

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
1 W. Wilson St.
Madison WI 53703

To: FoodShare Handbook Users

From: Jori Mundy, Bureau Director
Bureau of Eligibility and Enrollment Policy

Re: **FoodShare Handbook Release 21-04**

Release Date: 8/30/2021

Effective Date: 8/30/2021

EFFECTIVE DATE	The following policy additions or changes are effective 8/30/2021 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.
POLICY UPDATES	
1.2.3.1 Identity Verification	Updated identify verification policy for undocumented immigrants.
1.2.6.1 Required Verification	Reordered list of Primary Person's ID and updated applicability of consular IDs.
2.1.3.2 Required Interview Topics	Clarified FoodShare interview discussion items.
2.1.3.4 Signature	Clarified signature requirements.
3.12.1.12 Citizens of the Federated States of Micronesia, Republic of the Marshall Islands, and Palau	New Section.
4.2.1.1 Categorical and Broad-Based Categorical Eligibility Introduction	Clarified eligibility information.
4.2.1.3 Special Circumstances	Clarified Special Circumstances policy and added an example.
4.4.1.1 Introduction to Assets	Clarified household definitions and asset test policy.
4.6.4.1 Allowable Medical Expenses	Clarified when exercise equipment, is allowable and added medically necessary apps or subscription fees.
4.6.4.2 Medical Expenses Not Allowed	Added Internet access as a disallowed expense.
4.6.4.3.2 Examples	Updated Example 3.
6.4.1 Fair Hearings	Removed link to Income Maintenance Manual.
7.3.1.2 Liability	Updated Example 1.
8.1.1.1 Income Limits	Updated the applicable time period for the income limits table.

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1.2.3 NON-FINANCIAL VERIFICATION

1.2.3.1 IDENTITY VERIFICATION

At the time of application, verify the identity of the primary person (if not already verified). If an authorized representative applies on behalf of the food unit, then verify the identities of both the authorized representative and the primary person.

Note: A complete Appoint, Change or Remove Authorized Representative form (F-10126) must be on file for an authorized representative designation to be valid. The completed Authorized Representative form meets the ID verification requirement, so no additional verification is required.

Identity is the only verification required to process expedited benefits.

Identity may be verified when the SSA data exchange returns a verified SSN code, through readily available documentary evidence, or through a collateral contact ([see 1.2.6](#) for suggested sources of verification). See ~~section~~ 1.2.2.2 for [the](#) definition of [a](#) collateral contact. Any documents, ~~which~~ [that](#) reasonably establish the primary person's and/or authorized ~~—~~ representative's identity must be accepted, ~~and~~. No requirement for a specific type of document, such as a birth certificate or photo ID, may be imposed.

Primary persons who are undocumented immigrants are not required to verify their identity.

Note: If the primary person's identity was verified for another program of assistance, do not re-verify the applicant's identity. Identity is to be verified only once.

1.2.6 SUGGESTED VERIFICATION SOURCES

1.2.6.1 REQUIRED VERIFICATION TO DETERMINE ELIGIBILITY

7 CRF 273.2(f)

Verification Item	Suggested Verification Sources
Immigration Status	<ul style="list-style-type: none"> • SAVE • <i>INS</i> or <i>USCIS</i> Alien Registration Card (Permanent Residence Card, Green Card, Form I-551) • Naturalization certificate • <i>SSA</i> query to verify work quarters • Military services papers • Military Affidavit (F-02431) CWW manual letter: Imm ROP: Military • Other Immigration letters and certification of status documents (trafficking victims, battered immigrant)
Wisconsin Residency	<ul style="list-style-type: none"> • Current rent receipt that must show address • Current mortgage receipt • Current lease agreement • Landlord inquiry • Current utility bill with address and responsible person's name • Check stub with current address • Driver's license • Home visit • Subsidized housing authority approval • Post office statement or collateral contact • Library card • Voter registration • Piece of mail received at claimed residence • Real estate tax statement or receipt • Weatherization program approval or denial • Renter or homeowner's insurance documents • School registration record • Letter from employer offering job • Telephone book • Motor vehicle registration • List of residents from a treatment center official, group home, etc. • Written statement from non-relative • Legal or government issued document with name and address • Bank Statement with name and address • Mobile phone bill with name and address • DMV Data Exchange

1.2.6 Suggested Verification Sources

	<ul style="list-style-type: none"> • Data Exchange for individuals receiving State SSI benefits • Verified through another program • Collateral contact
<p>Monthly Gross Income</p>	<p>Earned Income:</p> <ul style="list-style-type: none"> • Dated check stubs from the previous 30 days with the employee's name or ID number • Earnings report or statement from employer • IEVS report or computer match from another state - to be used only if no other form of verification exists. IEVS matches are not verification of the income an employee has earned. IEVS is an indicator that income was earned from that employer sometime during the three months of the work quarter identified. For change reporting requirements see 6.1.1 Change Reporting for All Food Units (Simplified Reporting). <p>Unearned Income:</p> <ul style="list-style-type: none"> • Department of Workforce Development unemployment query • Pension statement • SSA's WTPY report • Current award letter • Current SSA or SSI check • Collateral contact with the employer, SSA, insurance company • IEVS report or computer match from another state - to be used only if no other form of verification exists. IEVS matches are not verification of the unearned income. IEVS is an indicator that unearned income was received sometime during the three months of the quarter identified. <p>For self-employment or farm income and expenses:</p> <ul style="list-style-type: none"> • Income tax return from the previous tax year • Self-Employment Income Report Form(s) (SEIRF) • Bookkeeping records
<p>Primary Person's ID**</p>	<ul style="list-style-type: none"> • Birth record query • Birth certificate • IEVS match • SSA (SOLQ/SOLQ-I matches) • Baptismal certificate • Military service papers • Immigration or naturalization papers

	<ul style="list-style-type: none"> • Consular ID - Consular identification (CID) cards are issued by some governments to their citizens who are living in foreign countries. For an undocumented person, A consular ID is an allowable identity verification type valid for FoodShare and should be coded as PH – Photo ID • Hospital birth record • Adoption record • Passport or US citizen ID card • Family bible • Paycheck • <u>Wage stubs</u> • Driver’s license • Completed SS-5 • Confirmation or church membership papers • Voter registration card • Family records (birthday books, genealogy, newspaper birth announcement, marriage license, support or divorce papers) • Employee ID card • Life insurance policy • School records (ID, report cards, diploma) • State/federal or Indian census records • Medical records (vaccination certificate, doctor’s or clinic’s records, bills) • Other social service program ID (when another program of assistance has already verified ID, ID for FoodShare requirements is complete) • Labor union or fraternal organization records • Court order of name change, marriage certificate, or divorce certificate • Wage stubs • Voter’s registration card • If verified for another program of assistance, no additional verification required
Disability/Blindness	<ul style="list-style-type: none"> • Statement or collateral contact from VA disability benefits • Statement, check, or collateral contact from Social Security Administration • Statement or collateral contact that proves a person receives a Railroad Retirement disability annuity and also qualifies for Medicaid • Statement or collateral contact • Statement that a person receives <i>Interim Assistance</i> benefits pending the receipt of SSI and SSDI

1.2.6 Suggested Verification Sources

	<ul style="list-style-type: none"> • Statement or collateral contact that proves that an individual receives general assistance and meets the SSA guidelines for a disability • Data exchange with SSA/SSI
<p>ABAWD Work Requirement Exemptions*</p>	<ul style="list-style-type: none"> • Agency form, such as form F-01598 Medical Exemption from Work Requirement for ABAWDs • Statement from health care provider, social worker, or AODA service provider • Employer form/paystub/tax document/EVF-E • Data exchanges • By using information made known to the agency including in-person agency verification of a visibly obvious ABAWD status or exemption, such as pregnancy or inability to work due to a temporary or permanent health condition • IM worker determination that the member is unfit for employment without requiring a statement or additional verification • Information known to the agency • Collateral contact • Other acceptable written statement

*If an ABAWD exemption is not verified, the exemption will not be applied and the member will be treated as an ABAWD with a TLB referral type.

**Information may only be verified once; additional request for verification is prohibited.

2.1.3 INTERVIEWS

2.1.3.2 COMPLETING THE INTERVIEW

2.1.3.2.1 Required Interview Topics

All FoodShare interviews must include a discussion of these items in addition to standard financial and non-financial criteria:

- Use of SSNs ~~[3.13.1 Social Security Number (SSN) Requirements]~~.
 - SSN is required for each individual requesting benefits unless they meet an exemption.
 - ~~Data matching~~
 - SSNs are used for data matching. Data matches are used to check that you can get and keep getting benefits.
- FoodShare rights and responsibilities. See Your Rights and Responsibilities for FoodShare (F-10150B).
- Appropriate application processing standard time frames for non-expedited (2.1.2 Application Processing Timeframes) and expedited benefits (2.1.4 Expedited Service at Application).
- Applicable change and simplified reporting requirements (6.1.1 Change Reporting) at the time of the interview.
 - How changes can be reported
 - What changes must be reported
 - When changes must be reported
- Six-month reporting (6.1.2 Six Month Reporting Requirement) and/or renewal (2.2 Renewals) reporting. ~~(P-16078)~~
 - How to obtain assistance in completing the six month report form
 - When the six month report form will be sent
 - When the report form is due
 - Changes that must be reported on the six month report form
 - Address and shelter utility costs associated with the move
 - Household composition
 - Income
 - Court ordered child support payments for a non-household member
 - Consequences for failing to file a report
- QUEST card information. ~~See Your Wisconsin QUEST Card (P-16088).~~
- Explain work registration rights and responsibilities, work requirements, and exemptions (3.16.1.2 FoodShare Work Requirements). ~~(Operations Memo 16-29 attachment 1) (P-01632)~~
 - Worker Script found here: "Work Registrant and ABAWD Reporting Script"
- Explain ABAWD work requirements and exemptions. [3.17.1 Able-Bodied Adults Without Dependents (ABAWDS)]. ~~(P-00710)~~

- ~~Discuss~~Discuss the FSET program and offer voluntary referrals to FSET to eligible FoodShare members ~~(P-16092).~~
- At the end of the call, the "Reporting Requirements Call Script" must be read. ~~(Operations Memos 18-38 attachment)~~

~~It is not necessary for applicant signatures to be witnessed by an agency representative for a FoodShare application to be considered complete.~~

2.1.3.4 SIGNATURE

A signature is required ~~indicating~~to indicate that all the information provided is true and complete and that the food unit understands their rights and responsibilities. Only one signature is needed for a FoodShare application or request. The applicant, ~~or~~ authorized representative, or ~~a responsible~~an adult member of the food unit can provide a signature in written, verbal, or electronic format via:

- An electronic signature ~~on an ACCESS RFA or application*~~,
- On the completed *CWW* generated Application Summary,
- On the FoodShare Wisconsin Application (F-16019A or F-16019B), or
- A telephonic signature.

* An electronic signature can be accepted from any electronic signature software or other electronic source. Examples include DocuSign, eSign, ACCESS, etc.

In order for a signature to be valid from an individual under age 18, the youth must be the primary person, emancipated or homeless and not under the care and control of another adult.

A signature is required when a six-month report form is submitted. ~~A telephonic signature is not allowable for six-month report forms.~~

It is not necessary for an applicant's ~~written~~ signature to be witnessed by an agency representative for a FoodShare application or renewal to be considered complete. However, the signature of a witness is required when the application is signed with a mark. A copy of the FoodShare applicant or member's case summary showing that a telephonic signature was collected will be stored in the electronic case file.

Any ~~responsible~~ adult food unit member or a food unit's authorized representative may sign the FoodShare application, renewal, or six month report form.

3.12.1 CITIZENSHIP AND IMMIGRATION STATUS

3.12.1.12 CITIZENS OF THE FEDERATED STATES OF MICRONESIA, REPUBLIC OF THE MARSHALL ISLANDS, AND PALAU

The Compacts of Free Association are agreements that establish a free association between the United States and the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. These countries are collectively referred to as the Freely Associated States (FAS). FAS citizens are not citizens or nationals of the United States. However, FAS citizens admitted to the United States under the Compacts may reside, work and study in the United States for an unlimited length of time, without applying to become lawful permanent residents or applying for visas. These persons are referred to as Citizens of Freely Associated States or COFAS .

COFAS, due to their countries' free association with the United States, are allowed to stay in the country indefinitely. This fact does not make them Lawful Permanent Residents (01-LPR) who may otherwise be eligible for FoodShare benefits after being in the country for 5 years. They are still considered to be non-immigrants who are just lawfully present in the U.S.. Unless the federal data services hub or SAVE verifies that a citizen of the FAS has a Lawful Permanent Resident status, they may only be considered to be lawfully present. (3.12.1.1 Chart 1)

Example 1: Jonas is from Micronesia. He has been in Wisconsin since 2010. Jonas has not applied for citizenship. SAVE returns a result of 20- Lawfully Residing. Although Jonas is a COFAS here lawfully, he is not eligible for FoodShare.

Example 2: George is from the Republic of Palau. He has been in the country since 2015 and has applied for US Citizenship. SAVE returns a result of 01- Lawful Permanent Resident and verifies George's entry date of 2015. George is considered a qualifying immigrant who has met the 5 year bar and can be found eligible for FoodShare if he meets all other eligibility criteria.

4.2.1 CATEGORICAL ELIGIBILITY

4.2.1.1 CATEGORICAL AND BROAD-BASED CATEGORICAL ELIGIBILITY INTRODUCTION

In its traditional form, categorical eligibility conveys FoodShare eligibility based on a food unit's receipt of cash assistance from Supplemental Security Income (SSI), the Temporary Assistance for Needy Families (TANF) block grant, (such as, but not limited to, W-2 or Child Care), or state-run General Assistance (GA) programs – (cash assistance for low income individuals).

Categorically Eligible Food Units:

A categorical food unit is defined as all adult food unit members receiving any of the following:

- SSI,
- TANF benefits, or
- GA (general assistance) benefits.

Categorical food units have no gross, net, or asset test.

- If 30% of the net counted income is higher than the maximum allotment, the assistance group might not qualify for an allotment.
- One or two person assistance groups, which are eligible for the minimum allotment, are the exception.

4.2.1.3 SPECIAL CIRCUMSTANCES

FoodShare assistance groups ~~units~~ with zero FoodShare benefits in their initial benefit month and ~~a FoodShare~~an allotment greater than zero in the second month will be denied in the first month and opened in the second month. The 12-month FoodShare certification period will begin the month of application even though the first month may be denied because the allotment amount is zero. If the benefit calculation is zero for the first two months, the ~~case~~application will be denied.

Example 1: Barry applied for FoodShare in August after he lost his job. Barry received zero for August (due to excess income) and was found eligible for \$98 in September. His certification period starts in August.

Example 2: Tiffany applied for FoodShare on March 28. Tiffany was found eligible but received zero dollars for March because her benefits were prorated. In April she is eligible for \$55. Her certification period starts in March and her renewal will be due in February of the next year.

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4.4.1 ASSETS

4.4.1.1 INTRODUCTION

Non *EBD* Households

Assets are not included as part of the FoodShare eligibility determination and are not required to be verified since all FoodShare applicants and members are authorized to receive a *TANF*-funded service. Most FoodShare applicants and members are categorically eligible for FoodShare and are not subject to an asset test (4.2.1). The amount of available liquid assets must be reported at the point of initial application to determine eligibility for priority service and expedited issuance.

EBD Households

Elderly, Blind, or Disabled (EBD) Food Units (~~all food unit members are~~ food units with at least one member who is elderly, blind, or disabled) with total gross income over 200% of the FPL must be tested for FoodShare using the regular Supplemental Nutrition Assistance Program (SNAP) rules. Under the regular SNAP rules, these food units have no gross income limit, but must have net income that does not exceed 100% FPL and countable assets that do not exceed the asset limit of \$3,500.

4.4.1.1 INTRODUCTION TO ASSETS

The remainder of this section applies only to EBD food units whose gross income exceeds 200% FPL.

Equity value

Count the equity value of countable assets. Equity value is the fair market value (FMV) minus any encumbrances against the asset. *Disregard* the equity value of exempt assets.

4.6.4 MEDICAL EXPENSES

4.6.4.1 ALLOWABLE MEDICAL EXPENSES

Allow previously acquired charges (not yet paid) and current payments when calculating a medical expense deduction. Previously acquired charges include charges incurred any time before or during the certification period, as long as the individual is still obligated to pay the expense and the incurred expense has not been previously allowed as a FoodShare deduction.

Past unpaid medical bills can be used to prospectively budget recurring medical expenses at application or renewal.

One-time medical expenses (i.e. hospital bills) can be budgeted for one month or averaged over the remaining certification period.

Medical expense payments made during the certification period are allowable. Medical expenses paid prior to the certification period are not allowable.

Example 1: Jack has surgery in January and receives a hospital bill for \$400 in February. Jack then applies and becomes eligible for FoodShare in April. At the time of application, Jack has not made any payments toward the medical bill. The IM worker can use the entire \$400 hospital bill when calculating Jack's medical expense deduction.

Example 2: Jack has surgery in January and receives a hospital bill for \$400 in February. He makes his first \$50 monthly payment toward his medical bill in March. Jack then applies and becomes eligible for FoodShare in April. The IM worker cannot use the \$50 March payment when calculating the medical expense deduction. The IM worker can, however, use the remaining \$350 of the hospital bill ($\$400 - \$50 = \$350$) to calculate the deduction.

Allowable medical expenses are:

1. Medical and dental care (including psychotherapy and rehabilitation services) provided by a state-licensed practitioner ~~or~~ other qualified health **professionals, including professional, chiropractors and acupuncturists, or acupuncturist.**
2. Hospitalization ~~or~~ outpatient treatment, nursing **care,** and nursing home care. This includes payments by the food unit for a person who was a food unit member immediately before entering a state-recognized hospital or nursing home.
3. Prescription drugs when prescribed by a licensed medical practitioner authorized under state law. This includes the cost of postage for mail-order prescription drugs.

4. Over-the-counter medication when approved by a licensed practitioner or other qualified health professional.
5. Sickroom equipment (including rental), ~~or~~ other pre-scribed equipment, and medical supplies.
6. Health ~~and~~ insurance premiums, hospitalization insurance premiums, including ~~and~~ Medicare premiums.
 - a. Nursing home care insurance policies are deductible only if the policy states that the benefits are intended to pay medical bills ~~—then~~. If the policy is intended to pay medical bills, it is reasonable to conclude that the food unit member intends to use the benefits for paying medical bills rather than normal living expenses.
 - b. Only allow the premium of the elderly, disabled, or blind food unit member. For example, a mother pays \$165 for herself and her disabled son. If she only covered herself ~~the payment would be \$100, therefore \$65 is the expense for the child. Count the \$65 as an allowed medical expense.~~, the payment would be \$100. Therefore, \$65 is the expense for the child. Count the \$65 as an allowed medical expense. If the premium amount intended for the eligible food unit member is unknown, prorate the premium and allow the EBD member's portion of the premium as the expense. For example, a disabled husband, a non-disabled wife, and two children have a family health insurance plan. It cannot be readily determined how much of the premium is for the disabled husband. The premium is \$1,000 per month. To find the husband's share of the premium divide the total premium \$1000 by the number of people covered under the plan, which is four. The premium amount per person is \$250. The husband's allowable premium expense is \$250.

~~In the absence of specific information on how much of a premium is for the eligible food unit member, prorate the premium and allow the EBD member's portion of the premium as the expense.~~

7. Dentures, hearing aids, and prosthetics.
8. Purchase and maintenance costs of any service animal specially trained to perform some function that the EBD food unit member cannot readily perform on his or her their own, including
 - a. This includes the cost of securing and maintaining a service animal including (such as food and veterinarian care—.)
 - a.b. This also includes companion animals specifically trained to assist the EBD food unit member with the medical issue for which a licensed practitioner prescribed the animal. (The trainer does not need to have any special credentials and can be the person claiming the deduction as long as the animal is trained to do a specific function the EBD person cannot do for themselves—.)

- b.c. _____ Reimbursement for ~~these expenses~~ each expense is an allowable deduction if:
- i. ~~It does not exceed~~ Only for the amount of the actual expense.
 - ii. It does not represent a gain or benefit to the food unit as do normal living expenses such as rent or mortgage, personal clothing or food eaten in the home.
 - iii. It is provided specifically for an identified expense.
 - iv. It is used for the purpose intended.
9. Eye glasses and contact lenses prescribed by an ophthalmologist or optometrist.
10. Reasonable cost of transportation and lodging to obtain medical care. For transportation when the expense has not or will not be reimbursed by a third party, allow:
- a. The actual cost of the public carrier (taxi, bus, etc.); or,
 - b. If a private vehicle, the lesser of the mileage rate paid by the county (to employees) or by the state for unrepresented state employees. See F-80190 to obtain the current state rates.
10. Charges for an attendant, homemaker, home health aide, child care, or housekeeper necessary due to age, infirmity or illness.
- b. Treat attendant care costs that qualify either as a medical or dependent care deduction as a medical deduction.
 - c. Deduct an amount equal to the one person allotment if the food unit furnishes the majority of the attendant's meals. Use the allotment in effect the last time eligibility was determined.
 - d. You must update the ~~amount~~ amounts at the next scheduled renewal but may do so earlier.
12. Any cost-sharing, co-payment, or Medicaid deductible expense incurred by a Medicaid member, including Medicaid deductible pre-payments.
13. Payments made on a loan's principal if it was used to pay a one-time medical expense. Do not allow loan expenses, such as interest.
14. BadgerCare Plus and Medicaid Purchase Plan (MAPP) premiums.
15. The SeniorCare enrollment fee.
16. Lifeline/MedicAlert. The costs of Lifeline or MedicAlert devices used by persons to contact medical help in emergencies are an allowable medical expense deduction for FoodShare benefits if prescribed by a licensed practitioner or other qualified health professional.
17. Medical expenses billed on a charge card are allowable. The interest cannot be included as a deduction.
18. Exercise equipment prescribed by a licensed practitioner or qualified health professional. A recommendation or referral for the equipment is not valid justification to allow the expense.
19. The cost of a medically necessary app or any subscription fee associated with the app. This could include, but is not limited to: an insulin monitoring app or an app that reminds someone to take their medications. Verification from a medical professional that indicates it was prescribed and is medically necessary is needed.

4.6.4.2 MEDICAL EXPENSES NOT ALLOWED

Do not allow:

1. Expenses paid by or that will be paid by insurance.
2. Expenses paid by or to be paid by any governmental program, including SSA, Medicaid,
3. and Medicare.
4. Costs of health and accident policies such as: any payable in lump sum settlements
5. for dismemberment or death, or income maintenance policies covering mortgage or loan
6. payments while the beneficiary is disabled.
7. Loan repayments for anything other than the loan's principal.
8. Premiums for nursing home insurance policies that would not be used to cover allowed
9. medical expenses.
10. Lying in costs for the birth of a child.
11. Special diets whether or not the diet is related to a medical condition.
12. Prescribed medical marijuana.
13. Expenses paid by or to be paid by a transportation vendor or other third party.
14. The monthly cost for internet access/subscription.

4.6.4.3 BUDGETING MEDICAL EXPENSES INCLUDING MEDICAID DEDUCTIBLE EXPENSES

4.6.4.3.2 ~~Examples~~ Examples

Example 3: IM worker ~~Mellie~~ is processing a FoodShare application for Ernie. Ernie is disabled. He has provided verification of an outstanding payment agreement for dental care he received. The terms of the payment agreement include a repayment obligation of \$40 per month for 24 months. Ernie has been making his monthly payments and has 17 months remaining in his payment plan (total remaining responsibility of \$680). The remaining obligation of \$680 is an allowable deduction. The \$280 that Ernie has already paid is not an allowable deduction.

6.4.1 FAIR HEARINGS

If the food unit disagrees with an agency action or the amount of FoodShare benefits, they may request a fair hearing. ~~See the Income Maintenance Manual 1.2 Fair Hearings.~~

7.3.1 BENEFIT OVERPAYMENT

7.3.1.2 LIABILITY

All adults or emancipated minors who were included** in the food unit, or should have been included in the food unit at the time the overpayment occurred, are liable for the repayment of the overpaid FoodShare benefits. If a liable member moves to another food unit, responsibility of the overpayment is maintained and follows that member to the new food unit.

**If someone was included but should not have been included, they are not liable. An example may be a household reporting a change in household composition (someone moving out) and the agency failing to remove the individual. The overpayment still exists, but the person who should have been removed would not be liable.

Example 1: Jack and Jake apply for FoodShare in January and include their 22 year old son, Jeff, in their request. Their application is approved and they receive the maximum monthly allotment for an assistance group of three. Jeff calls the agency in September to apply for FoodShare and is told he cannot receive the benefit because he is already receiving FoodShare on his parents' case. Jeff tells the worker that he just moved back to Wisconsin after graduating from college and has been out of state for the last four years. Once the IM worker determines that an overpayment exists, the worker should create an overpayment claim with Jack and Jake as the liable parties. Jeff is not liable because, although he was included in the assistance group, he did not reside in the household during the overpayment period and is not responsible for the overpayment.

~~The worker should create an overpayment claim with Jack and Jake as the liable parties. Jeff is not liable because although he was included in the assistance group, he never actually resided in the household and is not responsible for the overpayment.~~

8.1.1 INCOME LIMITS

8.1.1.1 INCOME LIMITS

Effective January 1, 2021 through ~~June~~September 30, 2021

	Categorical Eligibility Income Limit	Elderly & Disabled Seeking Separate Food Unit Status	Income Change Reporting Threshold And Gross Income Limit For Non-Categorically Eligible Food Groups	Net Income Limit	Monthly Maximum FoodShare Allotment*
FoodShare Group Size	Gross Monthly Income Limit (200% FPL)	Gross Monthly Income Limit (165% FPL)	Gross Monthly Income Limit (130 % FPL)	Gross Monthly Income Limit (100% FPL)	
1	\$2,128	\$1,755	\$1,383	\$1,064	\$234
2	\$2,874	\$2,371	\$1,868	\$1,437	\$430
3	\$3,620	\$2,987	\$2,353	\$1,810	\$616
4	\$4,368	\$3,603	\$2,839	\$2,184	\$782
5	\$5,114	\$4,219	\$3,324	\$2,557	\$929
6	\$5,860	\$4,835	\$3,809	\$2,930	\$1,114
7	\$6,608	\$5,451	\$4,295	\$3,304	\$1,232
8	\$7,354	\$6,067	\$4,780	\$3,677	\$1,408
9	\$8,102	\$6,683	\$5,266	\$4,051	\$1,584
10	\$8,850	\$7,299	\$5,752	\$4,425	\$1,760
Each additional member	+\$748	+\$616	+\$486	+\$374	+\$176

Note: minimum allotment will increase from \$16 up to \$19.