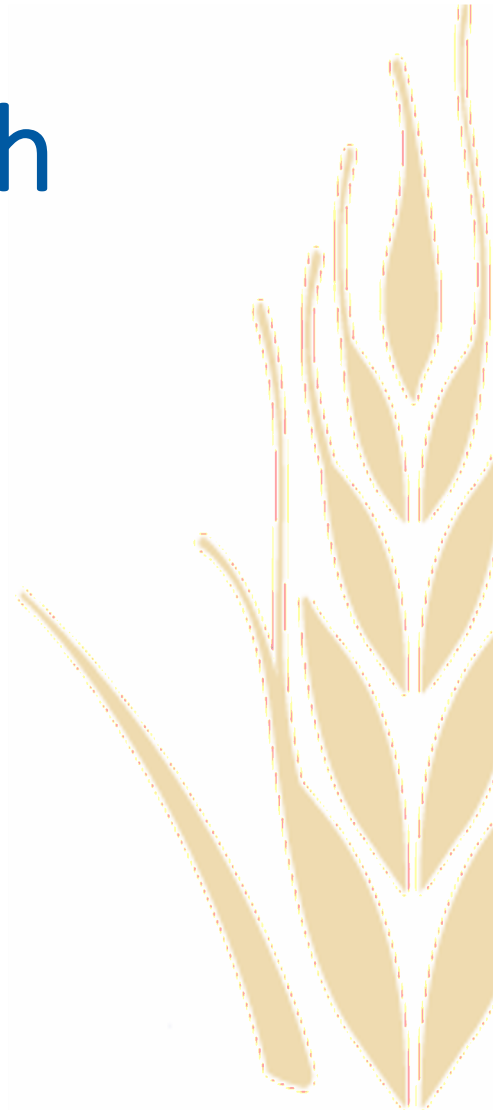


# FoodShare Application Walkthrough

- A step-by-step guide through Wisconsin's FoodShare application process.



# What's in this walkthrough?



Our FoodShare experts dissected the entire application, took screenshots of the parts that are either most important or most confusing, and provided context, notes, and tips so you have all the information you need to successfully complete the application.

Your application may look slightly different depending on how you answer the questions.

If you have additional questions, our contact information is at the end of the guide. Give us a call at 414-897-0460 and we'll help you out!

# What's in this walkthrough?



Our FoodShare experts dissected the entire application, took screenshots of the parts that are either most important or most confusing, and provided context, notes, and tips so you have all the information you need to successfully complete the application.

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# Before you start

- Have some documents on hand
  - Social Security numbers for all members in family
  - Housing/utility information
  - Job information
  - Income information
  - Any other type of income (ex: child support, unemployment, social security)
  - Child's school information (ex: report card, statement from school)



# FREE &

## ACCESS connects you with the help you need when you need it.

Need help getting health care coverage, paying for groceries or child care costs, finding a job, or building your career skills?

With ACCESS, you can apply for and manage your state of Wisconsin benefits and programs in one place, at any time.

Apply now

Finish an application

Log in

Create an account

When First starting an application, click on the apply now button.



### See if you qualify >

Before applying, answer a few optional questions to find out which programs may be right for you.



### Apply for benefits >

Apply for just one program or multiple programs at the same time. To get started, you'll need to create an ACCESS account.



### Manage your benefits >

Log into your ACCESS account to view letters, get reminders, report changes, submit documents, and more.



### Renew or apply for more >

Submit renewals or apply for other programs right from your ACCESS account.

## Setting Up An Account

To apply online, you will need to create a Wisconsin User ID and password. **If you already have an account, [click here to log in](#).**

This account will help to keep your information private and secure. It also lets you save your application and come back to work on it later. You can also log back in to check the status of your application after you submit it. Keep in mind that you can use this secure Wisconsin User ID with other State of Wisconsin websites.

**If you have trouble setting up your account, [click here](#).** If you still need help, call Member Services at [1-800-362-3002](tel:1-800-362-3002).

## Step 1: Your Name and Email Address

Please fill in your name below.

\* First Name :

Middle Initial :

\* Last Name :

Email (optional) :

## Step 2: User ID and Password

To log in to your account, you will need to create a User ID and password. **For rules on creating your password and User ID, [click here](#).**

You will need these to log in on the next page. It's a good idea to write these down and keep them in a safe place.

* User ID :	<input type="text" value="johsmi1996"/>	<ul style="list-style-type: none"><li>• <b>Must be 5-20 letters and/or numbers</b></li></ul>
* Password :	<input type="password" value="••••••"/>	<ul style="list-style-type: none"><li>• <b>Cannot be your name</b></li><li>• <b>Cannot be the same as your User ID</b></li><li>• <b>Must be 7-20 characters long</b></li><li>• <b>Must use letters and at least one number</b></li></ul>
* Please re-type your Password :	<input type="password" value="••••••"/>	

## Step 3: Secret Question

We're also asking two "secret questions" that you can use if you ever need to recover your password. Click on each box to choose a question that only you know the answer to. Then fill in your answer. It's a good idea to write down the answer you give, since you will need to type it in exactly the same way if you lose your password.

\* Secret Question 1 :

\* Answer :

## Step 2:

Create a username and password. Make sure to write it down as you will need it when your case is opened.

Your tracking number: 0900389508

- Start
- People
- Other Benefits
- Liquid Assets
- Other Assets
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Health Insurance
- Submit

**Using ACCESS**

Before you get started, tell us if you are applying:

- ☒ For yourself.
- ☐ For another person.
- ☐ At a community agency set up to help people use ACCESS.

**Link your Express Enrollment Information**

\* Has an Express Enrollment (EE) application been submitted for you or your household in the last 90 days? ☐ Yes ☒ No

[Back](#) [Next](#)

# FREE & LOCAL

## HUNGER TASK FORCE

[hungertaskforce.org](http://hungertaskforce.org)

The first screen you come to will ask who is applying. Click on the “For Yourself” button.

- The next question asks about Express Enrollment, if you are unsure what this means, click ‘No’ and continue on.

2% Complete

Your tracking number: 0900389508

- Start
- People
- Other Benefits
- Liquid Assets
- Other Assets
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Health Insurance
- Submit

### Which Benefits Would You Like to Apply For?

The first step is to tell us which benefits you would like to get. Please check the box for each benefit you would like to apply for. Then click the "Next" button at the bottom of the page.

- ☒ **FoodShare.** This is Wisconsin's version of the federal Supplemental Nutrition Assistance Program (SNAP). FoodShare benefits come on a plastic card, called the Wisconsin QUEST Card, which you can use to buy food at most food stores.
- ☐ **Health Care benefits through BadgerCare Plus and/or Medicaid.** This program provides low-or no-cost health care benefits.
- ☐ **Family Planning Only Services.** This program provides confidential, no-cost family planning services and supplies.
- ☐ **Child Care.** This program provides help with paying for child care for children under 13 years old (up to 19 if special needs).

Back Save & Exit Next

- This guide is specific to Foodshare, but you are also able to apply for BadgerCare, Child Care or Family Planning Only services as well.
  - Click on these additional options if these apply to you.



## Where You Live

If you are staying in a shelter or living with a friend or family member, you can give us that agency or person's address. Be sure to put the name of the person or agency on the second line, and write c/o in front of the name.

**If you have an apartment number, you should put it on Address Line 2.**

\* Address Line 1:

Address Line 2:

\* City:

\* State:

\* Zip Code:

## Your Mailing Address

If your mailing address is the same as the address above, you can leave this section blank.

If you are homeless, you can leave this section blank.

If you want to use the address of a friend, family member or shelter put c/o and then the name of the friend, family member or shelter in Address Line 2.

If you don't want us to send any mail about your benefits to the address you gave above, please give us a mailing address.

**If you have an apartment number, you should put it on Address Line 2.**

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

## Homeless Information

Are you homeless right now?

☐ Yes

☒ No

By homeless, we mean you are staying at a shelter or don't have a place to stay at night. To read more about what we mean by homeless, click the Help button.

After entering demographics, you'll reach the 'Where You Live' section.

'Homeless' is defined by our state Department of Health Services as anyone who does not have a permanent nighttime residence. (more information about homeless situations on the next slide)

If you are homeless, you are only required to fill in a mailing address.

# Details about Homelessness:



A homeless individual is one who lacks a fixed, regular nighttime residence OR whose primary residence is:

- A **supervised shelter** designed to provide temporary accommodations,
- An institution that provides **temporary residence** for individuals intended to be institutionalized,
- A **temporary accommodation** for not more than 90 days in the residence of another individual,
- A place **not designed for** or ordinarily used as a regular **sleeping accommodation**.

ACCESS

Training

4% Complete

Your tracking number: 0900389508

Start

People

Other Benefits

Liquid Assets

Other Assets

Job Income

Other Income

Housing Bills

Other Bills



Health Insurance

Submit


Basic Information Summary

Here is a summary of what you told us. Please review your answers.  
  
If a section below has a check mark, you have given all of the information we have asked for. If you want to change your answers or finish a section that doesn't have a check mark, click on "Change."

Review Your Answers: Basic Information Summary

Who?	Address	County / Tribal Lands	Language	Contact Method	Complete?	Change
 John	1234 N 1st St Milwaukee, WI 53205	Milwaukee	English	Home Phone 414-111-1111		<a href="#">Change</a>

Review Your Answers: Email

Who?	Email Address	Get Letters Online?	Complete?	Change
 John	abc@gmail.com			<a href="#">Change</a>

Each time you complete a section, you'll reach a 'Summary' his is where you can go back and edit the information that you entered.

As you continue to work through the application, if you make a mistake keep going and then make edits when you reach the 'Summary' page.



### Review Your Answers: Help From Others

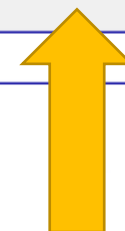
Representative	Type	Complete?	Change or Erase
You told us that you do not have an authorized representative, legal guardian, or power of attorney.			

### Add a Representative

If you have an authorized representative, legal guardian, or power of attorney, select that option from the menu below and click Add.

< click here to choose >

Add



If you are unable to manage your benefits yourself, you can add a trusted friend or family member as a Representative so they can assist in managing your benefits.



4% Complete Your tracking number: 0900389508

**Start**

**People**

**Other Benefits**

**Liquid Assets**

**Other Assets**

**Job Income**

**Other Income**

**Housing Bills**


**Other Bills**

**Health Insurance**

**Submit**

**People In Your Home**

You have already told us about the following person :

 John

Please provide more information about John.

**Personal Information**

If this person has the same first name as someone else in your home, [click here](#).

\* First Name :  Middle Initial :  \* Last Name :

\* Gender : ☒ Male ☐ Female

\* Date of Birth :  Ex: mm/dd/yyyy

\* What is this person's marital status?

What language does this person prefer to use?

Is this person a migrant worker? ☐ Yes ☒ No

Has this person been homeless in the last 12 months? ☐ Yes ☒ No

Where does this person live?

You will now provide some more information about yourself including how many people are in the household.

#### Ethnicity and Race

Please check the box or boxes that best describe this person's ethnicity and/or race. You don't have to answer these questions if you don't want to. We're asking these questions to help improve our programs and make sure they do not discriminate based on ethnicity or race. Your answers will not be used to make a decision about your programs and benefits.

What is this person's ethnicity?

☐ Hispanic or Latino

☒ Not Hispanic or Latino

What is this person's race?

☐ American Indian / Alaskan

☐ Asian

☐ Black / African American

☐ Hawaiian / Other Pacific Islander

☒ White

#### People Living With You

For this question, count only people who are related to you or share food with you. If you are not sure, [click here](#) to read more about when to count roommates and others in your home.

If you are homeless, tell us the number of people living with you who are related to you.

\* How many people live with you? (Don't forget to count yourself.)



Back

Save & Exit

Next



-If there are multiple people on your case, the next page will look the same as this and enter in the information for each of the members in your family.

- For the number of people in the household, only mark down the people you want on your Foodshare case and make sure to include yourself in the total number.
- If they aren't family, only include people who you share meals or food with.
- Note: If a child that is 22 or younger is living with you, they must be on the family's case and cannot have a separate case.

Your tracking number: 0900389508

#### People In Your Home

You have already told us about the following person :



John

Please tell us about the next person in your home.

#### Personal Information

If this person has the same first name as someone else in your home, [click here](#) .

\* First Name :  Middle Initial :  \* Last Name :

\* Gender : ☐ Male ☒ Female

\* Date of Birth :  Ex: mm/dd/yyyy

\* What is this person's marital status?

What language does this person prefer to use?

Is this person a migrant worker? ☐ Yes ☒ No

Has this person been homeless in the last 12 months? ☐ Yes ☒ No

Where does this person live?

#### Ethnicity and Race

Please check the box or boxes that best describe this person's ethnicity and/or race. You don't have to answer these questions if you don't want to. We're asking these questions to help improve our programs and make sure they do not discriminate based on ethnicity or race. Your answers will not be used to make a decision about your programs and benefits.

What is this person's ethnicity?  
☐ Hispanic or Latino ☒ Not Hispanic or Latino

What is this person's race?  
☐ American Indian / Alaskan ☐ Asian ☐ Black / African American  
☐ Hawaiian / Other Pacific Islander ☒ White

Your tracking number: 0900389508

#### People In Your Home

You have already told us about the following people :



John



Jane

Please tell us about the next person in your home.

#### Personal Information

If this person has the same first name as someone else in your home, [click here](#) .

\* First Name :  Middle Initial :  \* Last Name :

\* Gender : ☒ Male ☐ Female

\* Date of Birth :  Ex: mm/dd/yyyy

\* What is this person's marital status?

What language does this person prefer to use?

Is this person a migrant worker? ☐ Yes ☒ No

Has this person been homeless in the last 12 months? ☐ Yes ☒ No

Where does this person live?

#### Ethnicity and Race

Please check the box or boxes that best describe this person's ethnicity and/or race. You don't have to answer these questions if you don't want to. We're asking these questions to help improve our programs and make sure they do not discriminate based on ethnicity or race. Your answers will not be used to make a decision about your programs and benefits.

What is this person's ethnicity?  
☐ Hispanic or Latino ☒ Not Hispanic or Latino

What is this person's race?  
☐ American Indian / Alaskan ☐ Asian ☐ Black / African American  
☐ Hawaiian / Other Pacific Islander ☒ White



- Here is an example of what the additional household members information would look like.

**Start**

**People**

Other Benefits

Liquid Assets

Other Assets

Job Income

Other Income

Housing Bills

Other Bills

Health Insurance

Submit



### How You Are Related

Please tell us how the people in your home are related to each other.

Marital relationships include marriages between spouses of the same gender.

**NOTE:** You should only select "is the father of" or "is the mother of" if the person is the child's legal parent. A legal parent is a person who is listed as a parent on a child's birth certificate and/or who has been determined to be a child's legal parent through a court order (such as an adoption order). [Click here](#) for more information.



#### John's Relationship to Jane

  \* is the husband of

Does John buy food and eat meals with Jane?

☒ Yes ☐ No ☐ I Don't Know

#### John's Relationship to Jimmy

  \* is the father of

Does John buy food and eat meals with Jimmy?

☒ Yes ☐ No ☐ I Don't Know



### How You Are Related

Please tell us how the people in your home are related to each other.

Marital relationships include marriages between spouses of the same gender.

**NOTE:** You should only select "is the father of" or "is the mother of" if the person is the child's legal parent. A legal parent is a person who is listed as a parent on a child's birth certificate and/or who has been determined to be a child's legal parent through a court order (such as an adoption order). [Click here](#) for more information.

#### Jane's Relationship to Jimmy

  \* is the mother of

Does Jane buy food and eat meals with Jimmy?

☒ Yes ☐ No ☐ I Don't Know

[Back](#) [Save](#)

-Note: If you select yes for the sharing food question, they will be included in your Foodshare case, if you select no, they will not be included on your Foodshare case.

After entering information for the members of your household, it will ask how everyone is related. If your relationship is not listed select 'other' to move on with the application.

## More About Children

Next, we need to know a little bit more about the children in your home.

## Caretaker

\* Please click the button to tell us who is Jimmy's primary caretaker. By primary caretaker, we mean the person who has the most responsibility for Jimmy's care.

☐ No one



- If married: you can only pick one person as the primary caretaker of the child.
- If single parent: the parent who is with the child for more than 50% of the time will be able to add them to their case.

## Your FoodShare Request

You've told us that you would like to apply for FoodShare benefits. The people listed below will be part of your FoodShare request.



- After completing the caretaker question, you will come to a screen that shows who is all included in your Foodshare case.



## More About the People on Your Application

Next, please tell us more about the people in your home.

### More about John

**Note:** If this person is not asking for benefits, you do not have to provide a Social Security number for him or her.

Social Security Number:  -  -

If this person does not have a Social Security number but has applied for one, on what date did he or she apply?  Ex: mm/dd/yyyy

\* Does this person live in Wisconsin? ☒ Yes ☐ No

\* Is this person a U.S. citizen? ☒ Yes ☐ No

### Email Information

Email Address:

Retype Email Address:

### Get Letters Online

You can get letters about your programs and benefits online.

If you choose to get letters online:

- You will get an email every time you have a new letter to view. You can then log in to your ACCESS account to view your letter.
- You will not get copies of your letters in the regular mail. However, there are some letters that must always be sent by regular mail (for example, forms that you must fill out and send back to us).

Do you want to get letters about your benefits online instead of by regular mail? ☐ Yes ☒ No

### More about Jane

**Note:** If this person is not asking for benefits, you do not have to provide a Social Security number for him or her.

Social Security Number:  -  -

If this person does not have a Social Security number but has applied for one, on what date did he or she apply?  Ex: mm/dd/yyyy

\* Does this person live in Wisconsin? ☒ Yes ☐ No

\* Is this person a U.S. citizen? ☒ Yes ☐ No

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If you choose to get letters online:

- You will get an email every time you have a new letter to view. You can then log in to your ACCESS account to view your letter.
- You will not get copies of your letters in the regular mail. However, there are some letters that must always be sent by regular mail (for example, forms that you must fill out and send back to us).

Do you want to get letters about your benefits online instead of by regular mail? ☐ Yes ☒ No

### More about Jimmy

**Note:** If this person is not asking for benefits, you do not have to provide a Social Security number for him or her.

Social Security Number:  -  -

If this person does not have a Social Security number but has applied for one, on what date did he or she apply?  Ex: mm/dd/yyyy

\* Does this person live in Wisconsin? ☒ Yes ☐ No

\* Is this person a U.S. citizen? ☒ Yes ☐ No

-Note, if you have everyone's social security number with you put it in. But if you don't have that information on hand you may continue the application without that information as you can confirm it in the interview portion.

ACCESS

Training

41% Complete

Your tracking number: **0900389508**

### School Enrollment

Tell us more about John's school enrollment

\* Is John enrolled in school right now?

☐ Yes

☒ No



Back

Save & Exit

Next



### School Enrollment

Tell us more about Jane's school enrollment

\* Is Jane enrolled in school right now?

☐ Yes

☒ No



Back

Save & Exit

Next



Note: They will ask about schooling for every person on the case that is of school age or older.

\*\*If you need help getting the needed documentation, please reach out to your school or school district.

## School Enrollment

Tell us more about John's school enrollment

\* Is John enrolled in school right now?

☒ Yes

☐ No

## School Enrollment Details

\* Choose John's school enrollment status:

☐ Full time ☐ Less than half time

☐ More than half time ☐ Half time

\* Please choose what type of school John attends.

< click here to choose >

Elementary School

Middle School

High School

College, University or Vocational School

School for people with disabilities

Other

K through 12

Parochial

## College, University or Vocational School

If you chose College, University or Vocational School, please check the box below for anything that applies to John.

☐ John is caring for a child under 6 years old.

☐ John is caring for a child who is 6 to 12 years old and adequate daycare is not available for the child.

☐ John is in a federal or state funded work-study program.

☐ John is in school through a placement by Workforce Investment Act (WIA), Wisconsin Works (W-2), or FoodShare Employment and Training (FSET).

# FREE & LOCAL

HUNGER  
TASK FORCE

[hungertaskforce.org](http://hungertaskforce.org)

Fill in information about each person's school enrollment.



68% Complete

Your tracking number: **0900389508**

- Start
- People
- Other Benefits
- Liquid Assets
- Other Assets
- Job Income**
- Other Income
- Housing Bills
- Other Bills
- Health Insurance
- Submit

#### Job Income Information

Next, please tell us about the people in your home who have jobs or are self-employed.

#### \*Current or Recent Job

Please check the box for anyone who has a job right now or has had a job in the last three months. Don't check this box if the person is on strike from the job right now, if they are paid only with goods or services instead of money, or if they are self-employed. We'll ask about those next.

☐ No one



#### \*On Strike

Please check the box for anyone who has a job but is on strike.

☒ No one



#### \*In-Kind Income

Please check the box for anyone who has a job that pays only in goods or services instead of money. For example, someone who gets free housing in exchange for work.

☒ No one



#### \*Self-Employment

Please check the box for anyone who is self-employed right now or has been self-employed in the last 4 months.

☒ No one



# FREE & LOCAL

HUNGER  
TASK FORCE

hungertaskforce.org

The next page is about job information. Click the box next to the persons name for anyone who is currently working or who has had a job that has recently ended.

If you click yes to any of the questions, there will be a follow up page where you can provide specific job information.

Your tracking number: 0900389508

## More About John's Job

You have told us that John has a job or has had a job in the last 3 months. Please answer the questions below to tell us more about this job.

### Employer

\* Name of Employer:

Address Line 1:

City:

State:

Zip Code:

Employer Phone:

Employer FEIN:

When did John start this job?  Ex: mm/dd/yyyy

Is this job through AmeriCorps? ☐ Yes ☒ No

\* How often does John get paid? This is John's **pay period**. By pay period, we mean the time between each paycheck.

### Job End

\* Has this job recently ended or will be ending soon? ☒ Yes ☐ No

If this job recently ended or is going to end, please tell us the end date of the job and the date of the final paycheck.

\* What is the end date of this job?  Ex: mm/dd/yyyy

\* What is the date of John's final paycheck?  Ex: mm/dd/yyyy

### Salary Pay

\* Does John have a salary (instead of being paid by the hour)? ☐ Yes ☒ No

### Hourly Pay

\* Does John get paid by the hour? ☒ Yes ☐ No

\* What is John's hourly pay? (Please give us John's regular hourly rate of pay. We'll ask about overtime and other kinds of pay below.)

\* Tell us how many hours John works each week. If John's hours are not the same every week, give us your best estimate.

### Other Hourly Pay

\* Does John get any other hourly pay, such as overtime, holiday, shift or weekend pay? ☐ Yes ☒ No

### Tip, Bonus or Commission Pay

\* Does John get tip, bonus, commission or other pay? ☐ Yes ☒ No

Does John have any other jobs? ☐ Yes ☒ No

Note: Only info needed for place of employment is the name of employer. The more detail you give may make verification of your job easier, however.

\* If hours worked is inconsistent, put down an average for one total week.

#### Money From Other Sources

Next, please tell us about the money that the people in your home get from sources other than a job or self-employment. If you're not sure about a source of income, click on Help to read more about what we're looking for.

#### \*Supplemental Security Income (SSI)

Please check the box for anyone who will get Supplemental Security Income (SSI) this month. Keep in mind that SSI is a monthly payment for people with very low income who are 65 and older or blind or disabled. SSI is not a retirement benefit. To learn more about SSI, [click here](#).

☒ No one



John



Jane



Jimmy

#### \*Social Security

Please check the box for anyone who will get Social Security, Social Security Disability Insurance (SSDI), or Survivors' benefits this month. Social Security is not the same thing as Supplemental Security Income (SSI).

☒ No one



John



Jane



Jimmy

#### \*Child Support

Please check the box for any child who will get child support from someone outside of your home this month.

☒ No one



Jimmy

#### \*Other Income

Please check the box for anyone who will get any type of income or payments from a source other than a job, SSI, Social Security, or child support this month.

☒ No one



John



Jane



Jimmy

The page following 'Job Information' addresses money or income that is not from a job. If you receive money that is not from a job, Social Security, SSI or child support, click on 'Other Income' and indicate who is receiving this other income.

Look below to see what screen appears if you select that you are receiving 'other income.'

76% Complete

Your tracking number: **0900389508**



Start



People



Other Benefits



Liquid Assets



Other Assets



Job Income



Other Income



Housing Bills



Other Bills



Health Insurance



Submit

#### Other Types of Income

Next, check the boxes to tell us which types of other income each person gets. If you need to know more about a type of income listed below, please click on Help.

#### John's Income Information



John

- |   |   |
|---|---|
| <input type="checkbox"/> Adoption Assistance                  | <input type="checkbox"/> Assistance from Another State        |
| <input type="checkbox"/> Dividends                            | <input type="checkbox"/> Foster Care Payments                 |
| <input type="checkbox"/> General Relief or Interim Assistance | <input type="checkbox"/> Interest Payments                    |
| <input type="checkbox"/> Kinship Care                         | <input type="checkbox"/> Military Allotment                   |
| <input type="checkbox"/> Money from Another Person            | <input type="checkbox"/> Money from Charity                   |
| <input type="checkbox"/> National Refugee Relief              | <input type="checkbox"/> Other Income                         |
| <input type="checkbox"/> Payments from an Annuity             | <input type="checkbox"/> Payments from Property You Have Sold |
| <input type="checkbox"/> Pension or Retirement                | <input type="checkbox"/> Railroad Retirement                  |
| <input type="checkbox"/> Sick or Disability Benefits          | <input type="checkbox"/> Tribal Per Capita Payments           |
| <input type="checkbox"/> Tribal TANF                          | <input type="checkbox"/> Trust Fund Payments                  |
| <input type="checkbox"/> Unemployment Insurance               | <input type="checkbox"/> Veteran Benefits                     |
| <input type="checkbox"/> Worker's Compensation                |   |
| <input type="checkbox"/> None                                 |   |



Back

Save & Exit

Next



80% Complete

Your tracking number: 0900389508

Start

People

Other Benefits

Liquid Assets

Other Assets

Job Income

Other Income

Housing Bills

Other Bills

Health Insurance

Submit

**Bills**

Next, please tell us about the people in your home who pay for housing and utilities.


If you split a bill with someone (for example, your roommate), check the box for each person who pays a share of the bill. On the pages that come next, tell us the amount that each person pays.


If you pay a bill together (for example, you and your spouse), just check the box for one person. On the pages that come next, give us the total amount that you pay together.

**\*Housing Bills**

Please check the box for anyone who is responsible for paying housing bills. By housing bills, we mean rent or lot rent, mortgage, property taxes and assessments, home insurance, mobile home payments, payments for temporary housing and renters insurance.

☐ No one


☒  John


☐  Jane


**\*Utility Bills**

Please check the box for anyone who is responsible for paying utility bills. By utility bills, we mean things like gas, electricity, water, sewer, and telephone. For a complete list, [click here](#).

☐ No one

☒  John


☐  Jane


☐  Jimmy

**\*Room and Meals**

Please check the box for anyone who is a roomer or boarder. A roomer is someone who pays for a room in someone else's house. A boarder is someone who pays for a room and meals.

☒ No one

☐  John

☐  Jane

**Heating Assistance**

Has your household received help from the Wisconsin Home Energy Assistance Program (WHEAP) in the current month or past 12 months?


☐ Yes ☒ No ☐ I Don't Know

**Housing Assistance**

Does your household get housing or rent assistance?

☐ Yes - Public Housing ☐ Yes - Rent Assistance ☒ No

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Note: If you are homeless but you pay for shelter you can include that as a bill you pay.

- When you select a 'bill you pay' you will be asked to provide more information on the next page. Please see the next slide for an example of this.

- For a family, only mark down one person paying the bills if it is a shared cost.
- Additionally, If you live in senior housing and heat/water/etc is included do not mark down that you are paying utilities.



ACCESS Training

81% Complete Your tracking number: 0900389508

**Start**

**People**

**Other Benefits**

**Liquid Assets**

**Other Assets**

**Job Income**

**Other Income**

**Housing Bills**

**Other Bills**

**Health Insurance**

**Submit**

**Housing Bills**

Please check the box for all of the housing bills that each person is responsible for paying.

**John's Housing Bills**

John

☒ Rent or Lot Rent ☐ Mortgage

☐ Homeowner's Insurance ☐ Mobile Home Loan

☐ Property Tax ☐ Special Assessments

☐ Renters Insurance ☐ None

**Back** **Save & Exit** **Next**

Examples of utilities that you can get credit for include:

- Electric bill
- Water bill
- Phone bill
- A/C Surcharge

In this example, John pays rent. If there is no other housing bill, click 'Next.' The other three images show additional questions about expenses.

ACCESS Training

82% Complete Your tracking number: 0900389508

**Start**

**People**

**Other Benefits**

**Liquid Assets**

**Other Assets**

**Job Income**

**Other Income**

**Housing Bills**

**Other Bills**

**Health Insurance**

**Submit**

**John's Rent or Lot Rent Payment**

You've told us that John makes Rent or Lot Rent payments. Please answer the questions below to tell us more about this payment.

Remember, if John splits this bill with someone (like a roommate), just tell us John's share of the cost. If John pays this bill together with someone (like a spouse) and you only checked the box for one person, tell us the amount you pay together.

How much is John supposed to pay for Rent or Lot Rent each month? \$  ☐ Don't Know

Is John responsible for any other Rent or Lot Rent payments? ☐ Yes ☒ No

**Back** **Save & Exit** **Next**

ACCESS Training

86% Complete Your tracking number: 0900389508

**Start**

**People**

**Other Benefits**

**Liquid Assets**

**Other Assets**

**Job Income**

**Other Income**

**Housing Bills**

**Other Bills**

**Health Insurance**

**Submit**

**John's Electricity Payment**

You've told us that John pays for Electricity. Please answer the questions below to tell us more about this payment. If you don't pay for this each month, please estimate what it costs on a monthly basis.

Remember, if John splits this bill with someone (like a roommate), just tell us John's share of the cost. If John pays this bill together with someone (like a spouse) and you only checked the box for one person, tell us the amount you pay together.

How much does the Electricity cost each month? \$  ☐ Don't Know

Is the Electricity used for heating your home? ☒ Yes ☐ No

Does John get a bill for the Electricity? ☒ Yes ☐ No

Is John responsible for any other Electricity payments? ☐ Yes ☒ No

**Back** **Save & Exit** **Next**

ACCESS Training

86% Complete Your tracking number: 0900389508

**Start**

**People**

**Other Benefits**

**Liquid Assets**

**Other Assets**

**Job Income**

**Other Income**

**Housing Bills**

**Other Bills**

**Health Insurance**

**Submit**

**John's Phone or Cell Phone Service Payment**

You've told us that John pays for Phone or Cell Phone Service. Please answer the questions below to tell us more about this payment. If you don't pay for this each month, please estimate what it costs on a monthly basis.

Remember, if John splits this bill with someone (like a roommate), just tell us John's share of the cost. If John pays this bill together with someone (like a spouse) and you only checked the box for one person, tell us the amount you pay together.

How much does the Phone or Cell Phone Service cost each month? \$  ☐ Don't Know

Does John get a bill for the Phone or Cell Phone Service? ☒ Yes ☐ No

Is John responsible for any other Phone or Cell Phone Service payments? ☐ Yes ☒ No

**Back** **Save & Exit** **Next**

89% Complete

Your tracking number: 0900389508

- Start
- People
- Other Benefits
- Liquid Assets
- Other Assets
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Health Insurance
- Submit

#### Your Other Bills

Next, please tell us about some of your other bills.

#### \*Dependent Care Bills

Please check the box for anyone who pays someone to care for a child or adult who is living in your home. Keep in mind that you should only check the box if the person pays for care so they can go to work, school, or job training, or to look for a job.

☐ No one



#### \*Support Payments or Obligations

Please check the box for anyone who makes payments to someone living in another household. These payments can include child support payments, maintenance, alimony, guardian fees or attorney's fees.

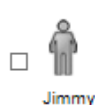
☐ No one



#### \*Medical Bills

Please check the box for anyone who has had medical bills in the last four months, or who has unpaid medical bills.

☐ No one



[Back](#) [Save & Exit](#) [Next](#)

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\*You can submit medical bills from anyone in your FoodShare household. Significant unpaid medical expenses may potentially increase the amount of Foodshare you receive each month.

### Health Insurance Coverage

Next, please tell us about anyone who holds a health insurance policy that covers one or more people in your home.

### Health Insurance Policy Holders

Please check the box for anyone who holds a health insurance policy that covers one or more people in your home.

For example, if the mother in your family has a health insurance policy, you should only check the box for the mother.

You should not check the box if the health insurance is through BadgerCare Plus, Medicaid, or Medicare.

Check the box for "Someone else" if someone not listed below (for example, someone not living in your home) holds a health insurance policy that covers one or more people in your home.

☐ No one



John



Jane

☐ Someone else



Back

Save & Exit

Next



# FREE & LOCAL

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### More About Health Insurance Coverage

You have told us that John holds a health insurance policy that covers one or more people in your home.

### Health Insurance Policy Information

Please tell us a little bit more about the health insurance policy.

\* Does this plan cover services from a doctor? ☒ Yes ☐ No

Does this policy holder pay a premium? ☒ Yes ☐ No

\* How much is the premium? \$

### Health Insurance Coverage

Next, please tell us more about who is covered by this person's health insurance policy.

\* Who is covered?



John



Jane



Jimmy

\* When did this person's coverage begin?

If this coverage will end in the next 3 months, when will it end? Ex: mm/dd/yyyy

Does John hold another health insurance policy that covers one or more people in your home? ☐ Yes ☒ No

\*If you or your family currently has Health Insurance that is not BadgerCare Plus, Medicaid or Medicare indicate that you do have a health insurance policy.

-If you indicated that you do have an insurance policy, you will be directed to this page where you can input information regarding your Health insurance coverage.



97% Complete Your tracking number: 0900389508

**Before You Submit the Application**

There are a few things missing from your application. You do not have to answer all of the questions before you submit your application, but in most cases, you will have to answer them in order to get benefits.

The more complete your application is, the faster it can be processed.

Section	Complete?	Go Back
Job Income	No	<a href="#">Go Back</a>

[Back](#) [Save & Exit](#) [Next](#)

Note: This page may pop up indicating that something is missing from your application. In this example it is stating this due to only inputting the name of my employer for Job income.

Below is why it is stating that you are missing info. This does not have to be put in to submit the application. Click the next button to continue.

69% Complete Your tracking number: 0900389508

**More About John's Job**

You have told us that John has a job or has had a job in the last 3 months. Please answer the questions below to tell us more about this job.

**Employer**

\* Name of Employer:   
Address Line 1:   
City:   
State:   
Zip Code:   
Employer Phone:     
Employer FEIN:   
When did John start this job?  Ex: mm/dd/yyyy  
Is this job through AmeriCorps? ☐ Yes ☒ No

\* How often does John get paid? This is John's **pay period**. By pay period, we mean the time between each paycheck.

98% Complete

Your tracking number: 0900389508



Start



People



Other Benefits



Liquid Assets



Other Assets



Job Income



Other Income



Housing Bills



Other Bills



Health Insurance



Submit

**Getting Faster Service for FoodShare**

Some people may be able to get FoodShare benefits about a week after they apply. The questions on this page will help us see if you can get this faster service. We have used the information you already gave us to answer some or all of the questions on this page. You need to give us any missing information and correct any wrong information. If you're unsure of the exact amount for any of these questions, please just make your best estimate.

**FoodShare**

Have you received FoodShare or SNAP (Supplemental Nutrition Assistance Program) this month? [Click here](#) for more information about SNAP.

If yes, are you currently residing in a shelter for victims of domestic violence? ☐ Yes ☒ No

**Income**

What is the total amount of money the people in your home will get this month? We need to know the total gross monthly income, which is the amount before taxes or anything else is taken out of your household's paychecks or benefit checks.

\$ 2064.00

Please be sure to count all income from jobs and sources other than jobs, such as Social Security, unemployment or child support. Be sure to count all income that comes in during this calendar month, even if the source of the income (like a job or benefit payment) has stopped.

**Assets**

What is the total value of any assets that belong to the people in your home? By assets, we mean things like cash you are saving at home, checking and savings accounts.

\$ 0

**Housing & Utility Expenses**

How much will the people in your home pay for housing this month? \$ 800.00

Please tell us the amount your household is supposed to pay for housing this month, even if you haven't been able to pay it. Don't include any unpaid housing bills from other months.

The following questions will be used to find what your household's standard utility credit is:

Does your household have to pay any utilities that are used for heating your home? ☒ Yes ☐ No

Has your household received help from the Wisconsin Home Energy Assistance Program (WHEAP) in the current month or past 12 months? ☐ Yes ☒ No

Does your household have to pay any utilities that are NOT used for heating your home? ☒ Yes ☐ No

If yes, which of these utilities does your household have to pay? Check all that apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Electricity        | <input checked="" type="checkbox"/> Phone or Cell Phone | <input type="checkbox"/> Fuel Oil or Kerosene  |
| <input type="checkbox"/> Water              | <input type="checkbox"/> Natural Gas                    | <input type="checkbox"/> Coal                  |
| <input type="checkbox"/> Liquid Propane Gas | <input type="checkbox"/> Sewer                          | <input type="checkbox"/> Waste Water Treatment |
| <input type="checkbox"/> Wood               | <input type="checkbox"/> Trash Removal                  | <input type="checkbox"/> Utility Installation  |
| <input type="checkbox"/> A/C Surcharge      |   |  |

Based on the utility bill(s) your household has to pay, this is the standard utility credit amount we will use to see if you can get faster service for FoodShare. \$ 456.00

**Migrant or Seasonal Farm Worker**

Is anyone in your home a migrant or seasonal farm worker? ☐ Yes ☒ No

If yes, did his or her job recently end in the last thirty days? ☐ Yes ☒ No

If yes, will he or she get more than \$25 from a new job or other source in the next 10 days? ☐ Yes ☒ No



Back



Save &amp; Exit



Next



**When you see this page you are almost done with the application.** Many of the questions asked on this page you have already answered. Make sure to double check them, especially the income portion as the only income that should be there is income from the last 30 days.

100% Complete

Your tracking number: 0900389508

Start

People

Other Benefits

Liquid Assets

Other Assets

Job Income

Other Income

Housing Bills

Other Bills

Health Insurance

Submit

Signing Your Application

You are just a few minutes away from submitting your application. To do so, you need to:

- Read the Rights and Responsibilities and other information listed below.
- Check the signature box and type your name to sign your application.

Wisconsin Shares Child Care, FoodShare, and Health Care Rights and Responsibilities

Please read the following information carefully. You can print a copy of your application or renewal on the next page if you want a copy of this information.

Member Rights

Everyone applying for or getting FoodShare and health care has the right to:

- Be treated with respect by agency staff.
- Have your civil rights upheld.
- Have your private information kept private.
- Get an application or renewal or have the application or renewal mailed on the same day you ask for it.

Your Interview

You must complete an interview with a worker in order to get FoodShare and/or Wisconsin Shares Child Care. Interviews are often done over the phone, but you may also ask to have a face-to-face interview with a worker. You will get more information about how to complete your interview from your agency.

Electronic Signature Acknowledgement

If you have a legal guardian or a power of attorney, he or she should sign this application. If you appointed an authorized representative, either you or your authorized representative may sign this application. If anyone else is helping you fill out the application, you should sign the application yourself.

I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge, including information provided about the citizenship or immigration status for each household member applying for benefits. I also certify that:

All Applications

- I understand the questions and statements on this application.
- I have read and understand my rights and responsibilities in the box above.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the agency may contact other people or organizations to obtain needed proof of my eligibility and level of benefits.

Additional Rules for FoodShare Applications

- I understand that I am not required to report a reduction or loss of income but that I may be able to get a higher FoodShare benefit if I do. I understand that as long as I do not report this reduction or loss in income, my FoodShare benefit will not increase.
- I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to receive a deduction for the unreported or unverified expenses.

\* ☐ By checking this box and typing my name below, I am electronically signing my application. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

\* First Name:  
John

Middle Initial:

\* Last Name:  
Smith

Back

Submit

A blue banner with the text "FREE & LOCAL" in large white and yellow letters. To the right is the "HUNGER TASK FORCE" logo featuring a stylized wheat stalk. Below the logo is the website "hungertaskforce.org".

This is the final page of the online application! Make sure to electronically sign at the bottom of the page and hit the submit button.

Your tracking number: **0900389508****For your information:**

For your security, please log out before closing your browser. You can log out by clicking "Log Out" at the top or bottom of the page.

**Thank You**

Your application has been successfully submitted. The tracking number is **0900389508**.

Be sure to write down this number or print this page for your records.

We were not able to give you an answer right away because your agency needs to review your application. By law, your agency must make a decision about your application within 30 days.

If you have a question about your application, contact the agency listed in the Information Summary section. If you give the agency your tracking number, it can help you get an answer more quickly.

**Your Next Steps**





Based on the application you submitted, here are some steps that you may need to take. Some steps may be required for us to process your application. Click Next to continue.

**View and Submit Proof**

View and Submit documents to provide proof of your answers.

**Information Summary**

This section lists information you have given us, and other details.

Details	Action
 <b>Application Summary</b> View or print a summary of what you submitted and the agency details. You can print or save your summary for your files. Keep in mind that your summary has your private, personal information in it.  To view, save or print your summary, <a href="#">Adobe Acrobat Reader</a> is required.	 <a href="#">View and Print</a>
 <b>View and Submit Proof</b> View and Submit documents to provide proof of your answers.	<a href="#">View and Submit</a>
 <b>Agency Contact Details</b> View details of the agency where your online request was sent.	<a href="#">View</a>

[Log Out](#)[Next](#) 

Once you have submitted the application it will take you to this screen. Make sure to take note of the tracking number as this is needed when you do the interview with your local agency.




To find out the contact info of your local agency to complete the interview, click on this button.


Once you have your local agencies contact info hit the next button as it will tell you the potential verification that will be needed.



## Submit Your Documents

Your agency may ask for proof of the things you told us in your application. We have created a list of the types of proof that you may need to provide. If you have already submitted any documents, you may not need to submit them again.

Who?	Proof That May Be Needed	Examples of Documents That May Serve as Proof
 JOHN	Medical Coverage <a href="#">More Detail...</a>	Pay stub showing premium payment; Bill; or Receipt or Bank statement
	Employment at MILWAUKEE <a href="#">More Detail...</a>	Enclosed Employer Verification of Earnings Form filled out and signed by your employer; Signed letter from your employer with the same information; or Pay stubs from the last 30 days
	Where you are living	Statement from Landlord; Lease; or Utility Bill
	Identity	Tribal records; Driver's License; Other photo IDs; or U.S. passport
	Utility costs ELECTRICITY	Phone bill; Lease; Written statement from your landlord; Utility bill; or Bank statement that includes who the bill was paid to
	Utility costs ELECTRICITY	Phone bill; Lease; Written statement from your landlord; Utility bill; or Bank statement that includes who the bill was paid to
	Utility costs PHONE OR CELL PHONE SERVICE	Phone bill; Lease; Written statement from your landlord; Utility bill; or Bank statement that includes who the bill was paid to
	Utility costs PHONE OR CELL PHONE SERVICE	Phone bill; Lease; Written statement from your landlord; Utility bill; or Bank statement that includes who the bill was paid to
	School Enrollment <a href="#">More Detail...</a>	Statement from school/place of employment
	Shelter costs RENT OR LOT RENT	Rent receipt that includes address; Property tax statement; Insurance policy or billing statement; Lease; or Mortgage statement
 JANE	U.S. citizenship	U.S. birth certificate; Certificate of Naturalization; Tribal records; Certificate of Citizenship; or U.S. passport
	Identity	Tribal records; Driver's License; Other photo IDs; or U.S. passport
	School Enrollment <a href="#">More Detail...</a>	Statement from school/place of employment
 JIMMY	U.S. citizenship	U.S. birth certificate; Certificate of Naturalization; Tribal records; Certificate of Citizenship; or U.S. passport
	Identity	Tribal records; Driver's License; Other photo IDs; or U.S. passport

 [Print This List](#)

Would you like to submit any other documents? ☐ Yes ☒ No

Note: Not everything listed on needed documentation will be needed. It is a potential list of things that you should turn in. However if you have on hand any of the items listed you can turn them in just incase, they will be needed once the interview is complete.

## Submitted Documents

To view documents you already submitted, [click here](#).

## Next Steps

Please choose one of the options below to send us your documents.

- ☐ Fax in your documents.
- ☐ Mail in your documents.
- ☐ Drop off your documents in person.
- ☐ Scan your documents using the ACCESS website.
- ☒ Upload your documents using the ACCESS website.
- ☐ Skip this step for right now. You may log into the ACCESS website later and revisit this step.

If you have electronic versions of these documents, click on the upload your documents using the Access website and you can upload electronic versions of documents right away.

# Next Steps

- Once you complete the online application you need to complete an interview with your local agency. Please look below to find your local agencies contact information.

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

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

# What to Expect During the Interview

- The interview is an overview of the answers you just submitted, verifying the information on your application.
- The length of the interview can vary on a number of factors, but typically takes between 15 and 45 minutes.
- Be sure to listen carefully to what you are being asked. If you do not understand the question, please ask for clarification.



# What Else Should You Do?

- Download the MyAccess Mobile app to your phone to turn in needed verification. This app will help you easily manage your benefits!
- Below are links on how to work the app.
  - Video for creating an account: <https://youtu.be/elx54FvVXVw>
  - Video for checking your benefits: <https://youtu.be/4S0D0K2YMCQ>
  - Video for submitting documents: <https://youtu.be/wgY82KvnUac>



# Know Your Rights!

- If you think there has been a wrong decision about your Foodshare benefits, you can request a fair hearing.
- You can ask for a fair hearing up to 90 days after a specific decision is made, including if your benefits have ended or been reduced.
- You may bring a friend or family member with you to the hearing.
- You may also be able to get free legal help from legal action by calling 414-278-7722

# Asking for Fair Hearing Requests

- In person or by telephone (Foodshare only) through Milwaukee Enrollment Services: 1-888-947-6583
- Through the Division of Hearings and Appeals by calling 608-264-9854
- Via written request:
  - [www.dhs.Wisconsin.gov/forwardhealth/resources.htm](http://www.dhs.Wisconsin.gov/forwardhealth/resources.htm)
  - Fax to: 608-264-9885
  - Mail to: Division of Hearings & Appeals
    - PO Box 7875
    - Madison, WI 53707

# Questions or Need ??

Help with the application, call: **414-897-0460**

Need Emergency Food?

- [Click Here to view our Emergency Food Resource Map](#)

