

**FOODSHARE WISCONSIN REGISTRATION**

**INSTRUCTIONS:** If you have a disability and need this application in an alternate format or need it translated to another language, please contact your agency. To get the phone number of your agency, go to [www.dhs.wisconsin.gov/forwardhealth/resources.htm](http://www.dhs.wisconsin.gov/forwardhealth/resources.htm) or call Member Services at 800-362-3002. Translation services are free of charge.

You have the right to submit your application at any time. **To set your filing date (the date your benefits can start) you must provide at least your name, address, and signature.** You can then complete a full application online at [access.wi.gov](http://access.wi.gov), by mail, by fax, by phone, or in person.

**You will need to have an interview with your agency over the phone or in person in order to finish the rest of your application.** Your application will be processed as soon as possible but no later than 30 days from the date your application is received by your agency.

You may have an authorized representative complete this form for you. To appoint an authorized representative, either fill out the Appoint, Change, or Remove an Authorized Representative: Person form, F10126A, or the Appoint, Change, or Remove an Authorized Representative: Organization form, F10126B. This will allow your authorized representative to complete and sign the application for you. To get this form, call 800-362-3002, or go to [www.dhs.wisconsin.gov/forwardhealth/representative-types.htm](http://www.dhs.wisconsin.gov/forwardhealth/representative-types.htm).

If you had FoodShare benefits that stopped within the last 30 days, you may be able to reopen your FoodShare benefits without completing this registration form. Contact your agency to find out if you can reopen your FoodShare benefits without completing this form or an application.

Name – Applicant (Last, First, Middle Initial)		Social Security Number	
Date of Birth (mm/dd/yy)	Phone Number	Are You Currently Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			
City		State	Zip Code
SIGNATURE – Applicant or Authorized Representative			Date Signed (mm/dd/yy)

**Priority FoodShare Services**

If you need help right away, you may be able to get FoodShare benefits within seven days of providing your application and/or registration form if any of the following are true:

- Your household has \$100 or less available in cash or in the bank and will have less than \$150 of income this month.
- Your household has rent, mortgage, or utility costs that are more than your total gross monthly income (available cash or in bank accounts) for this month.
- Your household includes a migrant or seasonal farm worker whose income has stopped.

**Answer the following questions to be considered for faster service.**

What is the total gross income (before taxes or other deductions) expected by your household this month?	\$ _____
What are your household's total available assets (for example, cash, money in checking or savings accounts, or a lump sum of money)?	\$ _____
What is the amount your household pays in total for housing (for example rent or mortgage) this month?	\$ _____
Did your household get Wisconsin FoodShare benefits this month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your household get Supplemental Nutrition Assistance Program (SNAP, food stamps, electronic benefits transfer) benefits in another state this month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently living in a shelter for victims of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is anyone in your household a migrant or seasonal farm worker whose income has recently stopped and who does not expect to receive more than \$25 in income in the next 10 days?  Yes  No

**If your household has to pay utilities, answer the following questions.**

If you pay rent, is heat included in your rent?  Yes  No

Check the utilities your household is required to pay, and check "Yes" or "No" if the utility is used to heat your home.

	Used for heat?		Used for heat?
<input type="checkbox"/> Gas (natural)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fuel oil/kerosene	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Electric	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Coal	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Liquid propane gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wood	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check the utilities your household is required to pay.

Phone  Water  Sewer  Trash removal  Installation  Air conditioning surcharge  Other: \_\_\_\_\_

You may have to provide proof of some of your answers. See the "Proof Needed" section for a list of proof you may need to give us.

**Mail or fax applications and/or proof to:**

If you live in Milwaukee County:  
MDPU  
PO Box 05676  
Milwaukee, WI 53205

Or fax: 888-409-1979

If you **do not** live in Milwaukee County:  
CDPU  
PO Box 5234  
Janesville, WI 53547-5234

Or fax: 855-293-1822

You can also scan and upload any proof online at [access.wi.gov](http://access.wi.gov).

If you want to apply for BadgerCare Plus or Medicaid, you can apply for these health care programs online at [access.wi.gov](http://access.wi.gov) at the same time you are applying for FoodShare benefits. Or you can complete a paper application for health care. Applications can be found online at [www.dhs.wisconsin.gov/forwardhealth/resources.htm](http://www.dhs.wisconsin.gov/forwardhealth/resources.htm) or by contacting your agency.