Korean) 알림: 한국어 지원 서비스를 무료로 이용하실 수 있습니다. 844-201-6870 (TTY: 711) 번으로 전화해 주십시오.</p>	<p>Tagalog (Tagalog – Filipino) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 844-201-6870 (TTY: 711).</p>
<p>Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-201-6870 (TTY: 711).</p>	<p>Soomaali (Somali) FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawinta luuqada, oo bilaash ah, ayaa lagu heli karaa. Soo wac 844-201-6870 (TTY: 711).</p>

USDA Nondiscrimination Statement (die USDA verschrecht fer net discriminat-e geeich ennich epper)

In Lein mit Federal Civil Rights Law un U.S. Department of Agriculture (USDA) Civil Rights Regulations un Policies is die USDA, ihre Agencies, Offices, un Leit as schaffe fer sie, so wie aa Institutions as helfe mit USDA Programs, verbodde fer discriminat-e weech em sei Race, Color, wu mer gebore waar, Sex, Glaawe, Disability, Elt, Politics, odder fer epper nooch geh fer ennichi Doings mit Civil Rights Activity in ennich eppes as zu duh ghadde hot mit die USDA.

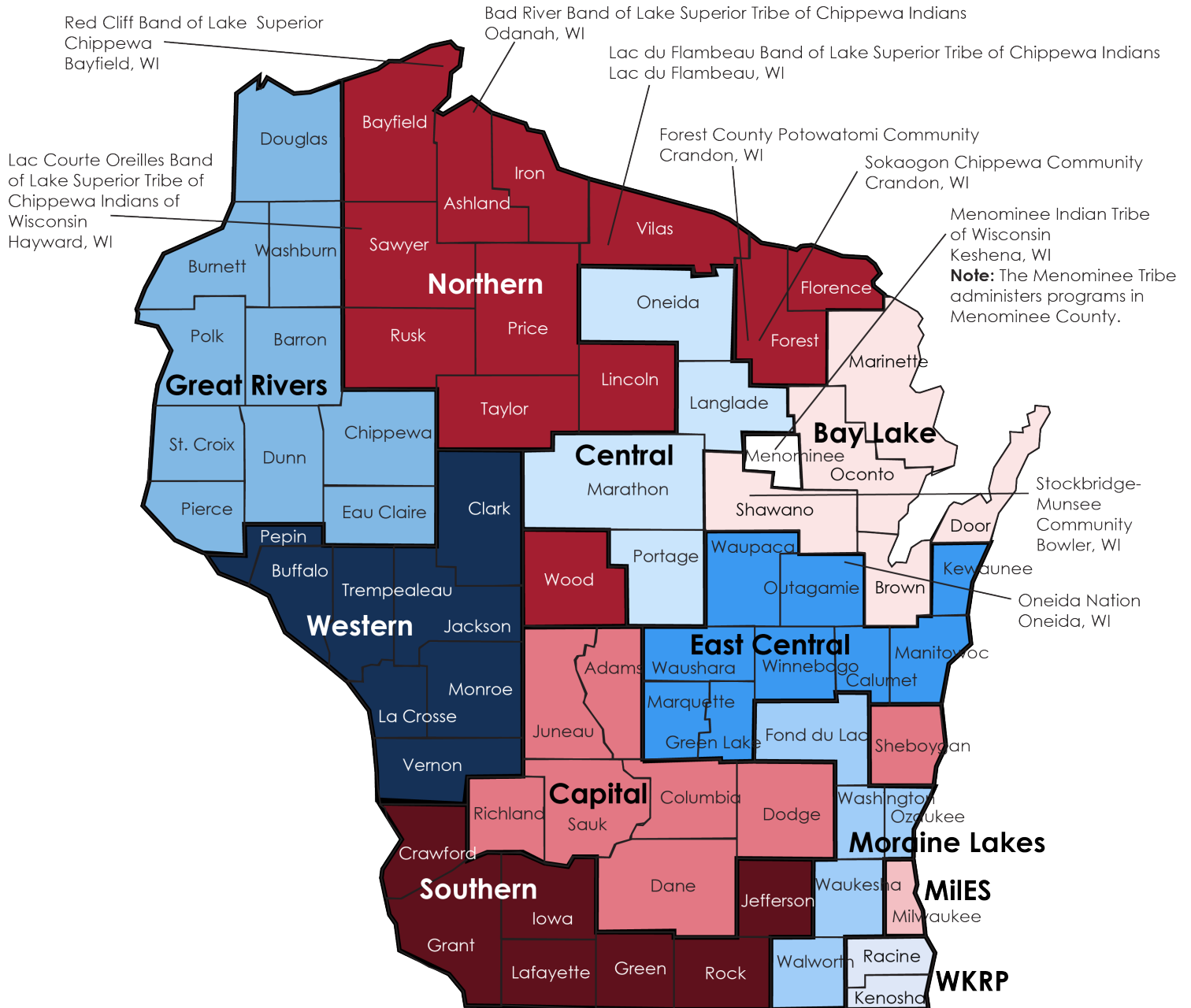
Disabledi Leit as Information brauche in en differnter Weg (so wie Braille, gross Print, Audio, American Sign Language, un so Sache), sett in Contact kumme mit die Agency (in em sei Schteet odder Schtadt) wu sie applied hen fer Benefits. Leit as daub sin, net gut heere kenne, odder Druwwel hen fer schwetze, darrefe die USDA contacte deich die Federal Relay Service an (800) 877-8339. Noch dezu kammer deel Information in differnti Schprooche griege.

Fer en Complaint of Discrimination weech en Program fil-e, fill die [USDA Program Discrimination Complaint Form](#) aus, (AD-3027), was mer finne kann online an: [How to File a Complaint](#), un an ennichi USDA Office, odder schreib en Brief an die USDA un schreib in dei Brief alles was gfoddert watt in die Form. Fer en Copy vun die Complaint Form griege, ruf (866) 632-9992 uff. Schick dei Complaint odder Brief an die USDA bei:

- (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; odder
- (3) Email: program.intake@usda.gov.








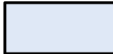



Die do Institution dutt net discriminat-e geeich ennich epper.

Income Maintenance (Geld uffhalde) Consortiums un Tribal Agencies



Note: The Menominee Tribe administers programs in Menominee County.

Consortia:

 Bay Lake	 East Central	 Moraine Lakes	 Western
 Capital	 Great Rivers	 Northern	 WKRP
 Central	 MiIES	 Southern	



WISCONSIN DEPARTMENT
of HEALTH SERVICES

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