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State of Wisconsin

Case #: XXXXXXXXXX

Mailing Date: MM/DD/YYYY


[CONSORTIA]
Phone: XXX-XXX-XXXX

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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 1-800-362-3002, press option #7 and state your language. Or, e-mail us at: memberservices@wisconsin.gov . These services are free.
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About Your Benefits

This letter tells you about your benefits. If you have a question, please call the agency above. If you need help because of a disability or need translation help, please see the Key Contacts at the end of this letter.

Which benefit?	Status of your benefits?
 FoodShare	Your benefits will be ending on <Date>. Please see Your FoodShare Benefits page to learn more about why.
<i>If you don't agree with this decision, you have the right to a Fair Hearing. Please see the last page of this letter to learn more. You may also talk with the agency above.</i>	



Your FoodShare Benefits

Who is NOT enrolled in FoodShare and why?	
When?	Who and Why?
As of <Date>	<Name>: You have used 3 months of time-limited benefits without meeting a work requirement during those 3 months. To learn more about work requirements, see your Enrollment & Benefits handbook.



Wisconsin JobNet is available to you. JobNet is the largest source of job openings in Wisconsin. You can visit the JobNet website at www.dwd.state.wi.us/jobnet/mapWI.htm. Or, you can use touch-screen computers at your local Job Center. To find a Job Center near you, call 1-888-258-9966.



Key Contacts

Disability Services: If you have a disability and need this information in an alternate format, or if you need it translated to another language, call 1-800-362-3002. Translation and TTY services are available and are free of charge.



Online Help: ACCESS is an internet tool that lets you apply for other benefits, check your benefits or report changes. Visit access.wisconsin.gov.

General Questions about FoodShare or Health Care Benefits or your ForwardHealth Card: See your Enrollment & Benefits handbook or go to dhs.wisconsin.gov/em/customerhelp. Or, call 1-800-362-3002 (TTY and translation services are available). If you have been approved to get other public assistance benefits or SSI, you may be able to enroll in FoodShare. You can apply for FoodShare online at ACCESS.wi.gov or contact your agency on page 1.

QUEST Card: Call 1-877-415-5164 (voice) or 1-800-947-3529 (TTY) if your QUEST card is damaged, stolen or lost; if you get an error message while using your card; to check your account balance; or, if you have any other questions about your QUEST card.

Any Other Questions: See the contact information on page 1.



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 1-888-278-0633.

How long do I have to ask for a hearing?

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

FoodShare → <Date>

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 the FoodShare Program 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 disqualification.

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 dhs.wisconsin.gov/em/customerhelp. 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.