

**WISCONSIN DEPARTMENT OF HEALTH SERVICES**  
**Division of Medicaid Services**  
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**Madison WI 53703**

To: ACCESS User Guide Users

From: Rebecca McAtee, Bureau Director  
Bureau of Eligibility and Enrollment Policy

Re: **ACCESS User Guide Release 21-01**

Release Date: 02/27/2021

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<b>EFFECTIVE DATE</b>	The following policy additions or changes are <b>effective 02/27/2021</b> unless otherwise noted. <b>Underlined text denotes new text. Text with a strike through it denotes deleted text.</b>
<b>POLICY UPDATES</b>	
<b>2 See If You Can Get Help Tool</b>	Renamed chapter originally Am I Eligible?
<b>2.1 Introduction</b>	Rewritten chapter originally Am I Eligible Introduction
<b>2.2 Getting to the Tool</b>	Rewritten chapter originally Your Home/People in Your Home
<b>2.3 Answering the Questions</b>	Rewritten chapter originally Other People in Your Home
<b>2.4 Your Results Page</b>	Rewritten chapter originally People in Your Home/Tax Filers
<b>2.5 Tax Filing Detail Page</b>	Removed chapter
<b>2.6 People in Your Home/Health Insurance</b>	Removed chapter
<b>2.7 People in Your Home/Pregnancy and Blind or Disabled</b>	Removed chapter
<b>2.8 Health Needs and Medicare Details Page</b>	Removed chapter
<b>2.9 People in Your Home/Approved Activity</b>	Removed chapter
<b>2.10 What you Told us</b>	Removed chapter
<b>2.11 Your Money</b>	Removed chapter
<b>2.12 Job Income</b>	Removed chapter
<b>2.13 Other Types of Income</b>	Removed chapter
<b>2.14 Child Expenses</b>	Removed chapter
<b>2.15 Medical Expenses</b>	Removed chapter
<b>2.16 Housing Expenses</b>	Removed chapter
<b>2.17 Assets</b>	Removed chapter
<b>2.18 Where you Live</b>	Removed chapter
<b>2.19 What you Told us</b>	Removed chapter

<b>2.20</b>	<b>Your Results</b>	Removed chapter
<b>2.21</b>	<b>Next Steps</b>	Removed chapter
<b>2.22</b>	<b>The End</b>	Removed chapter
<b>9.1</b>	<b>ACCESS Mobile App</b>	Updated process to submit photos and documents

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## ~~2 AM I ELIGIBLE?~~

### ~~2.1 AM I ELIGIBLE INTRODUCTION~~

~~A/E provides a quick and easy way for people who live in~~

## 2 SEE IF YOU CAN GET HELP TOOL

### 2.1 Introduction

Wisconsin has many different programs that can help people with health care coverage, long-term care, food assistance, child care assistance, employment, utility costs, and more. Prior to applying for these programs, people can answer a few questions about their household, income, assets, and expenses through the ACCESS website to see if the programs for which their household may be eligible.

The programs that may be recommended are:

(An asterisk indicates ACCESS can be used to apply to the program)

#### Food

- FoodShare\*
- TEFAP
- WIC
- School Meals
- Summer Food Service Program

#### Housing and Utilities

- Emergency Assistance\*
- Home Energy Plus

#### Healthcare

- BadgerCare Plus\*
- Medicaid\*
- Family Planning Only Services\*

- JAL
- W-2

#### Long-term Care

- Family Care
- Family Care Partnership
- IRIS
- PACE

#### Child Care

- Wisconsin Shares Child Care Subsidy\*

#### Tax Credits and Insurance

#### Prescription Drug Coverage

- Medicare Part D

- State Life Insurance Fund
- Earned Income, Homestead, and other tax credits

The questions take about five minutes to answer. People do not need to provide any documents when answering the questions; however, they may want to have financial documents, such as pay stubs, bank account statements, and utility bills, available to help them answer the questions as accurately as possible. While people can use estimates, providing more accurate information will result in more accurate program recommendations.

- People are not asked for any personally identifiable information, such as name or contact information, and their answers are not shared with anyone.

- The results people receive are only recommendations based on the information they have provided. To enroll in a program, people need to apply for and be approved for it. People can apply for any program at any time, regardless of the recommendations they receive.

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## **2.2 Getting to the tool**

Use the following instructions to access the benefits tool.

-

1. Go to [access.wisconsin.gov](https://access.wisconsin.gov).
2. Click **See if you can get help**.  
[Show me an example of the page](#)

# 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](#)



**See if you can get help >**  
Before applying, answer a few questions to find out which programs may be able to help 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.

3. Click **Start answering questions** at the bottom of the [See if you can get help landing page](#).

[Show me an example of the page](#)

[← Back](#)

## See if you can get help

### Answer a few questions to learn which programs may be able to help you.

Wisconsin has many different programs that can help you with health care coverage, paying for food or child care costs, finding a job, and more.

#### We'll ask questions about you:

- Household.
- Income.
- Assets.
- Expenses.

Based on your answers, we'll tell you about the help you may be able to get.

- 🕒 The questions should take about five minutes to answer. You'll need to answer all the questions to see your results.

This is not an application. We'll show you programs that may be able to help you. Your results don't mean you can enroll in a program. You still have to apply and be approved.

#### We respect your privacy

- We won't ask for your name or any contact information.
- We won't share your answers with anyone.

**Start answering questions**

This site is protected by reCAPTCHA and the Google Privacy Policy and Terms of Service apply.

*This page last updated in Release Number: ~~might be able to get help through Wisconsin's health, nutrition, and other programs without actually applying.~~ The-21-01*  
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## 2.3 Answering the Questions

Use these instructions to help people answer the questions. People must answer all the questions on a page to move forward to the next page.

### Step 1: Where you live

This page asks where the potential applicant lives.

[Show me an example of this page](#)

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Step 1 of 7

## Where you live

What county do you live in?

Select a county ▼

Do you live on tribal lands?

Yes  
 No

What tribal lands do you live on?

Select tribal lands ▼

---

[Next](#)

<u>Questions</u>	<u>Help with answers</u>
<u>What county do you live in?</u>	<u>Select the county of residence from the drop-down menu.</u>
<u>Do you live on tribal lands?</u>	<u>Choose the <b>Yes</b> or <b>No</b> radio button.</u> <u>If the user isn't sure if they live on tribal lands, use this map of tribal lands in Wisconsin to confirm.</u> <u>If Yes is selected, the follow up question displays.</u>
<u>What tribal lands do you live on?</u>	<u>Select the tribal land from the drop-down.</u>

## Step 2: Your household size

This page asks how many people to include in the household. The answer will affect how the next page is displayed.

Show me an example of this page

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Step 2 of 7

## Your household size

Including you, how many people are part of your household?

Make sure you include anyone you buy or make food with. If someone has moved into a nursing home, include them too. If someone is pregnant, count them as one person.

[Next](#)

<u>Questions</u>	<u>Help with answers</u>
<u>Including you, how many people are part of your household?</u>	<p><u>Enter the total number of people living in the household in the text box.</u></p> <p><u>This includes:</u></p> <ul style="list-style-type: none"><li><u>The potential applicant</u></li><li><u>Anyone who purchases and prepares food with you</u></li><li><u>Anyone who has moved into a nursing home</u></li></ul> <p><u>Count a pregnant person as one person. A pregnancy question will be asked later.</u></p>

-

## Step 3: People in your household

This page asks for the relationship and ages of the people in the household. The questions do not collect personal identifiers, just age and relationship to determine the level of benefits for various programs.

Show me an example of this page

<u>Questions</u>	<u>How to answer</u>
<u>Person 1 (You)</u>	
<u>Age</u>	<u>Enter the primary person's age in the text box. It's assumed that this is the person who would be applying for the program in the future.</u>
<u>Person #</u>	<u>The number of people listed on this page matches the number entered on the previous page. For each person there is one line with two questions.</u>

	<p>If the number of people needs to be changed, click <b>Add person</b> to add a person or <b>Remove</b> to remove a person. Adding or removing a person here updates the number entered in Step 2 Your household size.</p>
<u>Relationship to you</u>	<p>Select the relationship of Person # to Person 1 from the drop-down.</p> <p>- For example, person 2 is your child.</p>
<u>Age</u>	<p>Enter the age of person # in the text box.</p> <p>- Enter 0 if the person is younger than one. The maximum age that can be entered is 120.</p>

-

#### **Step 4: Details about the people in your household**

This page asks about situations that may make the household eligible for one or more programs. The benefits tool does not ask for proof, though it will be needed for the actual application.

Show me an example of this page

[← Back](#)

[Cancel X](#)

Step 4 of 7

## Details about the people in your household

### Is anyone in your household:

- Pregnant
- Blind or living with a permanent disability
- Living in a nursing home
- In need of moving to a nursing home or getting health care at home
- Getting Medicare
- None of the above

Next

<u>Questions</u>	<u>How to answer</u>
<u>Is anyone in your household:</u>	<u>Check the corresponding boxes if at least one person listed on the previous page is...</u>
<u><i>Pregnant</i></u>	<u>...currently pregnant. This includes if the person may give birth before they submit an actual application.</u>
<u><i>Blind or living with a permanent disability</i></u>	<u>...is blind or has a physical or mental condition that lasts for more than a year and limits the person's ability to work. If they are unsure if anyone meets these criteria, it's okay to guess or assume in the benefits tool as it's not an actual application.</u>
<u><i>Living in a nursing home</i></u>	<u>...currently in a nursing home.</u>

<u><i>Will soon be living in a nursing home</i></u>	<u>...on a waiting list for a nursing home, or otherwise planning to move to a nursing home.</u>
<u><i>Receiving Medicare</i></u>	<u>...receiving Medicare. If someone is already receiving Medicare it can be used as proof that they are also eligible for other programs.</u>
<u><i>None of the above</i></u>	<u>Select if no one in the household meets any of the above criteria.</u>
<u><i>Are or should any children be in child care?</i></u>	<u>This question only displays if a household member less than 13 years old was entered on the previous page.</u> <u>- Select Yes if the household's adults are working, in school, or meet the Wisconsin Works (W-2) program requirements or FoodShare Employment and Training (FSET) program requirements.</u>

-

### **Step 5: Your household's monthly income**

This page asks how much money the household takes in each month. It's okay to estimate the numbers if the exact number is not known for the benefits tool. Better estimates will provide more accurate results.

*Show me an example of this page*

Step 5 of 7

## Your household's monthly income

If you don't know the exact amount, enter your best guess.

How much money do all the people in your household earn each month from jobs?

By jobs, we mean working for an employer or being self-employed. This can be full-time or part-time work. Make sure you enter the amount your household earns **before** taxes and deductions.

How much money does your household get each month from:

Supplemental Security Income (SSI)

Social Security Disability Insurance (SSDI)

Other Social Security payments

By other Social Security payments, we mean retirement benefits and survivors benefits.

Court-ordered child support

<u>Questions</u>	<u>How to answer</u>
<u>How much money do all the people in your household earn each month from jobs?</u>	<p><u>Enter the sum of money that everyone in the household earns from an employer, or from being self-employed each month in the text box.</u></p> <p><u>– This is income before taxes and other deductions are taken out and can be from full-time or part-time work.</u></p>
<u>How much money does your household get each month from:</u>	<u>This leads-in to the following questions.</u>
<u>Supplemental Security Income (SSI)</u>	<u>Enter the sum of money that everyone in the household receives from Supplemental Security Income (SSI).</u>
<u>Social Security Disability Insurance (SSDI)</u>	<u>Enter the sum of money that everyone in the household receives from Social Security Disability Insurance (SSDI).</u>
<u>Other Social Security Payments</u>	<u>Enter the sum of money that everyone in the household receives from other types of Social Security, such as retirement or survivor benefits.</u>
<u>Court-ordered child support</u>	<p><u>Enter the sum of money that everyone in the household receives from Court-Ordered child support in the text box. Enter zero if no one in the household receives monthly Court-ordered Child Support payments.</u></p> <p><u>– If someone in the household receives voluntary child support that was not court ordered, add it to the <i>All other income</i> amount.</u></p>
<u>Unemployment payments</u>	<u>Enter the sum of all unemployment payments that anyone in the household currently receives in a month in the text box. Enter zero if no one in the household receives unemployment payments.</u>
<u>All other income</u>	<u>Enter any additional monthly income that was not captured in the other fields on this page.</u>

### Step 6: Your household assets

This page asks about assets that may supplement income. It's okay to estimate the numbers if the exact number is not known for the benefits tool. Better estimates will provide more accurate results.

Show me an example of this page

← Back

Cancel X

Step 6 of 7

## Your household assets

If you don't know the exact value, enter your best guess.

What is the total value of your household's assets?

\$

Some examples of assets are cash, bank accounts, investments, and items of value like vehicles or property that can be sold. Your home, your main vehicle, or personal household items (like furniture) aren't assets.

Next

<u>Questions</u>	<u>How to answer</u>
<u>What is the total value of your household's assets?</u>	<u>Enter the total value of all assets owned by everyone in the household in the text box. This includes but is not limited to:</u> <ul style="list-style-type: none"><li>• <u>Cash available</u></li><li>• <u>Checking and savings accounts</u></li><li>• <u>Recreational vehicles</u></li><li>• <u>Property other than your home</u></li><li>• <u>Stocks, bonds, and CDs</u></li></ul>

### Step 7: Your household's monthly expenses

This page asks how much money the household spends each month. It's okay to estimate the numbers if the exact number is not known for the benefits tool. Better estimates will provide more accurate results.

Show me an example of this page

[← Back](#) [Cancel X](#)

Step 7 of 7

## Your household's monthly expenses

If you don't know the exact amount, enter your best guess.

**How much do all of the people in your household together spend each month on:**

Medical costs

\$

Child support

\$

Housing and utility expenses

\$

Some examples of housing and utility expenses are rent or mortgage, property taxes, and heating or electric bills.

---

[Next](#)

Questions

How to answer

<u>How much do all of the people in your household together spend each month on:</u>	<u>Enter the sum of money paid by everyone in the household for each type of expense listed below.</u> <u>– Enter zero if no one in the household pays for the expenses.</u>
<u>Medical costs</u>	<u>This includes, but is not limited to:</u> <ul style="list-style-type: none"> <li>• <u>Doctor visits</u></li> <li>• <u>Medicine</u></li> <li>• <u>Co-pays</u></li> </ul>
<u>Child support</u>	<u>Enter the total monthly amount of court ordered child support paid by everyone in the household.</u> <u>– If someone in the household pays voluntary child support that was not court ordered, add it to the <i>All other expenses</i> amount.</u>
<u>Housing and utility expenses</u>	<u>Enter the total monthly amount of rent, or mortgage, property taxes, heating, and electric bills paid by everyone in the household.</u>

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## 2.4 Your Results Page

The Your Results page displays recommended and other programs after the benefits tool is completed. Programs are grouped by category. The results are not saved ~~or sent to an agency. This~~ in ACCESS and are deleted when the browser is closed. Results can be saved for future reference using the **Download results**, **Email results**, or **Print results** buttons at the bottom of the page. Downloaded or emailed results are saved as PDF files.

*Show me an example of this page*

<u>This is an abridged view of the page. The real page will include multiple cards in each category.</u>
--

# Your results

Based on your answers, we suggest applying for the recommended programs below.

We also included information about other programs we checked even though it looks like you may not be able to enroll in them.

These results are only for you, based on the information you gave us. You can still apply for any program listed below at any time to see if you enroll.

## Recommended programs (11) ^

### Food

ACCESS

#### FoodShare

FoodShare helps people with limited money buy the food they need for good health.

#### Program details ^

##### Ways to apply

-  [Apply online through ACCESS](#)
-  [Fill out a paper application](#)
-  Call your income maintenance agency:  
Ashland County Health and Human Services Department  
(888) 794-5722
-  Apply in person:  
Ashland County Health and Human Services Department  
630 Sanborn Ave.  
Ashland, WI 54806

##### Who can enroll

- Families
- Single adults
- Senior citizens
- People with disabilities

##### Services provided

Help paying for food

[Learn more about FoodShare](#)

## Other programs (10) ^

### Child care

ACCESS

#### Wisconsin Shares Child Care Subsidy

The Wisconsin Shares Child Care Subsidy helps families with limited income pay for child care so parents or other caretakers

The Recommended programs section displays the programs that the applicant would more likely to be eligible for based on the information provided in the benefits tool.

The Other programs section displays programs that were not recommended by the benefits tool. A program is not recommended because it may not be useful to the potential applicant, or the potential applicant may not qualify based on the information provided. Anyone can apply for any of the programs listed on this page at their discretion. Applying for programs that are not recommended will not affect the applicant's acceptance into other programs.

Each of the handbook includes screen shots of possible pages that a person may program is displayed in an expandable card. Click a heading to see in AIE more information about the program.

#### Welcome

Welcome to ACCESS - Access to Eligibility Support Services for Health, Nutrition, Child Care, W-2 Assistance, Job Access Loans, and Emergency Assistance. This website is a quick and easy way for people who live in Wisconsin to find out if they might be able to get:

- ✓ Help with buying food
- ✓ Low- or no-cost health care
- ✓ Help with buying prescription drugs
- ✓ Help with paying for child care
- ✓ W-2 assistance and help finding a job
- ✓ JAL Loans for low-income eligible families for employment related expenses
- ✓ Emergency Assistance for emergency housing or utility-related expenses
- ✓ Home energy assistance
- ✓ Earned income, child and Homestead tax credits
- ✓ Low cost life insurance

This website will take you about 15 minutes to use. We'll ask you to tell us about the people in your home, the money you get from a job or other places, your housing costs and a few other bills. What you tell us will stay private and secure. When you're finished, we'll tell you if you might be able to get help through programs like FoodShare, BadgerCare Plus, Medicaid, SeniorCare, Medicare Part D, Child Care, Wisconsin Works (W-2), WIC, The Emergency Food Assistance Program, Wisconsin Home Energy Assistance Program, and the State Life Insurance Fund. If there are children in your home, we'll also look to see if they may be able to get meals at school or during the summer. And we'll look to see if you might be able to get tax credits for people with lower incomes.

Please keep in mind that this website is just a test to see if you *might* be able to get benefits. You'll have to apply for these programs to get a final decision about benefits, but we'll let you know how to do that. If you want to go ahead and apply online for FoodShare, BadgerCare Plus, Family Planning Only Services, Medicaid, Child Care, Wisconsin Works (W-2), Job Access Loan (JAL), and/or Emergency Assistance (EA), [click here](#).

Ready to get started? Use the mouse to click the Next button! Please do not use the Forward, Back or Stop buttons on your browser. Instead, use the ACCESS buttons at the bottom of each page. If you'd like more information, [click here to read more about how to use this website](#).



Each program card includes:

- Who is eligible for the program

- [An overview of the services provided by the program](#)
- [Where to find additional information](#)
- [How to apply for the program](#)

[If more time is needed to review the program information, save the results using the Download results, Email results, or Print results buttons at the bottom of the page.](#)

[Apply for benefits through ACCESS using the Start the application button.](#)

[Complete a short survey using the Take a short survey to tell us how useful this online tool was for you link.](#)

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## **~~2.2 YOUR HOME/PEOPLE IN YOUR HOME~~**

~~This page is intended to collect some basic information about the people living in the user's household, such as name, age, gender, and how many people live in the home. These answers allow AIE to determine the kind of help each person might be able to get. If you are helping someone else complete AIE, be sure to fill out the page using that person's household information. Use the following guidelines below in answering the questions on this page:~~

- ~~• In general, count everyone who lives in the home.~~
- ~~• If someone is pregnant, just count her as one person. We'll ask about her pregnancy later.~~
- ~~• If someone in the family is in a nursing home or long term care facility, only count them to see if they can get help with paying for their nursing home care.~~
- ~~• If it is not clear whether to count someone as living in the home, think about whether or not they share food with others in the home. If they do share food, be sure to count them. If they don't share food together, then don't count them. There are some exceptions to this, but this is a good general rule.~~
- ~~• If the user doesn't have a home right now, tell us the number of people they share food with.~~

**Your Home**

Let's get started! First, please tell us a little bit about you. Feel free to use a nickname or your initials.

Keep in mind that you can always click the Help button if you have a question about what we're asking.

**You**

 \* First Name:

\* Age:

\* Gender:  Male  Female

**People in Your Home**

How many people live in your home? (Don't forget to count yourself!)

Of those people, how many are under 19 years old?

 Exit  Back  Next

-  
-  
-

~~This page last updated in Release Number: 17-02  
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## ~~2.3 OTHER PEOPLE IN YOUR HOME~~

### ~~Adults and Children~~

-  
-  
-

~~This page asks who else besides the user lives in the home and how they are related to the user. For additional information about how to answer these questions, click on the help icon on the page.~~

### Other People in Your Home

Now tell us about the other people in your home. Please tell us their first name, age and gender. Then choose the words that explain how you are related to that person.

If you don't see the right number of people here, click the Back button and change the number of people in your home. If you don't know someone's age, that's okay. Just make the best guess you can.

#### Children

If there's a child in your home who is younger than 1 year old, please type in 0 for his or her age.



\* First Name:

\* Age:

\* Gender:  Male  Female

\* This person  .



-  
-  
-

~~This page last updated in Release Number: 17-02  
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## ~~2.4 PEOPLE IN YOUR HOME/TAX FILERS~~

~~This page asks if anyone in the household plans to file a tax return for income they will have during the current tax year. By tax return, we mean the tax form or forms used to file federal taxes, either on paper or electronically. Someone can file a tax return even if they do not have any income or owe any tax.~~

-

~~Be sure to tell us about plans for the **current** tax year. For example, if completing AIE in March 2014, tell us about the taxes that will be filed for the income received during the 2014 tax year. Do not tell us about plans for filing taxes for the 2013 tax year, even if the user plans to send in those tax forms in April 2014.~~

-

~~Check the box for everyone who is planning to file taxes. If the user is not sure if someone is going to file taxes for this year, the user should make their best guess.~~

-

**People in Your Home**

Next, please tell us who in your home plans to file a tax return.

**Tax Filers**

Check the box for anyone in your home who plans to file a tax return for the income he or she will have this year:

No one

 Anna

 Cally

-  
-

*This page last updated in Release Number: ~~17-02~~21-01  
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## ~~2.5 TAX FILING DETAIL PAGE~~

~~On this page, check the boxes to tell us whom each tax filer plans to claim as a tax dependent for the current tax year.~~

-

~~Be sure to tell us about plans to claim tax dependents for the current tax year. For example, if applying for benefits in March 2014, only tell us about tax dependents that the user plans to claim for the 2014 tax year. Do not tell us about the user's dependents for the 2013 tax year, even if the user plans to send in those tax forms in April 2014.~~

-

~~If the user only claims a child as a tax dependent every other year, only check the box for the child if they plan to claim him or her for the current tax year.~~

-

~~Keep in mind that there are some rules about who can be claimed as a tax dependent. For example, someone cannot claim their husband or wife as a tax dependent. In addition, two people who are not married cannot claim the same person as a tax dependent.~~

-

### People in Your Home

You have told us that Anna is planning to file a tax return for the income he or she will have this year. Please tell us more about Anna's plans for filing.

#### Anna's Tax Dependents

Check the box for anyone Anna is planning to claim as a tax dependent for this tax year:

No one



Cally



-  
-  
-

*~~This page last updated in Release Number: 17-02  
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## ~~2.6 PEOPLE IN YOUR HOME/HEALTH INSURANCE~~

~~This page asks questions about health insurance plans that the children in the household have now or have had in the last 12 months. We're also asking about any health insurance plans that they could sign up for right now through someone's job.~~

-

~~By health insurance plan we mean any plan that will pay for their visits to a doctor, even if the user has to pay some of the bill. Do not check the box for a child who has an insurance plan that only pays for one type of medical care, such as plans that pay only for cancer treatments or dental insurance plans.~~

-

### People in Your Home

Next, please tell us if the people in your home have health insurance.

By health insurance, we mean a health insurance plan that covers visits to the doctor. For example, if your plan covers dental services only, you shouldn't check the box to say you have health insurance.

If you are getting any type of government health care coverage, such as BadgerCare Plus, Medicaid, or Medicare, you should not check the box. To read more about what we mean by health insurance, click the Help button at the top of the page.

#### Health Insurance

Check the box for anyone who has health insurance right now or could get insurance through someone's job:

No one



Cally

Check the box for anyone who had health insurance in the last 12 months, or had a chance to get insurance through someone's job in the last 12 months:

No one



Cally



-  
-  
-

*This page last updated in Release Number: 17-02  
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Effective Date: 07/10/2017*

## ~~2.7 PEOPLE IN YOUR HOME/PREGNANCY AND BLIND OR DISABLED~~

~~On this page, we ask whether any of the women in the household are pregnant.~~

-

~~We also ask if anyone in the home is blind or permanently disabled. It can be hard to know if someone is "permanently disabled" or not. Someone in the home may have a serious illness or injury that isn't a permanent disability. For very detailed instructions about whether someone is permanently disabled, click on the help icon on the page.~~

-

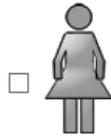
### People in Your Home

Just a few more questions about the people in your home.

#### Pregnancy

Check the box for any female in your home who is pregnant:

No one



Anna



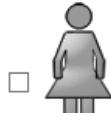
Cally

#### Blind or Permanently Disabled

If someone has a disability but is not getting a disability payment, it's a good idea to click the Help button to see if you should count them as permanently disabled.

Check the box for any person in your home who is blind or permanently disabled:

No one



Anna



Cally



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## ~~2.8 HEALTH NEEDS AND MEDICARE DETAILS PAGE~~

~~If someone in the household is blind or permanently disabled, the detail page below appears. We ask these two questions to find out if any of the elderly (65 or older), blind or permanently disabled people in the home need help with paying for nursing home care or in-home health care. Keep in mind that we're only asking these questions about the people who are elderly (65 or older), blind or permanently disabled. Other people in the home will not be listed here.~~

-

## People in Your Home

The next questions have to do with the people in your home who are elderly (65 or older), blind or disabled.

### Health Needs

Check the box for anyone who is living in a nursing home:

No one listed below



Anna

Check the box for anyone who may need to move to a nursing home or who needs in-home health care to stay in their home:

No one listed below



Anna

### Medicare

Please tell us if anyone in your home has Medicare. Medicare is a federal health insurance program for elderly (65 or older), blind or disabled people. Most people who have Medicare have a "Red, White and Blue" card. If you're not sure about whether you have Medicare, click on the Help button to learn more.

Check the box for anyone who has Medicare:

No one listed below



Anna



-  
-  
-

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## ~~2.9 PEOPLE IN YOUR HOME / APPROVED ACTIVITY~~

~~We are asking this question to find out if/why the user wants to have any children in the home in Child Care. The user may be eligible for help paying for Child Care for the time~~

~~they are working or are in activities in the W-2 or FSET program. The user may also be eligible for help paying for Child Care if they are an adult who is in school and also working. Minor parents may be eligible if they are in high school or a high school equivalent program.~~

-

**People in Your Home**

Now please tell us the reason the children in your home need to be in child care.

To get help paying for child care, all parents and people acting as parents must be in certain activities outside your home.

**Approved Activity**

Below are the activities for which you can get help paying for child care. Check the box for each person who is in one of these activities.

<input checked="" type="checkbox"/> Working	<input checked="" type="checkbox"/> In the W-2 program
<input checked="" type="checkbox"/> In high school or equivalent program	<input checked="" type="checkbox"/> In the FSET program
<input checked="" type="checkbox"/> In school and working	

No one

  
Anna

-

-

-

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## ~~2.10 WHAT YOU TOLD US~~

~~This page is a quick check to make sure we've gotten the right information about the user and the people in the home. Please take a close look at what is listed on this page. If anything is wrong, click the button on the right side of the screen to fix it. Keep in mind that if an answer is changed, we may have to ask another question or two.~~

-

### What You Told Us

Please take a look at what you told us about the people in your home. The rest of the questions will use this information.

- ✓ If the information looks right, click the Next button to keep going.
- ✓ If you need to change one of your answers, click the button labeled with the kind of information you need to change. This will take you back to the page with that question on it. If you do go back and change your answer, you may be asked to re-enter some of your information.
- ✓ If you would like to start over, click the Exit button to clear your answers and go back to the first page.

### People in Your Home

These are the people in your home:

 **Anna**  
30 Yrs.

 **Cally**  
12 Yrs.

**Anna** is **Cally's** parent.

**Anna** is planning to file taxes.

No one is planning to claim a tax dependent.

No one in your household has health insurance right now or could get it through someones's job .

No one in your household had health insurance in the last 12 months or had a chance to get it through someones's job.

No one in your household is pregnant.

**Anna** is blind or permanently disabled.

No one in your household lives in a nursing home.

**Anna** may need to move to a nursing home or may need in-home health care.

No one in your household has Medicare.

**Anna** is in an activity for which child care assistance could be provided.

Name/Age/Gender

Parents or Children

Tax Filers

Insurance

Pregnancy

Blind or Disabled

Health Needs

Medicare

Approved Activity

 Exit



Back

Next



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## 2.11 YOUR MONEY

~~We ask questions about money to find out if people may be able to get help with food, health care, prescription drugs and other benefits. Because these programs are meant~~

for people with lower incomes, we need to know how much money the people who are interested in the programs receive. All answers will stay private and secure.

It's very important for people to enter all of the money they receive from jobs, self-employment, and other sources. Note that if they take the next step and apply for benefits, they may need to provide proof of their income. If a person does not know the exact answer to a money question, he or she should give the best answer he or she can. Keep in mind that by giving us more accurate information, we can give a more accurate answer.

**Your Money**

The next questions have to do with how much money you and the people in your home receive.

We know that money is a very private matter, but we need to ask about it to see if you might be able to get help. Please keep in mind that your answers will stay private and secure.

**Job Income**

Check the box for each person over 17 who has a job right now, or who is self-employed:

No one

  
Anna

**Other Types of Income**

There are many other ways that you or people in your home may receive money. Some common types are:

<input checked="" type="checkbox"/> Social Security	<input checked="" type="checkbox"/> SSI/SSDI
<input checked="" type="checkbox"/> pensions	<input checked="" type="checkbox"/> other disability payments
<input checked="" type="checkbox"/> child support	<input checked="" type="checkbox"/> unemployment
<input checked="" type="checkbox"/> tribal per capita payments	<input checked="" type="checkbox"/> worker's compensation
	<input checked="" type="checkbox"/> veteran's benefits

Check the box for each person who will receive these or other types of money this month:

No one

  
Anna

  
Cally

## 2.12 JOB INCOME

~~When entering job income, the most important thing to keep in mind is that the amount each person earns, before any taxes or other deductions are taken out of their paycheck, is what should be entered. This amount is called "gross pay". People can be sure to tell us the right gross amount by telling us their hourly wage, their annual salary, or by looking on their pay stub for the gross amount they earn each month or pay period.~~

~~Each person has four lines in case they work at more than one job or more than one business.~~

**Job Income**

First, please tell us about each person over 17 who earns money from a job or self-employment.

When you type in your answers, don't use dollar signs (\$) or commas (.). For example, type 1234.56, not \$1,234.56.

**Anna**

The most important thing is to tell us the amount of money Anna earns before taxes or anything else is taken out of the paycheck. Don't forget to include tips, bonuses, or overtime pay. If Anna is self-employed, tell us the amount earned after business expenses.

How much money will Anna earn this month from any jobs or self-employment? Please fill out one line for each job or business Anna has and leave the rest of the lines blank.

	What kind of wage or salary?	How much is the wage or salary?	If you chose "Hourly", how many hours?
Job or Self-Employment:	< click here to choose > ▼	\$ 0.00	0 per week
Other Job:	< click here to choose > ▼	\$ 0.00	0 per week
Other Job:	< click here to choose > ▼	\$ 0.00	0 per week
Other Job:	< click here to choose > ▼	\$ 0.00	0 per week



~~For very detailed instructions about how to enter job income, click on the help icon on the job income page.~~



## **2.13 OTHER TYPES OF INCOME**

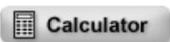
~~We ask this question to find out how much money the people in the home get from places other than a job. If the user doesn't know the exact answer to these money questions, give the best answer they can. Keep in mind that by giving us more accurate information, we can give a more accurate answer.~~

**Other Types of Income**

Next, tell us about the money the people in your home receive from places other than a job.

When you type in your answers, don't use dollar signs (\$) or commas (.). For example, type 1234.56, not \$1,234.56.

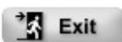
If you don't know how much you receive each month, you can use the ACCESS Calculator. For example, if you receive a weekly or yearly amount, you should click the Calculator button to figure out the monthly amount.

 **Calculator**

**Anna**

How much money does Anna receive each month from any place other than a job?

<b>Supplemental Security Income (SSI)</b>	\$ <input type="text" value="0.00"/> per month	(SSI is a monthly payment for people with low incomes who are 65 and older, blind, or disabled. SSI is not a retirement benefit.)
<b>Social Security Disability Insurance (SSDI)</b>	\$ <input type="text" value="0.00"/> per month	(SSDI is a monthly disability payment for people who have worked and paid social security taxes.)
<b>Social Security</b>	\$ <input type="text" value="0.00"/> per month	(By Social Security, we mean retirement benefits. Please don't include SSI or SSDI.)
<b>Child Support</b>	\$ <input type="text" value="0.00"/> per month	
<b>Unemployment Payments</b>	\$ <input type="text" value="0.00"/> per month	
<b>Other Income</b>	\$ <input type="text" value="0.00"/> per month	(Such as worker's compensation, veteran's benefits, pensions, or tribal per capita payments.)

 **Exit**  **Back**  **Next**

~~For very detailed instructions about other income types, click on the help icon on the page.~~



## 2.14 CHILD EXPENSES

~~Child care is money paid to someone else to take care of the user's children while the user works or looks for work. This question is asked to help figure out how many FoodShare benefits someone may be able to get. If a county or state agency or someone who lives outside the home pays child care costs for children in the home, don't count their part of the payment as this expense. If no one pays for child care, the amount should be left at zero.~~

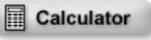
~~Also enter any child support amount paid on this page.~~

**Child Expenses**

Please tell us about the money the people in your home spend on child care and child support each month.

When you type in your answers, don't use dollar signs (\$) or commas (.). For example, type 1234.56, not \$1,234.56.

If you don't know how much you pay each month, you can use the ACCESS Calculator. For example, if you pay a weekly or yearly amount, you should click the Calculator button to figure out the monthly amount.

 **Calculator**

---

**Child Care**

By child care, we mean the money that is paid to someone to take care of the children while you or the people in your home work or look for work.

How much do the people in your home pay for child care for each of these children? If no one pays for child care, just leave the amount at 0.

 \$  per month  
Cally

---

**Child Support**

How much does each of these people pay in court-ordered child support for children who *don't* live in your home? If no one pays court-ordered child support, just leave the amount at 0.

 \$  per month  
Anna

 **Exit**  **Back**  **Next**

## 2.15 MEDICAL EXPENSES

~~We're asking this question to find out whether anyone in the home who is elderly (age 60 and older), or blind or permanently disabled has any medical bills. These bills may affect the household's amount of FoodShare benefits. They may also affect whether someone in the home can get help with paying for nursing home care.~~

~~Keep in mind that we can only count medical bills of people in the home who are blind or permanently disabled or 60 and older.~~

**Medical Expenses**

The next questions have to do with medical expenses for the people in your home who are blind or disabled or 60 or older.

When you type in your answers, don't use dollar signs (\$) or commas (.). For example, type 1234.56, not \$1,234.56.

If you don't know how much you pay each month, you can use the ACCESS Calculator. For example, if you pay a weekly or yearly amount, you should click the Calculator button to figure out the monthly amount.

 **Calculator**

**Medical Expenses**

By medical expenses, we mean the amount you are responsible for paying for:

✓ doctor or dentist visits	✓ hospital visits
✓ hearing aids, eyeglasses or other durable medical supplies	✓ health insurance premiums, fees, co-payments, deductibles and other payments
✓ medicines prescribed by a doctor	✓ transportation to medical appointments

What are Anna's medical expenses this month? \$  this month

 **Exit**  **Back**  **Next**

~~For very detailed instructions about which medical expenses should be reported, click on the help icon on the page.~~

 **Help**

## 2.16 HOUSING EXPENSES

~~These questions are asked to figure out how many FoodShare benefits someone may be able to get.~~

-

### Housing Expenses

We're almost done - just a few more questions about the bills you pay.

When you type in your answers, don't use dollar signs (\$) or commas (.). For example, type 1234.56, not \$1,234.56.

If you don't know how much you pay each month, you can use the ACCESS Calculator. For example, if you pay a weekly or yearly amount, you should click the Calculator button to figure out the monthly amount.

 **Calculator**

### Housing

How much money do you and other people in your home pay for rent or mortgage and property taxes each month? Be sure to tell us the amount that everyone pays together.

\$  per month

Do you have a heating bill?  Yes  No

 **Exit**

 **Back**  **Next** 

-

~~For very detailed instructions about how to enter housing expenses, click on the help icon on the page.~~

-

 **Help**

-

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## 2.17 ASSETS

~~The user will only be asked about assets for the elderly (65 or older), blind or disabled people in the home, as well as for spouses who live with them. This is because the value of assets only counts in the health program for people who are elderly, blind or disabled (Medicaid). By assets, we mean bank accounts and other things that have value.~~

-

## Your Resources

The next questions have to do with assets and life insurance policies. We're asking about these things because they may affect whether the elderly (65 or older), blind or disabled people in your home can get low- or no-cost health care.

We're only asking these questions about the elderly (65 or older), blind or disabled people in your home, as well as their spouses who live with them. If someone is getting Supplemental Security Income (SSI) they should already have health care through Medicaid, so we won't ask about their assets.

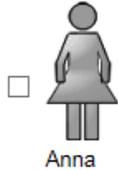
### Assets

Please do not count your home, your most expensive car, other personal items, or any burial assets you might have. By assets, we mean things like:

- ✓ Savings and checking accounts
- ✓ Stocks, bonds or certificates of deposit (CDs)
- ✓ Other assets (for example, other vehicles, investments or property other than the home where you live)
- ✓ Cash you are saving at home
- ✓ IRAs and annuities

Check the box for each person who has assets:

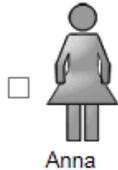
No one listed below



### Life Insurance

Check the box for each person who has a life insurance policy:

No one listed below



- ~~For very detailed instructions about how to enter assets, click on the help icon on the page.~~



- ~~If the user indicates that someone living in his or her home has assets, the Assets page will be displayed.~~

## Assets

Next, please tell us the cash value of the assets that belong to people in your home. Please do not count your home, your most expensive car, other personal items or any burial assets you might have. If you own an asset with other people, you should only tell us your share.

When you type in your answers, don't use dollar signs (\$) or commas (.). For example, type 1234.56, not \$1,234.56.

### Anna

What is the cash value of each of Anna's assets?

Savings and checking accounts	\$	<input type="text" value="0.00"/>	
Cash you are saving at home	\$	<input type="text" value="0.00"/>	
Stocks, bonds or certificates of deposit (CDs)	\$	<input type="text" value="0.00"/>	(Please count only the cash value of the stocks or bonds that you own. Don't include any income from interest or dividends.)
IRAs and annuities	\$	<input type="text" value="0.00"/>	
Other Assets	\$	<input type="text" value="0.00"/>	(For example, other vehicles, investments or property other than the home where you live.)

 Exit

 Back  Next

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## ~~2.18 WHERE YOU LIVE~~

~~We will ask what county the user lives in to help us provide information on where to apply for help. If the user also lives on tribal lands, indicate the tribal affiliation from the drop-down menu. Keep in mind that answers stay private and secure, and we won't keep or share any identifying information.~~

### Where You Live

Please tell us which county you live in. This will help us tell you where to apply for help.

If you live in Wisconsin but don't know what county, please select "I don't know".

#### County and Tribal Lands

\* What county do you live in?

If you also live on tribal lands, please select where you live. If you don't live on tribal lands, please leave this question blank.

 Exit

 Back  Next

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## ~~2.19 WHAT YOU TOLD US~~

~~This page is another quick check to make sure we've got the right information about money and bills for the people in the home. Take a look at what is listed on this page. If anything is wrong, click the button on the right side of the screen to fix it. If an answer is changed, we may have to ask another question or two.~~

**What You Told Us**

Please take a look at what you told us about money and bills.

- ✓ If the information looks right, click the Next button to keep going.
- ✓ If you need to change one of your answers, click the button labeled with the kind of information you need to change. This will take you back to the page with that question on it. If you do go back and change your answer, you may be asked to re-enter some of your information.
- ✓ If you would like to start over, click the Exit button to clear your answers and go back to the first page.

**Money and Bills**

Anna receives a total of <b>\$960.00</b> each month.	<b>Income</b>
Your household pays <b>\$100.00</b> each month for Cally's child care.	<b>Child Expenses</b>
Your household pays <b>\$0.00</b> each month in child support. Your household pays <b>\$100.00</b> for Anna's medical bills each month.	<b>Medical Expenses</b>
Your household pays <b>\$350.00</b> each month for housing. Heat is included in this amount.	<b>Housing Expenses</b>
None of the people we asked about have any assets.	<b>Resources</b>
None of the people we asked about have a life insurance policy.	

~~This page last updated in Release Number: 17-02  
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## ~~2.20 YOUR RESULTS~~

~~This page shows which programs the household might be able to get help from. To make the website easy to use, we didn't ask everything we need to know to be sure that someone in the household qualifies for the programs listed here. This means there's a small chance that even if this website says it looks like someone can get help from a program, they may not be able to. There's also a chance that someone in the household could get help from a program, even if this website says it doesn't look like they can.~~

~~Keep in mind that these answers are just based on what the user told us today. If the household's situation changes, their ability to get help through some of these programs may change.~~

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~~*This page last updated in Release Number: 20-04  
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Effective Date: 10/26/2020*~~

## ~~2.21 NEXT STEPS~~

~~This page displays the next steps based on the information reported above. Click on the gray "Apply Online" icon for a program (FoodShare, Health Care, Child Care, etc.) and the user will be taken directly to that application. Applying online is an easy, quick, and reliable way to apply for these programs. To learn more about any of the programs listed, click on the "Learn More" link. There is also contact information listed for these programs.~~

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~~*This page last updated in Release Number: 20-02  
Release Date: 06/01/2020  
Effective Date: 06/01/2020*~~

## ~~2.22 THE END~~

~~On this page, click Print My Information to get a print out of what was reported, what the results are, and next steps. It's a good idea for the user to print this document and keep it for their reference.~~

**The End**

We hope this website was helpful to you. If you'd like to keep a copy of your results, click the button below to print them out.

**Print My Information**

You'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking: 

**Exit**

If you are done or would like to start over, click the Exit button to return to the home page. This will make sure that no one else will be able to see or use your answers.

 **Exit**

 **Back**

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## 9.1 MYACCESS MOBILE APP

[MyACCESS](#) is a mobile app that complements the ACCESS website. With MyACCESS, users can:

- View basic information about the programs they have applied for or are enrolled in, including FoodShare, health care, Wisconsin Shares Child Care Subsidy, and Wisconsin Works (W-2).
- Receive reminders of actions they need to take.
- ~~Upload and s~~Submit photos or PDFs of documents, then check their status in real time.

MyACCESS is available for free in the App Store for iOS devices and the Google Play Store for Android devices.



For more information about MyACCESS, including FAQs, instructions, and how-to videos, refer to the [MyACCESS Mobile App Support page](#).