

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

To: ACCESS Users

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

Re: **ACCESS Release 21-02**

Release Date: 12/13/2021

Effective Date: 12/13/2021

EFFECTIVE DATE	The following policy additions or changes are effective 12/13/2021 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.
POLICY UPDATES	
3.1 Regular Application	Removed (includes 3.1.1 through 3.1.22).
3.2 Apply for Additional Programs	Removed.
3.1 Apply for Benefits Introduction	New section.
3.2 Start an Application	New section.
3.3 Application Overview	New section.
3.4 Applicant Information	New section.
3.5 Household Members	New section.
3.6 Household Details	New section.
3.7 Income	New section.
3.8 Assets	New section.
3.9 Bills	New section.
3.10 Health Insurance	New section.
3.11 Finish & Submit	New section.
3.12 Apply for Benefits Dashboard	New section.
3.13 Using ACCESS to Set a Filing Date	New section.
12.5 Applying for Ongoing Benefits	Removed the express enrollment linking instructions.
14.1 Submit Proof Documents Introduction	Updated to remove mentions of scanning and reworded for consistency and conciseness.
14.2 Submit Proof Documents	Updated to include the proof document submission process and submission options.
14.3 Upload Proof Documents in ACCESS	Updated to include upload proof documents.
14.4 Fax, Mail, or Drop-off Proof Documents	Updated to include instructions on how to fax, mail, or drop-off proof documents.
14.5 Troubleshoot Uploading Issues	Page Rewritten.
15.1 Introduction	New section.
15.2 Apply for Benefits: Applicant	New section.
15.3 Check My Benefits: Member	New section.
15.4 Survey for Applicants and Members	New section.

3.1 APPLY FOR BENEFITS 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. A single ACCESS application allows applicants to apply for multiple programs at once. This chapter explains how to assist an applicant with the ACCESS application.

ACCESS can be used to apply for:

- Emergency Assistance
- Family Planning Only Services
- FoodShare
- Health care coverage (including BadgerCare Plus and Medicaid)
- Job Access Loans (JAL)
- Wisconsin Shares Child Care Subsidy
- Wisconsin Works (W-2)

The user can also complete their WIC Pre-Application. This takes them outside of the Apply for Benefits Module.

Applicants 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.

Applicants are asked for personally identifiable information, such as name, contact information, and more for each member of the household. In some cases, questions may be optional for applicants to answer depending on the programs they're applying for. Answering all the required and optional questions helps them get a decision as soon as possible. After completing the application, the next steps and the application status are tracked on an account home page and can be accessed anytime.

Applicants have to finish all the sections and provide their signature to submit the application. The application starts with basic information about the applicant and asks which programs they are applying for. The applicant is then taken to the application overview page.

From there, the applicant can choose which section of the application to start first. Each section is a group of pages and questions that relate to the applicant's household (Income, Bills, Health Insurance, etc). The applicant can complete the sections in the order they choose; however, some sections can only be started after others are completed. Those sections will not be available until the other sections are completed. The applicant is only asked questions related to the programs they selected. Answering all the required and optional questions they can helps them get a decision as soon as possible. Once the application is started, the applicant has 30 days to complete the application before it expires.

Each section starts with an introduction page and ends with a summary page. once a section is finished, the applicant can go back and edit their answers any time before they submit the application.

The applicant may also submit their application at any time if they cannot answer some of the questions now. This will set their filing date. To do this, a submission screen displays asking them basic questions about their household. An IM worker will follow up with the applicant to complete the full application. SEE 3.13 USING ACCESS TO SET A FILING DATE.

3.2 START AN APPLICATION

Use these instructions to help people start their benefits application.

Step 1: Open the application

To begin the application, go to access.wisconsin.gov and select "Apply Now." The applicant will be asked to create an account or log into their existing account.

Show/Hide 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](#) [Log in](#)

Finish an application 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.

The applicant has to create an account that links their application. To do this, select "Create an account." Once the applicant creates their account, they can return to their application at any time by logging in.

Show/Hide an example of the page

[← Back](#)

Welcome to ACCESS!

Through ACCESS, you can apply for programs that can help you with health care coverage, food and child care costs, job support, and more.

Programs you can apply for through ACCESS

- BadgerCare Plus
- Emergency Assistance Program
- Family Planning Only Services
- FoodShare
- Job Access Loans
- Medicaid
- Wisconsin Shares Child Care Subsidy Program
- Wisconsin Works

You can also submit a pre-application for the Women, Infants, and Children (WIC) Program.

Creating an ACCESS account

Before you apply, you'll need to create an ACCESS account. If you already have an ACCESS account, please [log in](#).

Helping someone apply?

For most programs, you can help someone apply or even apply on someone else's behalf. You'll still need to create an account in these situations. [Learn more about authorized representatives](#).

Resources to help you

You can learn more about these programs and other programs that can help you at these websites:

- [Wisconsin Department of Health Services](#)
- [Wisconsin Department of Children and Families](#)

If you're looking for housing, utility, food, employment, and other help in your area, you can contact 211 Wisconsin:

- [Call 211.](#)
- [Text your zip code to 898211.](#)
- [Go to the 211 Wisconsin website.](#)

[Create an account](#)

[If the applicant already has an account, log in and continue with their application. See 1.3 LOG IN TO ACCESS ACCOUNT.](#)

[The next step varies based on who is completing the application.](#)

<u>If the user is...</u>	<u>Continue to...</u>
<u>Applying for themselves</u>	<u>STEP 3: SELECT THE PROGRAMS ON THE APPLICATION</u>
<u>Applying for someone else</u>	<u>STEP 2: PROVIDE USER INFORMATION</u>

Step 2: Provide user information

The “Applying for someone else” page asks the user how they are related to the primary applicant. Anyone can assist the applicant in applying but cannot act on the applicant’s behalf unless they have legal permission. Authorized representatives, legal guardians, and power of attorneys can apply on behalf of the applicant for all programs except Wisconsin Shares Child Care Subsidy.

Show/Hide an example of the page

Applying for someone else

Authorized representatives, legal guardians, and powers of attorney have legal permission to apply for someone else. They can act on the applicant's behalf and get letters about the applicant's benefits.

Friends, family, staff, and volunteers can help someone apply. They can't act on the applicant's behalf unless the applicant gives permission. They also can't get letters about the applicant's benefits.

How are you related to the person you're applying for? *

- Friend or family member
- Staff or volunteer at an organization that helps people use ACCESS
- Authorized representative (person)
- Authorized representative (organization)
- Legal guardian
- Power of attorney

If you are applying for the Wisconsin Shares Child Care Subsidy Program, you need to apply for yourself. An authorized representative, legal guardian, or power of attorney can't apply for you.

Community ACCESS Point (CAP) agency number (optional)

Aren't related in any of these ways? [Apply for yourself.](#)

Save and next

[Questions](#)

[How to Answer](#)

<p><u>How are you related to the person you're applying for?</u></p>	<p><u>Select one of the relationship options:</u></p> <ul style="list-style-type: none"> • <u>Friend or family member</u> • <u>Staff or volunteer at an organization that helps people use ACCESS</u> • <u>Authorized representative (person)</u> • <u>Authorized representative (organization)</u> • <u>Legal guardian</u> • <u>Power of attorney</u> <p><u>If they select Staff or Volunteer at an organization that helps people use ACCESS the next question displays.</u></p>
<p><u>Community ACCESS Point (CAP) agency number (Optional)</u></p>	<p><u>Enter the CAP number.</u> <u>See 12.6 COMMUNITY ACCESS POINT APPLICATION SEARCH RESULTS PAGE</u></p>

If they are an authorized representative, legal guardian, or power of attorney an additional screen displays to gather their information.

Legal Guardian Information (Click to show)

The "Legal guardian information" page asks the applicant questions about the legal guardian.

Show/Hide an example of the page

Legal guardian information

Only certain types of legal guardians can act on the applicant's behalf, including:

- A legal guardian of the estate.
- A legal guardian of the person and the estate.
- A legal guardian in general.

A legal guardian of the person can't act on the applicant's behalf unless appointed as an authorized representative.

A legal guardian can't act on the applicant's behalf for the Wisconsin Shares Child Care Subsidy Program. The applicant has to apply for themselves.

Legal guardian name

First name *

Middle initial (optional)

Last name *

Suffix (optional)

Address

Street address *

The applicant's letters will be sent to this address.

Apartment, unit, or room number (optional)

City *

State *

Zip code *

Contact information

Phone number (optional)

Email (optional)

Save and next

<u>Questions</u>	<u>How to Answer</u>
<u>Legal guardian name</u>	<u>Enter the full legal name of the guardian. They can choose to enter a middle initial or suffix.</u>
<u>Address</u>	<u>Enter the full address of the legal guardian.</u>
<u>Phone number (Optional)</u>	<u>Enter the phone number of the legal guardian.</u>
<u>Email (Optional)</u>	<u>Enter the email address of the legal guardian.</u>

Power of attorney information (Click to show)

The "Power of attorney information" page asks the applicant questions about the power of attorney.

Show/Hide an example of the page

Power of attorney information

Only a durable power of attorney can act on an applicant's behalf, including signing this application. Other powers of attorney need to be appointed as an authorized representative to act on the applicant's behalf.

A power of attorney can't act on the applicant's behalf for the Wisconsin Shares Child Care Subsidy Program. The applicant has to apply for themselves.

Power of Attorney name

First name *

Middle initial (optional)

Last name *

Suffix (optional)

Address

Street address *

The applicant's letters will be sent to this address.

Apartment, unit, or room number (optional)

City *

State *

Zip code *

Contact information

Phone number (optional)

Email (optional)

Save and next

<u>Questions</u>	<u>How to Answer</u>
<u>Power of attorney name</u>	<u>Enter the full legal name of the power of attorney. They can choose to enter a middle initial or suffix.</u>
<u>Address</u>	<u>Enter the full address of the power of attorney.</u>
<u>Phone number (Optional)</u>	<u>Enter the phone number of the power of attorney.</u>
<u>Email (Optional)</u>	<u>Enter the email address of the power of attorney.</u>

Authorized representative information (Click to show)

The “Appointing an authorized representative” page explains what an authorized representative is and why an applicant would want to appoint one. After the explaining the page asks the applicant if they would like to appoint an authorized representative now or at a later time.

Show/Hide an example of the page

Appointing an authorized representative

What is an authorized representative?

An authorized representative is a person or organization that can act on the applicant's behalf. The applicant needs to give permission for the authorized representative to make decisions for them.

What can an authorized representative do?

An authorized representative can:

- Apply for or renew the applicant's benefits.
- Report changes to the applicant's information.
- Work with the applicant's agency on any benefit-related matters.
- File grievances and appeals about the applicant's eligibility.

What programs can an authorized representative help with?

Once appointed, an authorized representative can act on the applicant's behalf for these programs:

- BadgerCare Plus
- Caretaker Supplement (accepts **paper applications only**)
- Emergency Assistance Program
- Family Planning Only Services
- FoodShare
- Job Access Loans
- Medicaid
- Wisconsin Works

An authorized representative can't act on the applicant's behalf for the Wisconsin Shares Child Care Subsidy Program. The applicant has to apply for themselves.

How is an authorized representative appointed?

To appoint an authorized representative, the applicant, the authorized representative, and a witness must read and agree to the statements of understanding on the next pages and provide signatures.

An authorized representative can only act on the applicant's behalf if all three signatures are provided. If you can't get all the signatures now, you can leave the signatures blank and come back to them later.

If you don't want to appoint an authorized representative online, you can fill out and submit the **paper form** instead.

Do you want to appoint an authorized representative now? *

- Yes
- No, I'll do this later

Save and next

<u>Questions</u>	<u>How to Answer</u>
<u>Do you want to appoint an authorized representative now?</u>	<u>Select</u> <u>Yes</u> - <u>No</u> <u>.or</u> <u>I'll do this later</u> -

If the applicant decides to appoint an authorized representative now, the next pages displays.

The “Authorized representative information” page asks for general information about the authorized representative. The questions vary slightly if the representative is an individual or an organization. The authorized representative must enter their information and confirm they understand their right and responsibilities as an authorized representative.

Show/Hide an example of the page

Authorized representative information

Authorized representative name

First name *

Middle initial (optional)

Last name *

Suffix (optional)

Address

Street address *

Apartment, unit, or room number (optional)

City *

State *

Zip code *

Contact information

Phone number (optional)

Email (optional)

Statements of understanding

- I am limited to doing any or all of the following on the applicant's behalf:
 - Applying for or renewing benefits
 - Reporting changes
 - Working with the applicant's agency on any benefit-related matters
 - Filing eligibility-related grievances and appeals
- I am expected to be familiar with the applicant's circumstances.
- The applicant can remove me from being their authorized representative at any time.
- The applicant does not need to notify me that I have been removed from serving as their authorized representative.
- I am the applicant's authorized representative until he or she requests a different authorized representative or chooses not to have an authorized representative.
- I must provide truthful and accurate information.
- If I provide inaccurate or false information, the applicant or member may need to repay any health care benefits received in error.
- If I intentionally violate program rules, I must repay any FoodShare benefits that were misused or received in error.
- I must comply with applicable state and federal laws concerning conflicts of interest and confidentiality of information.

I understand and agree to the statements of understanding above. I agree to serve as the authorized representative for the applicant.

Save and next

<u>Questions</u>	<u>How to Answer</u>
<u>Authorized representative name</u>	<u>This question displays if the authorized representative is an individual. Enter the full name of the authorized representative. They can choose to enter a middle initial or suffix.</u>
<u>Organization name</u>	<u>This question displays if the authorized representative is an organization.</u> <u>Enter the business name of the organization.</u>
<u>Address</u>	<u>Enter the full mailing address of either the individual or organization.</u>
<u>Phone number (Optional)</u>	<u>Enter the phone number of the individual or organization.</u>
<u>Contact person's name</u>	<u>This question displays if the authorized representative is an organization. Enter the name of the contact person at the organization.</u>
<u>Email (Optional)</u>	<u>Enter the email address of the individual or contact person.</u>
<u>I understand and agree to the statements of understanding above. I agree to serve as the authorized representative for the applicant.</u>	<u>Select the checkbox to confirm.</u> <u>The confirmation wording is different if the authorized representative is an organization.</u>

The "Applicant's statements of understanding" page displays next. The applicant must confirm they understand their rights in appointing an authorized representative and can choose if they should get copies of their program letters and notices.
Show/Hide an example of the page

Applicant's statements of understanding

The applicant should complete this page.

Do you want your authorized representative to get copies of letters about your benefits?

Yes

No

Statements of understanding

- I am appointing **Auth Rep** to be my authorized representative.
- I have the right to choose any person or organization I want to be my authorized representative.
- I can change or remove my authorized representative at any time.
- I must let my agency know in writing that I want to change or remove my authorized representative.
- I do not have to tell a person or organization that I am removing them as my authorized representative.
- The authorized representative listed on this page will stay my authorized representative until I change or remove them.
- My authorized representative will have access to my personal information, such as my Social Security number, financial statements, and medical information, to help me manage my eligibility.
- I must provide my authorized representative with true and accurate information.
- I am responsible for any errors and incorrect information that my authorized representative reports. I understand that if either my authorized representative or I give false information or withhold information, I may:
 - Have to pay back benefits I should not have gotten.
 - Be fined.
 - Be banned from a program.
 - Be prosecuted for fraud.

I understand and agree to the statements of understanding above. *

Save and next

<u>Questions</u>	<u>How to Answer</u>
<u>Do you want your authorized representative to get copies of letters about your benefits?</u>	<u>Select Yes or No</u> -
<u>I understand and agree to the statements of understanding above.</u>	<u>Select the checkbox to confirm.</u>

The “Finish appointing authorized representative” page is the last page to appoint an authorized representative. It collects the three required electronic signatures: Applicant signature, Authorized Representative signature, and a Witness signature. All three must read the electronic signature acknowledgement and enter their name in the available field.

Show/Hide an example of the page

Finish appointing authorized representative

The applicant, the authorized representative, and a witness must all sign here to finish appointing the authorized representative.

 If all three signatures aren't provided, the authorized representative can help with the application but can't sign and submit it. Only the applicant can sign and submit the application in that case. If you can't get all the signatures now, you can come back to this page later.

Applicant's signature

I understand that by checking this box and typing my name below, I am providing my electronic signature. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

First name

Middle initial (optional)

Last name

Authorized representative signature

I understand that by checking this box and typing my name below, I am providing my electronic signature. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

First name

Middle initial (optional)

Last name

Witness signature

I understand that by checking this box and typing my name below, I am providing my electronic signature. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

First name

Middle initial (optional)

Last name

Save and next

Step 3: Select the programs on the application

The “Programs you’re applying for” page asks the applicant which programs they would like to apply for along with brief descriptions of each program.

Show/Hide an example of the page

Programs you’re applying for

Choose all the programs you want to apply for.

Child care

Wisconsin Shares Child Care Subsidy Program

The Wisconsin Shares Child Care Subsidy Program helps families with limited income pay for child care so parents or other caretakers can work, go to school, or get training.

Choose Program

[Program details](#) ▾

Food

FoodShare

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

If you need help getting food now, we may be able to speed up your FoodShare application. We'll provide more information about this later on.

Choose Program

[Program details](#) ▾

Health care coverage

Health care coverage through BadgerCare Plus or Medicaid

BadgerCare Plus provides health care coverage for people who have limited income.

Medicaid has several programs that provide health care coverage and other help for low-income people who are age 65 or older, are blind, or have a disability.

Choose Program

[Program details](#) ▾

Family Planning Only Services

Family Planning Only Services provides men and women with certain family planning-related services and supplies to prevent unplanned pregnancies.

Choose Program

[Program details](#) ▾

Job skills and cash assistance

Wisconsin Works (W-2)

W-2 provides employment preparation services, case management, and cash assistance to parents and pregnant women with limited income.

[View the amount of monthly income you can have](#)

Choose Program

[Program details](#) ▾

Job Access Loans (JAL)

Job Access Loans are short-term, no-interest loans that help parents pay for unexpected expenses so that they can get a job or continue working. The loans can be used for transportation, work uniforms, moving expenses, and other job-related needs.

[View the amount of monthly income you can have](#)

Choose Program

[Program details](#) ▾

Housing and utilities

Emergency Assistance Program

The Emergency Assistance Program is a one-time payment that can help parents with limited income pay an emergency housing or utility-related expense.

[View the amount of monthly income you can have](#)

Choose Program

[Program details](#) ▾

Women, Infants, and Children Program

The Women, Infants, and Children (WIC) Program is a nutrition program for pregnant women, new mothers, and young children. The first step in applying for WIC is completing a one-page pre-application. The pre-application will be sent to the WIC clinic closest to you, and they will contact you to schedule an appointment.

[Start a WIC pre-application](#)

Save and next

The programs to apply for are:

- Emergency Assistance
- Family Planning Only Services (FPOS)
- FoodShare
- Health care (including BadgerCare Plus and Medicaid)
- Job Access Loans (JAL)
- Wisconsin Shares Child Care Subsidy
- Wisconsin Works (W-2)

The user can also go to the WIC Pre-Application from this page. This takes them outside of the Apply for Benefits Module.

ACCESS creates one application for all programs, so applicants should be encouraged to apply for any they may be eligible for. If they select certain programs and not others, a pop-up asks if they want to select the others. For example, if the applicant applies for only FoodShare, the pop-up will encourage them to also apply for health care.

The next page the applicant sees depends on the program or programs they selected.

Applicant is applying for health care or Family Planning Only Services: Backdated Coverage (Click to show)

The title of the page depends on which programs the applicant is applying for. The “Help paying for medical expenses” page or the “Help paying for family planning expenses” page asks about medical or family planning expenses in the past three months that were not paid for by insurance.

Show/Hide an example of the page

Help paying for medical expenses

If insurance has not paid for your medical and family planning expenses from the last three months, you can apply for health care coverage to pay those expenses.

Does anyone applying need help paying for medical expenses from the last three months that weren't paid for by insurance? (optional)

- Yes
 No

What months do you need help with? *

- September - 2021
 August - 2021
 July - 2021

Does anyone applying need help paying for family planning expenses from the last three months that weren't paid for by insurance? (optional)

- Yes
 No

What months do you need help with? *

- September - 2021
 August - 2021
 July - 2021

Family planning expenses can include Pap tests, tests for sexually transmitted infections, and more.

Save and next

[Questions](#)

[How to Answer](#)

<p><u>Does anyone applying need help paying for medical expenses from the last three months that weren't paid for by insurance? (Optional)</u></p>	<p><u>This question displays if the applicant is applying for health care.</u></p> <p><u>Select Yes or No.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u><i>What months do you need help with?</i></u></p>	<p><u>Select which month or months the applicant needs help with.</u></p> <p><u>The applicant can choose any combination of the past three months.</u></p>
<p><u>Does anyone applying need help paying for family planning expenses from the last three months that weren't paid for by insurance? (Optional)</u></p>	<p><u>This question displays if the applicant is applying for Family Planning Only Services.</u></p> <p><u>Select Yes or No.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u><i>What months do you need help with?</i></u></p>	<p><u>Select which month or months the applicant needs help with.</u></p> <p><u>The applicant can choose any combination of the past three months.</u></p>

Applicant has started their application for health care or Family Planning Only Services and returned to it in a different month (Click to show)

The "Update months" page asks about medical or family planning expenses in the past three months that were not paid for by insurance.

<p><u>Questions</u></p>	<p><u>How to Answer</u></p>
<p><u>Does anyone applying need help paying for medical expenses from the last three months that weren't paid for by insurance? (Optional)</u></p>	<p><u>This question displays if the applicant is applying for health care.</u></p> <p><u>Select Yes or No.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>

<p><u>What months do you need help with?</u></p>	<p><u>Select which month or months the applicant needs help with.</u></p> <p><u>The applicant can choose any combination of the past three months.</u></p>
<p><u>Does anyone applying need help paying for family planning expenses from the last three months that weren't paid for by insurance? (Optional)</u></p>	<p><u>This question displays if the applicant is applying for Family Planning Only Services.</u></p> <p><u>Select Yes or No.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>What months do you need help with?</u></p>	<p><u>Select which month or months the applicant needs help with.</u></p> <p><u>The applicant can choose any combination of the past three months.</u></p>

Step 4: Important program information

The "Important program information" page shows the applicant program-specific information about submitting the application and explains options the user has while completing the application.

Show/Hide an example of the page

Important Program Information

Getting FoodShare benefits faster

You may be able to get help from FoodShare within seven days of applying. We'll ask some questions later to see if you, or any of the people you buy food and eat meals with, meet one of these requirements:

- Have \$100 or less in cash or in the bank.
- Expect to have less than \$150 of income this month.
- Have housing or utility costs this month that will be more than your available cash, money in the bank, or monthly income before taxes and deductions.
- Are a migrant or seasonal farm worker with \$100 or less in cash or in the bank whose income has stopped or who will be paid less than \$25 within the next 10 days.

Cooperating with your child support agency

You may be required by law to cooperate with your child support agency to get any financial or medical support owed to you and any child who is applying for BadgerCare Plus, Medicaid, the Wisconsin Shares Child Care Subsidy Program, Wisconsin Works (W-2), and Job Access Loans. You may have a reason you don't want to cooperate with your child support agency. In that case, you can ask to not cooperate.

Completing an interview

If you apply for FoodShare or the Wisconsin Shares Child Care Subsidy Program, you'll need to complete an interview with an income maintenance or tribal agency worker before we make a decision about whether you can get help from these programs. During the interview, a worker will provide information about the programs you're applying for, review your application information, and ask for more information if needed. Your agency will call you to complete the interview.

If you apply for W-2, Job Access Loans, or the Emergency Assistance Program, you'll need to complete an interview with your W-2 agency before we make a decision about whether you can get help from these programs. During the interview, a worker will provide information about the programs you're applying for, review your application information, and ask for more information if needed.

For W-2 and Job Access Loans, you'll be able to schedule an interview at the end of this application. If you don't schedule an interview at that time, it is your responsibility to schedule and complete an interview within 30 days of submitting your application. If you don't, you'll need to reapply.

For the Emergency Assistance Program, your agency will call you to complete the interview.

Getting help from the federal health insurance marketplace

If you do not meet the rules to get health care coverage through BadgerCare Plus or Medicaid, your application information may be sent to the [federal health insurance marketplace](#). The federal health insurance marketplace will use your application information to check if you can get help paying for private health insurance.

Next

Read through the disclaimers and select **Next** to continue.

Step 5: Things to know about your application

This page shows information the applicant should be aware of before submitting the application, instructions to submit the application right now, and agency decision deadlines.

Show/Hide an example of the page

Things to know about your application

Before you get started, there are a few things you should know about your application.

Submitting your application

When you're ready to submit your application, choose the Finish and submit option on the next page. You'll need to read about your rights and responsibilities and provide a signature.

You have the right to submit your application at any time.

You just need to give us your name and address to apply. However, it's a good idea to give us as much information as you can in this application because it will help us make a faster decision about whether you can get help. If you don't give us the information we need now, you'll have to give it to us at a later time.

Date we get your application

The date we get your application is called your application filing date. Your application filing date is the date from which you can start getting help if your application is approved.

For BadgerCare Plus, Medicaid, and Family Planning Only Services, this date will be the day you submit your application.

For FoodShare, the Wisconsin Shares Child Care Subsidy Program, Wisconsin Works, Job Access Loans, and the Emergency Assistance Program, this date is usually the day you submit your application. However, if you submit after 4:30 PM or on a weekend or holiday, then it's the next business day.

Decision about whether you can get help

We are required by law to give you a decision about whether you can get help from the programs you're applying for within 30 days of your application filing date.

For the Emergency Assistance Program, we are required by law to give you a decision about whether you can get help within five working days of your application filing date.

[Next](#)

Read through the page and select **Next** to continue.

The applicant is taken to the “Application overview” page to begin.

3.3 APPLICATION OVERVIEW

Use these instructions to help people understand the application overview.

All the sections of the application are listed on the “Application overview” page.
Show/Hide an example of the page

Application Overview

Exit X

Please complete each section below. You won't be able to start some sections until you complete others. We may also ask you to complete additional sections based on the information you give us. If you need to stop, you can exit at any time and come back later.

Try to give us as much information as you can. If you don't give us some information now, we may have to ask for it before we can make a decision about whether you can get help.

 Your information	Not Started	Start
 People in your household	Not Started	Start
 Household details	Not Started	Start
 Income and benefits	Not Started	Start
 Assets	Not Started	Start
 Bills	Not Started	Start
 Health insurance	Not Started	Start
 Finish and submit	Not Started	Start

Programs you're applying for

- Wisconsin Shares Child Care Subsidy
- Food Share
- Family Planning Only Services
- Health care insurance through BadgerCare Plus or Medicaid
- Emergency Assistance (EA)
- Job Access Loan (JAL)
- Wisconsin Works (W-2)

[Change programs](#)

Add a representative

If you have a representative, such as a legal guardian, power of attorney, or authorized representative, you can add them.

[Add someone applying for you](#)

The sections to complete are:

- [Applicant Information](#)
- [Household Members](#)
- [Household Details](#)
- [Income and Benefits](#)
- [Assets](#)
- [Bills](#)
- [Health Insurance](#)
- [Finish and Submit](#)

The applicant only has to complete sections that are directly related to the programs they selected, and some sections may be grayed out until another section is completed.

To start a section, select **Start**.

Applicants may also choose to finish and submit their application at any time after completing the Applicant Information section. Doing this before completing all sections takes them to a submission screen asking them basic questions about their household.

3.4 APPLICANT INFORMATION

Contents

1. [Step 1: Tell us about yourself](#)
2. [Step 2: More about you](#)
3. [Step 3: Where you live](#)
4. [Step 4: Your contact information](#)
5. [Step 5: Confirm information on the Summary page](#)

Use these instructions to help people answer questions about the primary applicant.

This is the first section of the application that must be complete to access the rest of the application. Once completed, the applicant can review the sections for accuracy before going to the next section.

Step 1: Tell us about yourself

The “Tell us about yourself” page asks basic information about the primary applicant.

Show/Hide an example of the page

Tell us about yourself

Your Name

First name *

Middle initial (optional)

Last name *

Suffix (optional)

Date of birth *

Social Security number (optional)

I don't have a Social Security number (optional)

Have you applied for a Social Security number?

- Yes
- No
- I don't know

If you don't give us your Social Security number or you haven't applied for a Social Security number, you may not be able to get help from some programs.

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Your name</u>	<u>Enter the full legal name of the applicant. They can choose to enter a middle initial or suffix.</u>
<u>Date of Birth</u>	<u>Select the date from the calendar.</u>
<u>Social Security number (Optional)</u>	<u>Enter the Social Security number (SSN) of the primary applicant.</u> <u>If they do not have a SSN, there is a checkbox to indicate that. If they select this, the following two questions display.</u>
<u>Have you applied for a Social Security number? (Optional)</u>	<u>Select</u> <u>Yes</u> <u>_or_</u> <u>No</u> <u>-</u> <u>Selecting no does not negatively affect benefits. If they select yes, the next question displays.</u>
<u>Have you applied for a Social Security number? (Optional)</u>	<u>Select the date from the calendar.</u>

If their information matches an existing open case, the “You may have benefits” page displays.

On the “You may have benefits” page, the applicant can choose either **Check if I have a case** or **Continue with this application**. If they choose to check if they have a case, information about the previous case is displayed and they can return to that application. If they choose to continue with this application or their information does not match an existing case, they continue to the next step on this page.

Step 2: More about you

The “More about you” page asks about additional demographic information about the primary applicant.

Show/Hide an example of the page

<u>Questions</u>	<u>How to answer</u>
------------------	----------------------

<u>Marital status</u>	<u>Select the marital status of the applicant from the dropdown menu.</u>
<u>Sex</u>	<u>Select</u> <u>Male</u> <u>or</u> <u>Female</u> <u>.</u>
<u>Ethnicity (Optional)</u>	<u>Select Hispanic/Latino, Not Hispanic/Latino or I don't know.</u> <u>This selection does not impact benefits or program eligibility.</u>
<u>Race (Optional)</u>	<u>Select one or more of the race options.</u> <u>This selection does not impact benefits or program eligibility.</u>
<u>Are you a tribal member or a child or grandchild of a tribal member?</u>	<u>This question only displays if the applicant is applying for health care, FoodShare, or Family Planning Only Services. This question is not limited to Wisconsin based tribes or those living on tribal land.</u> <u>Select Yes or No.</u>
<u>Are you a member of a federally recognized tribe? (Optional)</u>	<u>This question is not limited to Wisconsin based tribes or those living on tribal land.</u> <u>Select Yes, No or I don't know.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Name of tribe (Optional)</u>	<u>Enter the name of the tribe.</u>

Step 3: Where you live

These pages ask where the primary applicant lives. Its primary purpose is to confirm which county or tribal agency handles the applicant's case. Its secondary purpose is to tell us where to send mail. The other questions help determine program eligibility based on living situations.

All applicants will start with the "Where you live" page.

Show/Hide an example of the page

Where you live

Do you live in Wisconsin? *

- Yes
- No

Do you plan to keep living in Wisconsin? *

- Yes
- No

Have you lived in Wisconsin your whole life? *

- Yes
- No

What county do you live in? *

Do you live on tribal lands? *

- Yes
- No

What tribal lands do you live on? *

Do you want to apply through your county agency or your tribal agency? *

- County agency
- Tribal agency

The agency you choose here will process your application and contact you with any questions. Note that sometimes your county agency is called an income maintenance agency.

Are you a migrant worker? (optional)

- Yes
- No
- I don't know

Are you currently homeless? (optional)

- Yes
- No
- I don't know

By homeless, we mean you don't have a long-term place to stay at night. You could be staying at a shelter or with a friend or relative, or you may not have a place to stay.

Have you been homeless in the past 12 months? (optional)

- Yes
- No
- I don't know

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Do you live in Wisconsin?</u>	<p>Select Yes or No.</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>Do you plan to keep living in Wisconsin?</u>	<p>Select Yes or No.</p> <p><u>If the applicant is applying for W-2 or JAL, the next question displays.</u></p>
<u>Have you lived in Wisconsin your whole life?</u>	<p>Select Yes or No.</p> <p>⌵</p>
<u>What county do you live in?</u>	<p>Select the county the applicant lives in from the dropdown menu. This is used to determine which agency will handle the application.</p>
<u>Do you live on tribal lands?</u>	<p>Select Yes or No.</p> <p><u>If the user isn't sure if they live on tribal lands, use this map of tribal lands in Wisconsin to confirm.</u></p> <p><u>If the applicant selects yes, the next two questions display.</u></p>
<u>What tribal lands do you live on?</u>	<p>Select the tribal lands the applicant lives on from the dropdown menu.</p>
<u>Do you want to apply through your county agency or your tribal agency?</u>	<p><u>This question displays if the tribal lands have a tribal agency. Applicants can choose whether to have the income maintenance agency or tribal agency handle their application and case.</u></p> <p>Select County agency or Tribal agency.</p> <p>⌵</p>

<p><u>Are you a migrant worker? (Optional)</u></p>	<p><u>Select</u> <u>Yes</u></p> <p>↓ <u>No</u> <u>, or</u> <u>I don't know</u></p> <p>↓</p>
<p><u>Are you currently homeless? (Optional)</u></p>	<p><u>Select</u> <u>Yes</u></p> <p>↓ <u>No</u> <u>, or</u> <u>I don't know</u></p> <p>↓</p> <p><u>This answer determines which address page displays next.</u> <u>If the applicant selects yes, they are only asked how mail can reach them on the next page.</u></p> <p><u>If the applicant selects no, they are only asked for their living address on the next page.</u></p>
<p><u>Have you been homeless in the past 12 months?</u></p>	<p><u>Select</u> <u>Yes</u></p> <p>↓ <u>No</u> <u>, or</u> <u>I don't know</u></p> <p>↓</p>

The next page the applicant sees depends on their answer to the “Are you currently homeless?” question.

Applicant is Not Homeless: More about where you live (Click to show)

The “More about where you live” page asks about the primary applicant’s residence.

Show/Hide an example of the page

More about where you live

Please tell us about the place where you live now, even if it's not your permanent address.

Where are you currently living? *

Your address

Street address *

Apartment, unit, or room number (optional)

City *

State *

Zip code *

Care of (optional)

We'll use this address to send you mail. If you can't get mail at this address, please provide a separate mailing address.

Do you have a separate mailing address? (optional)

- Yes
 No
 I don't know

Your mailing address

Street address *

Apartment, unit, or room number (optional)

City *

State *

Zip code *

Care of (optional)

We'll use this address instead of the address above to send you mail. If you're sending mail to someone else's address, please provide their name in the Care of field.

Save and next

<u>Questions</u>	<u>How to Answer</u>
<u>Where are you currently living?</u>	<p><u>Select their current living situation from the dropdown menu.</u></p> <p><u>Additional questions may appear based on their selection.</u></p>
<u>Why are you living in someone else's home?</u>	<p><u>This question displays if the applicant selects "Someone else's home" on the first question.</u></p> <p><u>Select the reason from the dropdown menu.</u></p>
<u>What type of health care facility do you live in?</u>	<p><u>This question displays if the applicant selects "A health care facility" on the first question.</u></p> <p><u>Select the type of health care facility from the dropdown menu.</u></p>
<u>What type of assisted living facility do you live in?</u>	<p><u>This question displays if the applicant selects "An assisted living facility" on the first question.</u></p> <p><u>Select the type of assisted living facility from the dropdown menu.</u></p>
<u>Your address</u>	<u>Enter the full address of the applicant.</u>
<u>Do you have a separate mailing address? (Optional)</u>	<p><u>Select Yes, No, or I don't know.</u></p> <p><u>If the applicant selects no, we will send mail to the address they already entered.</u></p> <p><u>If the applicant selects yes, enter the separate mailing address.</u></p>

The "Confirm your address" page displays if there is not an exact match identified using the address verification service, suggesting to update it to a similar address. It gives the applicant the options **Postal Service address** or **Address I gave.**

Show/Hide an example of the page

Confirm your address

We looked for the address you gave in the U.S. Postal Service's records. We found an address that we think is yours.

Address from the Postal Service:

123 E Wells St
Milwaukee WI 532023503

Address you gave us:

123 E Wells St
Milwaukee WI 532023503

Which address do you want to use? *

- Postal Service address
- Address I gave

Save and next

[Applicant is Homeless: Place to send mail \(Click to show\)](#)

The "Place to send mail" page asks about where the homeless individual is currently living and allows them to indicate that they want to use their local agency to receive mail.

[Show/Hide an example of the page](#)

Place to send mail

We need a place where we can send your mail. If you don't have a place where we can send mail, we can send it to your agency. You'll be able to pick the mail up there.

Do you currently have a place to stay? (optional)

- Yes
- No
- I don't know

This might be a shelter, a friend's or family member's home, or someplace else.

Address where you're staying (optional)

Street address *

Apartment, unit, or room number (optional)

City *

State *

Zip code *

Care of (optional)

If you're staying at a shelter or with someone else, please provide the name of the shelter or person in the Care of field.

Can you get mail at this address? *

- Yes
- No

Where can we send your mail? *

- A mailing address
- My agency

If you don't have a mailing address, we can send mail to your agency. You'll be able to pick the mail up there.

Your mailing address

Street address *

Apartment, unit, or room number (optional)

City *

State *

Zip code *

Care of (optional)

If you're sending mail to someone else's address, please provide their name in the Care of field.

Save and next

<u>Questions</u>	<u>How to answer</u>
<p><u>Do you currently have a place to stay?</u> (Optional)</p>	<p>Select <u>Yes, No, or I don't know.</u> <u>A yes answer may include a shelter, with a friend or family member, or someplace else.If the applicant selects yes, the next two questions display.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>Address where you're staying</u> (Optional)</p>	<p><u>Enter the address where they are currently staying. Use the Care Of field if it is a shelter or business address.</u></p>
<p><u>Can you get mail at this address?</u> (Optional)</p>	<p>Select <u>Yes, No, or I don't know.</u></p> <p><u>If the applicant selects yes, we will send mail to the address they already entered.</u></p>
<p><u>Where can we send your mail?</u></p>	<p><u>This question displays if the applicant does not have a place to stay or they can't receive mail their current address.</u></p> <p><u>Select A mailing address or My agency.</u></p> <p><u>If the applicant selects a mailing address, the next question displays.</u></p> <p><u>If they don't have a mailing address, they can have mail sent to their agency. If they are staying at a shelter or with someone else, please write the name of the person or shelter in the Care of field.</u></p>
<p><u>Your mailing address</u></p>	<p><u>Enter the full mailing address.</u></p>

If the applicant doesn't have a mailing address, the "Your agency" page displays. This page displays the address of the agency which is determined by the county that was entered earlier in the application.

Show/Hide an example of the page

Image to be provided

Applicant is living in an institution (Click to show)

The “_____’s care facility” page asks for information about the institution or care facility where the person is currently living.
Show/Hide an example of the page

Test’s care facility

Please tell us more about the intermediate care facility Test is staying in.

What is the name of the care facility? (optional)

Where is the care facility located? (optional)

When did Test most recently move into this care facility? (optional)

Was Test in this care facility or a similar one before? (optional)

- Yes
- No
- I don't know

When did Test first move into a care facility? *

Spouse’s mailing address (optional)

Street address

Apartment, unit, or room number (optional)

City

State

Zip code

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>What is the name of the care facility?</u>	<u>Enter the name of the care facility.</u>
<u>Where is the care facility located?</u>	<u>Select the county from the dropdown menu.</u>
<u>When did _____ most recently move into this care facility?</u>	<u>Select the date from the calendar.</u> <u>If the person has been in this care facility more than once, or is in and out, please enter the date they were most recently admitted.</u>
<u>Was _____ in this care facility or a similar one before? (Optional)</u>	<u>Select Yes, No, or I don't know.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>When did _____ first move into a care facility?</u>	<u>Select the date from the calendar.</u> <u>If they have been in care facilities multiple times, please enter the date of the first time they were admitted.</u>
<u>Spouse's mailing address (Optional)</u>	<u>This question will only appear if the institutionalized person is married, separated, or legally separated and the spouse is also not in an institution.</u> <u>Enter the address where the person's spouse can receive mail.</u>

Applicant is living in a jail or prison (Click to show)

The " _____ 's jail or prison information" page asks for information about the jail or prison where the household member is currently living.

Show/Hide an example of the page

Test's jail or prison information

You told us Test is in jail or prison. Please tell us more about this.

What is the name of the jail or prison? (optional)

What is the address of the jail or prison? (optional)

Jail or Prison Address Line 1

Jail or Prison Address Line 2

City

State

Zip code

What is Test's Department of Corrections or jail number? (optional)

When did Test enter jail or prison? (optional)

Is Test enrolled in the Huber Program to take care of a child or children younger than age 18? (optional)

- Yes
- No
- I don't know

What is Test release date, if known? (optional)

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>What is the address of the jail or prison? (Optional)</u>	<u>Enter the full address of the jail or prison the household member is in.</u>
<u>What is _____'s Department of Corrections or jail number? (Optional)</u>	<u>Enter the household member's number.</u>
<u>When did _____ enter jail or prison? (Optional)</u>	<u>Select the date from the calendar.</u> <u>If the person has been in prison or jail multiple times, enter the date of the most recent imprisonment.</u>
<u>Is _____ enrolled in the Huber Program to take care of a child or children younger than age 18? (Optional)</u>	<u>Select</u> <u>Yes</u> ⋮ <u>No</u> ⋮ <u>or</u> <u>I don't know</u> ⋮
<u>What is _____'s release date, if known? (Optional)</u>	<u>Select the date from the calendar.</u> <u>If the release date is not known, leave blank.</u>

Step 4: Your contact information

This page asks about how the primary applicant wants us to communicate with them.
Show/Hide an example of the page

Your contact information

Please tell us how we can best stay in touch with you.

Language information

What is the primary language spoken in your home?

Is this your preferred language?

- Yes
 No

We'll send letters in the language you choose here, if possible. If not, we'll send the letters in English and let you know how you can get the letters translated or explained for free.

What is your preferred language?

Phone information *

Primary phone number (optional)

Primary phone type *

[Remove phone number](#)

Other phone number (optional)

Other phone type

[Add phone number](#)

If you don't have a phone or we can't reach you at the number[s] above, do you have a different phone number where we can leave a message for you? (optional)

- Yes
 No
 I don't know

Phone number for messages

What's the best way to contact you during the week? *

What's the best time of day to call you? *

If you are deaf or hard of hearing, what service or device do you use? (optional)

Do you want to get text messages about your Wisconsin Works, Job Access Loans, and Emergency Assistance applications if your agency is able to do text messaging? (optional)

- Yes
 No
 I don't know

Email information

Email address

Re-enter email address

Emails match

Do you want to view most of your letters online instead of getting them by mail? (optional)

- Yes
 No
 I don't know

If you choose to view most of your letters online, we'll send an email to you each time you have a new letter. You can then log into your ACCESS account to view the letter. In some cases, you may get letters in the mail, but most of the letters will only be online.

Do you want to get emails about your health care services from our health care partners? (optional)

- Yes
 No
 I don't know

By health care partners, we mean groups like health maintenance organizations (HMOs).

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>What is the primary language spoken in your home?</u>	<u>Select the primary language spoken in their home from the dropdown menu.</u>
<u>Is this your preferred language?</u>	<p><u>Select Yes or No.</u></p> <p><u>The preferred language determines the language they receive correspondence in. Correspondence is available in English and Spanish. If they select a different language, their written correspondence will be in English with instructions for how to get it translated in their language.</u></p> <p><u>If the applicant selects no, the next question displays.</u></p>
<u>What is your preferred language?</u>	<u>Select the preferred language of the primary applicant from the dropdown menu.</u>
<u>Phone information</u>	<p><u>Enter the primary phone number and type of phone. The applicants can choose to enter an alternate phone number and type as well.</u></p> <p><u>This question is required if the application includes W-2, JAL or Emergency Assistance. It is optional for all other programs.</u></p>
<u>If you don't have a phone or we can't reach you at the number above, do you have a different phone number where we can leave a message for you?</u>	<p><u>Select Yes, No, or I don't know.</u></p> <p><u>This question is required if the application includes W-2, JAL or Emergency Assistance. It is optional for all other programs.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>Phone number for messages</u>	<u>Enter the phone number.</u>
<u>What's the best way to contact you during the week?</u>	<p><u>Select the preferred contact phone of the primary applicant from the dropdown menu.</u></p> <p><u>This question is required if the application includes W-2, JAL or Emergency Assistance. It is optional for all other programs.</u></p>

<p><u>What's the best time of day to call you?</u></p>	<p><u>Select a time.</u></p> <p><u>This question is required if the application includes W-2, JAL or Emergency Assistance. It is optional for all other programs.</u></p>
<p><u>If you are deaf or hard of hearing, what service or device do you use?</u></p>	<p><u>Select the service or device used from the dropdown menu.</u></p> <p><u>This question is required if the application includes W-2, JAL or Emergency Assistance. It is optional for all other programs.</u></p>
<p><u>Do you want to get text messages about your application if your agency is able to do text messaging?</u></p>	<p><u>Select Yes or No.</u></p> <p><u>This question displays if the application includes W-2, JAL or Emergency Assistance.</u></p>
<p><u>Email information</u></p>	<p><u>Enter the email address and re-enter to confirm they match.</u></p>
<p><u>Do you want to view most of your letters online instead of getting them by mail? (Optional)</u></p>	<p><u>Select Yes, No, or I don't know.</u></p> <p><u>Electronic copies of letters are in addition to paper copies. There is not a paperless option.</u></p>
<p><u>Do you want to get emails about your health care services from our health care partners?</u></p>	<p><u>Select Yes, No, or I don't know.</u></p> <p><u>These emails are sent from health care partners, such as HMOs and do not come from the Department of Health Services. They help people learn about available health care, especially if they are not eligible for Badger Care Plus, Medicaid, or Family Planning Only Services.</u></p>

Step 5: Confirm information on the Summary page

Once completed, a summary page displays. Here, the applicant can review the sections for accuracy before going to the next section.

Show/Hide an example of the page

You finished the applicant information section

- ✔ You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.

When you're ready to continue, go to the application overview.

Information from this section

Test Test	
Tell us about yourself	Update ↗
More about you	Update ↗
Where you live	Update ↗
More about where you live	Update ↗
Your jail or prison information	Update ↗
Your contact information	Update ↗

[Application overview](#)

3.5 HOUSEHOLD MEMBERS

Contents

1. Step 1: Your household
2. Step 2: Household relationships
3. Step 3: Children in the household
4. Step 4: More about the household member
5. Step 5: Other household information
6. Step 6: Former foster care youth
7. Step 7: Household meals
8. Step 8: Tax information
9. Step 9: Emergency Assistance information
10. Step 10: Program eligibility
11. Step 11: Confirm information on the Summary page

Use these instructions to help people answer questions regarding the members living in the household. It can be started any time after the applicant has completed the Applicant Information section. Once completed, the applicant can review the sections for accuracy before going to the next section.

Step 1: Your household

This page asks the applicant to add members to the household profile one at a time. The applicant returns to this screen after each addition is made until the household is complete.

Show/Hide an example of the page

Image to be provided

Select **Add person** to enter their information. If the applicant is the only member of their household, they do not need to add anyone.

The “Add a household member” page asks about basic demographic information about the household member being added.

Show/Hide an example of the page

Add a household member

Household member name

First name *

Middle initial (optional)

Last name *

Suffix (optional)

Sex *

Male

Female

Date of birth *

Social Security number (optional)

This person doesn't have a Social Security number.

If this person doesn't give us their Social Security number or hasn't applied for a Social Security number, they may not be able to get help from some programs.

Has this person applied for a Social Security number? (optional)

Yes

No

I don't know

When did this person apply for a Social Security number? (optional)

Add this person

<u>Questions</u>	<u>How to answer</u>
<u>Household member name</u>	<u>Enter the full legal name of the individual. They can choose to enter a middle initial or suffix.</u>
<u>Sex</u>	<u>Select Male or Female</u> :
<u>Date of birth</u>	<u>Select the date from the calendar.</u>
<u>Social Security number (Optional)</u>	<u>Enter the individual's social security number. If they do not have one, the applicant can select an option that reflects that.</u> <u>They can apply for benefits without a SSN.</u>
<u><i>Has this person applied for a Social Security number? (Optional)</i></u>	<u>Select Yes, No, or I don't know.</u> <u>If the applicant selects yes, the next question displays.</u>
<u><i>When did this person apply for a Social Security number? (Optional)</i></u>	<u>Select the date from the calendar.</u>

After entering the information, the applicant returns to the "Your household" page. From here, applicants can remove a household member or add another household member.

Once the applicant finishes adding the members of their household to the profile, there are two questions to answer if they are applying for health care. These questions apply to everyone in the household.

<u>Questions</u>	<u>How to answer</u>
<u>Do you have any children in foster care or kinship care who live outside the home</u>	<u>Select Yes, No, or I don't know.</u> <u>This question finds out if there are other children who may need to be asked about later in the application. Don't</u>

<u>but will return?</u> <u>(Optional)</u>	<u>include children in foster care or kinship care that were already listed as being in the applicant's household.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>How many children?</u> <u>(Optional)</u>	<u>Enter the number of their children in foster/kinship care not already included in the list of household members.</u>

The next page the applicant sees depends on how many household members there are.

<u>If the household has...</u>	<u>Continue to...</u>
<u>One person</u>	STEP 6: FORMER FOSTER CARE YOUTH
<u>Two or more people</u>	STEP 2: HOUSEHOLD RELATIONSHIPS

Step 2: Household relationships

This page asks the applicant to describe the relationships between household members. The benefit programs have different policies for who can apply on a single application. The relationship information tells us who can apply on this application and what information needs to be asked of each individual.

The relationships to the primary applicant are collected first, and from there relationships are collected in order of age from oldest to youngest.

Show/Hide an example of the page

Household relationships

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

Test Test (You)▼

Relationship to Test Tester *

Relationship to Test Child *

Test Tester▼

Relationship to Test Child *

Test Child▼

You described all of Test Child's relationships in the above questions.

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Relationship to [Household Member Name]</u>	<u>This question repeats for each combination of people in the household. If the relationship has already been described, the answer prepopulates the next time it is asked.</u>

The next page the applicant sees depends on if anyone in the household is under 20 years old.

If the household has...	Continue to...
Anyone under 20 years old	STEP 3: CHILDREN IN THE HOUSEHOLD
No one under 20 years old	STEP 4: MORE ABOUT THE HOUSEHOLD MEMBER

Step 3: Children in the household

The "Primary caretaker" page asks the applicant to define who is the primary caretaker of each child or person under the age of 20. This is asked because program policy may apply differently to primary caretakers of a minor.

[Show/Hide an example of the page](#)

Primary caretaker

Please tell us who in your household is most responsible for each child's care on a daily basis. If more than one adult gives the same amount of care for a child, please choose one to be the primary caretaker.

Who is Test's primary caretaker? *

Save and next

Questions	How to answer
Who is _____'s primary caretaker?	<p>Select which member of the household is each child's primary caretaker.</p> <p>If more than one adult gives the same amount of care for a child please choose one to be the primary caretaker.</p>

If the applicant is applying for Emergency Assistance (Click to show)

The "Children in your home" page asks whether the child or children will remain in the home and under the adult's care in the future.

[Show/Hide an example of the page](#)

Children in your home

You told us you have children in your home that you are responsible for. Please tell us if their home or care will change soon.

Will all children stay in your home and under your care in the future? *

Yes

No

Who will be leaving your home or care? *

Test Child

We're asking this so we know who to include on your Emergency Assistance Program application. At least one child needs to be in your home and ongoing care.

Save and next

Image to be provided

<u>Questions</u>	<u>How to answer</u>
<u>Will _____ stay in your home and under your care in the future?</u>	<u>Select Yes or No.</u> <u>If applicant selects no, the next question displays.</u>
<u>Who will be leaving your home or care?</u>	<u>Select the child or children that will be leaving the household from the list of all children in the household.</u> <u>Emergency Assistance requires at least one related child in the home.</u>

Step 4: More about the household member

This page asks about demographic information for household members other than the primary applicant and repeats for each member.

Show/Hide an example of the page

More about Test

Marital status *

Select a marital status

Ethnicity (optional)

- Hispanic or Latino
- Not Hispanic or Latino
- I don't know

Race (optional)

- American Indian/Alaskan
- Asian
- Black/African American
- Hawaiian/Other Pacific Islander
- White

Is Test a tribal member or a child or grandchild of a tribal member? *

- Yes
- No

Is Test a member of a federally recognized tribe? (optional)

- Yes
- No
- I don't know

Name of tribe (optional)

Does this person live in Wisconsin? *

- Yes
- No

Does Test plan to keep living in Wisconsin? *

- Yes
- No

Is Test a migrant worker? (optional)

- Yes
- No
- I don't know

Has Test been homeless in the past 12 months? (optional)

- Yes
- No
- I don't know

By homeless, we mean Test doesn't have a long-term place to stay at night. Test could be staying at a shelter or with a friend or relative or may not have a place to stay.

Where is Test currently living? *

Select a location

What is Test's preferred language? (optional)

Select a language

Does Test want to view most of their letters online instead of getting them by mail? (optional)

- Yes
- No
- I don't know

If Test chooses to view most of their letters online, we'll send an email to them each time they have a new letter. They can then log into their ACCESS account to view the letter. In some cases, Test may get letters in the mail, but most of the letters will only be online.

Please note that these are letters specific to Test. Letters that aren't specific to Test will be sent to Test.

Email address *

Test@email.com

Re-enter email address *

- Emails match

Test@email.com

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Marital Status</u>	<u>Select their marital status from the dropdown menu.</u>
<u>Ethnicity (Optional)</u>	<p><u>Select Hispanic/Latino, Not Hispanic/Latino, or I don't know.</u></p> <p><u>This selection does not impact benefits or program eligibility.</u></p>
<u>Race (Optional)</u>	<p><u>Select one or more of the race options.</u></p> <p><u>This selection does not impact benefits or program eligibility.</u></p> <p><u>If the applicant is applying for Health care or Family Planning Only Services, the next question displays.</u></p>
<u>Is _____ a tribal member or a child or grandchild of a tribal member?</u>	<p><u>This question is not limited to Wisconsin based tribes or those living on tribal land.</u></p> <p><u>Select Yes or No.</u></p>
<u>Is _____ a member of a federally recognized tribe? (Optional)</u>	<p><u>This question is not limited to Wisconsin based tribes or those living on tribal land.</u></p> <p><u>Select Yes, No, or I don't know.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>Name of tribe (Optional)</u>	<u>Enter the name of tribe.</u>
<u>Does _____ live in Wisconsin?</u>	<p><u>Select Yes or No.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>Does _____ plan to keep living in Wisconsin?</u>	<p><u>Select Yes or No.</u></p> <p><u>:</u></p>
<u>Is _____ a migrant worker? (Optional)</u>	<u>Select Yes</u>

	<p><u>No</u></p> <p><u>, or</u></p> <p><u>I don't know</u></p>
<p><u>Has _____ been homeless in the past 12 months? (Optional)</u></p>	<p><u>Select Yes</u></p> <p><u>No</u></p> <p><u>, or</u></p> <p><u>I don't know</u></p>
<p><u>Where is _____ currently living?</u></p>	<p><u>Select the living situation from the dropdown menu.</u></p> <p><u>One of the next three questions displays based on their selection.</u></p>
<p><u>Why is _____ living in someone else's home?</u></p>	<p><u>This question displays if the applicant selects someone else's home on the previous question.</u></p> <p><u>Select a reason from the dropdown menu.</u></p>
<p><u>What type of health care facility does _____ live in?</u></p>	<p><u>This question displays if the applicant selects health care facility on the previous question.</u></p> <p>-</p> <p><u>Select a health care facility type from the dropdown menu.</u></p>
<p><u>What type of assisted living facility does _____ live in?</u></p>	<p><u>This question displays if the applicant selects assisted living facility on the previous question.</u></p> <p><u>Select an assisted living facility type from the dropdown menu.</u></p>
<p><u>Should _____ be included on this application for health care coverage as part of this household?</u></p>	<p><u>This question displays if the household member is currently in jail or prison.</u></p> <p><u>Select Yes or No.</u></p>

<p><u>What is _____'s preferred language? (Optional)</u></p>	<p><u>Select the preferred language of the individual from the dropdown menu.</u></p> <p><u>Any correspondences are sent based on the applicant's preferred language.</u></p>
<p><u>Does _____ want to view most of their letters online instead of getting them by mail?</u></p>	<p><u>This option displays if this member is the spouse of the primary applicant.</u></p> <p><u>Select Yes, No, or I don't know.</u></p> <p><u>If the applicant selects yes, enter the spouse's email.</u></p>
<p><u>Email address</u></p>	<p><u>Enter and re-enter to confirm the email address of the household member.</u></p>

If the applicant indicated they are living in an institution or jail, an additional page displays to gather more information.

Institution: Household member is living in an institution (Click to show)

The " _____'s care facility" page asks for information about the institution or care facility where the person is currently living.

Show/Hide an example of the page

Test's care facility

Please tell us more about the intermediate care facility Test is staying in.

What is the name of the care facility? (optional)

Where is the care facility located? (optional)

When did Test most recently move into this care facility? (optional)

Was Test in this care facility or a similar one before? (optional)

- Yes
- No
- I don't know

When did Test first move into a care facility? *

Spouse's mailing address (optional)

Street address

Apartment, unit, or room number (optional)

City

State

Zip code

Save and next



<u>Questions</u>	<u>How to answer</u>
<u>What is the name of the care facility?</u>	<u>Enter the name of the care facility.</u>
<u>Where is the care facility located?</u>	<u>Select the county from the dropdown menu.</u>
<u>When did _____ most recently move into this care facility?</u>	<u>Select the date from the calendar.</u> <u>If the person has been in this care facility more than once, or is in and out, please enter the date they were most recently admitted.</u>
<u>Was _____ in this care facility or a similar one before? (Optional)</u>	<u>Select Yes, No, or I don't know.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>When did _____ first move into a care facility?</u>	<u>Select the date from the calendar.</u> <u>If they have been in care facilities multiple times, please enter the date of the first time they were admitted.</u>
<u>Spouse's mailing address (Optional)</u>	<u>This question will only appear if the institutionalized person is married, separated, or legally separated and the spouse is also not in an institution.</u> <u>Enter the address where the person's spouse can receive mail.</u>

Jail or Prison: Household member is living in a Jail or Prison (Click to show)

The "_____ 's jail or prison information" page asks for information about the jail or prison where the household member is currently living.

Show/Hide an example of the page

Test's jail or prison information

You told us Test is in jail or prison. Please tell us more about this.

What is the name of the jail or prison? (optional)

What is the address of the jail or prison? (optional)

Jail or Prison Address Line 1

Jail or Prison Address Line 2

City

State

Zip code

What is Test's Department of Corrections or jail number? (optional)

When did Test enter jail or prison? (optional)

Is Test enrolled in the Huber Program to take care of a child or children younger than age 18? (optional)

- Yes
- No
- I don't know

What is Test release date, if known? (optional)

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>What is the address of the jail or prison? (Optional)</u>	<u>Enter the full address of the jail or prison the household member is in.</u>
<u>What is _____'s Department of Corrections or jail number? (Optional)</u>	<u>Enter the household member's number.</u>
<u>When did _____ enter jail or prison? (Optional)</u>	<u>Select the date from the calendar.</u> <u>If the person has been in prison or jail multiple times, enter the date of the most recent imprisonment.</u>
<u>Is _____ enrolled in the Huber Program to take care of a child or children younger than age 18? (Optional)</u>	<u>Select</u> <u>Yes</u> ⋮ <u>No</u> ⋮ <u>or</u> <u>I don't know</u> ⋮
<u>What is _____'s release date, if known? (Optional)</u>	<u>Select the date from the calendar.</u> <u>If the release date is not known, leave blank.</u>

Step 5: Other household information

Additional pages display based on the applicant's household. The applicant may see all or none of these pages. If none of these situations apply, move on to Step 6.

Pregnancy: Displays if household includes women between 10-60 years old (Click to show)

The "Pregnancy information" page asks the applicant to indicate if any woman between the age of 10 and 60 in the household is pregnant.

Show/Hide an example of the page

Pregnancy information

Is anyone in your household pregnant? *

Yes

No

Who is pregnant? *

Test Tester

Test Child

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Is anyone in your household pregnant?</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Who is pregnant?</u>	<u>Select who is pregnant from the list of applicable people in the household.</u>

If at least one person in the household is pregnant, the “More about _____’s pregnancy” page displays.

This page asks for details about pregnancy. If multiple people are pregnant, the page repeats for each pregnant person.

Show/Hide an example of the page

More about Test's pregnancy

When is Test's due date? (optional)

How many babies is Test expecting? (optional)

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>When is _____'s due date? (Optional)</u>	<u>Select the date from the calendar.</u>
<u>How many babies is _____ expecting? (Optional)</u>	<u>Enter the number of children expected.</u>
<u>Who is pregnant?</u>	<u>Select who is pregnant from the list of applicable people in the household.</u>

Acting parents: Displays if a child's parent or stepparent is not in the household (Click to show)

The "Acting parents" page asks details about adults who has assumed a parental role of a child. It is asked for any household member over 19 years old that said they were acting as a parent for someone under 19 years old.

Show/Hide an example of the page

Acting parents

Who is acting as Unrelated Child's parent? *

Test Test

Test Tester

No one

What is Test Test's relationship to Unrelated Child? *

Kinship care relative

Was this kinship care ordered by a court? *

Yes

No

Does Test Test get money from the Kinship Care Program for Unrelated Child? *

Yes

No

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Who is acting as _____'s parent?</u>	<u>Select which member of the household is the acting parent of each child.</u> <u>This question repeats for each child under 19 years old that does not have a parent or stepparent in the household.</u>

<p><u>What is _____'s relationship to _____ ?</u></p>	<p><u>Select the parental relationship from the dropdown menu.</u></p> <p><u>Additional questions may appear based on their selection.</u></p>
<p><u>Was this kinship care ordered by a court?</u></p>	<p><u>This question displays if the applicant selects "Kinship care relative" on the second question.</u></p> <p>-</p> <p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> -</p>
<p><u>Was this foster care ordered by a court?</u></p>	<p><u>This question displays if the applicant selects "Foster care" on the second question.</u></p> <p>-</p> <p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> -</p>
<p><u>Does _____ get money from the Kinship Care Program for _____ ?</u></p>	<p><u>This question displays if the applicant selects "Kinship care relative" in the second question.</u></p> <p><u>Select Yes or No.</u></p>

Absent parent: Shows if a child isn't living with two parents (Click to show)

The " _____'s other parent" page asks the applicant to provide information about a parent that is not part of the household. This page displays if there is at least one child in the household who does not have two legal parents (biological or adoptive parents) and no spousal relationship to anyone in the household, or if there is a pregnant woman who doesn't have a husband in the home. These questions are asked as some programs require cooperation with the child support agency. Entering this information does not add the absent parent to the application. This page repeats until each child has two named parents.

Show/Hide an example of the page

Test's other parent

It looks like Test has a parent who isn't in your household. Please tell us more about this parent.

Other parent's name

First name *

Middle initial (optional)

Last name *

Suffix (optional)

Sex (optional)

- Male
- Female

Do you want to claim good cause for not cooperating with your child support agency? (optional)

- Yes
- No
- I don't know

You may be required by law to cooperate with your child support agency to get any financial or medical support owed by this other parent to you and any child who is applying. If you have a reason for not cooperating, such as a safety concern, you can claim what is called good cause.

Do any other children in the household have this same parent? (optional)

- Yes
- No
- I don't know

Which children have this same parent? (optional)

- Unrelated Child Test

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Other parent's name</u>	<u>Enter the full legal name of the absent parent. They can choose to enter a middle initial or suffix.</u>
<u>Sex (Optional)</u>	<u>Select</u> <u>Male</u> <u>or</u> <u>Female</u> :
<u>Does _____ want to claim good cause for not cooperating with _____'s child support agency? (Optional)</u>	<u>Select</u> <u>Yes</u> : <u>No</u> <u>or</u> <u>I don't know</u> : <p><u>The applicant should claim good cause if cooperating with the absentee parent through a Child Support Agency creates safety concerns for the applicant or their child.</u></p>
<u>Do any other children in the household have this same parent? (Optional)</u>	<u>This question displays if there is more than one child without two parents in the household.</u> <u>Select Yes or No.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Which children have this same parent? (Optional)</u>	<u>Select the children that share the same parent.</u>

Step 6: Former foster care youth

This page asks the applicant to indicate if anyone in the household was in foster care when they turned 18.

Show/Hide an example of the page

<u>Questions</u>	<u>How to answer</u>
------------------	----------------------

<p><u>Was anyone in foster care, subsidized guardianship, or court-ordered kinship care when they turned 18 years old?</u></p>	<p><u>Select Yes or No.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>Who was in foster care, subsidized guardianship, or court-ordered kinship care when they turned 18 years old?</u></p>	<p><u>Select the member or members of the household that were in foster care when they turned 18.</u></p>

The next page the applicant sees depends on how many household members there are.

<u>If the household has...</u>	<u>And the application...</u>	<u>Continue to...</u>
<p><u>One person</u></p>	<p><u>Includes health care and any other programs</u> <u>Does not include health care, but does include Emergency Assistance</u> <u>Does not include health care or Emergency Assistance</u></p>	<p><u>STEP 8: TAX INFORMATION</u></p> <hr/> <p><u>STEP 9: EMERGENCY ASSISTANCE INFORMATION</u></p> <hr/> <p><u>STEP 10: PROGRAM ELIGIBILITY</u></p>
<p><u>Two or more people</u></p>	<p><u>Includes FoodShare and any other programs</u> <u>Does not include FoodShare but does include health care</u> <u>Does not include FoodShare or health care but includes Emergency Assistance</u> <u>Does not include FoodShare, health care, or Emergency Assistance</u></p>	<p><u>STEP 7: HOUSEHOLD MEALS</u></p> <hr/> <p><u>STEP 8: TAX INFORMATION</u></p> <hr/> <p><u>STEP 9: EMERGENCY ASSISTANCE INFORMATION</u></p> <hr/> <p><u>STEP 10: PROGRAM ELIGIBILITY</u></p>

Step 7: Household meals

This page asks the applicant which household member purchases and prepares their food. This information is used to determine who to ask which income and expenses questions later in the application. It will also determine the maximum amount of

FoodShare assistance the household can receive.
Show/Hide an example of the page

Household meals

Who in your household buys food and eats meals with Test? (optional)

- Child
- Spouse
- I don't know

Who in your household buys food and eats meals with Spouse? (optional)

- Child
- I don't know

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Who in your household buys food and eats meals with you?</u>	<u>Select the member or members of the household that helps with buying or cooking food.</u>

Step 8: Tax information

The "Tax filers" page asks the applicant to indicate who in the household is planning to file taxes for the current year. Tax information is asked for health care applications to make it easier for the applicant to provide the necessary income and expense information.

Show/Hide an example of the page

Tax filers

We need to know who in your household files federal income taxes. This will help us know if your household meets certain program rules.

Is anyone in your household planning to file federal income taxes for 2021? *

- Yes
 No

Who is planning to file? *

- Test Test
 Test Tester
 Test Child
 Unrelated Child Test

If someone is married and plans to file taxes, both spouses must file taxes. If both spouses are listed here, be sure to choose both.

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Is anyone in your household planning to file federal income taxes for [Year]?</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Who is planning to file?</u>	<u>Select the member or members of the household that plan to file taxes this year.</u> <u>If someone is married and plans to file taxes, both spouses must file taxes. If both spouses are in the household, be sure to select both.</u>

The “More about _____’s taxes” page displays for each person who is planning to file taxes. It asks details about tax filers and determines if additional information needs to be gathered.

[Show/Hide an example of the page](#)

More about Test's taxes

Is Test planning to jointly file federal income taxes with their spouse? *

- Yes
- No

Is Test being claimed as a dependent on federal income taxes by someone outside the household? *

- Yes
- No

Dependents are often children or older relatives. To be a dependent, someone has to have very little or no income.

Is Test planning to claim any dependents on their federal income taxes? *

- Yes
- No

Who will be claimed as a dependent? *

- Unrelated Child
- Test
- Test
- Someone else

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Is _____ planning to jointly file federal income taxes with their spouse?</u>	<p><u>This questions only displays if the applicant has indicated they are married or separated</u></p> <p><u>Select Yes or No.</u></p>
<u>Is _____ being claimed as a dependent on federal income taxes by someone outside the household?</u>	<p><u>Select Yes or No</u></p> <p><u>Dependents are often children or older relatives and must be a legal member of the family. To be a dependent, someone has to have very little or no income.</u></p> <p><u>If the applicant selects no, the next question displays.</u></p>
<u>Is _____ planning to claim any dependents on their federal income?</u>	<p><u>Select Yes or No.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>Who will be claimed as a dependent?</u>	<p><u>Select the member or members of the household that will be claimed as dependents</u></p>

Additional pages display based on their tax situation. The applicant may see all or none of these pages.

Household member has a joint tax filer outside of the household (Click to show)

The “Joint tax filer” page asks about any co-filers outside of the home or deceased. If their co-filer is in the household, they will not see this page.

Show/Hide an example of the page

Image to be provided

<u>Questions</u>	<u>How to answer</u>
------------------	----------------------

<u>Joint tax filer name</u>	<u>Enter the full legal name of the co-filer who is outside of the home or deceased. They can choose to enter a middle initial or suffix.</u>
<u>Sex</u>	<u>Select</u> <u>Male</u> <u>or</u> <u>Female</u> -
<u>Date of birth</u>	<u>Select the date from the calendar.</u>
<u>Is this person deceased? (Optional)</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>When did this person pass away?</u>	<u>Select the date from the calendar.</u>

The “Tax filer relationships” page displays to define the relationship of all co-filers and dependents that live outside of the household.

Show/Hide an example of the page

Tax filer relationships

Please tell us how these people are related to the people in your household.

Tax Dependent

Relationship to Test Test *

Relationship to Test Tester *

Relationship to Test Child *

Relationship to Unrelated Child Test *

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Relationship to [Household Member Name]</u>	<u>This question repeats for each combination of people in the household. If the relationship has already been described, the answer prepopulates the next time it is asked.</u>

Household member has a dependent outside of the household (Click to show)

The “ _____ ’s tax dependents” page asks about any tax dependents who are outside of the home or deceased. This page will appear when the user responds that the tax filer is planning to claim ‘Someone else’ as a dependent.

Show/Hide an example of the page

Test's tax dependents

Please provide information about dependents Test is planning to claim on federal income taxes. Only tell us about dependents who are not in the household.

Dependent name

First name *

Middle initial (optional)

Last name *

Sex *

- Female
- Male

Date of birth *

Is this person deceased? (optional)

- Yes
- No
- I prefer not to answer

When did this person pass away? *

Does Test have any other dependents who are not in the household? (optional)

- Yes
- No
- I prefer not to answer

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Dependent name</u>	<u>Enter the full legal name of the dependent who is outside of the home or deceased. They can choose to enter a middle initial or suffix.</u>
<u>Sex</u>	<u>Select</u> <u>Male</u> <u>or</u> <u>Female</u> :
<u>Date of birth</u>	<u>Select the date from the calendar.</u>
<u>Is this person deceased? (Optional)</u>	<u>Select Yes, No, or I don't know.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>When did this person pass away?</u>	<u>Select the date from the calendar.</u>
<u>Does _____ have any other dependents who are not in the household? (Optional)</u>	<u>Select</u> <u>Yes</u> : <u>No</u> <u>or</u> <u>I don't know</u> :

The "Tax filer relationships" page displays to define the relationship of all co-filers and dependents that live outside of the household.

Show/Hide an example of the page

Tax filer relationships

Please tell us how these people are related to the people in your household.

Tax Dependent

Relationship to Test Test *

Relationship to Test Tester *

Relationship to Test Child *

Relationship to Unrelated Child Test *

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Relationship to [Household Member Name]</u>	<u>This question repeats for each combination of people in the household. If the relationship has already been described, the answer prepopulates the next time it is asked.</u>

[Household has at least one tax dependent or child income \(Click to show\)](#)

The “Dependent income” page asks the applicant to identify which tax dependents and children are expected to file taxes. The applicant indicate which children and dependents are expected to earn over a certain threshold of job and other income. [Show/Hide an example of the page](#)

Dependent income

We need to know if any of the dependents you told us about will need to file their own tax return.

Will any of your household's dependents earn more than \$12,550.0 this year from a job? *

- Yes
 No

Who will earn more than \$12,550.0? *

- Unrelated Child Test
 Test Child
 Tax Dependent

Will any of your household's dependents get more than \$1,100.0 in taxable income this year from any source other than a job? *

- Yes
 No

This includes unemployment benefits and tribal per capita payments.

It doesn't include child support payments, Social Security, or Supplemental Security Income (SSI).

Who will get more than \$1,100.0 in taxable income from a source other than a job? *

- Unrelated Child Test
 Test Child
 Tax Dependent

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Will any of your [household's] dependents earn more than \$[#] this year from a job?</u>	<p>Select Yes or No.</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>Who will earn more than \$[#]?</u>	<p>Select each dependent that will earn more than \$[#] this year from a job.</p> <p><u>This question in the application includes a real dollar amount based on information from the IRS that is updated each year.</u></p>
<u>Will any of your dependents get more than \$[#] in taxable income this year from any source other than a job?</u>	<p>Select Yes or No.</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>Who will get more than \$[#] in taxable income from a source other than a job?</u>	<p>Select each dependent that will earn more than \$[#] this year from any source other than a job.</p> <p><u>This question in the application includes a real dollar amount based on information from the IRS that is updated each year.</u></p>

The next page the applicant sees depends on if they are applying for Emergency Assistance.

<u>If the application...</u>	<u>Continue to...</u>
<u>Includes Emergency Assistance</u>	<u>STEP 9: EMERGENCY ASSISTANCE INFORMATION</u>
<u>Does not include Emergency Assistance</u>	<u>STEP 10: PROGRAM ELIGIBILITY</u>

Step 9: Emergency Assistance information

These pages ask for information specific to the Emergency Assistance program.

The "Getting help from the Emergency Assistance Program" page asks screening questions to confirm if they can get emergency assistance.

Show/Hide an example of the page

Getting help from the Emergency Assistance Program

Please tell us more about the support you need. This will help us know if you can get help from the Emergency Assistance Program.

Have you gotten a payment from the Emergency Assistance Program in the last 12 months? *

Yes

No

You can only get a payment from the Emergency Assistance Program once every 12 months.

What do you need help with? Choose all that apply.

Currently homeless

Will soon be homeless

Energy crisis

Fire damage

Flood damage

Damage from a natural disaster

By homeless, we mean you don't have a long-term place to stay at night. You could be staying at a shelter or with a friend or relative, or you may not have a place to stay.

By energy crisis, we mean that you lost or will lose a utility. This includes heat, power, water, and sewer service.

By natural disaster, we mean damage from weather or earthquakes. This includes tornadoes, hail, sleet, and more.

Save and next

To qualify for emergency assistance:

- The household must include a dependent child and caretaker relative.
- The household cannot have received emergency assistance within the past 12 months.
- The household is having a qualifying emergency.

This page does not ask about children in the household because the information was already gathered in the application.

Questions

How to answer

<u>Have you gotten a payment from the Emergency Assistance program in the last 12 months?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :
<u>What do you need help with? Choose all that apply.</u>	<u>Select the situation or situations that currently apply. Only the situations listed on the application qualify for emergency assistance.</u>

If the applicant meets the criteria for emergency assistance, the “More about your emergency” page displays. This page asks more about the household’s current situation.

Show/Hide an example of the page

More about your emergency

Please tell us more about your emergency and how we can help.

Will you be homeless because you're being evicted from a rented apartment, townhouse, or home? *

- Yes
- No

Will you be homeless because an apartment, townhouse, or home you own is being foreclosed? *

- Yes
- No

Are you leaving your home because of domestic abuse? *

- Yes
- No

Was your home declared unsafe by a housing inspector or public official? *

- Yes
- No

What utilities do you need help with?

- Heat
- Electricity
- Water
- Sewer service

Is your family's health or safety in danger by not having this utility? *

- Yes
- No

Tell us what made it difficult to pay your utility bill. *

0 / 270 characters

What other help have you already applied for, if any? *

0 / 270 characters

Tell us about your emergency. *

0 / 270 characters

Save and next

The questions that appear on this page vary based on the type of emergency. If they select multiple types of emergencies, all questions will show on a single page.

Homelessness questions (Click to show)

Show/Hide an example of the page

More about your emergency

Please tell us more about your emergency and how we can help.

Do you lack a regular place to live, or are you sleeping in a place not meant for sleeping? *

Yes

No

When did this start? *

MM/DD/YYYY 

Do you plan to get a permanent place to live? *

Yes

No

Are you staying in a shelter for domestic abuse? *

Yes

No

Was your home declared unsafe by a housing inspector or public official? *

Yes

No

When did they declare your home unsafe? *

MM/DD/YYYY 

Do you have a housing inspection report? *

Yes

No

Tell us about your emergency. *

0 / 270 characters

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Do you lack a regular place to live, or are you sleeping in a place not meant for sleeping?</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>When did this start?</u>	<u>Select the date from the calendar.</u>
<u>Do you plan to get a permanent place to live?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> -
<u>Are you staying in a shelter for domestic abuse?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> -
<u>Was your home declared unsafe by a housing inspector or public official?</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>When did they declare your home unsafe?</u>	<u>Select the date from the calendar.</u>
<u>Do you have a housing inspection report?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> -
<u>Tell us about your emergency.</u>	<u>Enter information about the current emergency the applicant is facing. There is a character limit, so the explanation must be short.</u>

Impending homelessness questions (Click to show)

Show/Hide an example of the page

More about your emergency

Please tell us more about your emergency and how we can help.

Will you be homeless because you're being evicted from a rented apartment, townhouse, or home? *

- Yes
- No

Is your apartment, townhouse, or home being foreclosed? *

- Yes
- No

When were you given an eviction notice? *

MM/DD/YYYY 

Tell us about any issues you had paying rent. *

0/ 270 characters

Landlord or management company information (optional)

Name

Phone number

Will you be homeless because an apartment, townhouse, or home you own is being foreclosed? *

- Yes
- No

When were you given a foreclosure notice? *

MM/DD/YYYY 

Tell us about any issues you had paying your mortgage. *

0/ 270 characters

When does your family need to leave? *

MM/DD/YYYY 

Are you leaving your home because of domestic abuse? *

- Yes
- No

Was your home declared unsafe by a housing inspector or public official? *

- Yes
- No

When did they declare your home unsafe? *

MM/DD/YYYY 

Do you have a housing inspection report? *

- Yes
- No

Tell us about your emergency. *

0/ 270 characters

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Will you be homeless because you're being evicted from a rented apartment, townhouse, or home?</u>	<u>Select Yes or No.</u>
<u>Is your apartment, townhouse, or home being foreclosed?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> : <u>If the applicant selects yes, the next two questions display.</u>
<u>When were you given an eviction notice?</u>	<u>Select the date from the calendar.</u>
<u>Tell us about any issues you had paying rent.</u>	<u>Enter information about any issues the applicant had paying their rent.</u> <u>The applicant may also choose to enter the landlord's contact information and company name here.</u>
<u>Will you be homeless because an apartment, townhouse, or home you own is being foreclosed?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> : <u>If the applicant selects yes, the next two questions display.</u>
<u>When were you given a foreclosure notice?</u>	<u>Select the date from the calendar.</u>

<p><u><i>Tell us about any issues you had paying your mortgage.</i></u></p>	<p><u>Enter information about any issues the applicant had paying their mortgage.</u></p>
<p><u>When does your family need to leave?</u></p>	<p><u>This question displays if the applicant selected yes to either the foreclosure or eviction question.</u></p> <p><u>Select the date from the calendar.</u></p>
<p><u>Are you leaving your home due to domestic abuse?</u></p>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u></p>
<p><u>Was your home declared unsafe by a housing inspector or public official?</u></p>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u></p>
<p><u><i>When did they declare your home unsafe?</i></u></p>	<p><u>Select the date from the calendar.</u></p>
<p><u><i>Do you have a housing inspection report?</i></u></p>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u></p>
<p><u>Tell us about your emergency.</u></p>	<p><u>Enter information about the current emergency situation the applicant is facing. There is a character limit, so the explanation must be short.</u></p>

Utility crisis questions (Click to show)

Show/Hide an example of the page

More about your emergency

Please tell us more about your emergency and how we can help.

What utilities do you need help with?

- Heat
- Electricity
- Water
- Sewer service

Is your family's health or safety in danger by not having this utility? *

- Yes
- No

Tell us what made it difficult to pay your utility bill. *

0 / 270 characters

What other help have you already applied for, if any? *

0 / 270 characters

Tell us about your emergency. *

0 / 270 characters

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>What utilities do you need help with?</u>	<u>Select one or more of the options.</u>
<u>Is your family's health or safety in danger by not having this utility?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :
<u>Tell us what made it difficult to pay your utility bill.</u>	<u>Enter information about any issues the applicant had paying their utility bill.</u>
<u>What other help have you applied for, if any?</u>	<u>Enter information about any other help the applicant has applied for, if any.</u>
<u>Tell us about your emergency.</u>	<u>Enter information about the current emergency situation the applicant is facing. There is a character limit, so the explanation must be short.</u>

Other emergency questions (Click to show)

Show/Hide an example of the page

More about your emergency

Please tell us more about your emergency and how we can help.

Tell us about your emergency. *

0 / 270 characters

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Tell us about your emergency.</u>	<u>Enter information about the current emergency situation the applicant is facing. There is a character limit, so the explanation must be short.</u>

Step 10: Program eligibility

After entering the applicant and household information, ACCESS confirms which of the requested programs they can apply for. Some programs need to be applied for as a household, while others only apply to select members. The “Program eligibility” page explains who can apply for each program. The selections on this page determine which questions will be asked in the rest of the application.

Show/Hide an example of the page

People who can apply

Based on the information you gave us, these are the programs the people in your household can apply for as part of this application.

Wisconsin Shares Child Care Subsidy Program ^

This program requires a single application for all eligible household members.

- Test Test
- Spouse Test
- Child Test

FoodShare ^

This program requires a single application for all eligible household members.

- Test Test
- Spouse Test
- Child Test

Health care coverage through BadgerCare Plus or Medicaid ^

- Test Test
- Spouse Test
- Child Test

Family Planning Only Services ^

- Test Test
- Spouse Test
- Child Test

Job Access Loans (JAL) ^

This program requires a single application for all eligible household members.

- Test Test
- Spouse Test
- Child Test

Emergency Assistance Program ^

This program requires a single application for all eligible household members.

- Test Test
- Spouse Test
- Child Test

Save and next

Step 11: Confirm information on the Summary page

Once completed, a summary page displays. Here, the applicant can review the sections for accuracy before going to the next section.

Show/Hide an example of the page

You finished the people in your household section

 You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.

When you're ready to continue, go to the application overview.

Information from this section

Your household	Add or remove people
Test Tester	Update
Test Child	Update
Unrelated Child Test	Update
Household relationships	Update
Primary caretaker	Update
Children in your home	Update
More about your household	
Test Tester	Update
Test Child	Update
Unrelated Child Test	Update
Jail or prison information	
Test Test's details	Update
Test Child's details	Update
Pregnancy	Add or remove people
Test Tester's details	Update
Absent parent	
Unrelated Child Test's details	Update
Test Child's details	Update
Unrelated Child Test's details	Update
Test Child's details	Update
Household meals	Update
Tax filers	Add or remove people
Test Test's details	Edit
People who can apply	Update
Wisconsin Shares	Test Test, Test Tester, Unrelated Child Test
FoodShare	Test Test, Test Tester
Health care coverage	Test Test, Test Tester
Family Planning Only Services	Test Test, Test Tester
W-2	Everyone
Job Access Loans	Everyone
Emergency Assistance Program	Everyone

[Application overview](#)

3.6 HOUSEHOLD DETAILS

Contents

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2. [Step 2: People with a disability, illness, or injury](#)
3. [Step 3: Your household's health](#)
4. [Step 4: Medicare coverage](#)
5. [Step 5: Food assistance](#)
6. [Step 6: Child care help](#)
7. [Step 7: School enrollment](#)
8. [Step 8: Legal history](#)
9. [Step 9: Treatment information](#)
10. [Step 10: Confirm information on the Summary page](#)

Use these instructions to help people answer questions regarding individuals in the household. It can be started anytime after the applicant has completed the Household Members section. The applicant may see a combination of all the screens below depending on which program or programs they selected. Once completed, the applicant can review the sections for accuracy before going to the next section.

Step 1: Citizenship information

These pages ask the applicant for information about their citizenship status.

The "Citizenship information" page asks if there are any household members who are not U.S. Citizens.

Show/Hide an example of the page

Citizenship information

Please tell us if everyone in your household is a U.S. citizen. You don't have to be a U.S. citizen to get help from the programs you're applying for.

Are all household members U.S. citizens? *

- Yes
- No

Who isn't a U.S. citizen? *

- Test Test
- Spouse Test
- Child Test

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Do you have any children in foster care or kinship care who live outside the home but will return? (Optional)</u>	<p><u>Select Yes, No, or I don't know.</u></p> <p><u>This question finds out if there are other children who may need to be asked about later in the application. Don't include children in foster care or kinship care that were already listed as being in the applicant's household.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>How many children? (Optional)</u>	<p><u>Enter the number of their children in foster/kinship care not already included in the list of household members.</u></p>

If at least one person in the household is not a US citizen, the "_____ 's immigration information" page displays.

This page asks about one household member at a time. It is repeated for each household member who is not a US citizen.
Show/Hide an example of the page

Test's immigration information

Does Test have a sponsor? *

Yes

No

Where was Test born? (optional)

When did Test come to live in the U.S.? (optional)

What is Test's immigration status? (optional)

When did Test get this immigration status?
(optional)

What immigration card or document does Test
have? (optional)

Does Test meet military service requirements?
(optional)

Yes

No

I don't know

By meeting military service requirements, we mean:

- Active duty in the U.S. military.
- An honorably discharged veteran.
- Married to someone on active duty.
- Married to an honorably discharged veteran.
- The surviving spouse of a veteran.
- The child of someone on active duty.
- The child of an honorably discharged veteran.

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Does _____ have a sponsor?</u>	<u>Select Yes or No.</u>
<u>Where was _____ born? (Optional)</u>	<u>Select the country the individual was born in from the dropdown menu.</u>
<u>When did _____ come to live in the US? (Optional)</u>	<u>Select the date from the calendar.</u>
<u>What is _____ immigration status? (Optional)</u>	<u>Select their immigration status from the dropdown menu.</u>
<u>When did _____ get this immigration status? (Optional)</u>	<u>Select the date from the calendar.</u>
<u>What immigration card or document does _____ have? (Optional)</u>	<u>Select their immigrant card or document from the dropdown menu.</u> <u>Their selection determines which of the document ID questions are asked. They will only see the questions that match their ID type.</u>
<u>What is _____'s Alien/USCIS number? (Optional)</u>	<u>Enter their Alien/USCIS number.</u>
<u>What is _____'s card number? (Optional)</u>	<u>Enter their card number.</u>
<u>What is _____'s employment authorization expiration date? (Optional)</u>	<u>Select the date from the calendar.</u>

<p><u>What is _____'s Certificate of Citizenship number? (Optional)</u></p>	<p><u>Enter their certificate of citizenship number.</u></p>
<p><u>What is _____'s Certificate of Naturalization number? (Optional)</u></p>	<p><u>Enter their certificate of nationalization number.</u></p>
<p><u>What is _____'s passport number? (Optional)</u></p>	<p><u>Enter their passport number.</u></p> <p><u>This is found on the identification page of the passport.</u></p>
<p><u>What country is _____'s passport from (Optional)</u></p>	<p><u>Select their passport's issuing country from the dropdown menu.</u></p>
<p><u>What is _____'s I-94 number? (Optional)</u></p>	<p><u>Enter their I-94 number.</u></p>
<p><u>What is _____'s passport expiration date? (Optional)</u></p>	<p><u>Select the date from the calendar.</u></p> <p><u>This is found on the identification page of the passport.</u></p>
<p><u>What is _____'s SEVIS ID? (Optional)</u></p>	<p><u>Enter their SEVIS ID number.</u></p>
<p><u>Please describe _____'s immigration</u></p>	<p><u>Enter a description of the document.</u></p>

<u>card or other document.</u> <u>(Optional)</u>	
<u>Does _____ meet military service requirements?</u> <u>(Optional)</u>	<u>Select</u> <u>Yes</u> <u>↓</u> <u>No</u> <u>, or</u> <u>I don't know</u> <u>↓</u>

Step 2: People with a disability, illness, or injury

These pages ask for information about the household's disability determination.

The "People with a disability, illness, or injury" page asks the applicant if any household members are blind, disabled, or can't work because they are ill or injured. These people may have more benefit options or different program requirements.
Show/Hide an example of the page

People with a disability, illness, or injury

Is anyone in your household blind, living with a disability, or unable to work because of an illness or injury? *

Yes

No

Don't include someone who can't work because of pregnancy.

Who is blind, living with a disability, or unable to work because of an illness or injury? *

Test Test

Spouse Test

Child Test

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Is anyone in your household blind, living with a disability, or unable to work because of an illness or injury?</u>	<p><u>Select Yes or No.</u></p> <p><u>Don't include someone who can't work because of pregnancy.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>Who is blind, living with a disability, or unable to work because of an</u>	<p><u>Select which member or members of the household is blind, has a disability or has an illness.</u></p>

<u><i>illness or injury?</i></u>	
--------------------------------------	--

If the applicant selects yes, the “More about _____’s disability, illness, or injury” page displays.

This page asks about the individuals identified as Blind or disabled and repeats for all household members who were identified as blind or disabled on the previous page.
Show/Hide an example of the page

More about Test's disability, illness, or injury

Test needs an official decision about their blindness or disability from the Social Security Administration or Disability Determination Bureau to get help from some programs.

If Test doesn't have an official decision, Test will be able to download a paper application to ask for one.

Has the Social Security Administration officially determined that Test is blind? *

- Yes
- No
- Waiting for a decision

Has the Social Security Administration officially determined that Test has a disability? *

- Yes
- No
- Waiting for a decision

Will Test submit a Medicaid Disability Application within the next 30 days to get an official decision about Test's blindness or disability? *

- Yes
- No

Test needs an official decision about their blindness or disability to get help from some programs. To ask for an official decision, Test needs to complete a [paper Medicaid Disability Application](#) and submit it to their income maintenance/tribal agency. We'll give you their agency's address and contact information when you submit this application.

Does Test have work expenses related to their blindness or disability? (optional)

- Yes
- No
- I don't know

By work expenses, we mean the cost of something Test needs to do their job. For example, Test bought a wheelchair or paid for modifications to their vehicle. Work expenses don't include costs that a worker who isn't blind or doesn't have a disability would have, such as the cost of a uniform.

Is Test unable to work because of an illness or injury? (optional)

- Yes
- No
- I don't know

Save and next

<u>Questions</u>	<u>How to answer</u>
<p><u>Has the Social Security Administration officially determined that _____ is blind?</u></p>	<p><u>Select Yes, No, or Waiting for a decision.</u></p>
<p><u>Has the Social Security Administration officially determined that _____ has a disability?</u></p>	<p><u>Select Yes</u> <u>⌵</u> <u>No</u> <u>, or</u> <u>Waiting for a decision</u> <u>⌵</u></p>
<p><u>Will _____ submit a Medicaid Disability Application (MADA) within the next 30 days to get an official decision about _____'s blindness or disability?</u></p>	<p><u>This question only displays if the applicant selected no on one or both of the previous the questions.</u></p> <p><u>Select Yes</u> <u>or</u> <u>No</u> <u>⌵</u></p> <p><u>The MADA will need to be completed and approved in order to be considered blind or disabled for program policy.</u></p>
<p><u>Does _____ have work expenses related to their blindness or disability? (Optional)</u></p>	<p><u>Select Yes</u> <u>⌵</u> <u>No</u> <u>, or</u> <u>I don't know</u> <u>⌵</u></p>
<p><u>Is _____ unable to work because of an illness or injury? (Optional)</u></p>	<p><u>Select Yes</u> <u>⌵</u> <u>No</u> <u>, or</u> <u>I don't know</u></p>

Step 3: Your household's health

This page asks about health situations that may be faced by household members.
Show/Hide an example of the page

Your household's health

Does anyone in your household need help with activities of daily living? *

- Yes
 No

By activities of daily living, we mean activities like:

- Bathing.
- Dressing.
- Eating.
- Moving around the home.
- Using the toilet.

Who needs help? *

- Test Test
 Spouse Test
 Child Test

If you haven't already, make sure you contact your local aging and disability resource center (ADRC) to learn about all the services and resources available to anyone who needs this help.

Has anyone in your household been diagnosed with tuberculosis? *

- Yes
 No

Who has been diagnosed with tuberculosis? *

- Test Test
 Spouse Test
 Child Test

Has anyone in your household been in an accident in the last three months? *

- Yes
 No

By accident, we mean:

- Work accident.
- Car accident.
- Any accident that caused an injury or illness.

Who was in an accident? *

- Test Test
 Spouse Test
 Child Test

Has anyone in your household had a medical emergency in the last three months? *

- Yes
 No

By medical emergency, we mean a medical problem that could put your health at serious risk if you do not get medical care right away. This does not include ongoing or chronic conditions.

Who had a medical emergency? *

- Test Test
 Spouse Test
 Child Test

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Does anyone in your household need help with activities of daily living?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :- <u>If the applicant selects yes, the next question displays.</u>
<u>Who needs help?</u>	<u>Select which member or members of the household needs help.</u>
<u>Has anyone in your household been diagnosed with tuberculosis?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :- <u>If the applicant selects yes, the next question displays.</u>
<u>Who has been diagnosed tuberculosis?</u>	<u>Select which member or members of the household has tuberculosis.</u>
<u>Has anyone in your household been in an accident in the last three months?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :- <u>By accidents, we mean:</u> <ul style="list-style-type: none"> • <u>Work accident.</u> • <u>Car accident.</u> • <u>Any accident that caused an injury or illness.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Who was in an accident?</u>	<u>Select the member or members of the household that was in an accident.</u>
<u>Has anyone in your household had a medical emergency in the last three months?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u>

	<p>-</p> <p><u>By medical emergency, we mean a medical problem that could put your health at serious risk if you do not get medical care right away. This does not include ongoing or chronic conditions.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>Who had a medical emergency?</u></p>	<p><u>Select the member or members of the household that recently had a medical emergency.</u></p>

If no one in the household lives in a care facility, move on to the table below to see which step to complete next.

If at least one adult in the household is currently living in a care facility, the “_____’s care facility” page displays.

Show/Hide an example of the page

Test's care facility

Please tell us more about the intermediate care facility Test is staying in.

What is the name of the care facility? (optional)

Where is the care facility located? (optional)

When did Test most recently move into this care facility? (optional)

Was Test in this care facility or a similar one before? (optional)

- Yes
- No
- I don't know

When did Test first move into a care facility? *

Spouse's mailing address (optional)

Street address

Apartment, unit, or room number (optional)

City

State

Zip code

Save and next

The next page the applicant sees depends on which programs they are applying for.

If the application includes...	Continue to...
FoodShare, health care, or Family Planning Only Services	STEP 4: MEDICARE COVERAGE
Wisconsin Shares Child Care Subsidy and does not include FoodShare, health care, or Family Planning Only Services	STEP 6: CHILD CARE HELP
Only W-2 or JAL	STEP 7: SCHOOL ENROLLMENT

Step 4: Medicare coverage

The “Medicare coverage” page only displays if the application includes FoodShare, health care, or Family Planning Only Services and asks if there are any household members receiving Medicare Part A or Part B.

[Show/Hide an example of the page](#)

Medicare coverage

Please let us know if anyone in your household gets or can get Medicare Part A or Part B. Medicare is a federal health insurance program. To get Medicare you have to be age 65 or older, blind, or have a disability.

Is anyone in your household getting or able to get Medicare Part A or Part B? *

- Yes
- No

Who is getting or is able to get Medicare Part A or Part B? *

- Test Test
- Spouse Test
- Child Test

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Is anyone in your household getting or able to get Medicare Part A or Part B?</u>	<u>Select Yes or No.</u> <u>If the applicant selects no, move on to step 5.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Who is getting or is able to get Medicare Part A or Part B?</u>	<u>Select which member or members of the household that is in the process of getting or is eligible to get Medicare.</u>

If the applicant selects yes, the “_____’s Medicare coverage” page displays.

This page asks about the Medicare coverage of household members receiving Medicare Part A or B and repeats for all household members who are receiving or eligible for Medicare Part A or B.

Show/Hide an example of the page

Test's Medicare coverage

Please tell us more about Test's Medicare coverage.

Is Test getting or able to get Medicare Part A?
(optional)

- Yes
- No
- I don't know

When did Test's Part A coverage begin? (optional)

How much is Test's Part A premium? (optional)

I don't know

Please enter 0 if Test isn't yet getting Medicare Part A.

Who pays Test's Medicare Part A premium?
(optional)

- Test
- Someone else
- I don't know

Is Test getting or able to get Medicare Part B?
(optional)

- Yes
- No
- I don't know

When did Test's Medicare Part B coverage begin?
(optional)

How much is Test's Medicare Part B premium?
(optional)

I don't know

Please enter 0 if Test isn't yet getting Medicare Part B.

Who pays Test's Medicare Part B premium?
(optional)

What is Test's Medicare number? (optional)

I don't know

Is Test getting health coverage through the
Railroad Retirement Board? (optional)

- Yes
- No
- I don't know

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Is _____ getting or able to get Medicare Part A? (Optional)</u>	<u>Select Yes, No, or I don't know.</u> <u>If the applicant selects yes, the next three questions display.</u>
<u>When did _____'s Part A coverage begin? (Optional)</u>	<u>Select date from the calendar.</u>
<u>How much is _____'s Part A premium? (Optional)</u>	<u>Enter the premium. Enter "0" if applicant is not yet receiving Medicare Part A.</u> <u>The applicant may also select I don't know instead of entering a number.</u>
<u>Who pays _____'s Medicare Part A premium? (Optional)</u>	<u>Select Me</u> <u>↓</u> <u>Someone else</u> <u>, or</u> <u>I don't know</u> <u>↓</u>
<u>Is _____ getting or able to get Medicare Part B? (Optional)</u>	<u>Select Yes, No, or I don't know.</u> <u>If the applicant selects yes, the next three questions display.</u>
<u>When did _____'s Medicare Part B coverage begin? (Optional)</u>	<u>Select date from the calendar.</u>
<u>How much is _____'s Medicare Part B premium? (Optional)</u>	<u>Enter the premium. Enter "0" if applicant is not yet receiving Medicare Part B.</u> <u>The applicant may also select I don't know</u>

	<u>instead of entering a number.</u>
<u>Who pays _____'s Medicare Part B premium? (Optional)</u>	<u>Select</u> <u>Me</u> <u>or</u> <u>Someone else</u> <u>or</u> <u>I don't know</u> <u>or</u>
<u>What is _____'s Medicare number? (Optional)</u>	<u>Enter Medicare number.</u> <u>The applicant may also select</u> <u>I don't know _____'s Medicare number</u> <u>instead of entering a number.</u>
<u>Are you getting health coverage through the Railroad Retirement Board?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> <u>or</u> <u>I don't know</u> <u>or</u>

The next page the applicant sees depends on if the household includes a childless adult and which programs they are applying for. A childless adult is an adult age 19-64 who is not pregnant and does not have dependent children living in the home.

<u>If the household includes...</u>	<u>And the application includes...</u>	<u>Continue to...</u>
<u>A Childless Adult</u>	<u>Health care only</u>	<u>STEP 9: TREATMENT INFORMATION</u>
<u>Someone older than 20 years old</u>	<u>W-2 or JAL only</u>	<u>STEP 7: SCHOOL ENROLLMENT</u>
<u>Neither of the above</u>	<u>FoodShare</u>	<u>STEP 5: FOOD ASSISTANCE</u>
	<u>Wisconsin Shares Child Care Subsidy and not FoodShare</u>	<u>STEP 6: CHILD CARE HELP</u>
	<u>Health care or FPOS only</u>	<u>STEP 10: CONFIRM THE INFORMATION ON THE SUMMARY PAGE</u>

Step 5: Food assistance

This page only displays if the application includes FoodShare and asks about any SNAP Benefits or tribal commodities being received and prior FSET sanctions.
Show/Hide an example of the page

Food assistance

Please tell us if your household is getting food assistance from the federal Supplemental Nutrition Assistance Program (SNAP) or from tribal commodities.

FoodShare is Wisconsin's version of SNAP. In most cases, you can only get SNAP benefits from one state at a time.

Is anyone in your household getting SNAP benefits or tribal commodities? *

- Yes
- No

Who was sanctioned? *

- Child Test
- Spouse Test
- Test Test

Is anyone in your household enrolled in outpatient drug or alcohol treatment? *

- Yes
- No

Who is enrolled in outpatient drug or alcohol treatment? *

- Test Test
- Spouse Test
- Child Test

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Does anyone in your household need help with activities of daily living?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> - <u>If the applicant selects yes, the next question displays.</u>
<u>Who needs help?</u>	<u>Select which member or members of the household needs help.</u>
<u>Has anyone in your household been diagnosed with tuberculosis?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> - <u>If the applicant selects yes, the next question displays.</u>
<u>Who has been diagnosed tuberculosis?</u>	<u>Select which member or members of the household has tuberculosis.</u>
<u>Has anyone in your household been in an accident in the last three months?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> - <u>By accidents, we mean:</u> <ul style="list-style-type: none"> • <u>Work accident.</u> • <u>Car accident.</u> • <u>Any accident that caused an injury or illness.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Who was in an accident?</u>	<u>Select the member or members of the household that was in an accident.</u>
<u>Has anyone in your household had a medical emergency in the last three months?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u>

	<p>-</p> <p><u>By medical emergency, we mean a medical problem that could put your health at serious risk if you do not get medical care right away. This does not include ongoing or chronic conditions.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>Who had a medical emergency?</u></p>	<p><u>Select the member or members of the household that recently had a medical emergency.</u></p>

The next page the applicant sees depends on which programs they are applying for.

<u>If the household includes...</u>	<u>And the application includes...</u>	<u>Continue to...</u>
<u>Someone older than 20 years old</u>	<u>W-2 or JAL only</u>	<u>STEP 7: SCHOOL ENROLLMENT</u>
<u>No one older than 20 years old</u>	<u>Wisconsin Shares Child Care Subsidy</u>	<u>STEP 6: CHILD CARE HELP</u>
	<u>Any other programs</u>	<u>STEP 7: SCHOOL ENROLLMENT</u>

Step 6: Child care help

This page only displays if the application includes Wisconsin Shares Child Care subsidy and asks if there are any household members engaged in any of the approved activities for the subsidy.

Show/Hide an example of the page

Child care help

We may be able to help you pay for child care while the adults in the household work, go to school, or work and go to school.

Does anyone in your household need help paying for child care while they work, go to school, or work and go to school? *

- Yes
 No

By working, we mean having a job, being self-employed, or taking part in Wisconsin Works (W-2) or the FoodShare Employment and Training (FSET) program.

By going to school, we mean attending high school or a GED program. You could also be attending college and working.

Who needs help paying for child care? *

- Test Test
 Spouse Test
 Child Test

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Is anyone in your household getting or able to get Medicare Part A or Part B?</u>	<p><u>Select Yes or No.</u></p> <p><u>If the applicant selects no, move on to step 5.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>Who is getting or is</u>	<u>Select which member or members of the household that is in the process of getting or is eligible to get Medicare.</u>

[able to get Medicare Part A or Part B?](#)

The next page the applicant sees depends on which programs they are applying for.

<u>If the household includes...</u>	<u>And the application includes...</u>	<u>Continue to...</u>
<u>Someone older than 20 years old</u>	<u>Wisconsin Shares Child Care Subsidy, W-2, or JAL only</u>	<u>STEP 7: SCHOOL ENROLLMENT</u>
<u>No one older than 20 years old</u>	<u>Any other programs</u>	<u>STEP 8: LEGAL HISTORY</u>

[Step 7: School enrollment](#)

The "School Enrollment" page asks if there are any household members over 20 currently in school. This page only displays if the application includes Wisconsin Shares Child Care Subsidy, W-2, or JAL and all household members are outside of the age range where school enrollment information is required.

[Show/Hide an example of the page](#)

School enrollment

Please tell us if any adults in your household are going to school.

Are any adults in your household currently going to school? (optional)

Yes

No

I don't know

Who is currently going to school? *

Member Test

Spouse Test

Child Test

[Save and next](#)

[Questions](#)

[How to answer](#)

<p><u>Are any adults in your household currently going to school?</u> <u>(Optional)</u></p>	<p><u>Select Yes, No, or I don't know.</u></p> <p><u>If the applicant selects no, move on to step 8.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>Who is currently going to school?</u></p>	<p><u>Select which member or members of the household that are currently enrolled in school.</u></p>

If anyone in the household needs to provide school details based on the previous page, the “_____’s education” page displays. This page asks about school enrollment information for all individuals who fall into a required range for each program.
Show/Hide an example of the page

Test's education

Please tell us more about Test's education.

Does Test go to school? *

- Yes
- No
- I don't know

What is Test's enrollment status? *

What type of school does Test go to? *

What is the highest level of education Test has completed? *

Does anyone else in your household currently go to school? (optional)

- Yes
- No
- I don't know

Who else is currently going to school?

Spouse Test

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Does _____ go to school?</u>	<p>Select Yes, No, or I don't know.</p> <p><u>If the applicant selects yes, the next five questions display.</u></p>
<u>What is _____'s enrollment status?</u>	<p><u>This question is optional for those only applying for Wisconsin Shares Child Care Subsidy.</u></p> <p><u>Select the status of enrollment from the dropdown menu.</u></p>
<u>What type of school does _____ go to?</u>	<p><u>This question is optional for those only applying for Wisconsin Shares Child Care Subsidy.</u></p> <p><u>Select the type of school applicant is currently attending from the dropdown menu.</u></p>
<u>Do any of these situations apply to _____? (Optional)</u>	<p><u>Select which situation or situations apply to the applicant.</u></p>
<u>When will _____ graduate high school?</u>	<p><u>This question displays if the applicant or household member is attending school (not college or vocational schools).</u></p> <p><u>Select the date from the calendar.</u></p>
<u>What is the highest level of education _____ has completed?</u>	<p><u>Select the highest education level achieved by applicant from the dropdown menu.</u></p>
<u>Does anyone else in your household currently go to school? (Optional)</u>	<p>Select Yes, No, or I don't know.</p> <p><u>This question displays only if there is another person over 20 applying for Wisconsin Shares Child Care Subsidy, W-2, or JAL in the household.</u></p>
<u>Who else is currently going to school?</u>	<p><u>Select which member or members of the household that is currently enrolled in school.</u></p> <p><u>The page will repeat for the people selected.</u></p>

Step 8: Legal history

This page only displays if the application includes FoodShare, Wisconsin Shares Child Care Subsidy, W-2, or JAL and asks if there are any household members recently convicted of a drug felony, fleeing from a felony, or in violation of probation or parole. [Show/Hide an example of the page](#)

Legal history

Has anyone in your household been convicted of a drug felony in the last five years? *

- Yes
 No

We're asking this because anyone convicted of a drug felony in the last five years may need to take a drug test to get help from some programs.

Who was convicted of a drug felony? *

- Test Test
 Spouse Test
 Child Test

Is anyone in your household fleeing from a felony or in violation of probation or parole? *

- Yes
 No

Who is fleeing from a felony or in violation of probation or parole? *

- Test Test
 Spouse Test
 Child Test

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Has anyone in your household been convicted of a drug felony in the last five years?</u>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>Who was convicted of the felony?</u>	<u>Select which member or members of the household has been convicted of a drug felony in the past five years.</u>
<u>Is anyone in your household fleeing from a felony or in violation of probation or parole?</u>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>Who is fleeing from a felony or in violation of probation or parole?</u>	<u>Select which member or members of the household currently fleeing.</u>

The next page the applicant sees depends on who is in the household and the programs they are applying for.

<u>If the household includes...</u>	<u>And the application...</u>	<u>Continue to...</u>
<u>A Childless Adult</u>	<u>Includes health care</u>	<u>STEP 9: TREATMENT INFORMATION</u>
	<u>Does not include health care</u>	<u>STEP 10: CONFIRM INFORMATION ON THE SUMMARY PAGE</u>
<u>No Childless Adults</u>	<u>Includes any programs</u>	<u>STEP 10: CONFIRM INFORMATION ON THE SUMMARY PAGE</u>

Step 9: Treatment information

This page only displays if the applicant or their spouse is a Childless Adult and asks the applicant to respond to the treatment needs question.

Show/Hide an example of the page

Image to be provided

<u>Questions</u>	<u>How to answer</u>
<p><u>During the last 12 months, has _____ used drugs in ways that cause problems for you, yourself or those around them, and is _____ open to getting help?</u> (Optional)</p>	<p><u>Select Yes, No, or I'd like to answer later.</u></p> <p><u>If the individual has a spouse, the next question displays.</u></p>
<p><i><u>During the last 12 months, has _____'s spouse used drugs in ways that cause problems for themselves or those around them, and are they open to getting help?</u></i> (Optional)</p>	<p><u>Select</u> <u>Yes</u> : <u>No</u> , <u>or</u> <u>I'd like to answer later</u> :</p>
<p><u>Is anyone in your household enrolled in outpatient drug or alcohol treatment?</u></p>	<p><u>Select</u> <u>Yes</u> : <u>No</u> , <u>or</u> <u>I don't know</u> :</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><i><u>Who is enrolled in outpatient drug or alcohol treatment?</u></i></p>	<p><u>Select the member or members of the household that is enrolled in outpatient drug or alcohol treatment.</u></p>

Step 10: Confirm information on the Summary page

Once completed, a summary page displays. Here, the applicant can review the sections for accuracy before going to the next section.
Show/Hide an example of the page

You finished the household details section

✔ You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.

When you're ready to continue, go to the application overview.

Information from this section

Citizenship information	Add or remove people ↗
Test Test	Update ↗
People with a disability, illness, or injury	Add or remove people ↗
Test Test	Update ↗
Your household's health	Update ↗
Medicare coverage	Add or remove people ↗
Test Test	Update ↗
Food assistance	Update ↗
Child care help	Update ↗
Education.	Add or remove people ↗
Legal history.	Update ↗

[Application overview](#)

3.7 INCOME AND BENEFITS

Contents

1. Step 1: Determine which work and volunteer questions are asked
2. Step 2: Provide work and volunteer details
3. Step 3: Determine which other household income questions are asked
4. Step 4: Provide other income details
5. Step 5: Other benefits
6. Step 6: Educational aid
7. Step 7: Tribal benefits
8. Step 8: Household monthly income
9. Step 9: Confirm information on the Summary page

Use these instructions to help people answer questions regarding the income and benefits of individuals in the household. Once completed, the applicant can review the sections for accuracy before going to the next section.

Step 1: Determine which work and volunteer questions are asked

These pages ask for every household members' work and volunteer activities. Volunteer information is not collected unless the applicant is applying for FoodShare. The applicant answers the information for one household member at a time.

The "Work and volunteer activities" page asks who from the household works or volunteers.

Show/Hide an example of the page

Work and volunteer activities

Please tell us about your household's work and volunteer activities. These include:

- Any jobs held in the past three months.
- Any self-employment income earned in the past four months.
- Jobs that pay in goods or services.
- Jobs where you are on strike.
- Any hobbies that make money.
- Selling anything, including blood.
- Volunteer work.

Does anyone in your household have work or volunteer activities? *

- Yes
- No

Who does work or volunteer activities? *

- Test Test
- Spouse Test
- Child Test

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Does anyone in your household have work or volunteer activities?</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Who does work or</u>	<u>Select the member or members of the household that work or volunteer.</u>

[volunteer activities?](#)

If more than one person in the household works or volunteers, the “Your household’s work and volunteer activities” page displays. This page asks the applicant to select which member of the household’s income information to enter first. They will return to this page after completing the work information for each person until all are done. [Show/Hide an example of the page](#)

Your household’s work and volunteer activities

Choose who you’d like to tell us about first.

[Add or remove people](#) ✓

Test Test Not started

Start

Spouse Test Not started

Start

<u>Questions</u>	<u>How to answer</u>
<u>Choose who you’d like to tell us about first.</u>	<u>Select Start next to someone’s name to begin asking questions for that person.</u> <u>The applicant is brought back to this screen until all the questions for individuals who work or volunteer are completed.</u>

The next page the applicant sees depends on who is in the household and the programs they are applying for.

<u>If the household has...</u>	<u>Continue to...</u>
<u>Someone who works or volunteers</u>	<u>STEP 2: PROVIDE WORK AND VOLUNTEER DETAILS</u>
<u>No one who works or volunteers</u>	<u>STEP 3: DETERMINE WHICH OTHER HOUSEHOLD INCOME QUESTIONS WILL BE ASKED</u>

Step 2: Provide work and volunteer details

The “_____’s work and volunteer activities” page asks for the type of job or volunteer work. ACCESS will show a details page to ask questions about each selection. [Show/Hide an example of the page](#)

Test's work and volunteer activities

Please tell us all of Test's work and volunteer activities. Only check one box for each type of activity. We'll ask if Test has more than one of each type later on.

What work or volunteer activities does Test have? *

- A paying job in the past three months (including jobs on strike)
- Self-employment or an activity that pays money, in the past four months
- A job that pays in goods or services (in-kind work)
- Volunteer work
- None of these

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>What work or volunteer activities does _____ have?</u>	<p><u>Select all options that apply. The options vary based on the programs selected.</u></p> <ul style="list-style-type: none"> • <u>Hourly or Salary Wage: Displays for any programs</u> • <u>Self Employment: Displays for any programs</u> • <u>In-Kind Job: Displays for health care and FoodShare only</u> • <u>Volunteer-Work: Displays for Foodshare only</u>

There are several pages that may display based on the types of work and volunteer activities selected on the previous pages. These pages repeat for each type of work or volunteer activity until all information is entered. If the applicant has more than one of each type, enter the information about each one at a time; the page repeats as many times as necessary.

Household member has a job that pays hourly or on salary (Click to show)

The “_____’s job details” page asks about the individual’s paid employment. [Show/Hide an example of the page](#)

Test's job details

Please tell us about Test's job. If Test has more than one, just choose one to start with. We'll ask you about the others after.

Employer name *

Employer address (optional)

Street address

Apartment, unit, or room number

City

State

Zip code

Employer contact number (optional)

Employer FEIN (optional)

The FEIN is the Federal Employer Identification Number. Every employer has one. You can find it on your tax forms, or you can ask your employer or the IRS for it.

Job start date (optional)

Has this job ended recently, or will it be ending soon? *

- Yes
 No

Job end date *

Date of last paycheck *

Is this a temporary job? *

- Yes
 No

What type of position is this? Choose the answer that best applies. *

- Manager
 Staff
 I don't know

Is this job through AmeriCorps? (optional)

- Yes
 No
 I don't know

Is Test currently on strike? *

- Yes
 No

Strike start date (optional)

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Employer name</u>	<u>Enter the name of the employer.</u>
<u>Employer address (Optional)</u>	<u>Enter the full address of the employer.</u>
<u>Employer contact number (Optional)</u>	<u>Enter the phone number of the employer.</u>
<u>Employer FEIN (Optional)</u>	<u>Enter the FEIN (Federal Employment Identification Number) of the employer.</u> <u>The applicant can find it on their tax forms or call the IRS.</u>
<u>Job start date (Optional)</u>	<u>Select the date from the calendar.</u>
<u>Has this job ended recently, or will it be ending soon?</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the next two questions display.</u>
<u>Job end date</u>	<u>Select the date from the calendar.</u>
<u>Date of last paycheck</u>	<u>Select the date from the calendar.</u>
<u>Is this a temporary job?</u>	<u>This question is optional if the application includes W-2 or JAL.</u> <u>Select Yes, No, or I don't know. ("I don't know" is only displayed if the question is optional).</u>
<u>What type of position is this? Choose the answer that best applies.</u>	<u>This question is optional if the application includes W-2 or JAL.</u> <u>Select Manager, Staff, or I don't know. ("I don't know" is only displayed if the question is optional).</u>
<u>Is this job through AmeriCorps? (Optional)</u>	<u>Select</u> <u>Yes</u> <u>,</u> <u>No</u> <u>,</u> <u>or</u> <u>I don't know</u> <u>,</u>

<u>Is _____ currently on strike?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :
<u>Strike start date (Optional)</u>	<u>Select the date from the calendar.</u>

Once the applicant enters details about their job, the “_____’s pay details” page displays. This page asks more questions about the individual’s paid employment.
Show/Hide an example of the page

Test's pay details

Please tell us about the pay Test gets from this job.

How often is Test paid by Company? *

- Weekly
- Every two weeks
- Twice per month
- Monthly
- Other

Is Test paid an hourly wage, or does Test get a salary for this job? *

- Hourly wage
- Salary

What is Test's hourly pay rate? *

\$ 0.00

How many hours per week does Test work at this job? *

Does Test get overtime, holiday, shift differential, or weekend pay? *

- Yes
- No

Shift differential pay is extra pay for working outside of normal working hours.

Does Test get tips, bonuses, commissions or other extra income? *

- Yes
- No

Does Test have any pre-tax deductions for this job? (optional)

- Yes
- No
- I don't know

Pre-tax deductions are money taken out of an employee's paycheck before taxes. Pre-tax deductions are made for retirement plans, health insurance, and other employee benefits.

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>How often is _____ paid by [Employer Name]?</u>	<u>Select one option.</u> <u>This and the pay rate information are used to calculate income.</u>
<u>Is _____ paid an hourly wage, or does _____ get a salary for this job?</u>	<u>Select</u> <u>Hourly wage</u> <u>or</u> <u>Salary</u> <u>The answer to this question determines which question displays next.</u>
<u>What is the gross amount that _____ gets each pay period?</u>	<u>This question displays if the applicant selected salary on the previous question.</u> <u>Enter the gross amount received for each pay period.</u>
<u>What is _____'s hourly pay rate?</u>	<u>This question displays if the applicant selected hourly wage to the previous question.</u> <u>Enter the hourly pay rate.</u>
<u>How many hours per week does _____ work at this job?</u>	<u>Enter the number of hours per week worked.</u>
<u>Does _____ get overtime, holiday, shift differential, or weekend pay?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> <u>Shift differential pay is extra pay for working outside of normal working hours.</u>
<u>Does _____ get tips, bonuses, commissions or other extra income?</u>	<u>Select</u> <u>Yes</u> <u>or</u>

	<u>No</u> :
<u>Does _____ have any pre-tax deductions for this job? (Optional)</u>	<u>Select</u> <u>Yes</u> : <u>No</u> , <u>or</u> <u>I don't know</u> :

The next page the applicant sees depends on the other types of pay they selected on the “_____’s pay details” page. They may see any of these pages if they indicated they apply to them.

Household member gets overtime, holiday, shift differential, or weekend pay from this job (Click to show)

The “_____’s other hourly pay” page asks about other hourly pay indicated by the applicant.

Show/Hide an example of the page

Test's other hourly pay

You told us Test gets overtime, holiday, shift differential, or weekend pay from Company. Please tell us more about this. If Test has more than one type of hourly pay, choose one to tell us about first. You'll be able to tell us about the others after.

What type of other hourly pay do you get from Company? *

- Overtime
- Holiday
- Shift differential
- Weekend

What's the hourly rate for this pay? *

How many hours per week do you work at this rate? *

Do you have other types of hourly pay listed above? (optional)

- Yes
- No
- I don't know

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>What type of other hourly pay do you get from [Employer Name]?</u>	<u>Select one option.</u>
<u>What's the hourly rate for this pay?</u>	<u>Enter the hourly pay rate.</u>
<u>How many hours per week do you work at this rate?</u>	<u>Enter the number of hours per week worked.</u>
<u>Do you have other types of hourly pay listed above? (Optional)</u>	<u>Select</u> <u>Yes</u> : <u>No</u> , or <u>I don't know</u> :

[Household member gets tips, bonuses, commissions or other from this job \(Click to show\)](#)

The "[_____ 's extra pay](#)" page asks about other types of pay indicated by the applicant, including tips, bonuses, commissions or other income.

[Show/Hide an example of the page](#)

Test's extra pay

You told us Test gets tips, bonuses, commissions or other extra income from Company. Please tell us more about this.

If Test has more than one type of extra pay, choose one to tell us about first. We'll ask you about the others after.

What type of extra pay do you get from Company? *

- Tip
- Bonus
- Commission
- Other
- I don't know

Average amount of extra pay per pay period *

\$ 0.00

Do you have other types of extra pay listed above? (optional)

- Yes
- No
- I don't know

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>What type of extra pay do you get from [Employer Name]? (Optional)</u>	<u>Select one option.</u>

<u>Average amount of extra pay per pay period. (Optional)</u>	<u>Enter the amount of extra pay per week.</u>
<u>Do you have other types of extra pay listed above? (Optional)</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :-

[Household member has pre-tax deductions at this job \(Click to show\)](#)

The "_____ 's pre-tax deductions" page asks about the deductions previously indicated by the applicant.

[Show/Hide an example of the page](#)

Test's pre-tax deductions

You told us Test has pre-tax deductions at Company. Please tell us more about them.

If Test has more than one deduction, choose one to tell us about first. We'll ask you about the others after.

What type of pre-tax deduction is this? *

How much is this deduction? *

How often does this deduction occur? *

**Does Test have more pre-tax deductions?
(optional)**

- Yes
- No
- I don't know

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>What type of pre-tax deduction is this? (Optional)</u>	<u>Select the type of deduction.</u>

<u>How much is this deduction? (Optional)</u>	<u>Enter the amount of the deduction.</u>
<u>How often does this deduction occur? (Optional)</u>	<u>Select the frequency of the deduction from the dropdown menu.</u>
<u>Does _____ have more pre-tax deductions? (Optional)</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> <u>:</u>

After entering all information for their job, the “Additional jobs” page asks the applicant has another hourly or salary wage job to report. If they have another job, they go back through the hourly or salary wage detail page.

Show/Hide an example of the page

Additional jobs

Please tell us if Test has another paying job.

We only want to know about paying jobs at this time. If Test has self-employment, in-kind work, volunteer work, or makes money from some other activity, don't report that here.

Does Test have another paying job? (optional)

- Yes
- No

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Does _____ have another paying job? (Optional)</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> <u>:</u>

Household member is self-employed (Click to show)

The “_____’s self-employment” page asks about the individual’s self-employment.
Show/Hide an example of the page

Test's self-employment

You told us Test is self-employed, or makes money from an activity that isn't a job. Please tell us more about this.

If Test has more than one activity, choose one to tell us about first. We'll ask you about the others after.

What type of self-employment is this? *

Choose the business or activity that best matches what Test does. *

Business name (optional)

Business ownership type (optional)

When did Test start this business or activity?

Month *

Year *

Tax ID number or EIN (optional)

Has Test filed taxes for this business or activity? *

Yes

No

What year did Test last file taxes for it? *

Has this business or activity had a significant change in income or expenses? *

Yes

No

I don't know

By a significant change, we mean a change that may have affected your business's income over time. Some examples may be:

- You were injured or became ill and weren't able to work.
- You lost crops because of the weather or other circumstances.
- You sold or closed all or part of your business.
- You got a new contract and made more money.
- Your business expenses increased significantly, but your income didn't.
- Your sales were lower than usual, beyond normal fluctuation.

On average, how much does this business or activity make each month? (optional)

I don't know

Please tell us the gross income for this business or activity. By gross, we mean the amount you earn before taxes and other deductions are taken out.

If you said Test's business or activity experienced a significant change in income, make sure to tell us about Test's new gross income and expenses.

On average, what are the total expenses this business or activity has each month? (optional)

I don't know

On average, how many hours does Test work at this business or activity each month? (optional)

I don't know

Does Test have another business or activity that makes money? (optional)

Yes

No

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>What type of self-employment is this?</u>	<u>Select the type of self-employment from the dropdown menu.</u>
<u>Choose the business or activity that best matches what _____ does.</u>	<u>Select the activity from the dropdown menu.</u>
<u>Business name (Optional)</u>	<u>Enter the name of the business.</u>
<u>Business ownership type (Optional)</u>	<u>Select the ownership type from the dropdown menu.</u>
<u>When did _____ start this business or activity?</u>	<u>Select the month from the dropdown menu and enter the year they started.</u>
<u>Tax ID number or EIN (Optional)</u>	<u>Enter the tax ID number or EIN.</u>
<u>Has _____ filed taxes for this business or activity?</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>What year did _____ last file taxes for it?</u>	<u>Enter the year that taxes were last filed.</u>
<u>Has this business or activity had a significant change in income or expenses?</u>	<u>Select</u> <u>Yes</u> <u>,</u> <u>No</u> <u>,</u> <u>I don't know</u> <u>,</u>
<u>On average, how much does this business or activity make each month? (Optional)</u>	<u>Enter the monthly amount the business or activity makes.</u> <u>The applicant may also select I don't know.</u>

<p><u>On average, what are the total expenses this business or activity has each month?</u> (Optional)</p>	<p><u>Enter the monthly expenses the business or activity incurs.</u> The applicant may also select <u>I don't know.</u></p>
<p><u>On average, how many hours does _____ work at this business or activity each month?</u> (Optional)</p>	<p><u>Enter the monthly hours worked at the business or activity.</u> The applicant may also select <u>I don't know.</u></p>
<p><u>Does _____ have another business or activity that makes money? (Optional)</u></p>	<p><u>Select Yes or No.</u> <u>If the applicant selects yes, the page will repeat to gather information about their other self-employment.</u></p>

Household member does in-kind work (Click to show)

The "_____ 's in-kind work" page asks about the individual's in-kind income.

Show/Hide an example of the page

Spouse's in-kind work

You told us Spouse has a job that pays in goods or services.
Please tell us more about this.

If Spouse has more than one job that pays in goods or services,
choose one to tell us about first. We'll ask you about the others
after.

Employer name *

Employer address (optional)

Street address

Apartment, unit, or room number

City

State

Zip code

Employer contact number (optional)

Job start date (optional)

Has this job ended recently, or will it be ending soon? *

- Yes
 No

Job end date *

About how many hours per month does Spouse
work at this job? *

Does Spouse have another job that pays in goods
or services? (optional)

- Yes
 No

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Employer name</u>	<u>Enter the name of the employer.</u>
<u>Employer address (Optional)</u>	<u>Enter the full address of the employer.</u>
<u>Employer contact number (Optional)</u>	<u>Enter the phone number of the employer.</u>
<u>Job start date (Optional)</u>	<u>Select the date from the calendar.</u>
<u>Has this job ended recently, or will it be ending soon?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> - <u>If the applicant selects yes, the next question displays.</u>
<u>Job end date</u>	<u>Select the date from the calendar.</u>
<u>About how many hours per month does _____ work at this job?</u>	<u>Enter the monthly hours worked at the business or activity.</u>
<u>Does _____ have another job that pays in goods or services? (Optional)</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the page will repeat to gather information about their other in-kind work</u>

Household member does volunteer Work and is applying for FoodShare (Click to show)

The “ _____ ’s volunteer work” page asks about the individual’s volunteer activities. It only displays for applications that include FoodShare.

Show/Hide an example of the page

Spouse's volunteer work

Please tell us about Spouse's volunteer work. If Spouse has more than one volunteer activity, just choose one to start with. We'll ask you about the others after.

Volunteer organization name *

Volunteer organization address (optional)

Street address

Apartment, unit, or room number

City

State

Zip code

Volunteer organization contact number (optional)

Volunteering start date (optional)

Has Spouse stopped volunteering here, or will they stop soon? *

- Yes
 No

Volunteering end date *

About how many hours per month does Spouse volunteer here? *

Does Spouse volunteer at another organization? (optional)

- Yes
 No

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Volunteer organization name</u>	<u>Enter the name of the organization.</u>
<u>Volunteer organization address (Optional)</u>	<u>Enter the full address of the organization.</u>
<u>Volunteer organization contact number (Optional)</u>	<u>Enter the phone number of the organization.</u>
<u>Volunteering start date (Optional)</u>	<u>Select the date from the calendar.</u>
<u>Has _____ stopped volunteering here, or will they stop soon?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> - <u>If the applicant selects yes, the next question displays.</u>
<u>Volunteering end date</u>	<u>Select the date from the calendar.</u>
<u>About how many hours per month does _____ volunteer here?</u>	<u>Enter the monthly hours worked at the business or activity.</u>
<u>Does _____ volunteer at another organization? (Optional)</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> - <u>If the applicant selects yes, the page will repeat to gather information about their other volunteer work.</u>

Step 3: Determine which other household income questions are asked

These pages ask if any household members have income from a different source than employment. The applicant answers the information for one household member at a time.

The “Other income” page asks if any household members receive other forms of income.

Show/Hide an example of the page

Other income

Please tell us about your household's other income. This includes any money that doesn't come from work. Some examples are money from child support, Social Security payments, retirement benefits, and investments.

Does anyone in your household have other income? *

Yes

No

Who has other income? *

Test Test

Spouse Test

Child Test

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Does anyone in your household have other income?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :- <u>If the applicant selects yes, the next question displays.</u>
<u>Who has other income?</u>	<u>Select the member or members of the household that has other income.</u>

If more than one person in a household has other income the “Your household’s other income” page displays.

This page asks the applicant to select which member of the household’s income information to enter first. They will return to this page after completing the other income information for each person until all are done.

Show/Hide an example of the page

Your household’s other income

Choose who you’d like to tell us about first.

[Add or remove people](#) ✓

Test Test Not started
Start

Spouse Test Not started
Start

<u>Questions</u>	<u>How to answer</u>
<u>Choose who you’d like to tell us about first.</u>	<u>Select Start next to someone’s name to begin asking questions for that person.</u> <u>The applicant is brought back to this screen until all the questions for individuals who work or volunteer are completed.</u>

The next page the applicant sees depends on who is in the household and the programs they are applying for.

<u>If the household has...</u>	<u>Continue to...</u>
<u>Someone with other income</u>	<u>STEP 4: PROVIDE OTHER INCOME DETAILS</u>
<u>No one with other income</u>	<u>STEP 5: OTHER BENEFITS</u>

Step 4: Provide other income details

The “_____’s other income” page asks for the household member’s other income types.

Show/Hide an example of the page

Test's other income

What kind of other income does Test have? Check all that apply. *

- Supplemental Security Income (SSI)
- Social Security payments
- Child support from someone outside the household
- Other

Supplemental Security Income (SSI) is a monthly payment for people with low income who are 65 years old or are blind or living with a disability. It is not the same as Social Security.

Social Security payments include retirement benefits, survivors benefits, and disability benefits from the federal government. The disability benefits are called Social Security Disability Insurance (SSDI).

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>What kind of other income does Test have? Check all that apply.</u>	<u>Select all that apply.</u>

If the applicant selects "Other," the "Additional income sources" page displays with a list of less common other income types.

Show/Hide an example of the page

<u>Questions</u>	<u>How to answer</u>
<u>Child and adoption support (Optional)</u>	<u>Select all that apply.</u>
<u>Investments and assets (Optional)</u>	<u>Select all that apply.</u>
<u>Employment and retirement (Optional)</u>	<u>Select all that apply.</u>
<u>Benefits (Optional)</u>	<u>Select all that apply.</u>

Military benefits (Optional)	Select all that apply.
Tribal payments (Optional)	Select all that apply.
Other payments	Select all that apply.

[There are several pages that may display based on the types of other income selected on the previous pages. These pages repeat for each person and each type of other income until everyone's information has been provided. If the applicant has more than one of each type, enter the information about each one at a time; the page will repeat as many times as necessary.](#)

[Household member has Supplemental Security Income \(SSI\) \(Click to show\)](#)

The "[_____ 's SSI income](#)" page asks about the individual's Supplemental Security Income received.

[Show/Hide an example of the page](#)

Test's SSI income

Please tell us about Test's Supplemental Security Income (SSI) benefits.

When did these payments start? (optional)

MM/DD/YYYY 

How often does Test get these payments? *

Select a frequency ▼

How much is each payment? *

\$ 0.00

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>When did these payments start? (Optional)</u>	<u>Select the date from the calendar.</u>
<u>How often does _____ get these payments?</u>	<u>Select the frequency of payments from the dropdown menu.</u>
<u>How much is each payment?</u>	<u>Enter the payment amount.</u>

Household member has Social Security Income (Click to show)

The “_____’s Social Security income” page asks about the individual’s Social Security Income received.

Show/Hide an example of the page

Test's Social Security income

Please tell us about Test's Social Security income. By Social Security income, we mean retirement benefits, survivors benefits, and disability benefits from the federal government. The disability benefits are called Social Security Disability Insurance (SSDI).

When did these payments start? (optional)

How often does Test get these payments? *

 ▼

How much is each payment? *

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>When did these payments start?</u> <u>(Optional)</u>	<u>Select the date from the calendar.</u>
<u>How often does _____ get these payments?</u>	<u>Select the frequency of payments from the dropdown menu.</u>
<u>How much is each payment?</u>	<u>Enter the payment amount.</u>

Household member selected another other income type (Click to show)

The “_____’s other income type” page asks about the individual’s other income type received. This page repeats for each of the options selected on the Other types of income page.

Show/Hide an example of the page

Test's Veterans benefits

Please tell us about Test's Veterans benefits.

When did these payments start? (optional)

How often does Test get these payments? *

How much is each payment? *

Does Test have additional income from Veterans benefits? (optional)

- Yes
- No

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>When did these payments start? (Optional)</u>	<u>This question does not display if the applicant selected Personal capital gains or losses.</u> <u>Select the date from the calendar.</u>
<u>How often does _____ get these payments?</u>	<u>This question does not display if the applicant selected Personal capital gains or losses.</u> <u>Select the frequency of payments from the dropdown menu.</u>

<p><u>How much is each payment?</u></p>	<p><u>This question does not display if the applicant selected Personal capital gains or losses.</u></p> <p><u>Enter the payment amount.</u></p>
<p><u>How much of each payment is taxable?</u></p>	<p><u>This question displays if the applicant selected Payments from annuities or Pension or retirement support.</u></p> <p><u>Enter the taxable amount.</u></p>
<p><u>Is this an expected gain or loss?</u></p>	<p><u>This question displays if the applicant selected Personal capital gains or losses.</u></p> <p><u>Select Gain or Loss.</u></p> <p><u>The question the applicant sees depends on their answer to this one.</u></p>
<p><u>How much does _____ expect to gain for this tax year?</u></p>	<p><u>This question displays if the applicant selects gain on the previous question.</u></p> <p><u>Enter the expected gain for this tax year.</u></p>
<p><u>How much does _____ expect to lose for this tax year?</u></p>	<p><u>This question displays if the applicant selects loss on the previous question.</u></p> <p><u>Enter the expected loss for this tax year.</u></p>
<p><u>Does _____ have additional income from [other income type]?</u> (Optional)</p>	<p><u>Select Yes or No</u></p> <p><u>:</u></p> <p><u>If the applicant selects yes, this page will repeat for the same type of other income.</u></p>

Step 5: Other benefits

This page asks about other benefits that members of the household are receiving. This includes SNAP benefits from another state, grants or educational aid, etc.

Show/Hide an example of the page

Other benefits

Please tell us if your household gets any of these other types of benefit payments.

Is anyone getting grants, scholarships, or other aid for education or training? *

- Yes
 No

Who is getting aid for education or training? *

- Test Test
 Spouse Test
 Child Test

Was anyone getting SSI benefits but doesn't anymore? *

SSI stands for Supplemental Security Income.

- Yes
 No

Who was getting SSI benefits? *

- Test Test
 Spouse Test
 Child Test

Has anyone gotten an SSI approval letter, but not yet gotten a payment? *

- Yes
 No

Who has gotten an SSI approval letter? *

- Test Test
 Spouse Test
 Child Test

Is anyone getting Medicaid benefits through SSI 1619(b)? *

SSI 1619(b) helps people who used to get SSI payments keep their Medicaid while they work.

- Yes
 No

Who is getting Medicaid benefits through SSI 1619(b)? *

- Test Test
 Spouse Test
 Child Test

Save and next



<u>Questions</u>	<u>How to answer</u>
<p><u>Is anyone getting grants, scholarships, or other aid for education or training?</u></p>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> -</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>Who is getting aid for education or training?</u></p>	<p><u>Select the member or members getting financial aid.</u></p>
<p><u>Was anyone getting SSI benefits but doesn't anymore?</u></p>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> -</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>Who was getting SSI benefits?</u></p>	<p><u>Select the member or members who was receiving SSI but is not anymore.</u></p>
<p><u>Has anyone gotten an SSI approval letter, but not yet gotten a payment?</u></p>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> -</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>Who has gotten an SSI approval letter?</u></p>	<p><u>Select the member or members who received an SSI approval letter but not received a payment.</u></p>

<u>Is anyone getting Medicaid benefits from SSI 1619(b)?</u>	<u>Select Yes or No.</u> <u>SSI 1619(b) helps people who get Medicaid and work.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Who is getting Medicaid benefits through SSI 1619(b)?</u>	<u>Select the member or members getting SSI 1619(b) benefits.</u>

The next page the applicant sees depends on the information they provided on this page and earlier pages.

If the household includes someone who...	Continue to...
<u>Receives grants, scholarships, or other aid for education</u>	<u>STEP 6: EDUCATIONAL AID</u>
<u>Is a tribal member, or child/grandchild of a tribal member and is not receiving educational aid</u>	<u>STEP 7: TRIBAL BENEFITS</u>
<u>Is applying for health care and is planning to file taxes</u>	<u>STEP 8: HOUSEHOLD MONTHLY INCOME</u>
<u>Is not any of the above</u>	<u>STEP 9: CONFIRM INFORMATION ON THE SUMMARY PAGE</u>

Step 6: Educational aid

The “_____’s educational aid” page asks about the individual’s educational aid received.

Show/Hide an example of the page

Test's educational aid

Please tell us about the grants and scholarships Test gets for their education. We don't need information about Test's student loans.

When did Test's current school term begin? *

Month

Year

Month

Year

When does Test's current school term end? *

Month

Year

Month

Year

What type of financial aid is Test getting? (optional)

Aid type

Aid amount this term

Select an aid type

\$ 0.00

 [Add financial aid](#)

What educational expenses does Test have? (optional)

Expense type

Expense amount this term

Select an expense type

\$ 0.00

 [Add expense](#)

Save and next

[Questions](#)

[How to answer](#)

<u>When did _____'s current school term begin?</u>	<u>Select the month from the dropdown menu and enter the year this term started.</u>
<u>When does _____'s current school term end?</u>	<u>Select the month from the dropdown menu and enter the year this term started.</u>
<u>What type of financial aid is _____ getting? (Optional)</u>	<u>Select the aid type from the dropdown menu.</u>
<u>Aid amount this term</u>	<u>Enter the aid amount received this term.</u>
<u>What educational expenses does _____ have? (Optional)</u>	<u>Select the expense type from the dropdown menu.</u>
<u>Expense amount this term</u>	<u>Enter the expense amount for this term.</u>

The next page the applicant sees depends on the information they provided on this page and earlier pages.

<u>If the household includes someone who...</u>	<u>Continue to...</u>
<u>Is a tribal member, or child/grandchild of a tribal member and is not receiving educational aid</u>	<u>STEP 7: TRIBAL BENEFITS</u>
<u>Is applying for health care and is planning to file taxes</u>	<u>STEP 8: HOUSEHOLD MONTHLY INCOME</u>
<u>Is not any of the above</u>	<u>STEP 9: CONFIRM INFORMATION ON THE SUMMARY PAGE</u>

Step 7: Tribal benefits

This page asks about the individual's tribal benefits received.

Show/Hide an example of the page

Tribal benefits

Please tell us if anyone in your household is getting any of these tribal benefits.

Is anyone in your household getting tribal income from a source that is not gaming revenue? (optional)

- Yes
- No

Who is getting tribal income from a source that is not gaming revenue? *

- Test Test
- Spouse Test
- Child Test

Has anyone in your household gotten health care from Indian Health Services, a tribal program, or through a referral from one of these programs? *

- Yes
- No

Who is getting this health care? *

- Test Test
- Spouse Test
- Child Test

Is anyone in your household eligible to get health care from Indian Health Services, a tribal program, or through a referral from one of these programs, even if they have not needed to get this health care? *

- Yes
- No

Who is eligible to get this health care? *

- Test Test
- Spouse Test
- Child Test

Save and next



<u>Questions</u>	<u>How to answer</u>
<p><u>Is anyone in your household getting tribal income from a source that is not gaming revenue?</u> (Optional)</p>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> -</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>Who is getting tribal income from a source that is not gaming revenue?</u></p>	<p><u>Select the member or members receiving tribal from an income that is not from gaming.</u></p>
<p><u>Has anyone in your household gotten health care from Indian Health Services, a tribal program, or through a referral from one of these programs?</u></p>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> -</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>Who is getting this health care?</u></p>	<p><u>Select the member or members receiving health care from Indian Health Services, a tribal program, or a referral.</u></p>
<p><u>Is anyone in your household eligible to get health care from Indian Health Services, a tribal program, or through a referral from one of these programs, even if they have not needed to get this health care?</u></p>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> -</p> <p><u>If the applicant selects yes, the next question displays.</u></p>

<p><u>Who is eligible to get this health care?</u></p>	<p><u>Select the member or members that are eligible.</u></p>
--	---

Step 8: Household monthly income

This page asks the applicant if there are household members who earn above a certain threshold.

For health care applications, tax filers that enter their monthly and yearly income help the federal Health Insurance Marketplace decide about their eligibility for health care assistance faster.

Show/Hide an example of the page

Household monthly income

Please tell us if the tax filers in your household will make a certain amount of money this month. As a reminder, you told us these people are tax filers:

- Test Test
- Spouse Test

We'll use this information to see if it looks like Test can get tax credits for paying for health care coverage.

Do you expect that the tax filers in your household will make more than \$1074.00 this month in gross income? (optional)

- Yes
- No
- I don't know

By gross, we mean the amount you earn before taxes and other deductions are taken out.

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Do you expect that the tax filers in your</u>	<u>Select Yes</u>

<u>household will make more than \$[#.##] this month in gross income? (Optional)</u>	<u>⌵</u> <u>No</u> <u>⌵</u> or <u>I don't know</u> <u>⌵</u>
--	---

If they select yes, the “_____’s monthly income” page displays. This page asks about the household member or members that will earn above the threshold.
Show/Hide an example of the page

Spouse's monthly income

You told us the tax filers in your household would make more than \$1074.00 this month. Please tell us more about each tax filer's income.

Will or did Spouse's income change from month to month in 2021? (optional)

- Yes
- No
- I don't know

What do you expect Spouse's total gross income will be in 2021? (optional)

\$ 0.00

Will Spouse's income change from month to month in 2022? (optional)

- Yes
- No
- I don't know

What do you expect Spouse's total gross income will be in 2022? (optional)

\$ 0.00

Save and next

>

[Questions](#)

[How to answer](#)

<p><u>Will or did _____'s income change from month to month in [current year]?</u> (Optional)</p>	<p><u>Select</u> <u>Yes</u> ⌵ <u>No</u> <u>, or</u> <u>I don't know</u> ⌵</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>What do you expect _____'s total gross income will be in [current year]?</u> (Optional)</p>	<p><u>Enter the member's expected total gross income for this year.</u></p>
<p><u>Will _____'s income change from month to month in [next year]?</u> (Optional)</p>	<p><u>Select</u> <u>Yes</u> ⌵ <u>No</u> <u>, or</u> <u>I don't know</u> ⌵</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>What do you expect _____'s total gross income will be in [next year]?</u> (Optional)</p>	<p><u>Enter the individual's expected total gross income for next year.</u></p>

Step 9: Confirm information on the Summary page

Once completed, a summary page displays. Here, the applicant can review the sections for accuracy before going to the next section.

Show/Hide an example of the page

You finished the income and benefits section

✔ You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.

When you're ready to continue, go to the application overview.

Information from this section

Work and volunteer activities

[Add or remove people](#)

Test Test	Add work and volunteer activity
Self-employment	
Work or activity: Arts	Edit
Business name: Not provided	

Spouse Test	Add work and volunteer activity
In-kind job	
Employer: Company	Edit
Employer address: Not provided	

Other income

[Add or remove people](#)

Test Test	Add other income
SSI income	
Income received: \$10 Weekly	Edit
Start date: 01-01-2020	
Social Security income	
Income received: \$10 Weekly	Edit
Start date: 01-01-2020	
Veterans benefits	
Income received: \$10 Weekly	Edit
Start date: 01-01-2020	
Child support from someone outside the household	
Income received: \$10 Weekly	Edit
Start date: 01-01-2020	

Spouse Test	Add other income
Adoption assistance	
Income received: \$10 Weekly	Edit
Start date: 01-01-2020	

Other benefits

[Update](#)

Educational aid	
Test Test's details	Update

Tribal benefits	Update
------------------------	------------------------

Household monthly income

Household income	Update
Test Test's details	Update
Spouse Test's details	Update

[Application overview](#)



3.8 ASSETS

Contents

1. Step 1: Determine which money and investment questions are asked
2. Step 2: Provide common money and investment details
3. Step 3: Provide other money and investment details
4. Step 4: Determine which questions will be asked about other assets
5. Step 5: Provide asset information
6. Step 6: Selling or giving away assets
7. Step 7: Confirm information on the Summary page

Use these instructions to help people answer questions about their assets. This section is only included if the application includes W-2, JAL, Emergency Assistance, or someone who is elderly, blind, or disabled. Once completed, the applicant can review the sections for accuracy before going to the next section.

Step 1: Determine which money and investment questions are asked

These pages ask about the household's money and investment information. Not everyone in the household will need to provide this information. ACCESS will only ask about household members that need to provide this information for the program they are requesting.

The "Money and investments" page asks who in the household has money or investments.

Show/Hide an example of the page

Money and investments

Please tell us who in your household has money or investments. If something is shared, check only one person for that asset.

Remember, this includes:

- Cash you're saving
- Checking and savings accounts
- Prepaid debit cards
- Stocks and bonds
- Other financial accounts

Does anyone in your household have money or investments? *

- Yes
- No

Who in your household has money or investments? *

- Test Test
- Spouse Test
- Child Test

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Does anyone in your household have money or investments?</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the next question displays.</u>

<p><u>Who in your household has money or investments?</u></p>	<p><u>Select the member or members that has money or investments.</u></p> <p><u>Only household members that may need to provide this information will be listed.</u></p>
---	--

If more than one person in the household has money or investments, the “Your household’s money and investments” page displays. This page asks the applicant to select which member of the household’s money and investments information to enter first. They will return to this page after completing the money and investment information for each person until all are done.

Show/Hide an example of the page

Your household's money and investments

Choose who to tell us about first.

Add or remove people 

<p>Test Test <small>In progress</small></p>	<p>Spouse Test <small>Not started</small></p>
<p>Resume</p>	<p>Start</p>

<u>Questions</u>	<u>How to answer</u>
<p><u>Choose who you’d like to tell us about first.</u></p>	<p><u>Select Start next to someone’s name to begin asking questions for that person.</u></p> <p><u>The applicant is brought back to this screen until all the questions for individuals who have money and investments are completed.</u></p>

The next page the applicant sees depends on the information they provided on this page and earlier pages.

<p><u>If the household has...</u></p>	<p><u>Continue to...</u></p>
<p><u>Someone with money and investments</u></p>	<p><u>STEP 2: PROVIDE COMMON MONEY AND INVESTMENT DETAILS</u></p>

No one has money or investments

STEP 4: DETERMINE WHICH QUESTIONS WILL BE ASKED ABOUT OTHER ASSETS

Step 2: Provide common money and investment details

The “_____’s money” page asks for the most common types of money and investments they may have. ACCESS will show a details page to ask questions about each selection.

Show/Hide an example of the page

Test's money

Please tell us more about the money Test has.

Does Test have cash Test is saving, money in a checking or savings account, or a prepaid debit card? Check all that apply.*

- Cash
- Checking account
- Savings account
- Prepaid debit card
- None of these

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Does _____ have cash _____ is saving, money in a checking or savings account, or a prepaid debit card? Check all that apply.</u>	<u>Select one or more options.</u>

If they select at least one type of money or investment, a details page displays to ask about the money or investment. There is one details page per type. This page asks about the household member’s cash, checking account, savings account, or prepaid debit card. If the applicant has more than one of each type, enter the information about

each one at a time. The page repeats as many times as necessary.
Show/Hide an example of the page
Show/Hide an example of the page

<u>Questions</u>	<u>How to answer</u>
<u>Is this [Money or Investment type] set aside to cover the cost of burial? (Optional)</u>	<p><u>Select Yes, No, or I don't know.</u></p> <p><u>Money or investments set aside to cover burial costs is counted differently for some programs. This question helps the applicant to report it separately from the rest of their Money or investments.</u></p> <p><u>The next question depends on the applicant's money or investment type selection on the previous page.</u></p>
<u>How much cash is _____ saving? (Optional)</u>	<p><u>This question displays if the page is for cash.</u></p> <p><u>Enter the amount.</u></p> <p><u>The applicant may also select I don't know.</u></p>
<u>How much money is in _____'s [checking account/savings account]? (Optional)</u>	<p><u>This question displays if the page is for a checking or savings account.</u></p> <p><u>Enter the amount.</u></p> <p><u>The applicant may also select I don't know</u></p> <p>⋮</p>
<u>How much money is on _____'s prepaid debit card? (Optional)</u>	<p><u>This question displays if the page is for a prepaid debit card.</u></p> <p><u>Enter the amount.</u></p> <p><u>The applicant may also select I don't know</u></p> <p>⋮</p>
<u>Please tell us more about the financial institution that owns the</u>	<p><u>This question displays if the page is for a checking account, savings account, or prepaid debit card.</u></p>

<p><u>[Money or Investment type]. (Optional)</u></p>	<p><u>Enter the financial institution name, the full address, and the account number.</u></p>
<p><u>Does _____ own this account with someone else? (Optional)</u></p>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :-</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>Who does _____ own this account with?</u> <u>Select up to two people.</u> <u>(Optional)</u></p>	<p><u>Select the member or members that share this account.</u></p> <p><u>The applicant may also select</u> <u>Someone else</u> <u>. If the applicant selects this, the next question displays.</u></p>
<p><u>Other owner's name (Optional)</u></p>	<p><u>Enter the first and last name of the other owner.</u></p>
<p><u>Does _____ have another [Money or Investment type]? (Optional)</u></p>	<p><u>This question displays if the page is for a checking account, savings account, or prepaid debit card.</u></p> <p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :-</p> <p><u>If the applicant selects yes, this page will repeat for the same type of money and investment.</u></p>
<p><u>Does _____ have more cash? (Optional)</u></p>	<p><u>This question displays if the page is for cash.</u></p> <p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :-</p>

	<p><u>If the applicant selects yes, this page will repeat for the same type of money and investment.</u></p>
--	--

Step 3: Provide other money and investment details

The “_____’s other money and investments” page asks if the individual has any less common types of money or investments.

Show/Hide an example of the page

Test's other money and investments

Please tell us if Test has any other money or investments. We've included information about each in case you're not sure what it is. If you still aren't sure, don't include it.

Does Test have any other money or investments? Check all that apply.

Certificates of deposit ⓘ

An account where you deposit money for a fixed period of time (usually 3 months to 6 years). In most cases, a CD has a higher interest rate than an account where you can withdraw your money at any time.

[Hide](#)

U.S. savings bonds ⓘ

A bond issued by the U.S. government. It can be redeemed for the face value plus interest only when it matures.

[Hide](#)

Stocks and bonds ⓘ

Shares of a corporation that you have purchased on the stock market. By bonds, we mean an investment you purchase for a period of at least a year. The bond can be redeemed for the face value plus interest only when it matures.

[Hide](#)

Individual retirement accounts (IRAs) ⓘ

A tax-deferred account that allows you to set aside money each year for your retirement.

[Hide](#)

Money market accounts ⓘ

A savings account that is used to earn more interest than a regular savings account.

[Hide](#)

Trust funds (other than burial trusts) ⓘ

Any case in which Test transfer(s) their money or property to another person or institution so they can hold and manage it for you. In most cases, this happens so that Test's money or property can be used for the benefit of someone else. For example, Test may have a trust fund for their children or grandchildren. Keep in mind that even if the trust fund is for someone else, you are still the owner of the trust fund.

[Hide](#)

Keogh plans ⓘ

A tax-deferred retirement plan for someone who is self-employed. Keogh plans are also called "self-employed pensions".

[Hide](#)

Money you loaned to another person (or any money that is owed to you) ⓘ

Money that someone owes you. For example, you may be holding a promissory note for money you lent to another person, and you are getting payments from that person.

[Hide](#)

Annuities ⓘ

A contract you can buy from an insurance company that will provide regular payments to you, usually after you retire.

[Hide](#)

Escrow accounts for sale of home ⓘ

The account where you keep money from the sale of your home if you are planning to buy another home.

[Hide](#)

Other liquid assets ⓘ

Anything that can be quickly and easily turned into cash.

[Hide](#)

None of these

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Does _____ have any other money or investments? Check all that apply.</u>	<u>Select the other money or investments they have.</u> <u>The applicant can click What's this? to get information about each Option.</u> <u>The applicant may also select None of these.</u>

If they select at least one type of other money or investment a details page displays to ask about the other money or investment. There is one details page per type. This page asks about the less common money and investments owned the household member. If the applicant has more than one of each type, enter the information about each one at a time. The page repeats as many times as necessary.

Show/Hide an example of the pageShow/Hide an example of the page

<u>Questions</u>	<u>How to answer</u>
<u>Is this [other money or investment type] set aside to cover the cost of burial? (Optional)</u>	<u>Select Yes, No, or I don't know.</u>
<u>What is the value of this [other money or investment type]? (Optional)</u>	<u>Enter the amount.</u> <u>The applicant may also select I don't know.</u>
<u>Please tell us more about the financial institutions that owns the [other money or investment type]. (Optional)</u>	<u>Enter the financial institution name, the full address, and the account number.</u>
<u>Does _____ own this asset with anyone else? (Optional)</u>	<u>Select</u> <u>Yes</u> <u>↓</u> <u>No</u> <u>↓ or</u> <u>I don't know</u> <u>↓</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Who does _____ own this asset</u>	<u>Select the member or members that share this account.</u>

<u>with? Select up to two people. (Optional)</u>	<u>The applicant may also select Someone else. If the applicant selects this, the next question displays.</u>
<u>Other owner's name (Optional)</u>	<u>Enter the first and last name of the other owner.</u>
<u>Does _____ have more money they loaned to another person? (Optional)</u>	<u>This question displays if the page is for money loaned to another person.</u> <u>Select Yes or No.</u> <u>If the applicant selects yes, this page will repeat for the same type of other money and investment.</u>
<u>Does _____ have another stock or bond? (Optional)</u>	<u>This question displays if the page is for a stock or bond.</u> <u>Select Yes or No.</u> <u>If the applicant selects yes, this page will repeat for the same type of other money and investment.</u>
<u>Does _____ have another [other money type]? (Optional)</u>	<u>This question displays if the page is for any other type of money or investment.</u> <u>Select Yes or No.</u> <u>If the applicant selects yes, this page will repeat for the same type of other money and investment.</u>

Step 4: Determine which questions will be asked about other assets

These pages ask about the household's money and investment information. Not everyone in the household will need to provide this information. ACCESS will only ask about household members that need to provide this information for the program they are requesting.

The "Other assets" page asks who in the household has other assets.

Show/Hide an example of the page[Show/Hide an example of the page](#)

<u>Questions</u>	<u>How to answer</u>
<u>Does anyone in your household have other assets?</u>	<u>Select Yes or No.</u> <u>We only want to know about personal items that you plan to sell. If the applicant selects yes, the next question displays.</u>

<u>Who has other assets?</u> (Optional)	<u>Select the member or members that has other assets. Only household members that may need to provide this information will be listed.</u>
--	---

If more than one person in the household has other assets, the “Your household’s other assets” page displays. This page asks the applicant to select which member of the household’s other assets information to enter first. They will return to this page after completing the other assets information for each person until all are done.
Show/Hide an example of the page

Your household's other assets

Choose who to tell us about first.

[Add or remove people](#) ✓

<p>Test Test Not started</p> <p>Start</p>	<p>Spouse Test Not started</p> <p>Start</p>
---	---

<u>Questions</u>	<u>How to answer</u>
<u>Choose who you’d like to tell us about first.</u>	<p><u>Select Start next to someone’s name to begin asking questions for that person.</u></p> <p><u>The applicant is brought back to this screen until all the questions for individuals who have other assets are completed.</u></p>

The next page the applicant sees depends on the information they provided on this page and earlier pages.

<u>If the household has...</u>	<u>And the application...</u>	<u>Continue to...</u>
<u>Someone with other assets</u>	<u>Is for any program</u>	<u>STEP 5: PROVIDE ASSET INFORMATION</u>
<u>No one with other assets, and includes someone over 19 years old who is elderly, blind or disabled</u>	<u>Includes health care</u>	<u>STEP 6: SELLING OR GIVING AWAY ASSETS</u>
	<u>Does not include health care</u>	<u>STEP 7: CONFIRM INFORMATION ON THE SUMMARY PAGE</u>

No one with other assets, and doesn't include someone over 19 years old who is elderly, blind or disabled

Is for any program

STEP 7: CONFIRM INFORMATION ON THE SUMMARY PAGE

Step 5: Provide asset information

The “_____’s other assets” page asks for the what types of other assets the household member has. ACCESS will show a details page to ask questions about each selection. Show/Hide an example of the page

Test’s other assets

Please tell us about the other assets Test has.

What other assets does Test have? Check all that apply. *

Vehicles

Real Estate

Personal items kept as an investment

Burial Assets

Life Insurance

None of these

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>What other assets does _____ have? Check all that apply.</u>	<u>Select one or more options.</u>

There are several pages that may appear based on the types of other assets selected. These pages will repeat for each type of asset until all information is entered. If the household member has more than one type of the same asset, enter the information for one at a time. The pages will repeat as many times as necessary.

Vehicle: Household member has a vehicle (Click to show)

This page asks what type of vehicle they own.

Show/Hide an example of the page

Test's vehicles

Please tell us about Test's vehicles.

What vehicles does Test own? Check all that apply.

- Car
- Motorcycle
- Van
- Truck or semi
- Recreational vehicle
- Motorboat
- Non-motorized boat
- Farm equipment
- Moped
- Camper
- Travel trailer
- Snowmobile
- Airplane
- Other vehicle
- None of these

[Save and next](#)

[Questions](#)

[How to answer](#)

What vehicle does
_____ own? Check all
that apply.

Select the vehicle or vehicles the individual owns.
The applicant may also select **None of these**.

If they select at least one type of vehicle, a details page displays to ask about the
vehicle. It repeats for each type of vehicle selected. If they have more than one type of
the same vehicle, answer about one at a time.

Show/Hide an example of the page

More about Test's Car

Please tell us more about Test's Car.

Vehicle information (optional)

Year

Make

Model

License plate number

Is this Car registered? (optional)

- Yes
- No
- I don't know

What state is it registered in? (optional)

State

What is the fair market value of this Car? (optional)

I don't know

By fair market value, we mean the price you could sell the vehicle for right now. Looking up the vehicle's Blue Book value is a good way to find this out.

How much Test owe on this Car? (optional)

I don't know

This could be a loan or money you have to pay someone to gain ownership of this vehicle. If you don't owe anything, write 0.

Does Test own this Car with anyone else? (optional)

- Yes
- No
- I don't know

Who does Test own this Car with? Select up to two people. (optional)

- Spouse Test
- Child Test
- Someone else

Other owner's name(s) (optional)

First name

Last name

First name

Last name

Does Test own another Car? (optional)

- Yes
- No

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Vehicle information (Optional)</u>	<u>Enter the year, make, model and license plate number.</u>
<u>Is this [vehicle type] registered? (Optional)</u>	<u>Select Yes, No, or I don't know.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>What state is it registered in? (Optional)</u>	<u>Select the state from the dropdown list.</u>
<u>What is the fair market value of this [vehicle type]? (Optional)</u>	<u>Enter the fair market value of the vehicle.</u> <u>The applicant may also select I don't know.</u>
<u>How much does _____ owe on this [vehicle type]? (Optional)</u>	<u>Enter the amount owed for this vehicle.</u> <u>If you don't owe anything, write 0.</u> <u>The applicant may also select I don't know.</u>
<u>Does _____ own this [vehicle] with anyone else? (Optional)</u>	<u>Select Yes, No, or I don't know.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Who does _____ own this [vehicle type] with? Select up to two people. (Optional)</u>	<u>Select the member or members who also own this vehicle.</u> <u>The applicant may also select Someone else. If the applicant selects this, the next question displays.</u>
<u>Other owner's name(s) (Optional)</u>	<u>Enter the first and last name of the other owner or owners.</u>
<u>Does _____ own another [vehicle type]? (Optional)</u>	<u>Select Yes or No.</u> <u>If the applicant answers yes, this page will repeat for the same type of vehicle.</u>

Real estate: Household member owns real estate (Click to show)

The "_____ 's real estate" page asks about the type of real estate the household member owns.

Show/Hide an example of the page

Test's real estate

Please tell us about the real estate Test owns.

What types of real estate does Test own? Check all that apply. *

Apartment building

Condo

Duplex

Farm

House

Land

Mobile home

Other real estate

None of these

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>What types of real estate does _____ own? Check all that apply.</u>	<u>Select the real estate type or types the individual owns. The applicant may also select None of these.</u>

If they select at least one type of real estate, a details page displays to ask about the real estate type. It repeats for each type of real estate selected. If they have more than one type of the same real estate, answer about one at a time.
Show/Hide an example of the page

More about your Apartment Building

Please tell us more about your Apartment Building.

Do you live here most of the time? (optional)

- Yes
 No
 I don't know

If you don't live here because you're living in a nursing home, hospital or other health care facility, do you plan to move back here? (optional)

- Yes
 No
 I don't know

Does Spouse Test live here? (optional)

- Yes
 No

What is the fair market value of this Apartment Building? (optional)

I don't know

By fair market value, we mean the price you could sell the property for right now. You may be able to find this on your property taxes or on a recent appraisal if you've had one.

How much do you owe on this Apartment Building? (optional)

I don't know

This could be a loan or money you have to pay someone to gain ownership of this Apartment Building. If you don't owe anything, write 0.

Is this Apartment Building listed for sale? (optional)

- Yes
 No
 I don't know

What is the address of this Apartment Building? (optional)

- Other address
 I don't know

Other address

Street address

Apartment, unit, or room number

City

State

Zip code

Do you own this Apartment Building with anyone else? (optional)

- Yes
 No
 I don't know

Who do you own this Apartment Building with? Select up to two people. (optional)

- Spouse Test
 Child Test
 Someone else

Co-owner name(s) (optional)

First name Last name

First name Last name

Do you own another Apartment Building? (optional)

- Yes
 No

Save and next

<u>Questions</u>	<u>How to answer</u>
<p><u>Does _____ live here most of the time? (Optional)</u></p>	<p><u>Select Yes, No, or I don't know.</u></p> <p><u>If the applicant selects no, the next question displays.</u></p>
<p><u>If _____ doesn't live here because they're living in a nursing home, hospital or other health care facility, do they plan to move back here? (Optional)</u></p>	<p><u>Select Yes, No, or I don't know.</u></p> <p><u>This question helps determine if this real estate is still considered their primary residence even if they are not currently living there.</u></p>
<p><u>Does [spouse name] live here? (Optional)</u></p>	<p><u>This question displays if the person is married, separated or legally separated and their spouse is in the household AND their spouse is not living in an institution.</u></p> <p><u>Select Yes or No.</u></p>
<p><u>What is the fair market value of this [real estate]? (Optional)</u></p>	<p><u>Enter the fair market value.</u></p> <p><u>This means the price they could sell the property for right now.</u></p> <p><u>The applicant may also select I don't know.</u></p>
<p><u>How much does _____ owe on this [real estate]? (Optional)</u></p>	<p><u>This question displays if the real estate is not the applicant's or their spouse's current residence, and they don't plan to move back there from an institution.</u></p> <p><u>Enter the amount owed.</u></p> <p><u>The applicant may also select I don't know.</u></p>
<p><u>Is this [real estate] listed for sale? (Optional)</u></p>	<p><u>This question displays if the real estate is not the applicant's or their spouse's current residence, and they do not plan to move back there from an institution.</u></p> <p><u>Select Yes, No, or I don't know.</u></p>

<p><u>What is the address of this [real estate]?</u> (Optional)</p>	<p><u>Select the address from the checklist. Each address previously entered in the application will be listed, as well as an option to list a new one.</u></p> <p><u>The applicant may also select Other address. If the applicant selects this, the next question displays.</u></p>
<p><u>Other address</u></p>	<p><u>Enter the full address.</u></p>
<p><u>Does _____ own this [real estate] with anyone else?</u> (Optional)</p>	<p><u>Select Yes, No, or I don't know.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>Who does _____ own this [real estate] with? Select up to two people.</u> (Optional)</p>	<p><u>Select the member or members who also own this real estate.</u></p> <p><u>The applicant may also select Someone else. If the applicant selects this, the next question displays.</u></p>
<p><u>Co-owner name(s)</u> (Optional)</p>	<p><u>Enter the first and last name of the other owner or owners.</u></p>
<p><u>Does _____ own another [real estate]?</u> (Optional)</p>	<p><u>Select Yes or No</u></p> <p><u>-</u></p> <p><u>If the applicant answers yes, this page will repeat for the same type of real estate.</u></p>

Personal items: Household member has personal items kept as an investment (Click to show)

The “Personal items kept as an investment” page asks about personal items the household member is keeping as an investment or plans to sell. It repeats for each type of personal item selected. If they have more than one type of personal item, answer about one at a time.

Show/Hide an example of the page

Image to be provided

<p><u>Questions</u></p>	<p><u>How to answer</u></p>
-------------------------	-----------------------------

<u>What is this personal item?</u>	<u>Enter the description of the item they intend to sell.</u>
<u>How much is this item worth?</u>	<u>Enter how much the item is worth.</u> <u>The applicant may also select I don't know</u> :
<u>Does _____ own this item with anyone else? (Optional)</u>	<u>Select Yes, No, or I don't know.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Who does _____ own it with? Choose up to two people. (Optional)</u>	<u>Select the member or members who also own this real estate.</u> <u>The applicant may also select Someone else. If the applicant selects this, the next question displays.</u>
<u>Co-owner name(s) (Optional)</u>	<u>Enter the first and last name of the other owner or owners.</u>
<u>Does _____ keep other personal items as an investment? (Optional)</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, this page will repeat.</u>

Burial Assets: Household member has assets set aside for burial (Click to show)

This page asks what type of burial assets they own.
Show/Hide an example of the page

Test's burial assets

Please tell us about the burial assets Test has.

Which burial assets does Test have? Check all that apply. *

- Burial insurance
- Burial space
- Burial trust (irrevocable, which means it can't be returned or changed)
- Burial trust (revocable, which means it can be changed or returned)
- Casket
- Cemetery plot
- Mausoleum space
- Vault
- Other burial asset
- None of these

Other examples could be a headstone, marker, or opening and closing costs.

Please provide this information.

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Which burial assets does _____ have? Check all that apply.</u>	<u>Select the burial asset type or types the individual owns. The applicant may also select None of these.</u>

If they select at least one type of burial asset, a details page displays to ask about the burial asset. It repeats for each type of burial asset selected. If they have more than one of the same type of burial asset, answer about one at a time.

[Show/Hide an example of the page](#)

More about Test's Burial Insurance

Please tell us more about Test's Burial Insurance

Who is this Burial Insurance for? (optional)

Test

Someone else

How is this person related to Test? (optional)

--None--

How much is this Burial Insurance worth? (optional)

\$

I don't know

Does Test have another Burial Insurance? (optional)

No

Yes

Save and next

Questions	How to answer
Who is this [burial asset] for? (Optional)	Select the member who this is for. The applicant may also select Someone else . If the applicant selects this, the next question displays.

<u>How is this person related to _____?</u> <u>(Optional)</u>	<u>Select the relationship of the household member to this other person from the dropdown menu.</u>
<u>How much is this [burial asset] worth?</u> <u>(Optional)</u>	<u>Enter how much the burial asset is worth.</u> <u>The applicant may also select I don't know.</u>
<u>Does _____ have another [burial asset]?</u> <u>(Optional)</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, this page will repeat for the same type of burial asset.</u>

Life Insurance: Household member has life insurance (Click to show)

The “_____’s life insurance” page asks about the household member’s life insurance policy.

Show/Hide an example of the page

Test's life insurance

Please tell us more about Test's life insurance.

What type of life insurance does Test have?
(optional)

Select a life insurance type 

What is the face value of this policy? (optional)

\$

I don't know

By face value, we mean the minimum benefit paid out upon death. In most cases, this is the amount written on the policy.

What is the cash surrender value of this policy?
(optional)

\$

I don't know

By cash surrender value, we mean the amount you'll get if you cancel the policy.

What is the policy number? (optional)

Insurance company information (optional)

Insurance company name

Street address

Apartment, unit, or room number

City

State



Zip code

Does Test have another life insurance policy?
(optional)

Yes

No

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>What type of life insurance does _____ have? (Optional)</u>	<u>Select the policy type from the dropdown menu.</u> <u>The applicant may also select None.</u>
<u>What is the face value of this policy? (Optional)</u>	<u>Enter the face value of this policy.</u> <u>The applicant may also select I don't know.</u>
<u>What is the cash surrender value of this policy? (Optional)</u>	<u>Enter the cash surrender value of this policy.</u> <u>By cash surrender value, we mean the amount you'll get if you cancel the policy.</u> <u>The applicant may also select I don't know.</u>
<u>What is the policy number? (Optional)</u>	<u>Enter the policy number.</u>
<u>Insurance company information (Optional)</u>	<u>Enter the name and full address of the insurance company.</u>
<u>Does _____ have another life insurance policy? (Optional)</u>	<u>Select</u> <u>Yes</u> <u><u>or</u></u> <u>No</u> <u>:</u> <u>If the applicant answers yes, this page will repeat.</u>

The next page the applicant sees depends on if the applicant is applying for health care.

<u>If the household includes...</u>	<u>And the application...</u>	<u>Continue to...</u>
<u>Someone over 19 years old who is elderly, blind or disabled</u>	<u>Includes health care</u>	<u>STEP 6: SELLING OR GIVING AWAY ASSETS</u>
	<u>Does not include health care</u>	<u>STEP 7: CONFIRM INFORMATION ON THE SUMMARY PAGE</u>
<u>No one over 19 years old who is elderly, blind or disabled</u>	<u>Is for any program</u>	<u>STEP 7: CONFIRM INFORMATION ON THE SUMMARY PAGE</u>

Step 6: Selling or giving away assets

This page asks if an elderly, blind, or disabled household member over 19 years old has sold or given away assets in the past five years.
Show/Hide an example of the page

Selling or giving away assets

Please tell us if anyone in your household has given away or sold assets for less than market value in the past five years.

Has anyone in your household sold or given away assets for less than fair market value in the last five years? *

Only answer yes if the assets were sold for less than fair market value or given away for free.

- Yes
- No

Who has sold or given away assets? *

Test Test

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Has anyone in your household sold or given away assets for less than market value in the last five years?</u>	<p><u>Select Yes or No.</u></p> <p><u>Only answer yes if the assets were sold for less than fair market value or given away for free.</u></p>
<u>Who has sold or given away assets?</u>	<p><u>Select the member or members that have sold or given away assets.</u></p> <p><u>Only household members that may need to provide this information will be listed.</u></p>

Step 7: Confirm information on the Summary page

Once completed, a summary page displays. Here, the applicant can review the sections for accuracy before going to the next section.

Show/Hide an example of the page

You finished the assets section

✔ You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.

When you're ready to continue, go to the application overview.

Information from this section

Money and investments

[Add or remove people](#)

Test Test	Add money and investments
Cash	
Amount: [Not provided]	Edit
Certificate of Deposit	
Financial Institution: [Not provided]	Edit
Amount: [Not provided]	

Other Assets

[Add or remove people](#)

Test Test	Add other assets
Burial Assets	
Asset type: Burial Insurance	Edit
Vehicles	
Car	Edit
Real Estate	
Real estate type: Apartment Building	Edit
Spouse Test	
Add other assets	
Vehicles	
Car	Edit
Selling or giving away assets	
Update	

[Application overview](#)

3.9 BILLS

Contents

1. Step 1: Determine which housing and utility bills questions are asked
2. Step 2: Provide housing bill information
3. Step 3: Provide utility bill information
4. Step 4: Determine which other bills questions are asked
5. Step 5: Provide dependent care costs information
6. Step 6: Provide tax deduction information
7. Step 7: Answer questions about assistance with bills
8. Step 8: Confirm information on the Summary page

Use these instructions to help people answer questions about their bills. This section is only included if the application includes FoodShare, W-2, JAL, or health care. Once completed, the applicant can review the sections for accuracy before going to the next section.

Step 1: Determine which housing and utility bills questions are asked

These pages ask which household members pay housing or utility bills. ACCESS will show a details page to ask questions about each selection.

The “ _____ ’s housing and utility bills” page asks who from the household pays housing or utilities bills.

Show/Hide an example of the page

Your housing and utility bills

Please tell us if anyone in your household has housing or utility bills. If you pay a bill with someone, only choose one person. It doesn't matter which person you choose. If you split the bill with someone, like a roommate, choose both people and tell us how much each person's share is.

Does anyone in your household have housing bills? *

- Yes
 No

By housing bills, we mean:

- Rent or mortgage payments.
- Property taxes.
- Homeowner's or renter's insurance.
- Mobile home loan payments.
- Special assessments.

Who in your household has housing bills? *

- Test Test
 Spouse Test
 Child Test

Does anyone in your household have utility bills? *

- Yes
 No

By utility bills, we mean:

- Electricity
- Water
- Liquid propane gas
- Firewood
- Trash removal
- Sewer and septic service
- Phone or cell phone service
- Natural gas
- Fuel oil or kerosene
- Coal
- Wastewater treatment
- Utility installations
- A/C surcharges

Who in your household has utility bills? *

- Test Test
 Spouse Test
 Child Test

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Does anyone in your household have housing bills?</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Who in your household has housing bills?</u>	<u>Select the member or members who pay housing bills.</u>
<u>Does anyone in your household have utility bills?</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Who in your household has utility bills?</u>	<u>Select the member or members who pay utility bills.</u>

If more than one person in the household has housing or utility bills, the “Your household’s housing and utility bills” page displays. This page asks the applicant to select which member of the household’s housing and utility bills information to enter first. They will return to this page after completing the housing or utility bills information for each person until all are done.

Show/Hide an example of the page

Your household’s housing and utility bills

Choose who you’d like to tell us about first.

[Add or remove people](#) 

Test Test Not started

Start

Spouse Test Not started

Start

<u>Questions</u>	<u>How to answer</u>
<u>Choose who you’d like to tell us about first.</u>	<u>Select Start next to someone’s name to begin asking questions for that person.</u>

	<p><u>The applicant is brought back to this screen until all the questions for individuals who have housing and utility bills are completed.</u></p>
--	--

The next page the applicant sees depends on if the household member has housing or utility bills.

<u>If the household member...</u>	<u>Continue to...</u>
<u>Has housing or utility bills</u>	<u>STEP 2: PROVIDE HOUSING BILL INFORMATION</u>
<u>Has only utility bills</u>	<u>STEP 3: PROVIDE UTILITY BILL INFORMATION</u>
<u>Doesn't have housing or utility bills</u>	<u>STEP 4: DETERMINE WHICH OTHER BILLS QUESTIONS ARE ASKED</u>

Step 2: Provide housing bill information

The “_____’s housing bills” page asks about the types of housing bills the household member pays.

Show/Hide an example of the page

Test's housing bills

Please tell us about Test 's housing bills. Make sure to choose all the bills Test has.

What housing bills does Test have?

- Rent or lot rent
- Mortgage payment
- Property tax
- Homeowner's insurance
- Mobile home loan payment
- Renter's insurance
- Special assessments or taxes for things like sidewalk or street repair
- None of these

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>What housing bills does _____ have?</u>	<u>Select one or more options.</u> <u>The applicant may also select None of these.</u>

If they select at least one type of housing bill, a details page displays to ask about the housing bill. It repeats for each type of housing bill selected. If they have more than one type of the same type of housing bill, answer about one at a time.
Show/Hide an example of the page

Test's rent or lot rent

Please tell us about Test's rent or lot rent

How much is Test's rent or lot rent each month?
(optional)

I don't know

If Test splits this bill with someone, only tell us the amount Test is responsible for.

If a bill is not paid monthly, estimate how much it would cost if paid per month.

Does Test have another rent or lot rent bill?
(optional)

Yes

No

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>How much is _____'s [housing bill] each month? (Optional)</u>	<u>Enter the bill amount.</u> <u>The applicant may also select I don't know.</u>
<u>Does _____ have another [housing bill – alternate name]? (Optional)</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, this page repeats for the same type of housing bill.</u>

The next page the applicant sees depends on if the household member has utility bills.

<u>If the household member has...</u>	<u>Continue to...</u>
<u>Utility bills</u>	<u>STEP 3: PROVIDE UTILITY BILL INFORMATION</u>
<u>No more housing or utility bills</u>	<u>STEP 4: DETERMINE WHICH OTHER BILLS QUESTIONS ARE ASKED</u>

Step 3: Provide utility bill information

The “_____’s utility bills” page asks about the types of utility bills the household member pays.

[Show/Hide an example of the page](#)

Test's utility bills

Please tell us about Test's utility bills. Make sure to choose all the bills Test has.

What utility bills does Test have?

- Electricity
- Water
- Liquid propane gas
- Firewood
- Trash removal
- Sewer or septic service
- Phone or cell phone service
- Natural gas
- Fuel oil or kerosene
- Coal
- Wastewater treatment
- Utility installation
- A/C surcharge
- None of these

[Save and next](#)

<u>Questions</u>	<u>How to answer</u>
<u>What utility bills does _____ have? Check all that apply.</u>	<u>Select one or more options.</u> <u>The applicant may also select None of these.</u>

If the applicant selects at least one type of utility bill, a details page displays to ask about the utility bill. It repeats for each type of utility bill selected. If they have more than one type of the same utility bill, answer about one at a time.
Show/Hide an example of the page

Test's Electricity

Please tell us about Test Electricity payments.

How much is Test pay for Electricity payment each month? (optional)

I don't know

Does Test get a bill for Electricity? (optional)

Yes

No

I don't know

Is Electricity used to heat your home? (optional)

Yes

No

I don't know

Does Test have more Electricity payments? (optional)

Yes

No

If Test splits this bill with someone, only tell us the amount Test is responsible for. If a bill is not paid monthly, estimate how much it would cost if paid per month.

Save and next

[Questions](#)

[How to answer](#)

<p><u>How much is _____'s [utility bill] payment each month? (Optional)</u></p>	<p><u>Enter the bill amount.</u></p> <p><u>The applicant may also select I don't know.</u></p> <p><u>If they split this bill with someone outside the household, then only enter the part that they pay. If they split it with someone inside the household, report the total cost under one person.</u></p>
<p><u>Does _____ get a bill for [utility bill]? (Optional)</u></p>	<p><u>Select</u> <u>Yes</u></p> <p><u>↓</u> <u>No</u></p> <p><u>↓_or</u> <u>I don't know</u></p> <p><u>↓</u></p>
<p><u>Is [utility bill] used to heat your home? (Optional)</u></p>	<p><u>This question displays if the page is asking about electricity, liquid propane gas, wood, natural gas, fuel oil/kerosene, or coal.</u></p> <p><u>Select Yes, No, or I don't know.</u></p>
<p><u>Does _____ have more [utility bill] payments? (Optional)</u></p>	<p><u>Select Yes or No.</u></p> <p><u>If the applicant selects yes, this page will repeat for the same type of housing bill.</u></p>

Step 4: Determine which other bills questions are asked

The "Your household's other bills" page asks about other bills the household members pay. ACCESS will display a details page to ask questions about each selection. *Show/Hide an example of the page*

Your household's other bills

Please tell us about your household's other bills. If more than one person shares the cost of a bill, only choose one person for that bill.

Does anyone in your household have dependent care bills? (optional)

- Yes
 No
 I don't know

By dependent care, we mean care services that allow you to go to work, school, or job training, or to look for a job. Dependent care can be for children or adults. For children, it means daycare or after-school care. For adults, it means care for an adult in your home who can't care for themselves due to illness, injury or disability.

Who has dependent care costs? (optional)

- Test Test
 Spouse Test
 Child Test

Does anyone in your household pay support payments? (optional)

- Yes
 No
 I don't know

By support payments, we mean payments that you make to someone who doesn't live with you. Some common support payments include:

- Child support.
- Maintenance.
- Alimony.

Who pays these?

- Test Test
 Spouse Test
 Child Test

Does anyone in your household have medical bills from the last four months or unpaid medical bills? (optional)

- Yes
 No
 I don't know

Who has recent or unpaid medical bills? (optional)

- Test Test
 Spouse Test
 Child Test

Does anyone in your household have tax deductions? (optional)

- Yes
 No
 I don't know

By tax deductions, we mean expenses you can claim on your taxes. Some examples are higher education expenses, IRA contributions, and student loan interest.

We're only asking about tax deductions for the current tax year.

Who has tax deductions? (optional)

- Test Test
 Spouse Test
 Child Test

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Does anyone in your household have dependent care bills?</u> (Optional)	<p>Select <u>Yes</u>, <u>No</u>, or <u>I don't know</u>.</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>Who has dependent care costs?</u> (Optional)	<p><u>Select the member or members who pay dependent care costs.</u></p>
<u>Does anyone in your household pay support payments?</u> (Optional)	<p><u>Select</u> <u>Yes</u> ⌵ <u>No</u> ⌵ or <u>I don't know</u> ⌵</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>Who pays these?</u>	<p><u>Select the member or members who pay support payments or obligations.</u></p>
<u>Does anyone in your household have medical bills from the last four months or unpaid medical bills?</u> (Optional)	<p><u>Select</u> <u>Yes</u> ⌵ <u>No</u> ⌵ or <u>I don't know</u> ⌵</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>Who has recent or unpaid medical bills?</u> (Optional)	<p><u>Select the member or members who have recent or unpaid medical bills.</u></p>
<u>Does anyone in your household have tax deductions?</u> (Optional)	<p>Select <u>Yes</u> or <u>No</u>.</p> <p><u>If the applicant selects yes, the next question displays.</u></p>

<u>Who has tax deductions?</u> <i>(Optional)</i>	<u>Select the member or members who have tax deductions.</u>
---	--

The next page the applicant sees depends on their selection of other bills.

<u>If the household member has...</u>	<u>Continue to...</u>
<u>Dependent care costs</u>	<u>STEP 5: PROVIDE DEPENDENT CARE COSTS INFORMATION</u>
<u>Only tax deductions</u>	<u>STEP 6: PROVIDE TAX DEDUCTION INFORMATION</u>
<u>No dependent care costs or tax deductions</u>	<u>STEP 7: ANSWER QUESTIONS ABOUT ASSISTANCE WITH BILLS</u>

Step 5: Provide dependent care costs information

The “_____’s dependent care costs” page asks about the household member’s dependent care costs. If the household member has more than one dependent care cost, answer about one at a time.

Show/Hide an example of the page

Test's dependent care costs

Please tell us about Test's dependent care costs. Remember, we only want to know about care services that allow you to go to work, school, or job training, or to look for a job.

If you have more than one cost, choose one to tell us about first. You'll be able to tell us about the others after.

Who does Test pay this dependent care cost for? (optional)

- Spouse
- Child
- I don't know

Does Test get child care assistance? (optional)

- Yes
- No
- I don't know

How much is this dependent care cost each month? (optional)

I don't know

How much has Test actually paid or will pay this month? (optional)

I don't know

Please tell us the full cost, even if you aren't able to pay it all.

Who does Test pay this cost to? (optional)

- Someone in the household
- Someone outside of the household
- An agency
- I don't know

Who outside of the household is paid? (optional)

First name

Last name

I don't know

Does Test pay other dependent care costs for people in their household? (optional)

- Yes
- No
- I don't know

[Save and next](#)

<u>Questions</u>	<u>How to answer</u>
<u>Who does _____ pay this dependent care cost for? (Optional)</u>	<p><u>Select the member or members the individual pays the dependent care cost for.</u></p> <p><u>The applicant may also select I don't know.</u></p>
<u>Does _____ get child care assistance? (Optional)</u>	<p><u>Select</u> <u>Yes</u> <u>+</u> <u>No</u> <u>, or</u> <u>I don't know</u> <u>-</u></p>
<u>How much is this dependent care cost each month? (Optional)</u>	<p><u>Enter the monthly dependent care cost.</u></p> <p><u>The applicant may also select I don't know.</u></p> <p><u>Please tell us the full cost, even if you aren't able to pay it all.</u></p>
<u>Who does _____ pay this cost to? (Optional)</u>	<p><u>Select one option.</u></p> <p><u>One of the next three questions displays based on their answer.</u></p>
<u>Who in the household is paid? (Optional)</u>	<p><u>This question displays if they answered "Someone in the household."</u></p> <p><u>Select the member or members that are paid.</u></p>
<u>Who outside of the household is paid? (Optional)</u>	<p><u>This question displays if they answered "Someone outside of the household."</u></p> <p><u>Enter the first and last name of the person outside the household who is paid.</u></p> <p><u>The applicant may also select I don't know.</u></p>
<u>Agency name</u>	<p><u>This question displays if they answered "An agency."</u></p> <p><u>Enter the name of the agency.</u></p> <p><u>The applicant may also select I don't know.</u></p>

<u>Does _____ pay other dependent care costs for people in their household? (Optional)</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, this page will repeat.</u>
--	---

Step 6: Provide tax deduction information

These pages gather information about common and uncommon tax deductions. If the household member is filing jointly, this page only displays for one of the filers. There are three pages of possible tax deductions.

The “_____’s tax deductions” page asks which common tax deductions the household member has.

*Show/Hide an example of the page**Show/Hide an example of the page*

<u>Questions</u>	<u>How to answer</u>
<u>What tax deductions does _____ have?</u>	<u>Select one or more options.</u> <u>The applicant may also select None of these.</u>

The “_____’s less common tax deduction” page asks which less common tax deductions the household member has.

Show/Hide an example of the page

Spouse's less common tax deductions

Please tell us if Spouse has any of these less common tax deductions. We've included information about each in case you're not sure what it is. If you still aren't sure, don't include it. Make sure you choose all the tax deductions you have.

What tax deductions does Spouse have? *

Domestic production activities deduction

What's this? ^

A deduction for self-employed people who produced or invented items in the U.S. Examples of production are:

- Franchises.
- Natural gas.
- Potable water.

Examples of inventing are:

- Creating software.
- Recording.
- Film.

Military reserve members' tax deductible expenses

What's this? ^

A deduction for members of the Armed Forces Reserve who traveled more than 100 miles away from home to perform their work. If you aren't sure if Spouse qualifies, check IRS Form 2106.

Out-of-pocket costs for a job-related move

What's this? ^

A deduction for people who paid out-of-pocket to move for a job. The move must be for a job-related reason, such as starting a new job. In addition, the new job must be at least 80 miles farther than their old home was from their old job. It also counts, if they didn't have a job before, and their new job is at least 80 miles from their old home.

This deduction is not used if their employer paid their moving expenses.

Performing artists' tax deductible expenses

What's this? ^

A deduction for performing artists who have out-of-pocket business expenses for their art. This does not include expenses that paid by their employer. This can only be used if all these are true:

- They worked for at least two employers who each paid at least \$200.
- They didn't earn more than \$10,000 for their work.
- Their out-of-pocket expenses were more than 10% of their earnings.

If you aren't sure if you qualify, check IRS Form 2106.

Teachers' tax deductible expenses

What's this? ^

A deduction for K-12 teachers who have up to \$250 in out-of-pocket work expenses. This does not include expenses paid for by their employer.

Fee-based officials' tax deductible expenses

What's this? ^

A deduction for fee-based officials that have out-of-pocket business expenses. This does not include expenses paid for by their employer.

Examples of fee-based officials include:

- Chaplains.
- County commissioners.
- Judges.
- Justices of the peace.
- Sheriffs.
- Constables.
- Registrars of deeds.
- Building inspectors.

If you aren't sure if you qualify, check IRS Form 2106.

Loss from the sale of a business property

What's this? ^

A deduction for self-employed people with a loss from the sale or exchange of property that they owned for their business.

Net operating loss

What's this? ^

If the person has more deductions than income for the year, they may have a net operating loss (NOL). An NOL can be deducted from income from another year or years. If the person has an NOL carryover from a previous year, check this box.

The IRS has a number of rules for having an NOL. Generally, an NOL is caused by a loss from operating a sole proprietorship business or rental property. The IRS also has rules that limit what can be deducted when calculating an NOL. For example, you cannot deduct capital losses in excess of capital gains. In addition, the NOL deduction cannot exceed 80% of taxable income for losses in tax years after 2017.

For more information about NOL, please see the instructions for completing IRS Form 1040 and IRS Publication 504.

Penalties for early withdrawal of savings

What's this? ^

A deduction for penalties paid to a bank for withdrawing funds early from an account where money must stay for a fixed period of time. This includes:

- A time savings account.
- A certificate of deposit.
- An annuity.

Self-employed retirement plan contributions

What's this? ^

A deduction for self-employed people who contribute to a retirement or savings plan for self-employed people. This includes:

- Simplified Employee Pension (SEP) plan.
- Savings Incentive Match Plan for Employees (SIMPLE).
- Qualified plan contributions.

Other allowable written deductions

What's this? ^

Other write-in deductions can include:

- Contributions to Archer Medical Savings Accounts.
- Deductions for rents and royalties.
- Certain deductions of life tenants or income beneficiaries of property.
- Jury duty pay given to the employer because the juror was paid a salary during jury reformation expenses.
- Costs for discrimination suits.
- Attorney fees for awards to whistleblowers.
- Contributions to section 501(c)(19)(B) pension plans.
- Contributions by certain dealers to section 502(b) plans.

If you aren't sure if you qualify for any of these, check IRS Form 1040.

None of these

<u>Questions</u>	<u>How to answer</u>
<u>What tax deductions does _____ have?</u>	<u>Select one or more options.</u> <u>The applicant can select What's this? to get information about each option.</u> <u>The applicant may also select None of these.</u>

The “_____’s other tax deductions” page asks about the household member’s other allowable write-in deductions.

Show/Hide an example of the page

Spouse's other tax deductions

Please tell us what other allowable write-in tax deductions Spouse has. Make sure you choose all the tax deductions you have.

What other tax deductions does Spouse have?

- Attorney fees for whistleblower awards
- Deductions for life tenants or property beneficiaries
- Chaplains' contributions to Section 403(b) plans
- Contributions to Archer Medical Savings Accounts
- Costs for discrimination suits
- Deductions for rents and royalties
- Jury duty pay given to an employer
- Reforestation expenses
- Section 501(c)(18)(D) pension plan contributions
- None of these

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>What other tax deductions does _____ have?</u>	<p><u>Select one or more options.</u></p> <p>The applicant can select What's this? to get information <u>about each Option.</u></p> <p>The applicant may also select None of these.</p>

There are several pages that may display based on the types of tax deductions selected on the previous pages. These pages repeat for each type of tax deduction until all information is entered.

Ongoing Tax deductions: Household member has repeating tax deduction (Click to show)

The “More about _____’s [tax deduction]” page asks about the ongoing tax deductions that the household member or joint filing couple has. It repeats for each type of ongoing tax deduction selected. If they have more than one type of the same ongoing tax deduction, answer about one at a time.

Show/Hide an example of the pageShow/Hide an example of the page

<u>Questions</u>	<u>How to answer</u>
<u>How often do you have this expense? (Optional)</u>	<u>Select the frequency from the dropdown menu.</u>
<u>How much is the expense each time you have it?</u>	<u>Enter the deduction amount.</u>
<u>Does _____ have another [tax deduction – alternate name]? (Optional)</u>	<p><u>Select</u></p> <p><u>Yes</u></p> <p><u>or</u></p> <p><u>No</u></p> <p><u>=</u></p>

Calendar Year Tax deduction: Household member has out of pocket costs for a job-related move, or a penalty for early withdrawal of savings (Click to show)

The “More about _____’s [out-of-pocket costs for a job-related move/penalty for early withdrawal of savings]” page asks about the household member’s or joint filing couple’s calendar year tax deductions. This page displays if the applicant selects out-of-pocket costs for a job-related move or penalties for early withdrawal of savings tax deductions on the last page. It repeats for each type of ongoing tax deduction selected. If they have

more than one type of the same calendar year tax deduction, answer about one at a time.

Show/Hide an example of the pageShow/Hide an example of the page

<u>Questions</u>	<u>How to answer</u>
<u>When did _____ pay this expense?</u>	<u>Select the month from the dropdown menu and enter the year the expense started.</u>
<u>How much was this expense?</u>	<u>Enter the expense amount.</u>
<u>Does _____ have another deduction for [out-of-pocket costs for a job-related move/penalty for early withdrawal of savings]? (Optional)</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :- <u>If the applicant selects yes, this page will repeat.</u>

The next page the applicant sees depends on the programs they are applying for.

<u>If the application includes...</u>	<u>Continue to...</u>
<u>FoodShare, W-2 or JAL</u>	<u>STEP 7: ANSWER QUESTIONS ABOUT ASSISTANCE WITH BILLS</u>
<u>Any other programs</u>	<u>STEP 8: CONFIRM INFORMATION ON THE SUMMARY PAGE</u>

Step 7: Answer questions about assistance with bills

The “Help with bills” page asks more questions about the household’s housing bills.

Show/Hide an example of the page

Help with bills

We have a few questions about possible help Test Test might get paying their bills.

Is anyone in your household a boarder? *

- Yes
- No

A boarder is someone who pays for meals in the house where they live.

Who is a boarder? *

- Test Test
- Spouse Test
- Child Test

Has your household gotten help from the Wisconsin Home Energy Assistance Program (WHEAP) in the past 12 months? (optional)

- Yes
- No
- I don't know

The Wisconsin Home Energy Assistance Program (WHEAP) helps with heating costs, electric costs, and energy crisis situations.

Does your household live in public housing or get rent assistance? *

- Yes, public housing
- Yes, rent assistance
- No

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Is anyone in your household a boarder?</u>	<p>Select Yes or No.</p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>Who is a boarder?</u>	<u>Select the household member or members who are boarders.</u>
<u>Has your household gotten help from the Wisconsin Home Energy Assistance Program (WHEAP) in the past 12 months? (Optional)</u>	<p>Select</p> <p>Yes</p> <p>∓</p> <p>No</p> <p>, or</p> <p>I don't know</p> <p>∓</p>
<u>Does your household live in public housing or get rent assistance?</u>	<p>Select</p> <p>Yes – public housing</p> <p>∓</p> <p>Yes – rent assistance</p> <p>, or</p> <p>No</p> <p>∓</p>

Step 8: Confirm information on the Summary page

Once completed, a summary page displays. Here, the applicant can review the sections for accuracy before going to the next section.

Show/Hide an example of the page

You finished the bills section

✔ You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.

When you're ready to continue, go to the application overview.

Information from this section

Housing bills

[Add or remove people](#) ✎

Test Test	Add housing bill ▼
Rent or lot rent	
Amount: [Not provided]	Edit ▼

Utility bills

[Add or remove people](#) ✎

Test Test	Add utility bill ▼
Electricity	
Amount: [Not provided]	Edit ▼

Other bills

[Add or remove people](#) ✎

Test Test	Add other bills ▼
Dependent Care Expense	
	Edit ▼

Help with bills	Update ✎
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[Application overview](#)

3.10 HEALTH INSURANCE

Contents

1. Step 1: Answer who currently has a health insurance policy
2. Step 2: Provide information on premiums and coverage dates
3. Step 3: Provide information on the insurance company
4. Step 4: Provide additional information about the household member's insurance source
5. Step 5: Additional health insurance
6. Step 6: Answer who has access to health care coverage
7. Step 7: Provide information on the source of the available insurance
8. Step 8: Confirm information on the Summary page

Use these instructions to help people answer questions about their health insurance.

This section is only included if the application includes health care or FoodShare. Once completed, the applicant can review the sections for accuracy before going to the next section.

Step 1: Answer who currently has a health insurance policy

These pages ask about the household's current health insurance. The pages appear for FoodShare applications, Medicaid, FPOS and BadgerCare Plus applications.

The "Health insurance policy holders" page asks if any household members currently have health insurance.

Show/Hide an example of the page

Health insurance policy holders

We want to know about any health insurance policies that cover the people in your household. Please tell us if anyone holds a health insurance policy that covers one or more people in your household.

Does anyone have a health insurance policy that covers one or more people in your household? *

- Yes
 No

Be sure to include anyone who has a policy that covers people in your household, even if they're not on this application.

Who is the owner of the health insurance policy? *

- Test Test
 Spouse Test
 Someone else

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Does anyone have a health insurance policy that covers one or more people in your household?</u>	<p><u>Select Yes or No.</u></p> <p><u>Answer yes even if the person with insurance is not on this application. This question is optional for those only applying for FoodShare.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<u>Who is the owner of the health insurance policy?</u>	<p><u>Select the owner of the health insurance policy. If someone outside of the household owns the insurance policy, select Someone else</u></p> <p><u>-</u></p> <p><u>This question is optional for those only applying for FoodShare.</u></p>

If someone outside of the household holds the insurance policy the applicant will be asked to provide their information (Click to show)

The “Other policy holders” page asks about the individual outside the household who covers people in the household.

Show/Hide an example of the page

Other policy holders

Please tell us who has health insurance that covers people in your household. If there's more than one person, choose one to tell us about first. You'll be able to add more people after.

Name

First name *

Middle initial (optional)

Last name *

Sex *

Female

Male

Date of birth *

Does anyone else have health insurance that covers one or more people in your household? (optional)

Yes

No

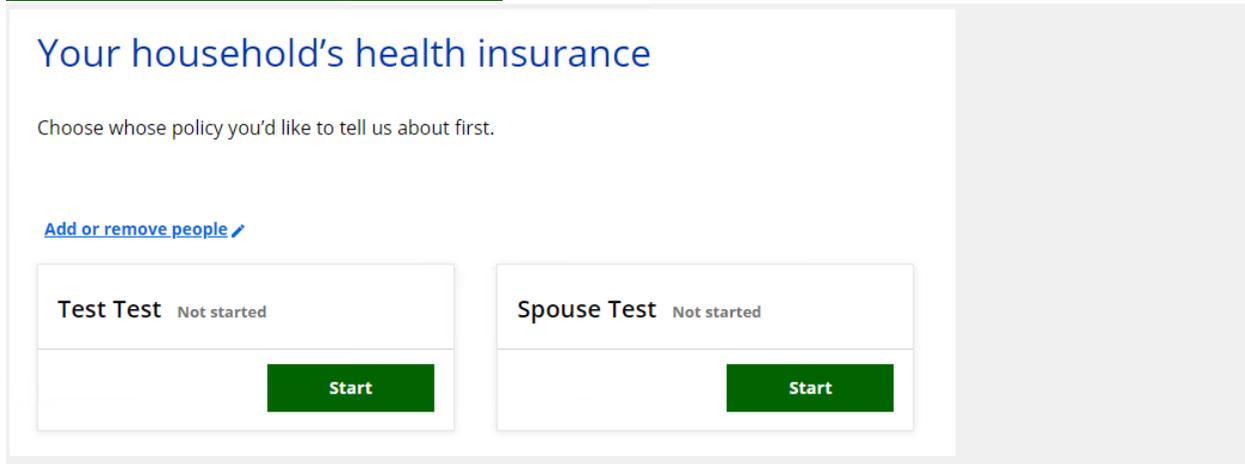
[Save and next](#)

<u>Questions</u>	<u>How to answer</u>
<u>Name</u>	<u>Enter the full legal name of the individual.</u>

<u>Date of birth</u>	<u>Select the date from the calendar.</u>
<u>Does anyone else have health insurance that covers one or more people in your household? (Optional)</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :

If more than one person in the household has a health insurance policy, the “Your household’s health insurance” page displays. This page asks the applicant to select which household member’s health insurance information to enter first. The applicant is brought back to this screen until all the individuals who have health insurance are completed.

Show/Hide an example of the page



<u>Questions</u>	<u>How to answer</u>
<u>Choose who you'd like to tell us about first.</u>	<u>Select Start next to someone's name to begin asking questions for that person.</u> <u>The applicant is brought back to this screen until all the questions for individuals who have health insurance are completed.</u>

Step 2: Provide information on premiums and coverage dates

These pages ask about the health insurance policy indicated on the previous page. They repeat for each person with a policy.

The “_____’s health insurance” page asks about the health insurance policy.

Show/Hide an example of the page

other's health insurance

Please tell us about other health insurance policy.

Does other pay a premium? (optional)

- Yes
 No

How much is the premium? *

How often do you pay it? *

Does other's plan cover services from a doctor? *

- Yes
 No

Who in other's household is covered by this policy? *

- Screen Shots
 Spouse Test
 Seventeen Child
 Child Nineteen

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Does _____ pay a premium? (Optional)</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the next two questions display.</u>
<u>How much is the premium?</u>	<u>Enter the premium amount.</u>

<u>How often does pay it?</u>	<u>Select the frequency from the dropdown menu.</u>
<u>Does _____'s plan cover services from a doctor?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :
<u>Who else in your household is covered by this policy?</u>	<u>Select the member or members covered by this policy.</u>

If the policy is held by someone outside of the household, a relationships page displays (Click to show)

The "Policy holder relationships" page asks about how the policy holder who is outside the home is related to household members.

Show/Hide an example of the page

Policy holder relationships

Please tell us how the policy holder is related to each person in your household.

Outside home Person 

How is Outside home Person related to Test

Test? *

How is Outside home Person related to

Spouse Test? *

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Relationship to [Household Member Name]</u>	<u>This question repeats for each combination of people in the household. If the relationship has already been described, the answer prepopulates the next time it is asked.</u>

The "Coverage periods" page asks about the coverage start date for the health care policy.

Show/Hide an example of the page

Coverage periods

Please tell us about the coverage periods for Test's insurance policy.

Test's health insurance coverage

When did Test's coverage begin? *

Will Test's coverage end in the next 3 months? *

- Yes
- No

When will Test's coverage end? *

Spouse's health insurance coverage

When did Spouse's coverage begin? *

Will Spouse's coverage end in the next 3 months? *

- Yes
- No

When will Spouse's coverage end? *

Outside home's health insurance coverage

When did Outside home's coverage begin? *

Will Outside home's coverage end in the next 3 months? *

- Yes
- No

When will Outside home's coverage end? *

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>When did _____'s coverage begin?</u>	<u>Select the date from the calendar.</u>
<u>Will _____'s coverage end in the next 3 months?</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :- <u>If the applicant selects yes, the next question displays.</u>
<u>When will _____'s coverage end?</u>	<u>Select the date from the calendar.</u>

The next page the applicant sees depends on the programs they are applying for.

<u>If the application includes...</u>	<u>Continue to...</u>
<u>Health care</u>	<u>STEP 3: PROVIDE INFORMATION ON THE INSURANCE COMPANY</u>
<u>FoodShare only</u>	<u>STEP 5: ADDITIONAL HEALTH INSURANCE</u>

Step 3: Provide information on the insurance company

The “_____’s policy information” page asks about the insurance company and plan.

<u>Questions</u>	<u>How to answer</u>
<u>What company offers [Policy holder name's] policy? (Optional)</u>	<u>Enter the name of the company.</u>
<u>Street address</u>	<u>Enter the full address of the company.</u>
<u>Health plan name (Optional)</u>	<u>Enter the health plan name.</u>

<u>Policy number (Optional)</u>	<u>Enter the policy number.</u>
<u>Group number (Optional)</u>	<u>Enter the grou</u>

The next page the applicant sees depends on the programs they are applying for.

<u>If the application...</u>	<u>Continue to...</u>
<u>Includes BadgerCare Plus</u>	<u>STEP 4: PROVIDE ADDITIONAL INFORMATION ABOUT THE HOUSEHOLD MEMBER'S INSURANCE SOURCE</u>
<u>Does not include BadgerCare Plus</u>	<u>STEP 5: ADDITIONAL HEALTH INSURANCE</u>

Step 4: Provide additional information about the household member's insurance source

These pages ask for more information about how the household member has access to insurance, including if they will have continued access into the next year.

The "More about _____'s health insurance" page asks about the source of the health care policy and plan details.

Show/Hide an example of the page

More about Spouse's health insurance

Please tell us more about the source of Spouse's health insurance.

Is Spouse's insurance through their current job? *

- Yes
 No

Which employer provides this health insurance? *

Employer FEIN (optional)

The FEIN is the Federal Employer Identification Number. Every employer has one. You can find it on your tax forms, or you can ask your employer or the IRS for it.

Is Spouse's insurance through a state employee benefit plan? (optional)

- Yes
 No

Employer address (optional)

Street address

City

State

Zip code

Employer phone number (optional)

Employer contact (optional)

First name

Last name

Phone number

Email

Does this employer offer a plan that meets the minimum standard value? (optional)

- Yes
 No
 I don't know

A minimum standard value plan pays at least 60 percent of the total benefit costs allowed by that plan.

Your employer should be able to tell you if they offer a minimum value standard plan.

Minimum value plan name (optional)

Minimum value plan premium amount (optional)

Minimum value plan premium frequency (optional)

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Is _____'s insurance through their current job?</u>	<p><u>Select Yes or No.</u></p> <p><u>If the applicant selects yes, the next eight questions display.</u></p>
<u>Where does _____'s insurance come from?</u>	<u>Select the source from the dropdown menu.</u>
<u>Which employer provides this health insurance?</u>	<p><u>Select the employer that provides health insurance.</u> <u>The list shows employers previously entered by the applicant.</u></p> <p><u>Enter the name of the employer if not shown on the list.</u></p>
<u>Employer FEIN (Optional)</u>	<u>Enter the FEIN number of the employer.</u>
<u>Is _____'s insurance through a state employee benefit plan? (Optional)</u>	<p><u>Select Yes or No.</u></p>
<u>Employer address (Optional)</u>	<u>Enter the full address of the employer.</u>
<u>Employer phone number (Optional)</u>	<u>Enter the phone number of the employer.</u>
<u>Employer contact (Optional)</u>	<u>Enter the contact's full name, phone number, and email address.</u>
<u>Does this employer offer a plan that meets the minimum standard</u>	<p><u>Select Yes, No, or I don't know.</u></p> <p><u>If the applicant selects yes, the next three questions display.</u></p>

<u>value?</u> <u>(Optional)</u>	
<u>Minimum value</u> <u>plan name</u> <u>(Optional)</u>	<u>Enter the name of the plan.</u>
<u>Minimum value</u> <u>plan premium</u> <u>amount</u> <u>(Optional)</u>	<u>Enter the premium amount.</u>
<u>Minimum value</u> <u>plan premium</u> <u>frequency</u> <u>(Optional)</u>	<u>Select the frequency from the dropdown menu.</u>

The “Next year’s coverage” page asks about potential changes to the health care policy in the next year.

Show/Hide an example of the page

Next year's coverage

Please tell us more about this policy's coverage dates.

Will Company continue to offer Spouse health insurance next year? (optional)

- Yes
- No
- I don't know

Will there be a change in premium cost next year? (optional)

- Yes
- No
- I don't know

How much will Spouse's premium cost next year? (optional)

How often will Spouse pay this premium next year? (optional)

When will the premium cost change? (optional)

Save and next

[Questions](#)

[How to answer](#)

<p><u>Will [Employer Name] continue to offer [Policy holder name] health insurance next year? (Optional)</u></p>	<p>Select <u>Yes, No, or I don't know.</u></p> <p><u>If the applicant selects no, the next question displays.</u></p>
<p><u>When will [Policy holder name] lose access to this health insurance? (Optional)</u></p>	<p><u>Select the date from the calendar.</u></p>
<p><u>Will there be a change in premium cost next year? (Optional)</u></p>	<p>Select <u>Yes, No, or I don't know.</u></p> <p><u>If the applicant selects no, the next three questions display.</u></p>
<p><u>How much will [Policy holder name's] premium cost next year? (Optional)</u></p>	<p><u>Enter the cost of the premium.</u></p>
<p><u>How often will [Policy holder name] pay this premium next year? (Optional)</u></p>	<p><u>Select the frequency from the dropdown menu.</u></p>
<p><u>When will the premium cost change? (Optional)</u></p>	<p><u>Select the date from the calendar.</u></p>

The "Can anyone else get coverage?" page asks if anyone in the household could be covered by the health care policy but is currently not.
Show/Hide an example of the page

Can anyone else get coverage?

Please tell us if anyone else in Spouse's household could be covered by this insurance policy.

Is there anyone who could be covered by this policy, but isn't? (optional)

Yes

No

Who could be covered?

Test

Child

Outside home

Outside home

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Is there anyone who could be covered by this policy, but isn't? (Optional)</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Who could be covered?</u>	<u>Select the member or members that could be covered.</u>

Step 5: Additional health insurance

This page asks the applicant if the policy holder has another health care policy.

Show/Hide an example of the page

Additional health insurance

Please tell us if Spouse has another health insurance policy.

Does Spouse have another health insurance policy? (optional)

- Yes
- No
- I don't know

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Does [Policy holder name] have another health insurance policy that covers someone in your household? (Optional)</u>	<u>Select</u> <u>Yes</u> ⌵ <u>No</u> ⌵ <u>or</u> ⌵ <u>I don't know</u> ⌵

The next page the applicant sees depends on the programs they are applying for.

<u>If the application...</u>	<u>Continue to...</u>
<u>Includes BadgerCare Plus</u>	<u>STEP 6: ANSWER WHO HAS ACCESS TO HEALTH CARE COVERAGE</u>
<u>Does not include BadgerCare Plus</u>	<u>STEP 8: CONFIRM INFORMATION ON THE SUMMARY PAGE</u>

Step 6: Answer who has access to health care coverage

The “Additional access to coverage” page asks who in the household has access to health care but is not currently enrolled.

Show/Hide an example of the page

Additional access to coverage

We need to know if the people in your household can get health insurance, even if they don't currently have it. Please tell us if they have additional access to insurance coverage.

Can anyone in your household get health insurance through their job, but they haven't signed up for it? (optional)

- Yes
- No

You may want to sign up for insurance, but you haven't been able to yet. Or you may not want to sign up. Please tell us either way.

Who could get health insurance through their job, but currently isn't?

- Test Test
- Spouse Test
- Outside home Person
- Outside home Person

Could someone else get health insurance through their job that would cover you or the people in your household?

- Yes
- No

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Can anyone in your household get health insurance through</u>	<u>Select Yes or No.</u>

<p><u>their job, but they haven't signed up for it? (Optional)</u></p>	<p><u>If the applicant selects yes, the next two questions display.</u></p>
<p><u>Who could get health insurance through their job, but currently isn't?</u></p>	<p><u>Select the member or members that can get health insurance through their job but currently does not.</u></p>
<p><u>Could someone else get health insurance through their job that would cover you or the people in your household?</u></p>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> <u>-</u></p>

If someone outside of the household holds the insurance policy the applicant will be asked to provide their information (Click to show)

The "People who could get insurance" page asks about how the policy holder who is outside the home is related to household members.

Show/Hide an example of the page

People who could get insurance

Please tell us who could get health insurance that covers people in your household. If there's more than one person, choose one to tell us about first. You'll be able to add more people after.

Name

First name *

Middle initial (optional)

Last name *

Date of birth *

Is there another person who could get health insurance from their job that would cover someone in your home? (optional)

Yes

No

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Name</u>	<u>Enter the full legal name of the individual who can cover people in the household.</u>

<u>Date of birth</u>	<u>Select the date from the calendar.</u>
<u>Is there another person who could get health insurance from their job that would cover someone in your home? (Optional)</u>	<u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> :

If more than one person in the household has a health insurance policy, the “Your household’s access to coverage” page displays. This page asks the applicant to select which household member’s health insurance information to enter first. The applicant is brought back to this screen until all the individuals who have health insurance are completed.

Show/Hide an example of the page

Your household’s access to coverage

Choose whose insurance access you’d like to tell us about first.

[Add or remove people](#) ✎

<p>Outside home Person Not started</p> <p>Start</p>	<p>Outside Person Not started</p> <p>Start</p>
---	--

<u>Questions</u>	<u>How to answer</u>
<u>Choose who you’d like to tell us about first.</u>	<u>Select Start next to someone’s name to begin asking questions for that person.</u> <u>The applicant is brought back to this screen until all the questions for individuals who have health insurance are completed.</u>

Step 7: Provide information on the source of the available insurance

These pages ask for more information about how the household member has access to insurance, including if they will have continued access into the next year.

The “_____’s job that offers coverage” page asks about the source of the health care

policy and plan details.

<u>Questions</u>	<u>How to answer</u>
<u>Which employer provides this health insurance?</u>	<p><u>Select the employer that provides health insurance.</u></p> <p><u>The list shows employers previously entered by the applicant.</u></p> <p><u>Enter the name of the employer if not included on the list.</u></p>
<u>Employer FEIN (Optional)</u>	<u>Enter the FEIN number of the employer.</u>
<u>Is this insurance offered through a state employee benefit plan? (Optional)</u>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> -</p>
<u>Employer address (Optional)</u>	<u>Enter the full address of the employer.</u>
<u>Employer phone number (Optional)</u>	<u>Enter the phone number of the employer.</u>
<u>Employer contact (Optional)</u>	<u>Enter the contact's full name, phone number, and email address.</u>
<u>Does this employer offer a plan that meets the minimum standard value? (Optional)</u>	<p><u>Select Yes, No, or I don't know.</u></p> <p><u>If the applicant selects yes, the next three questions display.</u></p>
<u>Minimum value plan name (Optional)</u>	<u>Enter the name of the plan.</u>
<u>Minimum value plan premium amount (Optional)</u>	<u>Enter the premium amount.</u>
<u>Minimum value plan premium</u>	<u>Select the frequency from the dropdown menu.</u>

<u><i>frequency</i></u> <u><i>(Optional)</i></u>	
---	--

The “Next year’s access to coverage” page asks about potential changes to the household member’s health care coverage in the next year.

Show/Hide an example of the page

Next year's access to coverage

Please tell us more about Outside home's access to health insurance.

Will Company continue to offer health insurance next year? (optional)

- Yes
- No
- I don't know

Will there be a change in premium cost next year? (optional)

- Yes
- No
- I don't know

How much will this plan's premium cost next year? (optional)

How often would Outside home have to pay this premium? (optional)

When will the premium cost change? (optional)

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Will [Employer Name] continue to offer health insurance next year? (Optional)</u>	<p>Select Yes, No, or I don't know.</p> <p><u>If the applicant selects no, the next question displays.</u></p>
<p><u>When will [Policy holder name] lose access to this health insurance? (Optional)</u></p>	<p><u>Select the date from the calendar.</u></p>
<p><u>Will there be a change in premium cost next year? (Optional)</u></p>	<p><u>This question displays if the applicant selects yes on the first question.</u></p> <p>Select Yes, No, or I don't know.</p> <p><u>If the applicant selects yes, the next three questions display.</u></p>
<p><u>How much will this plan's premium cost next year? (Optional)</u></p>	<p><u>Enter the cost of the plan for the next year.</u></p>
<p><u>How often would _____ have to pay this premium? (Optional)</u></p>	<p><u>Select the frequency of the payment from the dropdown menu.</u></p>
<p><u>When will the premium cost change? (Optional)</u></p>	<p><u>Select the date from the calendar.</u></p>

The "Could anyone else get coverage?" page asks who in the home could be covered by the health insurance plan offered by this individual's employer.
Show/Hide an example of the page

Could anyone else get coverage?

Please tell us if anyone else in your household could be covered by this insurance policy.

Is there anyone who could be covered by this policy, but isn't? (optional)

Yes

No

Who could be covered? *

Test Test

Spouse Test

Child Test

Outside home Person

Outside home Person

Outside Person

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Is there anyone who could be covered by this policy, but isn't? (Optional)</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Who could be covered?</u>	<u>Select the member or members who could be covered.</u>

The “Is _____ waiting to enroll?” page asks if the individual plans to enroll in this health insurance plan or is in a waiting or probationary period.

<u>Questions</u>	<u>How to answer</u>
<u>Is _____ in a waiting or probationary period?</u>	<p><u>Select Yes, No, or I don't know.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>When will the probationary period end?</u></p>	<p><u>Select the date from the calendar.</u></p>
<p><u>Does _____ plan to sign up for this health insurance in the next three months?</u></p>	<p><u>Select Yes, No, or I don't know.</u></p> <p><u>If the applicant selects yes, the next question displays.</u></p>
<p><u>When does _____ plan to enroll?</u></p>	<p><u>Select the date from the calendar.</u></p>

The “Additional health insurance” page asks if the household member has another health insurance policy through an employer that they could be on.

Show/Hide an example of the page

Additional health insurance

Please tell us if Outside home has access to another health insurance policy that could cover you or the people in your household. **Only include health insurance that's offered through a job.**

Does Outside home have access to another health insurance policy that covers someone in your household? (optional)

- Yes
- No
- I don't know

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Does [Policy holder name] have access to another health insurance policy that covers someone in your household? (Optional)</u>	<u>Select</u> <u>Yes</u> ⌵ <u>No</u> ⌵ or <u>I don't know</u> ⌵

Step 8: Confirm information on the Summary page

Once completed, a summary page displays. Here, the applicant can review the sections for accuracy before going to the next section.

[Show/Hide an example of the page](#)

You finished the health insurance section

✔ You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.

When you're ready to continue, go to the application overview.

Information from this section

Health insurance policies

[Add or remove people](#)

Outside home Person	Add health insurance +
Insurance company: [Not provided]	Edit ▼
Coverage start date: 12/31/2019	

Test Test	Add health insurance +
Insurance company: [Not provided]	Edit ▼
Coverage start date: 12/31/2019	
Insurance company: Company	Edit ▼
Coverage start date: 12/31/2019	

Spouse Test	Add health insurance +
Insurance company: Company	Edit ▼
Coverage start date: 12/31/2019	

People who could get insurance

[Add or remove people](#)

Outside Person	Add employer +
Employer that offers coverage: Employer	Edit ▼

Outside home Person	Add employer +
Employer that offers coverage: Company	Edit ▼

[Application overview](#)

3.11 FINISH AND SUBMIT

Contents

1. Step 1: Confirm the application includes all information
2. Step 2: You may be able to get FoodShare benefits faster
3. Step 3: Help paying medical expenses
4. Step 4: Application interviews
5. Step 5: Acknowledge program rights and responsibilities
6. Step 6: Sign and submit the application
7. Step 7: Finished!

Use these instructions to help people walk through the finish and submit section. If they enter this section without completing the application, they will see a pop up asking them to complete all spokes. They can continue to submit their application without completing all sections.

Step 1: Confirm the application includes all information

If any required information is missing when the user clicks ‘Start’ on the Finish & Submit section a pop-up will ask if they want to complete it now. While the applicant can submit the application at any time, they should be encouraged to completed as much of it as possible before submitting.

If they choose to continue without finishing all sections, they will be taken to the "A few questions about you" page (Click to show)

The “A few questions about you” page displays if the applicant opens the Finish and Submit section before completing the other sections. It gathers the minimum amount of information required to submit an application and the applicant is not asked to repeat information.

Show/Hide an example of the page

<u>Questions</u>	<u>How to answer</u>
<u>Name</u>	<u>Enter the full legal name of the applicant. They can choose to enter a middle initial or suffix.</u>
<u>Your address</u>	<u>Enter the full address of the applicant.</u>
<u>Select a county</u>	<u>Select the county from the dropdown menu.</u>
<u>Are you currently homeless? (Optional)</u>	<u>Select</u> <u>Yes</u> ⌵ <u>No</u> , or <u>I don't know</u> ⌵
<u>Do you have a separate mailing address?</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the next question displays.</u>

<u>Your mailing address</u>	<u>Enter the full mailing address of the applicant.</u>
<u>Do you live on tribal lands?</u>	<p>Select Yes or No.</p> <p><u>If they are not sure if they live on tribal lands, use this map of tribal lands in Wisconsin to confirm.</u></p> <p><u>If the applicant selects yes, the next two questions display.</u></p>
<u>What tribal lands do you live on?</u>	<u>Select the tribal lands from the dropdown menu.</u>
<u>Do you want to apply using your income maintenance agency or your tribal agency?</u>	<p>Select Use my income maintenance agency or Use my tribal agency.</p>
<u>Primary phone number (Optional)</u>	<p><u>This question is required for those applying for W-2, JAL, or Emergency Assistance.</u></p> <p><u>Enter the primary phone number of the applicant.</u></p>
<u>Phone type (Optional)</u>	<u>Select the phone type from the dropdown menu.</u>

The next page the applicant sees depends on the programs they are applying for.

<u>If the application includes...</u>	<u>Continue to...</u>
<u>FoodShare</u>	<u>STEP 2: YOU MAY BE ABLE TO GET FOODSHARE BENEFITS FASTER</u>
<u>Health care but not FoodShare</u>	<u>STEP 3: HELP PAYING MEDICAL EXPENSES</u>
<u>W-2 or JAL but not FoodShare or Health care</u>	<u>STEP 4: APPLICATION INTERVIEWS</u>
<u>Emergency Assistance Only</u>	<u>STEP 5: ACKNOWLEDGE PROGRAM RIGHTS AND RESPONSIBILITIES</u>

Step 2: You may be able to get FoodShare benefits faster

The “You may be able to get FoodShare benefits faster” page asks questions to determine if the applicant can get FoodShare benefits faster. ACCESS uses the answers on this page to determine if the application will use the standard timeline, or

priority timeline to determine FoodShare eligibility.

[Show/Hide an example of the page](#)[Show/Hide an example of the page](#)

<u>Questions</u>	<u>How to answer</u>
<u>Have you received FoodShare or SNAP this month? (Optional)</u>	<u>Select Yes or No.</u>
<u>Are you currently living in a shelter for domestic violence? (Optional)</u>	<u>Select Yes or No</u> :-
<u>Is anyone in your household a migrant or seasonal farm worker? (Optional)</u>	<u>Select Yes or No.</u> <u>If the applicant selects yes, the next two questions display.</u>
<u>Did your job end in the last 30 days? (Optional)</u>	<u>Select Yes or No</u> :-
<u>Will you get more than \$25 from a new job or other source of income in the next 10 days? (Optional)</u>	<u>Select Yes or No</u> :-
<u>What is your total gross [household] income this month? (Optional)</u>	<u>Enter the total gross income for this month.</u>
<u>What is the total value of your [household's] money and investments? (Optional)</u>	<u>Enter the total value of money and investments.</u>

<p><u>How much will your [household] pay for housing this month? (Optional)</u></p>	<p><u>Enter the amount paid for housing this month.</u></p>
<p><u>Does your household pay for any utilities that are used to heat your home? (Optional)</u></p>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> -</p>
<p><u>Has your household received help from the Wisconsin Home Energy Assistance Program (WHEAP) in the past 12 months? (Optional)</u></p>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> -</p>
<p><u>Does your household pay for any utilities that are not used to heat your home? (Optional)</u></p>	<p><u>Select</u> <u>Yes</u> <u>or</u> <u>No</u> -</p>
<p><u>What utility bills does your household pay? Choose all that apply. (Optional)</u></p>	<p><u>Select the utility bill or bills paid.</u></p> <p><u>If the applicant selects fuel oil or kerosene, the next question displays.</u></p>
<p><u>Your standard utility credit amount</u></p>	<p><u>Enter the standard utility credit amount.</u></p>

The next page the applicant sees depends on the programs they are applying for.

<u>If the application includes...</u>	<u>Continue to...</u>
<u>Health care or Family Planning Only Services</u>	<u>STEP 3: HELP PAYING MEDICAL EXPENSES</u>
<u>W-2 or JAL but not health care</u>	<u>STEP 4: APPLICATION INTERVIEWS</u>
<u>Emergency Assistance Only</u>	<u>STEP 5: ACKNOWLEDGE PROGRAM RIGHTS AND RESPONSIBILITIES</u>

Step 3: Help paying medical expenses

The “Help paying medical expenses” page displays for users who are applying for health care or Family Planning Only Services and have requested backdated coverage. [Show/Hide an example of the page](#)

Help paying medical expenses

You told us you'd like help paying for your medical expenses from these months:

- September
- August
- July

You also told us you'd like help paying for your family planning expenses from these months:

- September
- August
- July

Please tell us if you've had any changes since the beginning of the month that would affect your need for help paying medical expenses and family planning expenses.

Has your household had any changes since the beginning of July? *

- Yes
- No

By changes we mean:

- Moved in or out of the home.
- Got married or divorced.
- Became Pregnant or had a pregnancy end.
- Had a change in employment.
- Had a change in income, assets, expenses, or other tax information.

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Has your household had any changes</u>	<u>Select Yes</u>

<u>since the beginning of [month]?</u>	<u>_or</u> No :
--	------------------------------

The next page the applicant sees depends on the programs they are applying for.

<u>If the application includes...</u>	<u>Continue to...</u>
<u>W-2 or JAL only</u>	<u>STEP 4: APPLICATION INTERVIEWS</u>
<u>Any other programs</u>	<u>STEP 5: ACKNOWLEDGE PROGRAM RIGHTS AND RESPONSIBILITIES</u>

Step 4: Application interviews

This page allows the applicant to schedule their interview now or over the phone later if applying for W-2 or JAL. The applicant should be encouraged to set up an appointment time in ACCESS.

Show/Hide an example of the page

Application interviews

Because you're applying for FoodShare, Job Access Loans, and the Wisconsin Shares Child Care Subsidy Program you'll need to have two interview appointments to finish your application.

Your FoodShare and Wisconsin Shares interview appointment

You'll have one interview appointment for your FoodShare and Wisconsin Shares applications. Your agency will call to schedule this interview appointment after you submit the application.

Your Job Access Loan interview appointment

You'll have one interview appointment for your Job Access Loan application. You can schedule this interview appointment online, or you can call to schedule it after submitting the application. You have to schedule an interview appointment within 30 days of submitting your application.

If you don't schedule an interview appointment now, make sure to contact your W-2 agency right away. It's your responsibility to schedule your Job Access Loan interview appointment.

Do you want to schedule an interview appointment with your W-2 agency now? *

Yes

No

Save and next

<u>Questions</u>	<u>How to answer</u>
<u>Do you want to schedule your W-2 interview appointment now?</u>	<u>Select</u> Yes <u>or</u> No ⋮

The "Schedule your [W-2] [or] [Job Access Loans] interview appointment" page shows a table of available appointment times for workers at their local W-2 agency over the next five business days.

If the applicant decides not to schedule their interview or none of the times work, they are responsible for calling their agency to set up the appointment time.

Step 5: Acknowledge program rights and responsibilities

A rights and responsibilities page displays for each program on the application. Each page prompts the user to review and acknowledge the rights, responsibilities, and additional rules. The applicant must acknowledge each program page in order to submit their application.

Show/Hide an example of the page

If there is (or may be) a child in the household with an absent parent, the Good Cause notice will display (Click to show)

The “Good Cause notice” page asks the applicant if they have good cause to not work with the Child Support Agency to locate the absent parent. The applicant should claim good cause if cooperating with the Child Support Agency creates safety concerns for the applicant or their child.

[Show/Hide an example of the page](#)

Good cause notice

Please read the following information about claiming good cause for not cooperating with Child Support. You can [download this notice](#) for your records.

To get child care, health care, Wisconsin Works (W-2) and/or Job Access Loan assistance, you are required by law to cooperate with your county, tribal human/social services, W-2, and child support agencies. You must cooperate in getting any support (financial or medical) owed to you and your children. (You may not have to cooperate for some children, depending on their age and which benefits you have requested for them.) The eligibility of children and pregnant women for health care is not affected if you fail to cooperate.

Cooperation means that you may have to do one or more of the following:

- Name the absent parent of any child included in your application for child care or health care and give information to help find that parent.
- Help to legally identify the absent parent of any child for whom child care or health care is requested or received.
- Help to obtain money or property owed to you or the children who receive child care, W-2, or health care.
- Attend required court hearings and agency appointments, including appointments for genetic testing.
- Report to your worker or child support agency any court ordered child support paid directly to you by the absent parent.
- Identify and provide information to help the State pursue any third party who may be liable to pay for medical care and services.

Your cooperation is important because it may help you and your children:

- Find the absent parent.
- Legally establish the identity of your child's absent parent.
- Become eligible for Social Security, Veterans Benefits, or other government benefits in the future.
- Receive adequate child or medical support payments or both to end your need for child care, W-2, or health care benefits.

You may have a good reason for not cooperating. The following are circumstances under which your agency may find that you have "good cause" for not cooperating:

- Your cooperation could result in physical and/or emotional harm to your child, including child kidnapping;
- Your cooperation could result in physical and/or emotional harm to you, including domestic abuse;
- Your cooperation with the child support agency would make it more difficult for you to escape domestic abuse or risk further domestic abuse;
- Your child was born as a result of incest or sexual assault;
- A petition for the adoption of your child has been filed with a court or;
- You are working with an agency that is helping you to decide whether you will place your child up for adoption.

If you want to claim good cause for not cooperating with the child support agency, tell your worker. You will be given a claim form which explains how to claim good cause. You may also ask for the claim form to help you decide whether or not to claim good cause for not cooperating. The claim may be requested or submitted at any time.

When there has been a determination that you are not cooperating with the child support agency, you will need to either submit a timely good cause claim or cooperate with the child support agency, or you may lose your benefit(s).

If your claim of good cause for not cooperating with the child support agency is denied, you will not be eligible for child care, W-2, Job Access Loans, or health care unless you begin to cooperate. If you are receiving health care, your children may still be eligible. The county or tribal human/social services and child support agencies will continue in the effort to obtain any financial and medical support for the children who are getting health care.

If you are receiving W-2 services and you do not agree with the "good cause" claim decision, you may request a fact-finding review by contacting your W-2 Agency within 45 days of the decision date.

If you are receiving child care or health care, and you do not agree with the good cause claim decision, you may request a Fair Hearing by writing to the Department of Administration, Division of Hearings and Appeals within 45 days of the decision date.

I have read this information and I understand that I have the right to claim good cause for not cooperating with child support. *

Save and next

Step 6: Sign and submit the application

The final page asks the user to provide an electronic signature to submit their application. If the application includes a request for health care and a household member is potentially eligible for a long-term care program, this page will include a signature section for the applicant's spouse if they are married. They must read the electronic signature acknowledgement and enter their name in the available field.
Show/Hide an example of the page

Submit your application

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

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

I understand that by checking this box and typing my name below, I am providing my electronic signature. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. *

First name *

Middle initial (optional)

Last name *

Second parent's signature

I understand that by checking this box and typing my name below, I am providing my electronic signature. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

First name *

Middle initial (optional)

Last name *

Submit your application

Some applicants may be able to confirm their ID and get real-time eligibility (RTE) results for some programs. If they are eligible, the applicant can choose to answer questions to confirm their ID on the real-time eligibility page.

The questions to confirm their ID are through an outside service. The questions will change each time. The applicant has two tries to confirm their identity in this way. The application is still submitted even if they choose not to confirm their ID or are unable to confirm their ID in ACCESS.

Step 7: Finished!

The application is complete! The applicant will see the Apply for Benefits Account Home Page with the status of their applications and any next steps they need to complete. See Section 3.12 Apply for Benefits Account Home Page.

3.12 APPLY FOR BENEFITS ACCOUNT HOME PAGE

The account home page lets applicants view and manage their applications. It provides summary information for any applications, informational alerts, and next steps.

Show/Hide an example of the page

Hi, Test

Your to-do list

Choose an HMO ▼

Take the BadgerCare Plus health survey ^

This is an optional survey that helps us get to know your health care needs better. If you have a premium, you may be able to lower it by taking the survey and showing you have healthy habits.

[Start task](#)

Upload your documents ^

You will need to submit documents to prove you that you meet the program rules to get benefits. Select an application below to submit and review suggested proof documents.

Wisconsin Shares Child Care Subsidy Program, FoodShare, Health care coverage through BadgerCare Plus or Medicaid and Family Planning Only Services

Application: 5600827051

[Submit and review](#)

Your applications

Applicant: Test Test Submitted

Tracking number Download summary

Application: 5600827051

You should get a decision about your Wisconsin Shares, FoodShare, Health care coverage and Family Planning Only Services application by November 20, 2021.

Note: Your FoodShare application information won't update until all of your applications have been processed.

[View agency contact information](#)

[Programs and applicants](#) ▼

Applicant: Name not provided In progress

Tracking number Delete application Continue application

Application: 9600824395

This application expires in **24 days**. You need to submit the application by **November 14, 2021**, or you'll need to start a new application.

Informational alerts

Informational alerts appear in a banner across the top of the screen to share time sensitive information). The messages will give the current status of their applications and let them know of any errors.

Your to-do list

The to-do list shows the next steps or actions required for their submitted applications. Click on the item to open it and read more. Next steps may include actions like submitting documentation, choosing an HMO, or scheduling a W-2 interview.

If no further action is required, the to-do list will say so.

Your application(s)

A card will appear in this section for each program application with:

- Applicant full name
- Application status (in progress; submitted; processed; expired)
- Tracking number

Once the application is started, the applicant has 30 days to complete the application before it expires. If an application is incomplete, the applicant can continue or withdraw. Select **Continue** to return to the "Application Overview" page. Select **Withdraw** to withdraw and delete the application. If the application is complete, the applicant will see when they should expect get a decision. Select **Download summary/Download summaries** to download a PDF summary of the applicant. Select **View agency contact information** to see the address and phone number of the local agency that is processing the application.

3.13 USING ACCESS TO SET A FILING DATE

The best way to enroll for benefits is to complete the application using ACCESS. If the applicant is unable to do so, they can set their filing date and complete the application later with a state worker.

While the applicant can submit the application at any time, they should try to complete as much of it as possible before submitting.

Use the following instructions to help people set up their filing date.

Step 1: Start the application. See Section 3.2 Start an Application

Step 2: Complete applicant information. See Section 3.4 Applicant Information

Step 3: Click finish and submit

The “A few questions about you” page displays if the applicant opens the Finish and Submit section before completing the other sections. It gathers the minimum amount of information required to submit an application and the applicant is not asked to repeat information.

Show/Hide an example of the pageShow/Hide an example of the page

<u>Questions</u>	<u>How to answer</u>
<u>Name</u>	<u>Enter the full legal name of the applicant. They can choose to enter a middle initial or suffix.</u>
<u>Your address</u>	<u>Enter the full address of the applicant.</u>
<u>Select a county</u>	<u>Select the county from the dropdown menu.</u>
<u>Are you currently homeless? (Optional)</u>	<u>Select</u> <u>Yes</u> ⌵ <u>No</u> ⌵ <u>or</u> <u>I don't know</u> ⌵
<u>Do you have a separate mailing address?</u>	<u>Select <u>Yes</u> or <u>No</u>.</u> <u>If the applicant selects yes, the next question displays.</u>
<u>Your mailing address</u>	<u>Enter the full mailing address of the applicant.</u>
<u>Do you live on tribal lands?</u>	<u>Select <u>Yes</u> or <u>No</u>.</u>

	<p><u>If they are not sure if they live on tribal lands, use this map of tribal lands in Wisconsin to confirm.</u></p> <p><u>If the applicant selects yes, the next two questions display.</u></p>
<u>What tribal lands do you live on?</u>	<u>Select the tribal lands from the dropdown menu.</u>
<u>Do you want to apply using your income maintenance agency or your tribal agency?</u>	<p><u>Select</u> <u>Use my income maintenance agency</u> <u>or</u> <u>Use my tribal agency</u> <u>:</u></p>
<u>Primary phone number (Optional)</u>	<p><u>This question is required for those applying for W-2, JAL, or Emergency Assistance.</u></p> <p><u>Enter the primary phone number of the applicant.</u></p>
<u>Phone type (Optional)</u>	<u>Select the phone type from the dropdown menu.</u>

12.5 Applying for Ongoing Benefits APPLYING FOR ONGOING BENEFITS

After submitting an Express Enrollment application, the partner, provider, or qualified hospital should assist the applicant with completing an application for ongoing BadgerCare Plus or Family Planning Only Services coverage. If the applicant applies for ongoing benefits through an online application in the AFB feature of ACCESS, some information from the Express Enrollment application can be pre-filled in a new AFB application.

Note: If the same computer is being used for both the Express Enrollment application and the AFB application, the user must log out of ACCESS after completing the Express Enrollment application process.

12.5.1 Apply for Benefits Help with Applications Page

When the user completes the Link your Express Enrollment Information section, the Express Enrollment application will be linked to pre-populate the AFB application. If the applicant does not want to link the Express Enrollment application with the AFB application, the user should choose **No** after the question “Have you completed an Express Enrollment application in the last 90 days?”

To link the Express Enrollment application to the AFB application, the applicant (or staff person assisting) must provide the following information:

- The Express Enrollment application number (printed on the eligibility notice the applicant received with the temporary identification card) or, if the Express Enrollment application number is not known, the primary contact person’s Social Security number.
- Primary contact person’s date of birth.
- Primary contact person’s first and last name.

The primary contact person is the person who signed the Express Enrollment application.

Linking Limitations – Number of Attempts and Timeframe

For security reasons, users will have a total of six attempts to link the Express Enrollment application with the AFB application. After six attempts, the linking will not be allowed. The user can click **Next** from this page to continue to the AFB application without linking to the Express Enrollment application.

In addition, the link can only be made within 90 days after the Express Enrollment benefits started. After 90 days, the link will expire. The user can click **Next** to continue to the AFB application without linking the Express Enrollment application.

Once an Express Enrollment application is linked with an AFB application, the same Express Enrollment application can’t be used to link to another AFB application.

Users cannot link more than one Express Enrollment application to the same AFB application.

Using ACCESS

Before you get started, we'd like to know more about how you're using ACCESS.

- I am using ACCESS to apply on my own.
- I am using ACCESS to apply for another person.
- I am using ACCESS at a community agency.

Link your Express Enrollment Information

* Have you completed a Express Enrollment (EE) application in the last 90 days? Yes No

Please enter the primary contact person's information below to pre-fill your application using your Express Enrollment information.

- * EE application #: I don't know
- * Social Security Number: - -
- * Date of Birth: Ex: mm/dd/yyyy
- * First Name:
- * Last Name:

Qualified Hospitals must assist Express Enrollment applicants with the completion of applications for ongoing ~~Medicaid or BadgerCare Plus~~ health care coverage. Hospital workers assisting applicants ~~should select "I am using with a new ACCESS to apply application for another person."~~ ongoing health care coverage select **I am applying for someone else.** Then ~~they should select~~ **Qualified Hospital before filling out the information to link the applications (see below).** **Staff or volunteer at an organization that helps people use ACCESS.** Linking an Express Enrollment application to an application for ongoing Medicaid or BadgerCare Plus is not available at this time. It will be available as part of a future release.

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

Using ACCESS

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

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

Applying for Another Person

How are you related to the person you are applying for?

- Friend or family member
- Staff person or volunteer at an agency that helps people use ACCESS
- Authorized representative (An authorized representative is a person or an organization that acts on the applicant's behalf.)
- Legal guardian
- Power of attorney
- Staff person at a qualified hospital
- None of the above

Link your Express Enrollment Information

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

Please answer the questions below to pre-fill this application using the information from your Express Enrollment application. Keep in mind that you need to give the name and date of birth of the person listed as the Primary Contact on the Express Enrollment application.

- * Express Enrollment Application # : I Don't Know
- * Social Security Number : - -
- * Date of Birth : Ex: mm/dd/yyyy
- * First Name :
- * Last Name :

 Back  Next

12.5.2 AFB Express Enrollment Individual Selection Page
If the user has linked

14.1 SUBMIT PROOF DOCUMENTS INTRODUCTION

Document Submission Options

Applicants and members can submit requested proof documents using the following methods:

- Scan to or upload in ACCESS (see SECTION 14.3 UPLOAD PROOF DOCUMENTS IN ACCESS).

- Take and submit photos of documents using the MyACCESS [mobile app](#) (see CHAPTER 9 MYACCESS MOBILE APP).
- Fax to the [CDPU or their agency](#) (see SECTION 14.4 FAX, MAIL, OR DROP-OFF PROOF DOCUMENTS). ~~Note: In some cases, applicants may also have the option to fax requested documents to their agency.~~
- Mail to their agency (see SECTION 14.4 FAX, MAIL, OR DROP-OFF PROOF DOCUMENTS).
- Drop off at their agency (see SECTION 14.4 FAX, MAIL, OR DROP-OFF PROOF DOCUMENTS).

It is recommended to submit digital documents rather than paper documents when possible. ~~Because p~~ Paper documents must be manually scanned to the ECF, whereas digital documents are uploaded directly to the ECF and (those uploaded in ACCESS, submitted through the MYACCESS mobile app, scanned to or uploaded in ACCESS or faxed to the ECF) are can be processed more quickly faster.

Submit Your Documents

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

Who?	Proof That May Be Needed	Examples of Documents That May Serve as Proof
 NORM	Employment at TARGET More Detail...	Enclosed Employer Verification of Earnings Form filled out and signed by your employer; Signed letter from your employer with the same information; or Pay stubs from the last 30 days
	Where you are living	Statement from Landlord; Lease; or Utility Bill

 [Print This List](#)

Next Steps

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

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

Paper Documents and the Document Tracking Sheet

Processing of faxed, mailed, or dropped-off proof documents should always include the provided Document Tracking Sheet (DTS). After ~~people~~ applicants or members submit an application, add a program request, renewal, change report, or FoodShare Six-Month Report, they are mailed ~~the following if requested verification is still pending after processing:~~

~~A Verification Checklist, which indicates the documents they must submit to verify their answers~~

~~A Document Tracking Sheet, which indicates how the requested documents can be submitted.~~

a Verification Checklist and DTS. The Verification Checklist and Document Tracking Sheet DTS are also available in an applicant's ACCESS account.

<u>Verification Checklist</u>	<u>Lists the proof documents they must submit to verify their information.</u>
<u>Document Tracking Sheet (DTS)</u>	<u>Explains how the proof documents can be submitted and is included as the coversheet for documents that are faxed, mailed, or dropped-off at an agency.</u>

Because the Document Tracking Sheet connects submitted documents with an applicant's case, it must be included as a cover sheet for documents that are scanned to ACCESS (see Section 14.3 Scan or Upload Documents), faxed (see Section 14.2 Fax Documents), mailed to an agency, or dropped off at an agency. If the Document Tracking Sheet is not included with requested documents, the documents could be lost, causing a case to close or benefits to be delayed.

***** You must include this document as the coversheet for all options *****

Document Tracking Sheet		
FROM:	ANNA JOHNSON	Total number of pages: _____
PHONE:	_____	(including this sheet)

Important note: To avoid a delay in processing of your benefits, include this document tracking sheet and use an option below. Fill in the total number of pages (including this sheet) and your phone number. Do not write anywhere else on this sheet. Use a separate sheet of paper if you want to add more information.

Options	Instructions
 ONLINE	<ul style="list-style-type: none"> - If you have a MyACCESS account and a scanner, go to access.wisconsin.gov, log on to your MyACCESS account and follow the instructions to scan and/or upload your documents. - If you do not have a MyACCESS account, you can go to access.wisconsin.gov and create a new account.
 FAX	<ul style="list-style-type: none"> - Use this document tracking sheet as the first page of your fax. - If your document has information on both sides, copy each side before faxing. MILWAUKEE ENROLLMENT SERVICES : 1-888-409-1979
 MAIL	<ul style="list-style-type: none"> - Include this document tracking sheet and mail to: MILWAUKEE ENROLLMENT SERVICES PO BOX 05676 MILWAUKEE WI 53205

If the DTS is not included with the proof documents, the documents could be lost, causing case closure or delayed benefits.

14.2 ~~FAX DOCUMENTS~~ SUBMIT PROOF DOCUMENTS

To begin the proof document submission process, navigate to the “Submit your proof documents” to-do list item on the account home page.

Show/Hide an example of the page

Hi, Test

Your to-do list

Choose an HMO	▼
Take the BadgerCare Plus health survey	▼
Upload your documents	▲
You will need to submit documents to prove you that you meet the program rules to get benefits. Select an application below to submit and review suggested proof documents.	
Wisconsin Shares Child Care Subsidy Program, FoodShare, Health care coverage through BadgerCare Plus or Medicaid and Family Planning Only Services	
Application: 5600827051	
Submit and review	

Your applications

Applicant: Test Test	Submitted
Tracking number Application: 5600827051	Download summary
You should get a decision about your Wisconsin Shares, FoodShare, Health care coverage and Family Planning Only Services application by November 20, 2021.	
Note: Your FoodShare application information won't update until all of your applications have been processed.	
View agency contact information	
Programs and applicants ▼	
Applicant: Name not provided	In progress
Tracking number Application: 9600824395	Delete application Continue application
This application expires in 24 days . You need to submit the application by November 14, 2021 , or you'll need to start a new application.	

Select **Submit and review**. This navigates to the “Summary of suggested proof documents” page.

Show/Hide an example of the page

Summary of suggested proof documents

Suggested Submitted

✓ There are not any suggested proof documents for you to submit at this time.

Proof documents are documents that prove you meet the rules of a program you applied for. By submitting suggested proof documents now, your agency may be able to process your application more quickly. After your application is reviewed, you will get a letter telling you which proof documents are needed. In some cases, your agency can get proof from other sources, and you may not have to provide it.

You can submit your proof documents here through October 21, 2021.

When you get your case number, you need to update your account to continue submitting proof documents and managing your programs. You will know your case number has been assigned when you get your first notice of decision letter in the mail. Your case number will be listed at the top of the letter.

Would you like to save a list of all of suggested proof documents?

Email

Print

Download

 More options

You can submit any proof type for any of the members in your household.

[Upload documents](#)

If you can't upload your proof documents, there are other ways to submit them.

[More ways to submit proof documents](#)

[Go to account home page](#)

The “Suggested” tab on the “Summary of suggested proof documents” page allows the applicant or member to view a list of the suggested proof documents to upload.
Show/Hide an example of the page

Summary of suggested proof documents

Suggested Submitted

✓ There are not any suggested proof documents for you to submit at this time.

Proof documents are documents that prove you meet the rules of a program you applied for. By submitting suggested proof documents now, your agency may be able to process your application more quickly. After your application is reviewed, you will get a letter telling you which proof documents are needed. In some cases, your agency can get proof from other sources, and you may not have to provide it.

You can submit your proof documents here through October 21, 2021.

When you get your case number, you need to update your account to continue submitting proof documents and managing your programs. You will know your case number has been assigned when you get your first notice of decision letter in the mail. Your case number will be listed at the top of the letter.

Would you like to save a list of all of suggested proof documents?

Email

Print

Download

 More options

You can submit any proof type for any of the members in your household.

[Upload documents](#)

If you can't upload your proof documents, there are other ways to submit them.

[More ways to submit proof documents](#)

[Go to account home page](#)

If they would like a PDF summary that lists all proof types and acceptable proof documents:

- Select “Email” to have it sent to their email. Their email address is prepopulated if they provided it while creating an account.
- Select “Download” to download it to the computer.
- Select “Print” to print it.

The “Submitted” tab on the “Summary of suggested proof documents” page allows the applicant or member to view the proof documents they have uploaded.

Show/Hide an example of the page

Summary of suggested proof documents

[Suggested](#) [Submitted](#)

All of the proof document submitted in the last 90 days are listed below by applicant and submission date.

When you get your case number, you need to update your account to continue submitting proof documents and managing your programs. You will know your case number has been assigned when you get your first notice of decision letter in the mail. Your case number will be listed at the top of the letter.

More options

You can submit any proof type for any of the members in your household.

[Upload documents](#)

If you can't upload your proof documents, there are other ways to submit them.

[More ways to submit proof documents](#)

Test Test

October 21, 2021

Other Document

By ACCESS

Application for a Social Security number

[Go to account home page](#)

Depending on their application, the applicant or member may not have to upload any proof documents. To see examples of proof documents, select "Examples of proof types." This navigates the applicant or member to the "Examples of proof documents for _____" page which provides examples of the required proof documents for that individual.

Show/Hide an example of the page
Image to be provided

While uploading to ACCESS is the recommended way for applicants and members to submit proof documents, it is not the only method. They can submit proof documents by fax, mail, or dropping the files off at their agency.

<u>If the applicant or member wants to...</u>	<u>Select...</u>	<u>And move on to...</u>
<u>Upload their proof documents through ACCESS</u>	<u>Upload documents</u>	<u>14.3 UPLOAD PROOF DOCUMENTS IN ACCESS</u>
<u>Submit their proof documents by fax, mail, or drop-off</u>	<u>More ways to submit proof documents</u>	<u>14.4 FAX, MAIL, OR DROP-OFF PROOF DOCUMENTS</u>

14.3 ~~SCAN OR UPLOAD DOCUMENTS~~ UPLOAD PROOF DOCUMENTS IN ACCESS

~~Applicants or members can scan requested verification documents to upload the requested proof documents in ACCESS using any scanner connected to a computer with an internet connection. They can also upload the requested documents in ACCESS. Documents must be less than 10 MB and in one of the following formats:~~

- ~~• .jpg/.jpeg~~
- ~~• .png~~
- ~~• .pdf~~

~~that are being uploaded must be less than 10 MB and in one of the following formats: BMP, JPEG, PNG, and TIF. (Some PDF formats can also be uploaded.)~~

Follow the steps below to assist the applicant or member in uploading their proof documents to ACCESS.

~~To scan or upload documents, users navigate to the Submit Your Documents page and choose Scan your documents using the ACCESS website or Upload your documents using the ACCESS website. These options are available after an online application, add a program request, renewal, change report, or FoodShare Six-Month Report has been submitted and verification is still needed or when a case is pending for verification~~

Submit Your Documents

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

Who?	Proof That May Be Needed	Examples of Documents That May Serve as Proof
 IMA	Where you are living	Statement from Landlord; Lease; or Utility Bill
	School Enrollment More Detail...	Statement from school/place of employment
	Shelter costs RENT OR LOT RENT	Rent receipt that includes address; Property tax statement; Insurance policy or billing statement; Lease; or Mortgage statement

 [Print This List](#)

Would you like to submit any other documents? Yes No

Submitted Documents

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

Next Steps

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

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

~~**Note:** While an agency is processing the submission, the options Scan your documents using the ACCESS website and Upload your documents using the ACCESS website are not available. These options become available again if the case is pending for verification after the submission has been processed and a Verification Checklist has been sent to the applicant or member requesting proof.~~

~~**Note:** A system check is done to see if the computer is capable of scanning or uploading. If it is not, an error message will appear. If this occurs, documents may need to be scanned or uploaded from a different computer or browser, or JavaScript may need to be updated (see [Section 14.4 Troubleshoot Scanning or Uploading Issues](#)).~~

14.3.2 Scan Documents

~~After choosing the Scan your documents using the ACCESS website option and clicking Next, the How to Scan Your Documents page will be displayed. On this page, check the box(es) for the document(s) that are ready to be scanned or uploaded and click Next.~~

How to Scan Your Documents

You told us that you would like to scan copies of your documents. Please submit all of your documents as soon as possible.



Scan

To scan documents, the Dynamsoft plug-in needs to be installed on your computer. If it's not installed on the computer you're using, you should be given the option to install it. However, not all computers will allow you to install this plug-in, including some public computers. If you're not able to install the plug-in on the computer you're using, you will not be able to scan documents using ACCESS.

Please choose the documents you are ready to scan. You can also come back later and log into your ACCESS account to scan more documents.

Who?	Proof That May Be Needed	Examples of Documents That May Serve as Proof
 IMA	<input type="checkbox"/> Where you are living	Statement from Landlord; Lease; or Utility Bill
	<input type="checkbox"/> School Enrollment More Detail...	Statement from school/place of employment
	<input checked="" type="checkbox"/> Shelter costs RENT OR LOT RENT	Rent receipt that includes address; Property tax statement; Insurance policy or billing statement; Lease; or Mortgage statement

* If you have submitted this type of proof before, you may not need to submit it again.

If you are ready to begin scanning the documents you chose above, click Next.

~~**Note:** To scan documents through ACCESS, a plug-in needs to be installed on the computer. A pop-up message will be displayed if the plug-in has not been installed. A person will only be able to scan documents after the plug-in has been installed (see [Section 14.4.2.3 User Unsure if Scan/Upload Plug-In Is Installed](#) for more information).~~

On the Scan Document page, select the first document being scanned from the What type of document is this? drop-down menu.

-

~~Applicants must scan their Document Tracking Sheet before scanning their first document.~~

~~-~~

~~If using a flatbed scanner, applicants should place the Document Tracking Sheet on the flatbed scanner and click "Scan Page." Applicants should then remove the Document Tracking Sheet and scan each page of the first document.~~

~~-~~

~~If using a scanner with a document feeder, applicants should place all the pages of the first document they are scanning in the document feeder, making sure the Document Tracking Sheet is the first page. Applicants should then click "Scan Page," and all pages of the document should be scanned.~~

~~-~~

~~If additional documents need to be scanned, applicants should choose "Yes" for the question at the bottom of the page and click Next. Applicants should then select the document they are scanning from the What type of document is this? drop-down menu, choose the Scan Using a Scanner option, and click "Scan Page" when they are ready to scan.~~

~~-~~

~~An error message will appear on the Scan Document page if a scanner is not found.~~

~~-~~

Scan Ima's Where you are living

Please scan documents that provide proof of Ima's Where you are living.
If you would like to skip providing proof for Ima's Where you are living, click 'Skip This Document' at the bottom of the page.

* What type of document is this? < click here to choose >

Scan the Document

To scan a document, place your document in your scanner, and then click Scan Page. Repeat for each page of the document.

Scanner:



⚠ No Scanner Found: We could not find a scanner connected to your computer. Please check your cables and make sure that it is installed properly.



A scanner is not found if:

- It is not on or plugged in.
- There is no internet connection.
- The computer does not recognize it.

- ~~The scan or upload plug-in does not work with the computer, browser, or operating system.~~

~~If additional documents need to be scanned, choose "Yes" for the question at the bottom of the page, click Next, and repeat the steps above for the additional documents. For each document, select the correct document type from the What type of document is this? drop-down menu at the top of the page.~~

Scanned Document Summary

Your documents are not yet submitted. Please review the following summary of your scanned documents. If you would like to scan additional pages for a document already scanned, click on Edit next to that document.

Who?	Needed Proof	Document Uploaded	Options
 SELFEMP	Employment at WALMART Due 09/23/2019 for FoodShare More Detail	Pay stubs from the last 30 days	Edit or Erase

Scan Another Document

To scan another document, select the proof you would like to scan from the drop-down list, and then click Add.

< click here to choose >

To send your scanned documents to your agency, please click the Submit button.

14.3.3 Upload Documents

~~After choosing the Upload your documents using the ACCESS website option and clicking Next, the How to Upload Your Documents page will be displayed. On this page, check the box(es) for the document(s) that are ready to be uploaded and click Next.~~

How to Upload Your Documents

You told us that you want to upload copies of your documents. Please submit all of your documents as soon as possible.



Upload

If you already have some of your documents on your computer, you can upload these documents directly to your local agency on the next page. The supported file types are .bmp, .jpeg, .tiff, .png, or .pdf.

Please choose the documents you are ready to upload. You can also come back later and log into your ACCESS account to upload more documents.

Who?	Proof That May Be Needed	Examples of Documents That May Serve as Proof
 IMA	<input type="checkbox"/> Where you are living	Statement from Landlord; Lease; or Utility Bill
	<input checked="" type="checkbox"/> School Enrollment More Detail...	Statement from school/place of employment
	<input type="checkbox"/> Shelter costs RENT OR LOT RENT	Rent receipt that includes address; Property tax statement; Insurance policy or billing statement; Lease; or Mortgage statement

* If you have submitted this type of proof before, you may not need to submit it again.

If you are ready to begin uploading the documents you chose above, click Next.

~~On the Upload Document page, select the type of document being uploaded from the What type of document is this? menu and then click Choose File.~~

Upload Ima's Where you are living

Please upload documents that provide proof of Ima's Where you are living. If you would like to skip providing proof for Ima's Where you are living, click 'Skip This Document' at the bottom of the page.

* What type of document is this?

Choose a File from Your Computer

To upload a document, click Browse, and then select the file. After you have selected the file, click Upload. The file will be displayed below.

[What file types are supported?](#)

 Having trouble uploading? This website may need to be added to your Trusted Sites for upload to work. [Click here](#) for instructions.

~~Select the document from the computer (the document must already be saved on the computer being used).~~

Upload Ima's Where you are living

Please upload documents that provide proof of Ima's Where you are living.
If you would like to skip providing proof for Ima's Where you are living, click 'Skip This Document' at the bottom of the page.

* What type of document is this? Lease

Choose a File from Your Computer

To upload a document, click Browse, and then select the file. After you have selected the file, click Upload. The file will be displayed below.

[What file types are supported?](#)

 Having trouble uploading? This website may need to be added to your Trusted Sites for upload to work. [Click here](#) for instructions.

File(s)	
Ima Newmember lease.pdf	

~~If additional documents need to be uploaded, choose "Yes" for the question at the bottom of the page, click Next, and repeat the steps above for the additional documents. For each document, select the correct document type from the What type of document is this? drop-down menu at the top of the page.~~

Would you like to upload another document as proof of Imanother's Shelter costs? Yes No

Uploaded Document Summary

Your documents are not yet submitted. Please review the following summary of your uploaded documents. If you would like to upload additional pages for a document already uploaded, click on Edit next to that document.

Who?	Proof That May Be Needed	Document Uploaded	Options
 IMA	Where you are living	Lease	Edit or Erase

Upload Another Document

To upload another document, select the proof you would like to upload from the drop-down list, and then click Add.

Other Document ▼

Add

To send your uploaded documents to your agency, please click the Submit button.

~~Once all documents have been uploaded, click Submit~~

14.3.4 Document Confirmation

~~If all the documents that were scanned or uploaded were received, the Thank You page will be displayed.~~

~~Once all documents have been scanned or uploaded, click Submit.~~

Thank You!

Your documents have been sent successfully to the following agency:

Milwaukee Enrollment Services

The following is a summary of the uploaded documents that were sent to your agency:

Who?	Proof That May Be Needed	Document Uploaded
 IMA	Where you are living	Lease

Go to Submit Your Document Page

Go to Next Steps Page

~~**Note:** If there is a problem and the documents were not scanned or uploaded to ACCESS, an error message will appear.~~

~~If documents were uploaded for an application, the Next Steps/Thank You page will be displayed after clicking Go to Next Steps Page on the Thank You~~

~~page. The Information Summary section will have the View and Submit Proof option. The option will **not** be updated to reflect the documents that have already been submitted.~~

Information Summary

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

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

~~If documents were uploaded for an ongoing case that is pending for verification, the Account Home page will be displayed after clicking Next on the Thank You page. If additional proof needs to be submitted, the My To-Do-List section will be displayed. If the case is no longer pending for verification, the section will not be displayed.~~

My To-Do-List

Benefits	Status	Details
BadgerCare Plus Standard Plan 	You need to send items of proof. Please submit all documents by Tuesday May 30, 2017.	

Step 1: Select proof document information

The "Step 1: Select proof document information" page allows the applicant or member to choose which proof documents to upload for any individual on their application.

Show/Hide an example of the page

Step 1: Select proof document information

Select the applicant, proof type, and proof document you would like to submit.

Before uploading, make sure your documents are less than 10MB and meet one of the following formats: .jpg/.jpeg, .png, .pdf

Applicant *

Proof Type *

Once you finish submitting documents for a proof type, that proof type will no longer appear on this list.

Proof document *

Add Documents

There are three selections the applicant or member makes on this page from dropdown menus before continuing.

- **Select applicant:** Select an individual included in the application
- **Proof type:** Select the proof type. One or more types are suggested to the applicant or member.
- **Proof document:** Select the proof document type they plan to upload.

Once the applicant or member has completed the selections, select **Add documents.**

Step 2: Add documents

The “Step 2: Add documents” page allows the applicant or member to add files.

Show/Hide an example of the page

Step 2: Add Documents

Upload your proof documents below, review them, and make any necessary changes before continuing.

Make sure your proof documents are less than 10 MB in size and are one of the following formats: .jpg/.jpeg, .png, .pdf

Documents

Applicant:	Test
Proof Type:	Application for a Social Security number
Proof document:	Other Document

[↑ Upload proof document\(s\)](#)

Review

Select **Upload proof document(s)** to begin selecting files from the device they use. The applicant or member can also click and drag the file onto the page to upload it. If using ACCESS on a mobile browser for document upload, the applicant or member can take a picture of the proof document with their phone. Once the upload finishes, select **Review**.

Note: Applicants and members can remove the document they uploaded.

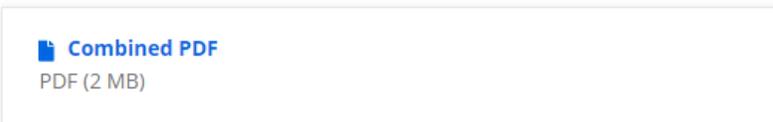
If the applicant or member uploads more than one file for one proof type (Click to show)

The “Step 3: Accept PDF of combined proof documents” page allows the applicant or member to confirm that they want to upload more than one proof document for one proof type. The files are combined into a single PDF file with a maximum size of 10 MB. [Show/Hide an example of the page](#)

Step 3: Accept PDF of combined proof documents

Because you submitted more than one proof document for Application for a Social Security number, they were combined into a single PDF.

If you don't want to include one of these documents, go back to delete individually.



[Go back](#)

[Accept and review documents](#)

<u>If the applicant or member wants to...</u>	<u>Select...</u>	<u>And move on to...</u>
<u>Accept the PDF</u>	<u>Accept and review documents</u>	<u>Step 3: Review uploads</u>
<u>Remove one or more of the proof documents</u>	<u>Go back</u>	<u>Step 2: Add documents</u>

Step 3: Review uploads

The “Review uploads” page allows the applicant or member to review the proof documents they uploaded and add or remove the documents. If the applicant or member has not uploaded proof for other household members, ACCESS encourages them to do so before submitting.

Show/Hide an example of the page

Review uploads

Below are the proof documents you uploaded. You can remove documents, add more, or submit them. If you uploaded more than one document for a single proof type, they were combined into one PDF.

Test Test	Add documents 
Application for a Social Security number	
Other Document	Remove 

[Submit](#)

	<u>If the applicant or member wants to...</u>	<u>Select...</u>	<u>And move on to...</u>
	<u>Submit the proof documents</u>	<u>Submit</u>	<u>Step 4: Submission success</u>
	<u>Add one or more proof documents</u>	<u>Add</u>	<u>Step 2: Add documents</u>
	<u>Remove one or more of the proof documents</u>	<u>Remove</u>	<u>Step 2: Add documents</u>
Note:	<u>If there is a problem and the documents were not uploaded to ACCESS, an error message displays.</u>		

Step 4: Submission success

The “Your documents have been submitted successfully!” page tells the applicant or member that their proof documents have been submitted and that they can submit other proof documents before a certain date.

Show/Hide an example of the page

Your documents have been submitted successfully!

Review the "Suggested" tab on your summary of suggested proof page to see if there is more proof you can submit. You can submit additional proof documents until November 25, 2021



Take a short survey to let us know how we can improve the process of submitting proof documents.

[Take the survey.](#)

[Go to account home page](#)

Regardless of their application status, applicants and members are encouraged to confirm that they do not have to upload more proof documents. Select "Proof summary" to return to the "Summary of proof" page and check to see if there are more proof documents to submit.

Applicants or members can also take a five-question survey to describe their experience submitting proof documents on ACCESS by selecting "Take the survey."

14.4 TROUBLESHOOT SCANNING OR UPLOADING ISSUES **FAX, MAIL, OR DROP-OFF PROOF DOCUMENTS**

Applicants and members can also submit proof documents by faxing, mailing, or dropping-off the documents at their agency.

The “More ways to submit proof documents” page allows applicants and members to choose how they want to submit their proof documents.

Show/Hide an example of the page

More ways to submit proof documents

Select how you would like to submit your proof documents below.

Ways to submit proof documents *

Drop-off at agency ▼

Step 1: Print Document Tracking Sheet

Print this Document Tracking Sheet and place it on top of the other documents. This should be the first page of your proof documents.

[Download and print Document Tracking Sheet \(PDF\)](#)

Step 2: Fill in Document Tracking Sheet

Write your phone number and the number of pages in the space provided on the top of the Document Tracking Sheet. Make sure to count the Document Tracking Sheet in the number of pages.

Step 3: Drop-off at agency

Drop off your proof documents at

Milwaukee Enrollment Services

1220 W. Vliet St.
Milwaukee, WI 53205
(888) 947-6583

[Agency hours and information](#)

Don't forget to drop off copies of your requested proof documents. Do not drop off the original unless your case worker specifically requested it. Remember to include the Document Tracking Sheet on top of your other documents.

[Back to proof documents summary](#)

Make sure the applicant or member does the following:

1. Prepares Document Tracking Sheet (DTS) and places it at the top of their proof documents
2. Writes their phone number and the number of pages being submitted in the space provided on the DTS. Make sure to count the coversheet in the number of pages.
3. Make copies of the original proof documents such as ID, birth certificate, and pay stubs. Do not mail in the original copy unless the case worker specifically requests it.

The Document Tracking Sheet (DTS) is sent to applicants and members by mail and is available to print in ACCESS. To print from ACCESS, select either **Fax, Mail, or Drop-off at agency**, then select **Download and print DTS (PDF)**.

Submitting proof documents by fax

Fax the proof documents to the number provided on the DTS or in ACCESS. For more information on Wisconsin's income maintenance and tribal agencies, click [here](#).

Note: Only one-sided documents can be faxed.

Submitting proof documents by mail

Address the envelope to the agency address listed in ACCESS. For more information on Wisconsin's income maintenance and tribal agencies, click [here](#).

Submitting proof documents by drop-off

Drop-off the proof documents and DTS at the agency address listed in ACCESS. Select the "Agency hours and information" link to find a time to drop-off the proof documents. For more information on Wisconsin's income maintenance and tribal agencies, click [here](#).

This section provides troubleshooting information for issues that may occur when scanning or uploading documents in ACCESS.

14.4.1 System Requirements

Prior to troubleshooting, ensure that the user's computer meets the minimum operating system and browser requirements.

14.4.1.1 Operating System

A Windows 7 operating system works best to scan or upload documents. Users may experience issues when using other operating systems.

14.4.1.2 Browser Versions

Browsers that are compatible with scanning or uploading documents include Internet Explorer 11, Mozilla Firefox, and Google Chrome.

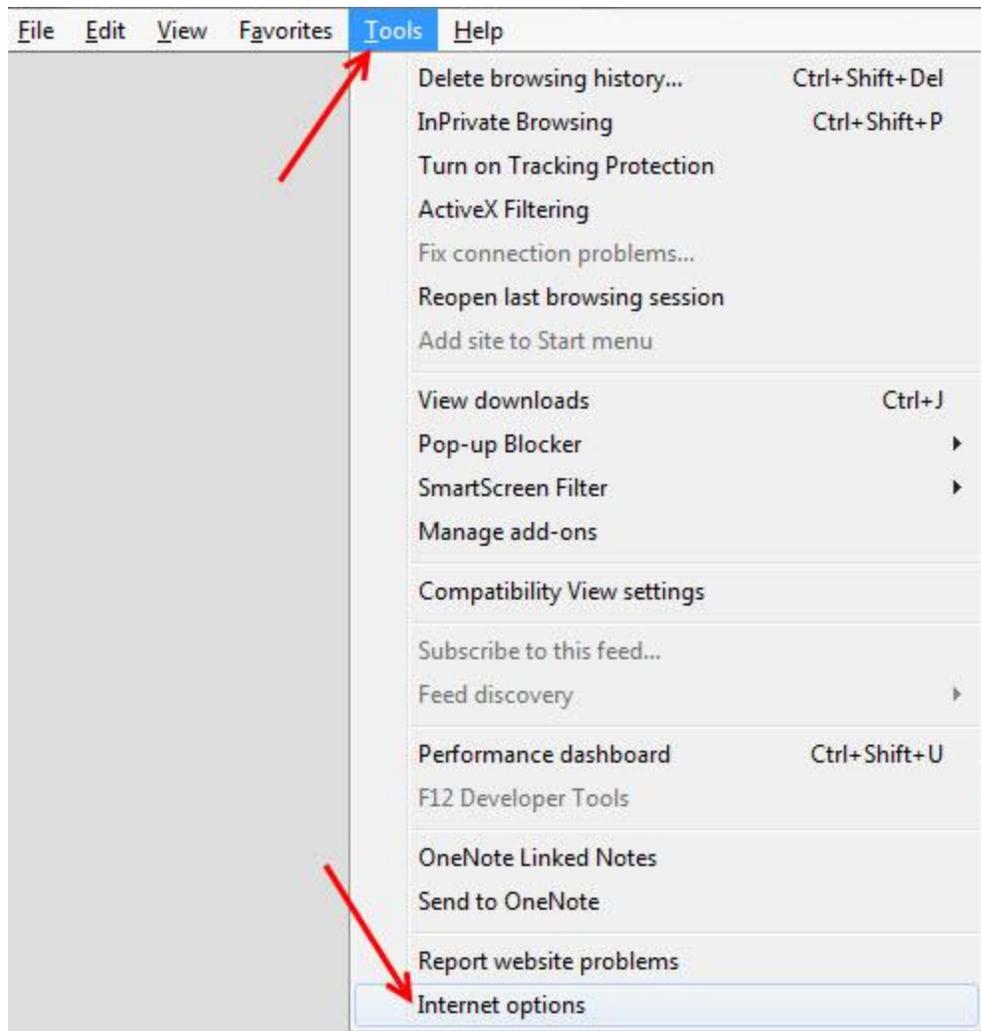
14.4.1.3 Browser Settings

For all browser versions, users must have JavaScript enabled in their browser settings. Usually JavaScript is enabled by default. The following are instructions by browser for ensuring JavaScript is enabled.

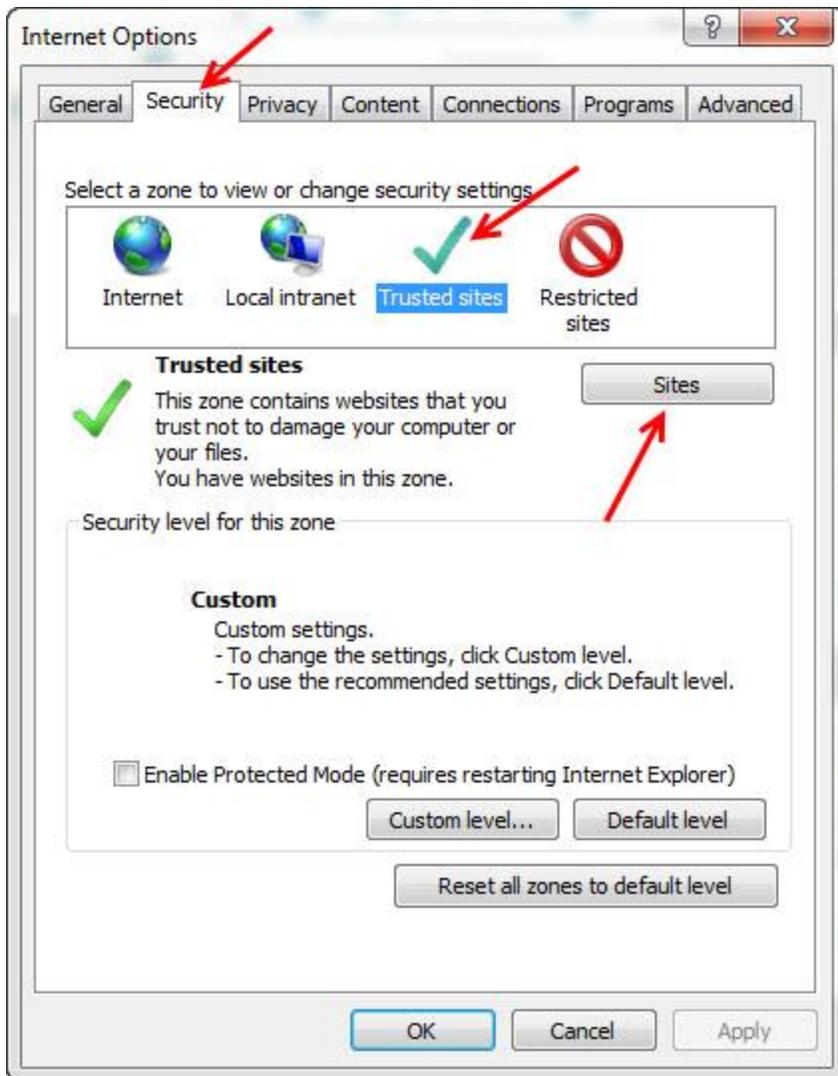
14.4.1.3.1 Internet Explorer 11

1. From the Tools menu, select Internet Options.

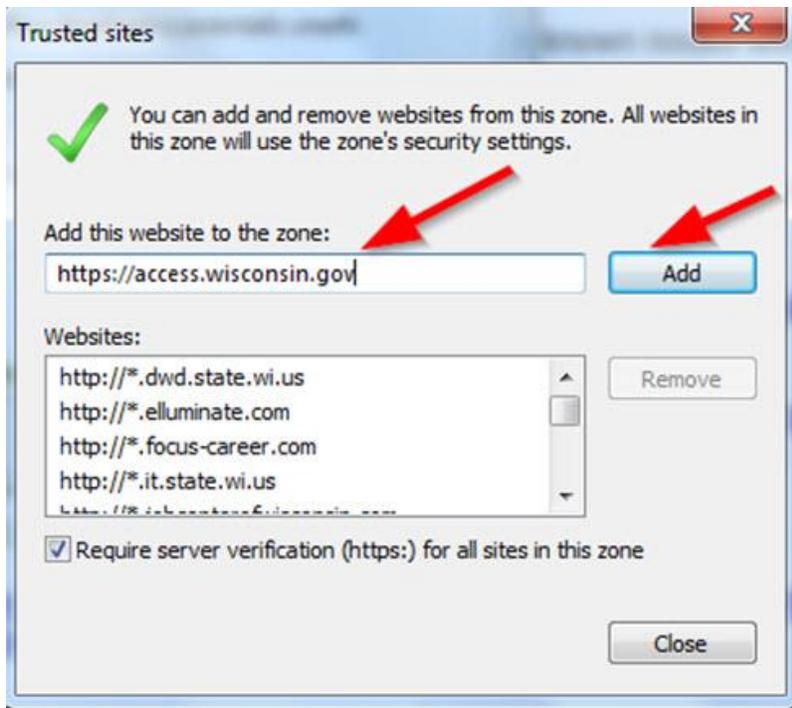
-



- ~~2. In the Internet Options window, click the Security Tab.~~
- ~~3. Click Trusted sites in the "Select a zone to view or change security settings" section.~~
- ~~4. Click Sites.~~



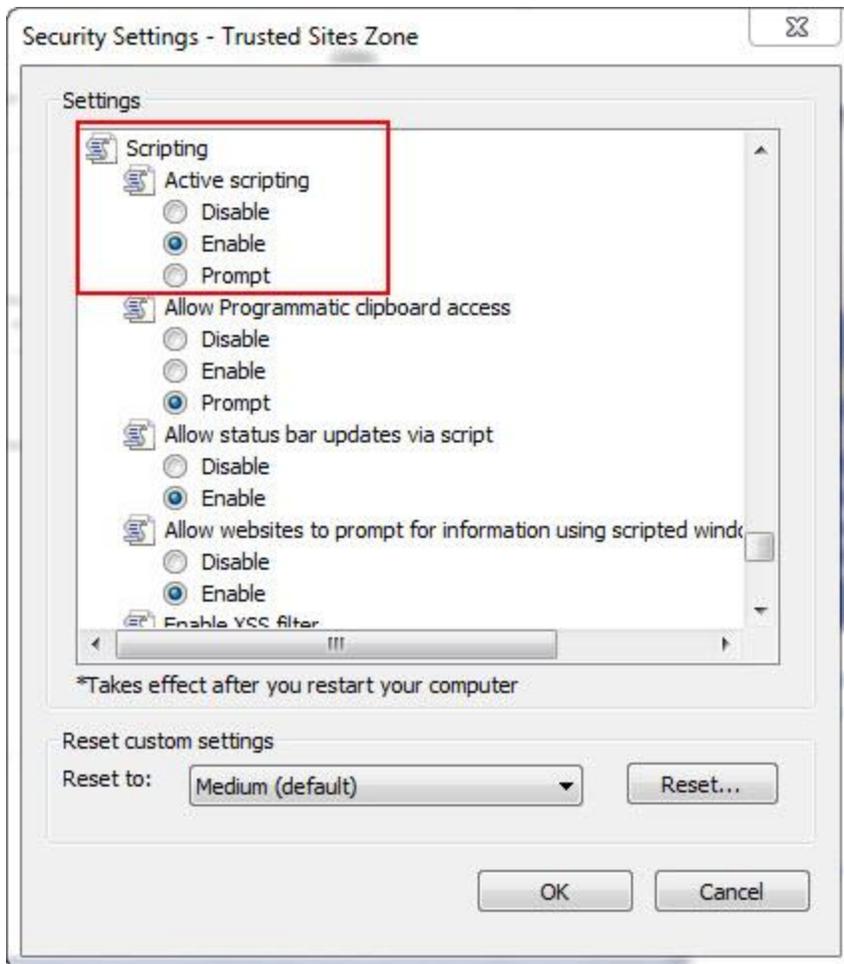
~~5. If the ACCESS website is not already added to the Websites section, type "https://access.wisconsin.gov" in the Add this website to the zone field.~~



~~6. Click Close.~~

~~7. In the Internet Options window, click Custom level.~~

~~8. Ensure that Active Scripting is enabled under the Scripting option.~~

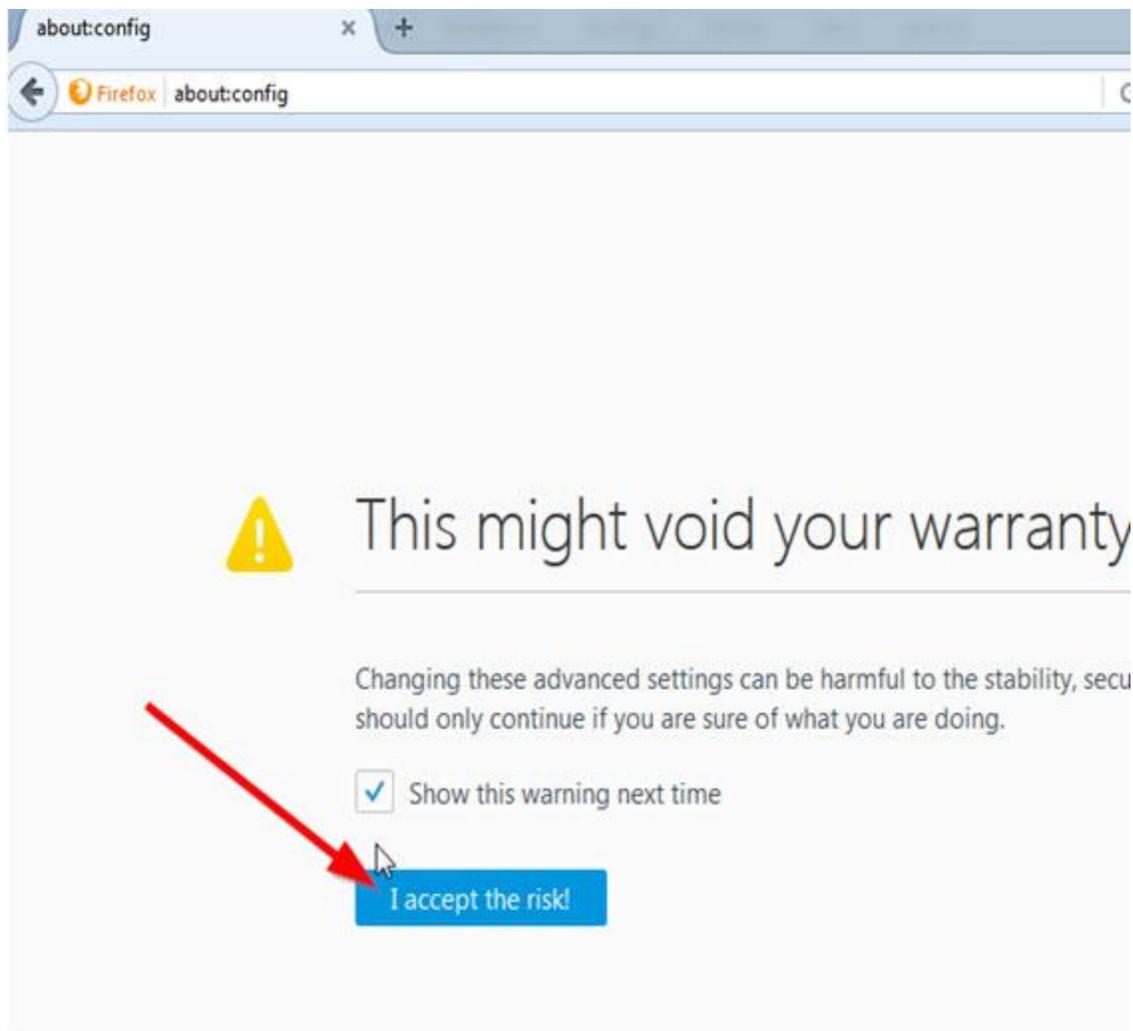


14.4.1.3.2 Mozilla Firefox

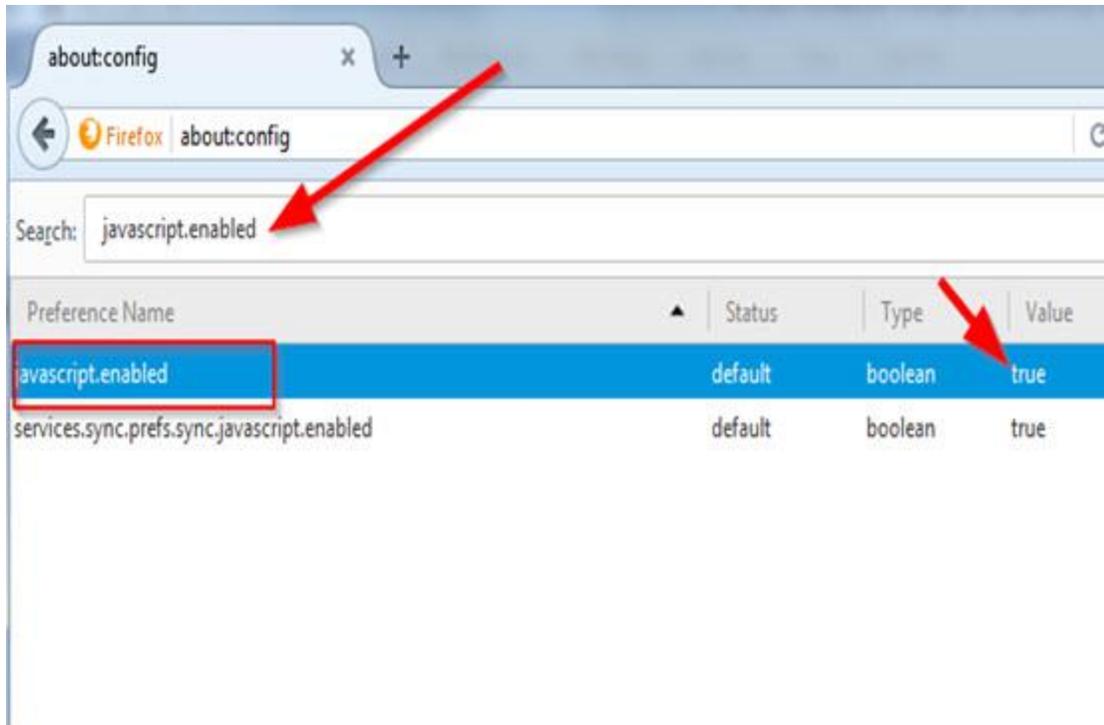
1. In the address bar, type "about:config" and press Enter.



~~2. Click the button to acknowledge that you understand that you are changing advanced settings.~~



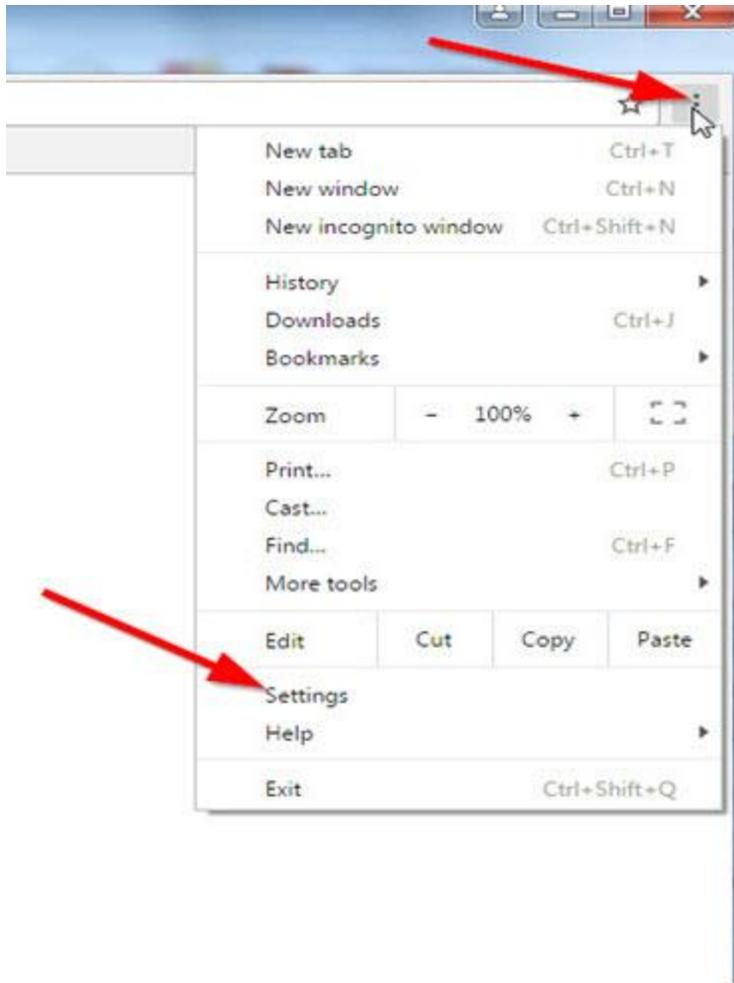
3. In the search bar, type "javascript.enabled."



4. Ensure that the Value is set to true. If it is not, right-click on the value and select Toggle to change it to true.

14.4.1.3.3 Google Chrome

1. Click the menu icon to the right of address bar and select Settings from the menu.



~~2. At the bottom of the window, click Show advanced settings.~~

Chrome

History

Extensions

Settings

About

Settings

[Sign in to Chrome](#)

On startup

- Open the New Tab page
- Continue where you left off
- Open a specific page or set of pages. [Set pages](#)

Appearance

[Get themes](#) [Reset to default theme](#)

- Show Home button
New Tab page [Change](#)
- Always show the bookmarks bar

Search

Set which search engine is used when searching from the [omnibox](#).

Google [▼](#) [Manage search engines...](#)

People

[Person 1 \(current\)](#)

- Enable Guest browsing
- Let anyone add a person to Chrome

[Add person...](#) [Edit...](#) [Remove...](#) [Import bookmarks and settings...](#)

Default browser

[Make Google Chrome the default browser](#)

Google Chrome is not currently your default browser.

[Show advanced settings...](#)

3. Under Privacy, click Content settings.

Settings Search setting

Google ▾ Manage search engines...

People

Person 1 (current)

Enable Guest browsing

Let anyone add a person to Chrome

Add person... Edit... Remove... Import bookmarks and settings...

Default browser

Make Google Chrome the default browser

Google Chrome is not currently your default browser.

Privacy

Content settings... Clear browsing data...

Google Chrome may use web services to improve your browsing experience. You may optionally disable these services. [Learn more](#)

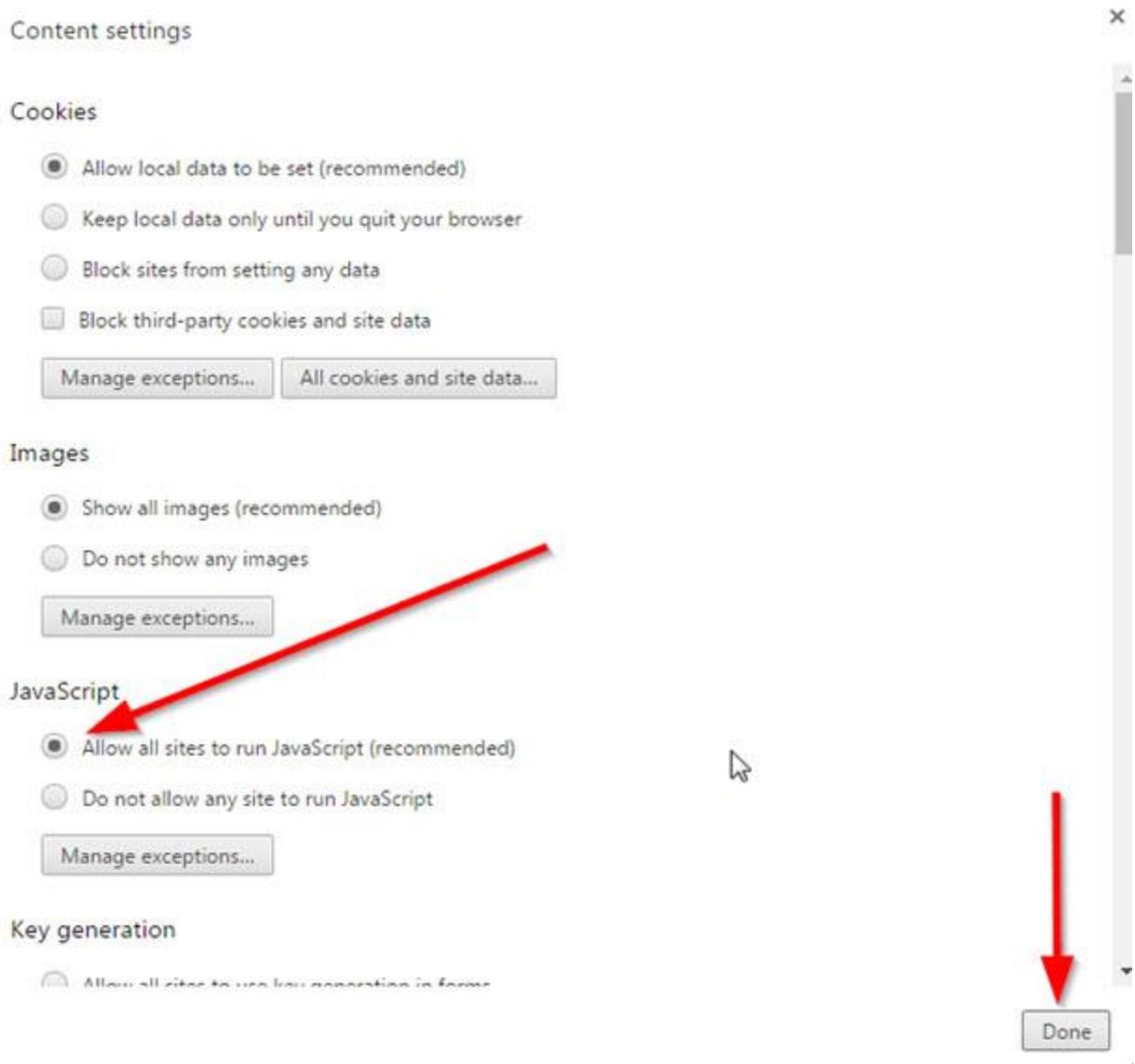
Use a web service to help resolve navigation errors

Use a prediction service to help complete searches and URLs typed in the address bar

Use a prediction service to load pages more quickly

Automatically report details of possible security incidents to Google

4. ~~Ensure that Allow all sites to run JavaScript is selected.~~



14.4.2 Installation Issues

14.4.2.1 Operating System/Browser Error Message and Disabled Radio Button on Document Submission Options Page

Issue: The user receives an error message on the Document Submission Options page indicating that the operating system and/or the browser does not meet system requirements. The Scan your documents using the ACCESS website radio button is also disabled.

-

Submit Your Documents

You need to give us the documents listed here as soon as possible to prove the information you gave us.

Who?	Needed Proof	Examples of Documents That May Serve as Proof
 SELFEMP	Self-employment at SELFEMP COMPUTER SERVICES Due 09/23/2019 for FoodShare More Detail...	<ul style="list-style-type: none">• Bookkeeping records• Self-Employment Income Report form• Written or verbal statement about the number of hours worked
	Self-employment at SELFEMP ARTS AND CRAFTS Due 09/23/2019 for FoodShare More Detail...	<ul style="list-style-type: none">• Bookkeeping records• Self-Employment Income Report form• Written or verbal statement about the number of hours worked
	Employment at WALMART Due 09/23/2019 for FoodShare More Detail...	Enclosed Employer Verification of Earnings Form filled out and signed by your employer; Signed letter from your employer with the same information; or Pay stubs from the last 30 days

 [View and Print Notice of Proof Needed](#)

Click on 'View and Print Notice of Proof Needed' and review the 'Proof Needed' section. There may be notes from a worker that tell you more about which documents you need to give us. There is also an FYI section that you will need to review.

Would you like to submit any other documents? Yes No

Submitted Documents

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

Next Steps

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

- Fax in your documents.
- Mail in your documents.
- Drop off your documents in person.
- Scan your documents using the ACCESS website.



Why isn't scan an option?

We're sorry, you cannot scan documents directly from ACCESS at this time. It looks like your computer does not meet the minimum requirements for scanning. [Click here](#) to see the system requirements.

Operating System: The Scan Plug-in does not work with your operating system.

Browser: The Scan Plug-in does not work with your browser.

- Upload your documents using the ACCESS website.
- Take a photo of and submit your documents using the MyACCESS mobile app.
- Skip this step for right now. You may log into the ACCESS website later and revisit this step.

Resolution: Ensure that the user is using one of the supported browsers: Internet Explorer 11, Mozilla Firefox, or Google Chrome.

14.4.2.2 JavaScript Error Message and Disabled Radio Button on Document Submission Options Page

Issue: The user receives an error message on the Document Submission Options page indicating that JavaScript is not enabled. The Scan your documents using the ACCESS

~~website and Upload your documents using the ACCESS website radio buttons are also disabled.~~



Why isn't scan or upload an option?

We're sorry, you cannot scan or upload documents directly from ACCESS at this time. It looks like your computer does not meet the minimum requirements for scanning or uploading. Click [here](#) to see the system requirements.

JavaScript: The Scan or Upload Plug-in does not work without JavaScript enabled in your browser.

~~**Resolution:** Ensure that JavaScript is enabled in the user's browser settings using the instructions in [Section 14.4.1.3 Browser Settings](#).~~

~~**14.4.2.3 User Unsure if Scanner Plug-In Is Installed**~~

~~**Issue:** The user is unsure if the scanner plug-in is installed.~~

~~**Resolution:** Ensure the user's computer meets the system requirements (see [Section 14.4.1 System Requirements](#)) and then complete the following steps to install the scan/upload plug-in:~~

- ~~1. Choose the Scan your documents using the ACCESS website radio button on the Document Submission Options page and click Next.~~

Submit Your Documents

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

Who?	Proof That May Be Needed	Examples of Documents That May Serve as Proof
 IMA	Where you are living	Statement from Landlord; Lease; or Utility Bill
	School Enrollment More Detail...	Statement from school/place of employment
	Shelter costs RENT OR LOT RENT	Rent receipt that includes address; Property tax statement; Insurance policy or billing statement; Lease; or Mortgage statement

 [Print This List](#)

Would you like to submit any other documents? Yes No

Submitted Documents

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

Next Steps

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

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

2. ~~On the How to Scan Your Documents page, check the box(es) for the document(s) the user is ready to scan or upload and click Next.~~

How to Scan Your Documents

You told us that you would like to scan copies of your documents. Please submit all of your documents as soon as possible.



Scan

To scan documents, the Dynamsoft plug-in needs to be installed on your computer. If it's not installed on the computer you're using, you should be given the option to install it. However, not all computers will allow you to install this plug-in, including some public computers. If you're not able to install the plug-in on the computer you're using, you will not be able to scan documents using ACCESS.

Please choose the documents you are ready to scan. You can also come back later and log into your ACCESS account to scan more documents.

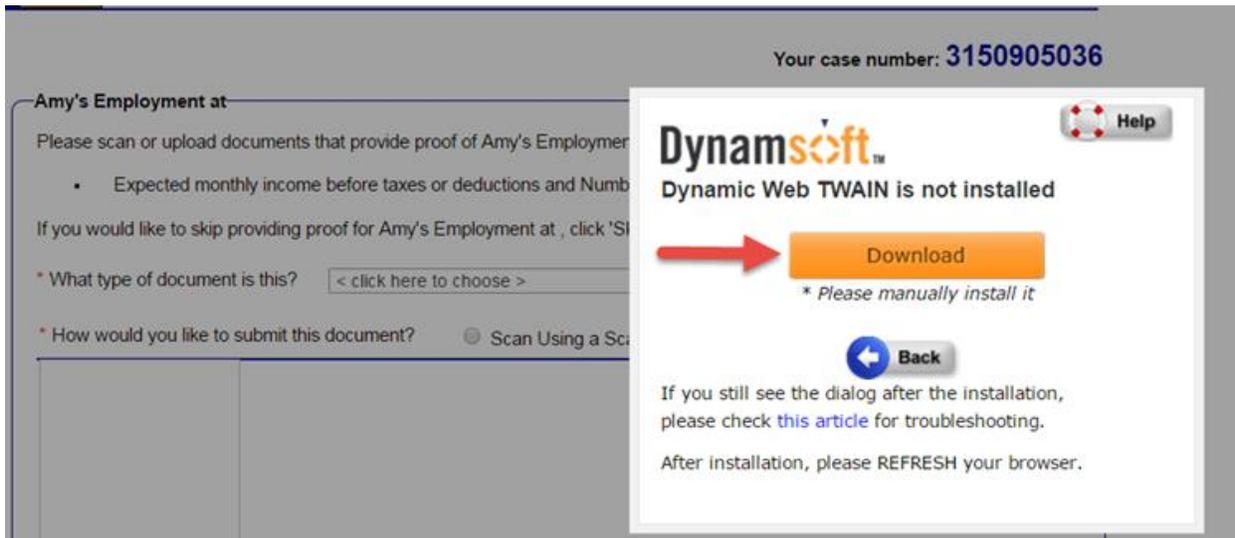
Who?	Proof That May Be Needed	Examples of Documents That May Serve as Proof
 IMA	<input type="checkbox"/> Where you are living	Statement from Landlord; Lease; or Utility Bill
	<input type="checkbox"/> School Enrollment More Detail...	Statement from school/place of employment
	<input type="checkbox"/> Shelter costs RENT OR LOT RENT	Rent receipt that includes address; Property tax statement; Insurance policy or billing statement; Lease; or Mortgage statement

* If you have submitted this type of proof before, you may not need to submit it again.

If you are ready to begin scanning the documents you chose above, click Next.

~~If the plug-in is not installed or is outdated, a message will appear.~~

a. ~~If the plug-in is not installed, the following message will appear. Click Download.~~



Your case number: 3150905036

Amy's Employment at

Please scan or upload documents that provide proof of Amy's Employer

- Expected monthly income before taxes or deductions and Number

If you would like to skip providing proof for Amy's Employment at, click 'Skip'

* What type of document is this? < click here to choose >

* How would you like to submit this document? Scan Using a Scanner

Dynamsoft™ 

Dynamic Web TWAIN is not installed

 **Download**

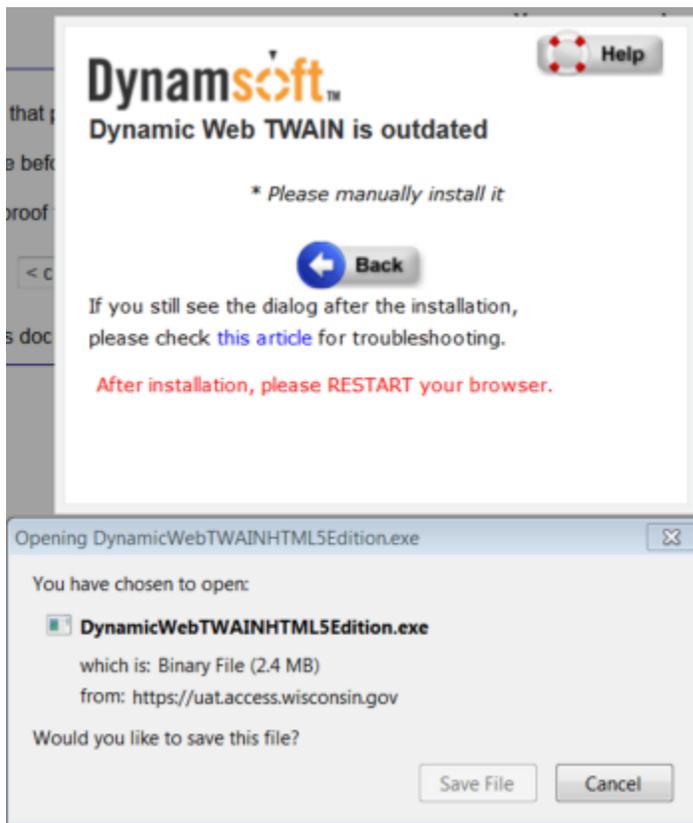
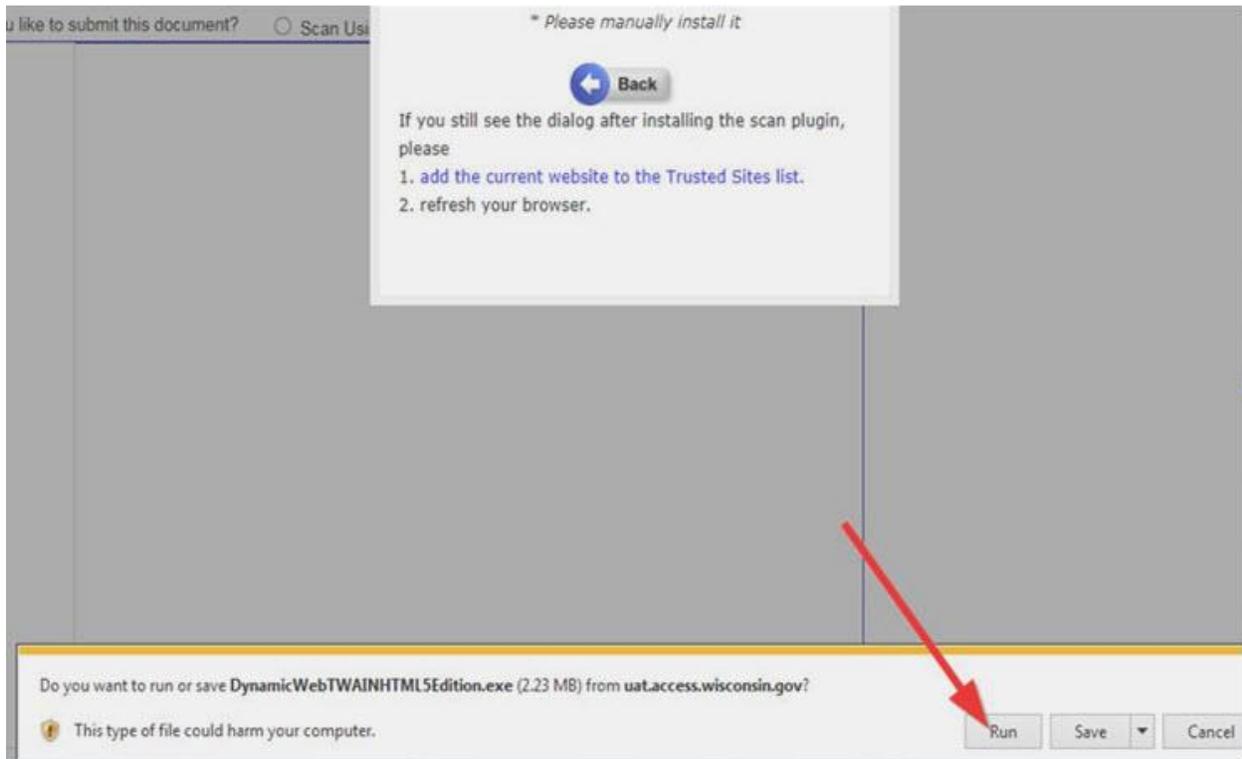
** Please manually install it*

 **Back**

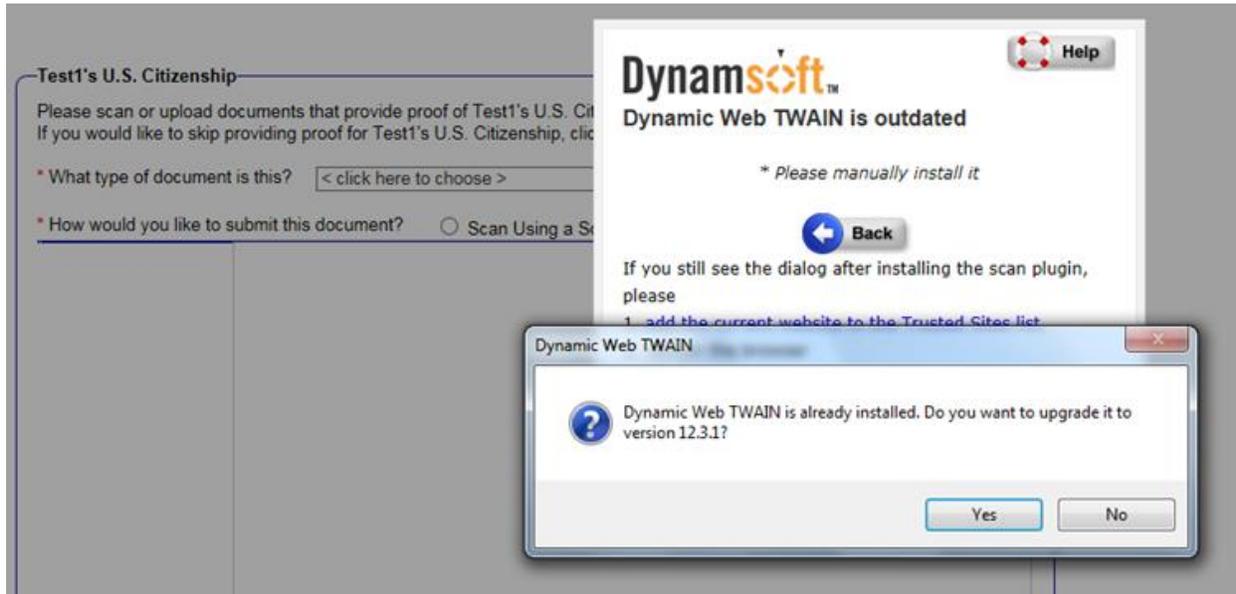
If you still see the dialog after the installation, please check [this article](#) for troubleshooting.

After installation, please REFRESH your browser.

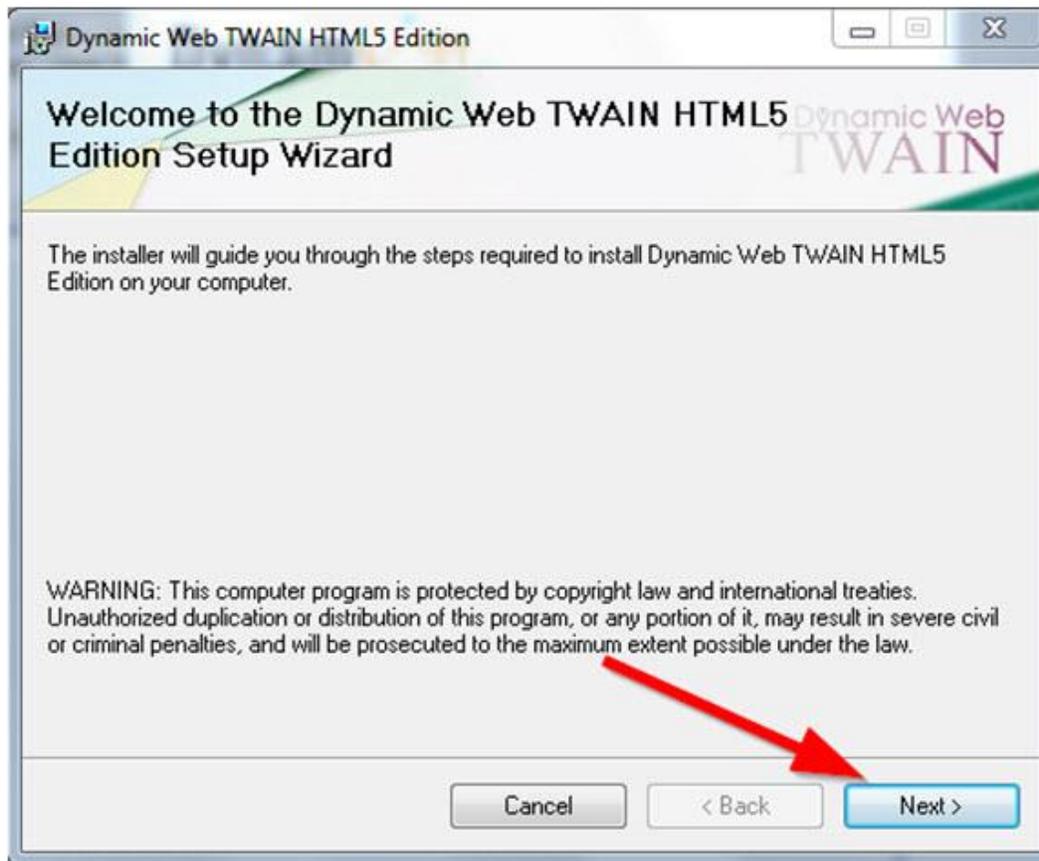
~~Click Run or Save File on the message that appears (either at the bottom of the page or as a pop-up, depending on the browser).~~



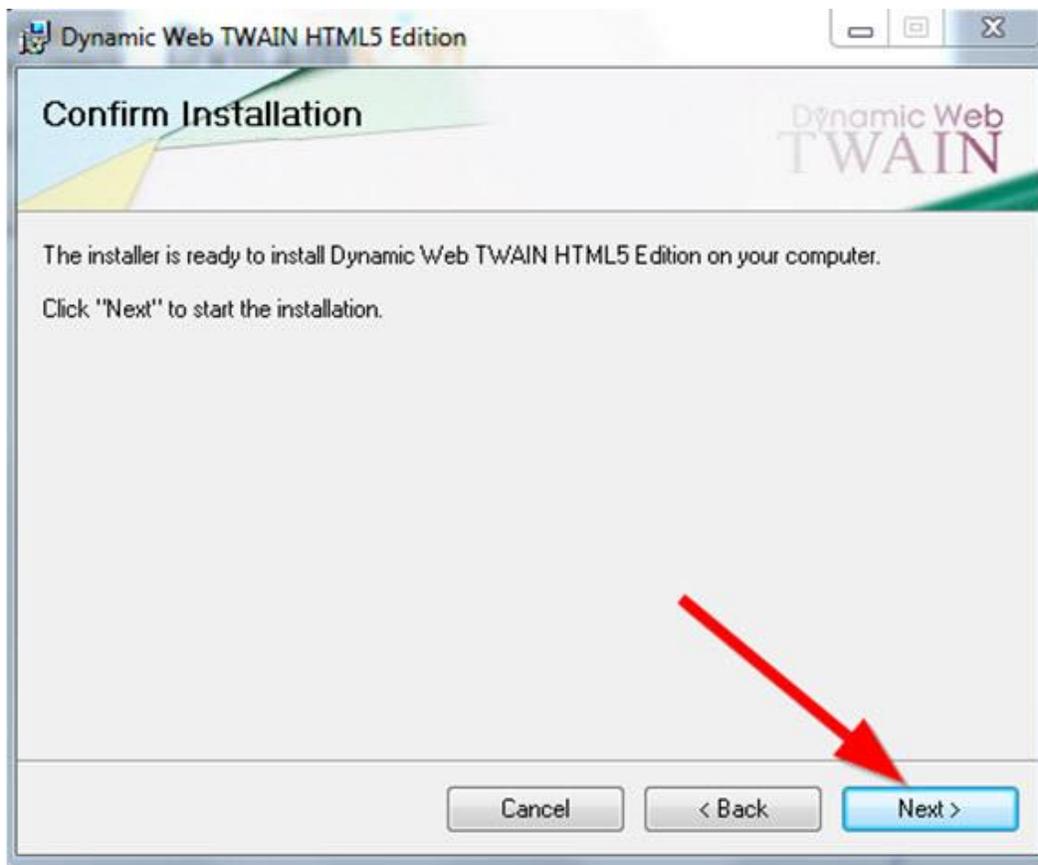
b. If the plug-in is outdated, the following message will appear. Click Yes.



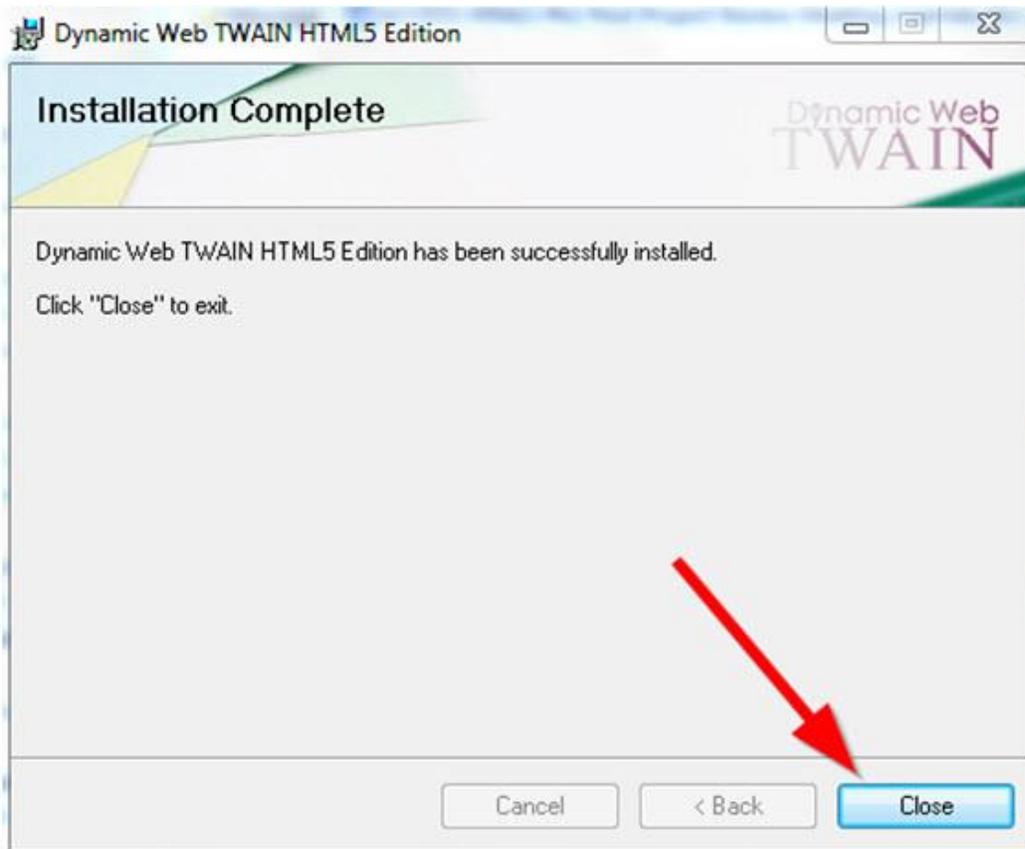
4. The Dynamic Web TWAIN HTML5 Edition window will appear. Click Next.



5. Click Next again to start the installation.



6. The plug-in will install. When the installation is finished, click Close.



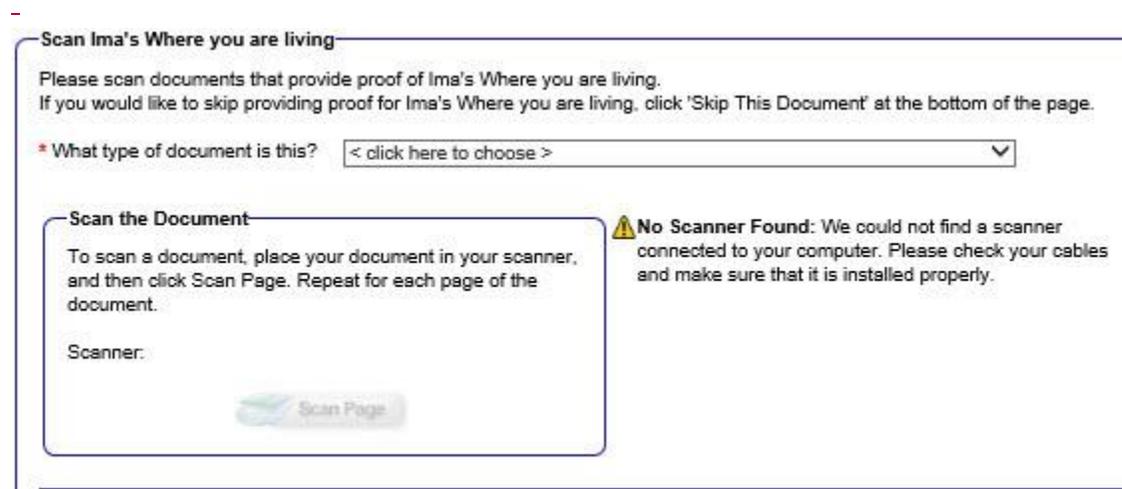
The user should now be able to scan or upload documents.

~~**Note:** The user's session may expire during installation, so the person would need to log back into his or her ACCESS account.~~

~~14.4.3 Scanning Issues~~

~~14.4.3.1 No Scanner Found Message and Disabled Scan Page Button~~

~~**Issue:** The user receives an error message on the Scan Document page indicating that a scanner is not connected to the computer. The Scan Page button is also disabled.~~



-
-
-
Resolution: Verify that a scanner is properly connected to the computer. If the Scan Document page is open before a scanner is connected, the scanner will not be automatically detected. Navigate away from and back to the Scan Document page to refresh the list of scanners.

14.4.3.2 Fatal Error Message After Clicking Scan Page

Issue: After selecting a scanner and clicking Scan Page on the Scan Document page, the user receives a message indicating that his or her session has ended due to an error.



-
Resolution:

-
Solution 1: Verify that a scanner is properly connected to the computer.

-
Solution 2: Ensure that an appropriate scanning device has been selected. An incorrect driver or device may be detected as a scanner and be displayed in the Scanner drop-down menu (for example, in the screenshot above, a webcam was detected as a scanner).—

14.4.4 Uploading Issues

14.4.4.1 File Not Supported Error Message

Issue: While trying to upload a document, the user receives an error message indicating that the file type being uploaded is not supported.

-

The following error has occurred:

 It seems the type of at least one file that you are attempting to upload is not supported. Please try to convert the file and upload again or upload a different file.

Upload Ima's Utility costs

Please upload documents that provide proof of Ima's Utility costs.
If you would like to skip providing proof for Ima's Utility costs, click 'Skip This Document' at the bottom of the page.

* What type of document is this?

Choose a File from Your Computer

To upload a document, click Browse, and then select the file. After you have selected the file, click Upload. The file will be displayed below.

[What file types are supported?](#)

 Having trouble uploading? This website may need to be added to your Trusted Sites for upload to work. [Click here](#) for instructions.

Would you like to upload another document as proof of Ima's Utility costs?

Yes No

~~**Resolution:** Ensure that the file type being uploaded is one of the following supported file types: BMP, JPG, TIF, PNG, or PDF. If a different file type is being uploaded, it will need to be converted to a supported file type or a different file will need to be uploaded.~~

~~**Note:** Some specific PDF files are not supported. In addition, some TIF files received from CGA may also not be supported.~~

14.5 TROUBLESHOOT UPLOADING ISSUES

If having continued issues with uploading proof documents in ACCESS, contact your local agency.

15.1 INTRODUCTION

Most people enrolled in BadgerCare Plus or SSI related Medicaid get their health care through health maintenance organizations (commonly called HMOs).

An HMO is a group of doctors, clinics, and hospitals that work together to help members manage their health care. Some HMOs provide all health care in one location. Applicants and members can search for and choose an HMO in ACCESS.

Different options are available based on whether the person is a health care applicant or member.

<u>User definition</u>	<u>Available options</u>
<u>Applicant</u> <u>– Someone signed into ACCESS and has applied for health care, but the application has not yet been processed.</u>	<ul style="list-style-type: none"><u>• Compare HMOs</u><u>• Search for doctors and clinics</u><u>• Choose an HMO</u><u>• Review/change HMO choice(s)</u>
<u>Member</u> <u>– Someone signed into ACCESS, receiving health care benefits through BadgerCare Plus or SSI related Medicaid, and enrolled in an HMO.</u>	<ul style="list-style-type: none"><u>• Compare HMOs</u><u>• Search for doctors and clinics</u><u>• Review HMO enrollment</u><u>• Change HMO enrollment</u><u>• Manage and update household details</u>

15.2 APPLY FOR BENEFITS: APPLICANT

After submitting an application for health care using Apply for Benefits (AFB), the person can choose an HMO preference if there is a household member who may be eligible for BadgerCare Plus or SSI Medicaid.

Note

When the person chooses an HMO, or chooses to have an HMO selected for them, they are not enrolled in an HMO at that time.

Only after their application is processed and they are found eligible for BadgerCare Plus or SSI Medicaid can they be enrolled in an HMO they chose earlier.

15.2.1 Apply for Benefits Home

On the Apply for Benefits Home screen, a to-do list will display.

Click the Choose your HMO tab to expand and get to the HMO section.

15.2.2 Choose an HMO

Applicants can choose a preferred HMO before they are approved for health care. The HMOs available to choose depends on whether they are expected to go into BadgerCare Plus or SSI Medicaid.

15.2.2.1 Choose a BadgerCare Plus HMO

This screen displays when the applicant is expected to enter BadgerCare Plus. The names of household members that may be eligible for BadgerCare Plus will display.

Note

All members in the household enrolled in BadgerCare Plus must be enrolled in the same HMO.

Choose a BadgerCare Plus HMO

Some people in your household meet the program rules for BadgerCare Plus. They can choose an HMO, or an HMO may be chosen for them depending on their Situation. All BadgerCare Plus members in the same household must belong to the same HMO.

BadgerCare Plus provides health care coverage for low-income Wisconsin residents.

 If you were enrolled in an HMO in the last 2 months, you will be enrolled in the same HMO unless there are changes that affect your enrollment.

 **Try our Compare HMOs tool**
The Compare HMOs tool can help you choose the HMO that is right for you.

- Compare HMOs side-by-side
- See which HMOs your doctor is part of
- View HMO ratings

BadgerCare Plus applicants who are required to choose an HMO



Choose an HMO

You can choose an HMO for family members who meet the program rules for BadgerCare Plus. If you do not choose an HMO, we will enroll you in an available HMO in your area.

Do you want to choose your HMO:

- Yes
- No, please select for me
- Skip this step

Your HMO is also called your health plan. It is a group of doctors, clinics, and hospitals that you can get health care services from.

Save and review

Choose an HMO (or two) by selecting one of the following options:

- Yes
- No, please select for me
- Skip this step

Note | Applicants can click Try our Compare HMOs tool to get to the Compare HMOs screen for useful information on choosing an HMO (see SECTION 15.3.1.2 COMPARE HMOS).

15.2.2.1.1 Choose an SSI Medicaid HMO

This screen displays when the applicant is expected to enter SSI-Related Medicaid. The names of household members that may be eligible for this program will display.

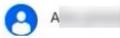
Note | If there is more than one member in the household enrolled in SSI-Related Medicaid, these members can enroll in the same HMO or in different HMOs.

Choose an SSI Medicaid HMO

Some people in your household meet the program rules for SSI Medicaid. They can choose an HMO, or an HMO will be chosen for them depending on their situation. You can choose a different HMO for each person who meets SSI Medicaid program rules.

 If you were enrolled in an HMO in the last 2 months, you will be enrolled in the same HMO unless there are changes that affect your enrollment.

SSI Medicaid applicants who are required to choose an HMO



Choose an HMO

You can choose an HMO for people in your household who meet the program rules for Medicaid. If you do not choose an HMO, we will enroll you in an available HMO in your area.

Do you want to choose your HMO:

- Yes
- No, please select for me
- Skip this step

 If you were enrolled in an HMO in the last 2 months, you will be enrolled in the same HMO unless there are changes that affect your enrollment.

Choose an HMO (or two) by selecting one of the following options:

- Yes
- No, please select for me
- Skip this step

Note

Applicants can click [Try our Compare HMOs tool](#) to get to the [Compare HMOs screen](#) for useful information on choosing an HMO (see [SECTION 15.3.1.2 COMPARE HMOS](#)).

15.2.2.2 Yes

After choosing Yes, select the radio button for an HMO.

If more than one HMO is available and the applicant wants to make a second choice, click **Choose a second HMO** and select the radio button for that second HMO choice.

Choose an HMO

You can choose an HMO for family members who meet the program rules for BadgerCare Plus. If you do not choose an HMO, we will enroll you in an available HMO in your area.

Do you want to choose your HMO:

- Yes
- No, please select for me
- Skip this step

[View HMO ratings](#)

Your HMO is also called your health plan. It is a group of doctors, clinics, and hospitals that you can get health care services from.

What is your first HMO choice?

These are the HMOs available in your area. Please select the HMO you would like below.

- Anthem Blue Cross Blue Shield
- Childrens Community Health Plan
- Independent Care (icare)
- Mhs Health Wisconsin
- Molina Healthcare
- Network Health Plan
- Trilogy Health Insurance
- Unitedhealthcare Community Plan

What is your second HMO choice?

You can make a second HMO choice that will be used if your first HMO choice is not accepting new members.

[Choose a second HMO](#)

[Save and review](#)

Applicants will only see HMOs in their primary service area (and not HMOs in the extended service area).

Applicants who have only one HMO plan available in their service area can select that HMO or select Fee for Service coverage (which allows a person to choose any doctor or clinic that accepts BadgerCare Plus or SSI Medicaid and is open to new patients).

Your HMO Enrollment

Because there is only one HMO in your area, you can choose that HMO or choose fee-for-service coverage. [Learn more about fee-for-service coverage.](#)

-  If you were enrolled in an HMO in the last 2 months, you will be enrolled in the same HMO unless there are changes that affect your enrollment.
-  Some people in your household meet the program rules for SSI Medicaid. You can choose which HMO they would like on the next page.

BadgerCare Plus Applicants who are not required to choose an HMO



Please choose whether you would like to enroll in the HMO or fee-for-service coverage:

- Group Health Cooperative of Eau Claire
- Enroll in fee-for-service coverage.
- Skip this step

BadgerCare Plus provides health care coverage for low-income Wisconsin residents.

 **Try our Compare HMOs tool**

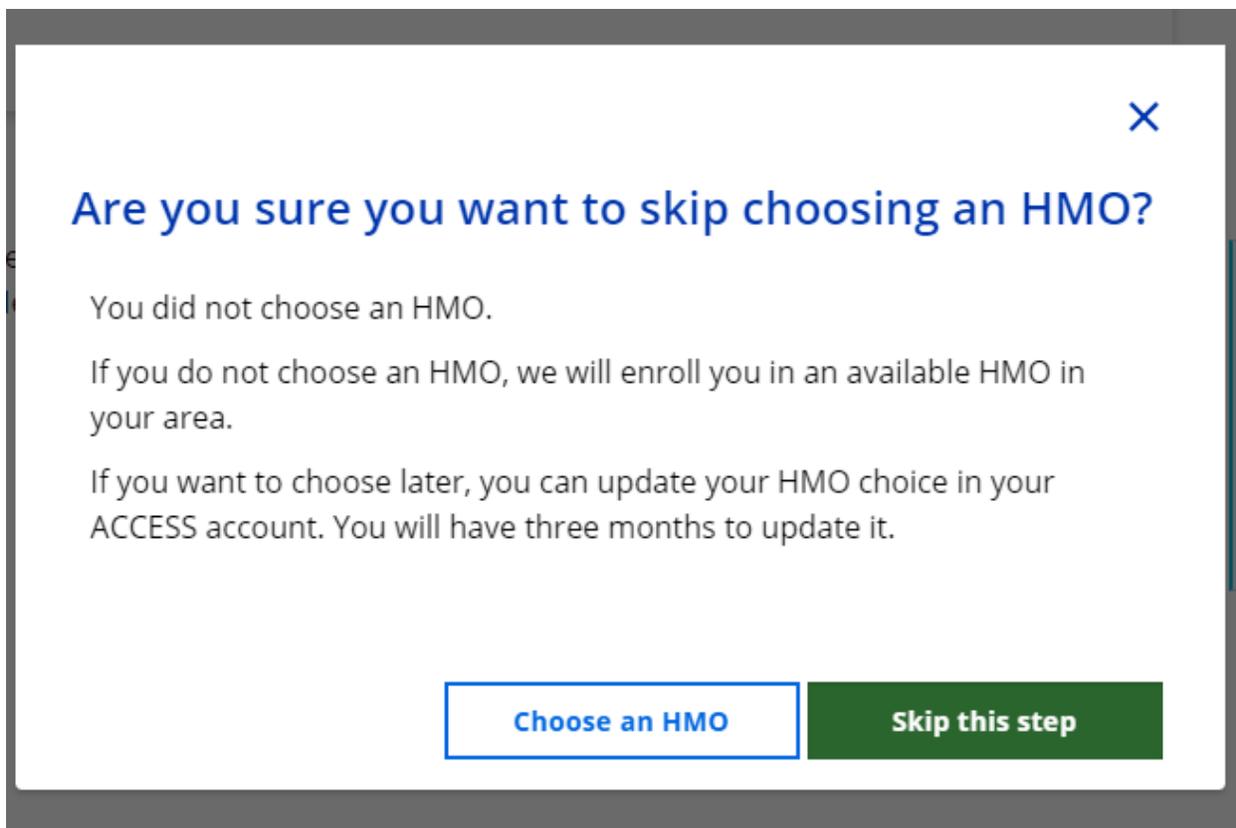
The Compare HMOs tool can help you choose the HMO that is right for you.

- Compare HMOs side-by-side
- See which HMOs your doctor is part of
- View HMO ratings

Click **Next** to get to the Review your HMO choices screen.

15.2.2.3 Skip this step

After choosing Skip this step, the following pop-up window displays:



A confirmation dialog box with a grey border and a white background. In the top right corner, there is a blue 'X' icon. The main heading is 'Are you sure you want to skip choosing an HMO?' in blue text. Below the heading, there are three paragraphs of text: 'You did not choose an HMO.', 'If you do not choose an HMO, we will enroll you in an available HMO in your area.', and 'If you want to choose later, you can update your HMO choice in your ACCESS account. You will have three months to update it.' At the bottom, there are two buttons: 'Choose an HMO' (white with a blue border) and 'Skip this step' (solid green).

- Click **Choose an HMO** to return to the Choose an HMO screen.
- Click **Skip this step** to get to the Review your HMO choices screen.

15.2.3 Review your HMO Choice

On the Review your HMO choice screen, review the choices(s) made by the applicant, the choice made for them automatically, or no choice made by the applicant.

15.2.3.1 HMO Choice Made by or for the Applicant

On this screen, review the HMO plan choice(s) for the applicant and people in the household that would be enrolled in the plan if their health care is approved.

Review your HMO choice

If you meet the program rules for health care benefits, you will receive a letter in the mail with your HMO coverage start date unless you were not required to select an HMO.

If you want to change your HMO, you'll have three months to change it. After three months you will not be able to change your HMO for nine more months.

BadgerCare Plus HMO enrollment

First HMO choice Anthem Blue Cross Blue Shield	Second HMO choice Molina Healthcare
--	---

We will try to enroll you in an HMO based on your choices. If your HMO choices are not accepting new members, you will be enrolled in an available HMO in your area. [Edit](#)

BadgerCare Plus applicants who are required to choose an HMO

If you meet the program rules for health care benefits, your care will be covered by fee-for-service until your HMO coverage starts. [Learn more about fee-for-service coverage.](#)

[Go to account home](#)

15.2.3.2 No HMO Choice Made by the Applicant

On this screen is the statement that no HMO has been chosen by the applicant and for people in the household.

Review your HMO choice

If you meet the program rules for health care benefits, you will receive a letter in the mail with your HMO coverage start date unless you were not required to select an HMO.

If you want to change your HMO, you'll have three months to change it. After three months you will not be able to change your HMO for nine more months.

BadgerCare Plus HMO enrollment

We will select one for you

We will try to enroll you in an HMO based on your choices. If your HMO choices are not accepting new members, you will be enrolled in an available HMO in your area. [Edit](#)

BadgerCare Plus applicants who are required to choose an HMO

If you meet the program rules for health care benefits, your care will be covered by fee-for-service until your HMO coverage starts. [Learn more about fee-for-service coverage.](#)

[Go to account home](#)

15.2.4 Changing an HMO Choice

People can see the status of their application from their ACCESS homepage or the Results page. They can change their choice of HMO, but only when the application is in a Submitted status (which means the Income Maintenance agency has not yet processed it).

To update an HMO choice, the applicant can either:

- Click **Manage your HMO choice** on the ACCESS homepage.
- Click **Update Choices** on the Manage your HMO screen

Manage your HMO choice

We are reviewing your application for benefits. In the meantime, you can view and update your HMO choices below. Your HMO covers most health care services. You may also be able to get services that are not covered by your HMO.

BadgerCare Plus HMO choices

MercyCare Insurance Company 

If you meet the program rules for BadgerCare Plus, these members will be enrolled in an HMO based on these choices. If you want to change your HMO, you'll have three months to change it. After three months, you will not be able to change your HMO for nine more months. [Update choices](#)

BadgerCare Plus applicants who are required to choose an HMO

Need help choosing an HMO?

Call an HMO Enrollment Specialist at 800-384-2308. HMO enrollment specialists can:

- Help find you an HMO in your area that is right for you.
- Answer questions about your health care options.
- Help you with an HMO question or concern.

Note

After the health care application is processed, a member can change their HMO enrollment in Check My Benefits (see SECTION 15.3.1.1 CHANGE HMO) or by calling an HMO enrollment specialist at 1-800-291-2002.

15.3 CHECK MY BENEFITS: MEMBER

The member can click [Manage My HMO](#) from the ACCESS Home screen to get to the [Manage your HMO](#) screen.

The screenshot shows the ACCESS Home interface. At the top, there is a blue navigation bar with 'Account Home' on the left and 'Help Español Print' on the right. Below this, the main content area is titled 'Account Home' and features a sidebar on the left with various menu items. The 'My Benefits' section is highlighted, showing a table of benefits and their status as of Tuesday August 31, 2021.

Benefits	Status	Details
FoodShare	not getting FoodShare benefits in September 2021.	
BadgerCare Plus	In September 2021, [redacted] are getting BadgerCare Plus benefits.	
W-2	[redacted] are not eligible for W-2 in September 2021.	

15.3.1 Manage your HMO

The [Manage your HMO](#) screen is where members can view their household's HMO enrollment details, change their HMO during the open enrollment period, and view household members with an exemption, or household members who are enrolled in a non- BadgerCare Plus or SSI Medicaid plan.

[← Back](#)

Manage your HMO

Below you can find information about your household's HMO choices. Your HMO covers most health care services. You may also be able to get services that are not covered by your HMO.

[Learn more about covered services.](#)

BadgerCare Plus HMO enrollment

Anthem Blue Cross Blue Shield



Coverage start date Varies by individual View household enrollment history	Lock-in Date October 1, 2021 Learn more about lock-in	Change HMO
---	--	----------------------------

BadgerCare Plus Members



[View HMO details](#) ▾

Need help choosing an HMO?

Call an HMO Enrollment Specialist at 800-291-2002. HMO enrollment specialists can:

- Help find you an HMO in your area that is right for you.
- Answer questions about your health care options.
- Help you with an HMO question or concern.

Member HMO enrollment details are displayed on the HMO card. Multiple HMO cards display on the screen if household members are enrolled in different HMO plans.

Each HMO card displays the following:

- HMO Name
- Coverage start date
- Lock-in date

The Lock-in period is the time during which members cannot change their HMO enrollment. If the open enrollment has passed, the member is in the Lock-in period and this will display as "Lock-in end date." Members can click Learn more about lock-in for more information about the lock-in period.

- Enrolled members

BadgerCare Plus HMO enrollment

Anthem Blue Cross Blue Shield Anthem 

Coverage start date **Lock-in Date** **Change HMO**

Varies by individual October 1, 2021

[View household enrollment history](#) [Learn more about lock-in](#)

BadgerCare Plus Members

[View HMO details](#) 

Click **View HMO details** for more information:

- Saved doctors and clinics
- HMO ratings

These ratings are maintained by DHS and evaluate the quality of care that Wisconsin Medicaid members receive from BadgerCare Plus and SSI Medicaid HMOs. Members can click [Learn more about HMO ratings](#) for more information.

- HMO contact information (member services)

Members can also view household members not enrolled in an HMO plan. They either have an exemption and do not need to enroll in an HMO, or they are enrolled in a different health care program (not BadgerCare Plus or SSI Medicaid).

<u>Note</u>	<u>An exemption means the member does not need to be enrolled in an HMO at this time and are receiving fee-for-service coverage. However, exemptions are often temporary. To learn more about the exemptions for your household, contact an enrollment specialist at 1-800-291-2002.</u>
-------------	--

15.3.1.1 Change HMO

On the member card, the Change HMO button can be selected for the first three months after enrollment when the member is not in the lock-in period.

<u>Note</u>	<u>Once the lock-in period begins (see the Lock-in Date), the Change HMO button does not work, and members would need to call an HMO enrollment specialist at 800-291-2002 to ask about changing their HMO.</u>
-------------	---

BadgerCare Plus HMO enrollment

UnitedHealthCare Community Plan 

Coverage start date
April 1, 2021
[View household enrollment history](#)

Lock-in Date
July 1, 2021
[Learn more about lock-in](#)

Badger Care Plus Members

[View Plan Details](#) ▾

[Change HMO](#)

Click **Change HMO** to get to the Change your HMO screen and choose a new HMO.

[← Back](#)

Change your BadgerCare Plus HMO

Choose the HMO you would like to enroll in. You can compare your current HMO to others, to help you choose. Pick two or three HMOs to compare.

For more information or for help choosing an HMO, call an HMO enrollment specialist at 800-384-2308.

BadgerCare Plus HMO enrollment

UnitedHealthCare Community Plan 

Coverage start date: July 1, 2021
Lock-in Date: October 1, 2021 [Compare HMOs](#)

[View household enrollment history](#) [Learn more about lock-in](#)

Badger Care Plus Members

 DHS TEST  DHS TEST1  ZQIDD DGLMP

[View Plan Details](#) ▾

Other BadgerCare Plus plans

Anthem Blue Cross Blue Shield 

 This HMO doesn't cover any of the doctors or clinics you saved [Compare this HMO](#) [Change HMO](#)

[View Plan Details](#) ▾

The member can view their current HMO, as well as other HMOs in their service area.

For each plan, members can view the following information:

- HMO Name
- Saved doctors and clinics
- HMO ratings
- HMO contact information (Member Services)

Click **Change HMO**, and the confirmation screen displays:

[← Back](#)

Confirm your HMO choice

Anthem Blue Cross Blue Shield Anthem 

Enrollment Start Date:
July 1, 2021

Lock-in Starts on:
October 1, 2021
[Learn more about lock-in](#)

Medicaid Member

[Cancel](#)

[Confirm HMO](#)

Click **Confirm HMO** to submit the change. The Success screen displays:

[Account Home](#) [HMO Home](#) [Manage Household Details](#) [Search for a Provider or Facility](#) [Compare HMO Plans](#)



Success! You will be enrolled in Anthem Blue Cross Blue Shield

Your Coverage begins on 7/1/2021. Anthem Blue Cross Blue Shield will mail more information to you. Until then, you will continue to get care from UnitedHealthCare Community Plan



Click [Return to Manage my HMO](#). A notification displays on the member's current HMO card that indicates the change was made.

BadgerCare Plus HMO enrollment

You changed your HMO to Anthem Blue Cross Blue Shield. Your coverage will begin on 7/1/2021. Until then, you will continue to be covered by UnitedHealthCare Community Plan

UnitedHealthCare Community Plan

Coverage start date
Varies by individual
[View household enrollment history](#)

Lock-in Date
July 1, 2021
[Learn more about lock-in](#)

[Change HMO](#)

Badger Care Plus Members

View Plan Details ▾

15.3.1.2 Compare HMOs

On the Compare HMOs screen, review a side-by-side HMO plan comparison before choosing an HMO. Up to three plans can be compared at one time. To get to the Compare HMOs screen:

- **Applicants** can click [Try our Compare HMOs tool](#) from the [Choose a BadgerCare Plus HMO screen](#) (or [Choose an SSI Medicaid HMO screen](#)).
- **Members** can click [Compare HMOs](#) at the top of the screen to access the [Compare HMOs screen](#) from any screen within the HMO module.

ACCESS

[Account Home](#) [HMO Home](#) [Manage Household Details](#) [Search for a Provider or Facility](#) [Compare HMO Plans](#)

Note The following screen displays for households that need to compare BadgerCare Plus HMOs for some members and SSI Medicaid HMOs for others.

[← Back](#)

Compare HMOs

Which type of HMO do you want to compare?

BadgerCare Plus

BadgerCare Plus is a health care coverage program for low-income Wisconsin residents. All family members who meet program rules for BadgerCare Plus must choose the same HMO.

Medicaid

SSI Medicaid provides health care coverage for adults age 65 or older or for people who are blind or have a disability, as determined by the Disability Determination Bureau. Family members who meet the program rules for SSI Medicaid can choose different HMOs

[Go Home](#)

[Compare](#)

The member must select a program and click **Compare** to continue.

In this case, the Compare BadgerCare Plus HMOs screen displays. Here is screen without any doctors or clinics added:

[← Back](#)

Compare BadgerCare Plus HMOs

These are the HMOs available in your area. Pick 2 or 3 HMOs to compare.

Available Plans

Anthem Blue Cross Blue Shield	
You haven't saved any doctors or clinics	<input type="checkbox"/> Compare this HMO
View Plan Details ▼	
Children's Community Health Plan	
You haven't saved any doctors or clinics	<input type="checkbox"/> Compare this HMO
View Plan Details ▼	
iCare	
You haven't saved any doctors or clinics	<input type="checkbox"/> Compare this HMO
View Plan Details ▼	
MHS Health Wisconsin	
You haven't saved any doctors or clinics	<input type="checkbox"/> Compare this HMO
View Plan Details ▼	

Applicants and members can check the Compare this HMO box for two or three plans.

Available Plans

Anthem Blue Cross Blue Shield	
You haven't saved any doctors or clinics	<input checked="" type="checkbox"/> Compare this HMO
View Plan Details ▾	

Children's Community Health Plan	
You haven't saved any doctors or clinics	<input checked="" type="checkbox"/> Compare this HMO
View Plan Details ▾	

Click **Compare HMOs**.

[← Back](#)

3 plan selected

Compare HMOs

Compare BadgerCare Plus HMOs

These are the HMOs available in your area. Pick 2 or 3 HMOs to compare.

Available Plans

Anthem Blue Cross Blue Shield	
You haven't saved any doctors or clinics	<input checked="" type="checkbox"/> Compare this HMO
View Plan Details ▾	

The Compare BadgerCare Plus HMOs screen displays.

[← Back](#)

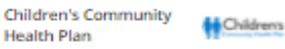
Compare BadgerCare Plus HMOs

BadgerCare Plus members are currently enrolled in undefined. You can compare this HMO to other available HMOs in your area.

Household Members



Choose HMOs to compare:

Anthem Blue Cross Blue Shield	Children's Community Health Plan	iCare
 Anthem Blue Cross Blue Shield	 Children's Community Health Plan	 iCare
<p>⊗ This HMO doesn't cover any of the doctors or clinics you saved</p>	<p>⊗ This HMO doesn't cover any of the doctors or clinics you saved</p>	<p>⊗ This HMO doesn't cover any of the doctors or clinics you saved</p>
Enroll in this HMO	Enroll in this HMO	Enroll in this HMO

Saved doctors and clinics

Providers	Anthem Blue Cross Blue Shield	Children's Community Health Plan	iCare
You haven't saved any doctors or clinics. Please search for a doctor or clinic to view which HMOs they accept.			

[Search for a doctor or clinic](#)

HMO ratings

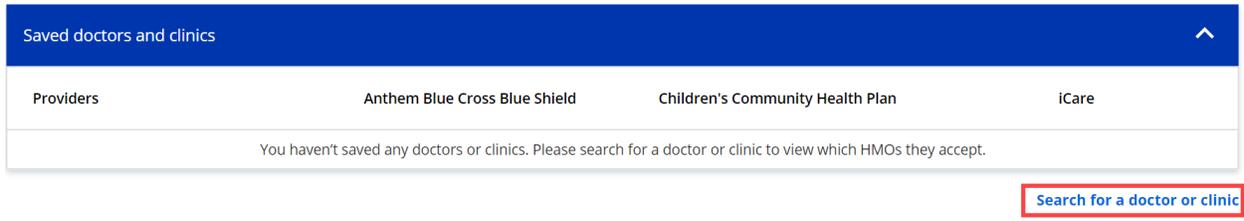
Ratings	Anthem Blue Cross Blue Shield	Children's Community Health Plan	iCare
Staying healthy	★★★★★	★★★★☆	★★★★☆
Living with illness	★★★☆☆	★★★☆☆	★★★☆☆
Behavioral health	★★★★☆	★★★★☆	★★★★☆
Pregnancy and birth	★★★☆☆	★★★☆☆	★★★☆☆
Emergency department	★★★☆☆	★★★☆☆	★★★☆☆
Dental care	★★★☆☆	★★★★★	★★★☆☆
Overall	★★★★☆	★★★★☆	★★★★☆

[Learn more about HMO ratings](#)

Other information

Contact	Anthem Blue Cross Blue Shield	Children's Community Health Plan	iCare
Phone	855-690-7800	800-482-8010	800-777-4376

Click **Search for a doctor or clinic** to add a one or more to a profile on the Provider Search screen (see Section 3.1.3 Provider Search).



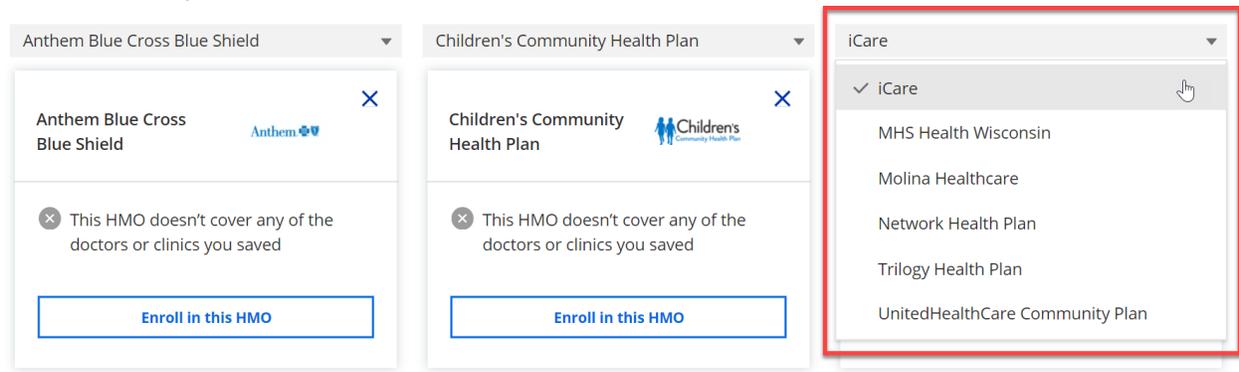
Note

Applicants and members must add doctors and clinics to their profile to include them in a comparison of HMO plan coverage (even if they are not currently under their care). After the comparison, applicants and members can remove those doctors and clinics from their profile.

If the applicant or member tries to compare HMO plans without adding doctors and clinics to their profile, a message displays asking the person to search for a doctor or clinic, and there is a link to the Provider Search screen.

Applicants and members can choose the plans they want to compare from the drop-down menu.

Choose HMOs to compare:



For each dropdown choice, applicants and members can review the card for that HMO. The card contains the following information:

- HMO name
- HMO logo
- Information identifying in-network doctors and clinics

View more detailed information below each card, including:

- Saved doctors and clinics
- HMO Ratings

Members can click [Learn more about HMO ratings](#) for more information. The HMO ratings are maintained by DHS and evaluate the quality of care that Wisconsin Medicaid members receive from BadgerCare Plus and SSI Medicaid HMOs.

- HMO Contact Information (Member Services)

Saved doctors and clinics			
Providers	Anthem Blue Cross Blue Shield	Children's Community Health Plan	iCare
You haven't saved any doctors or clinics. Please search for a doctor or clinic to view which HMOs they accept.			

[Search for a doctor or clinic](#)

HMO ratings			
Ratings	Anthem Blue Cross Blue Shield	Children's Community Health Plan	iCare
Staying healthy	★★★★★	★★★★☆	★★★★☆
Living with illness	★★★★☆	★★★☆☆	★★★☆☆
Behavioral health	★★★★☆	★★★★☆	★★★★☆
Pregnancy and birth	★★★★☆	★★★☆☆	★★★☆☆
Emergency department	★★★☆☆	★★★☆☆	★★★☆☆
Dental care	★★★☆☆	★★★★★	★★★☆☆
Overall	★★★★☆	★★★★☆	★★★★☆

[Learn more about HMO ratings](#)

Other information			
Contact	Anthem Blue Cross Blue Shield	Children's Community Health Plan	iCare
Phone	855-690-7800	800-482-8010	800-777-4376

Click the hyperlink(s) to get to the HMO Report Card website (if one is available).

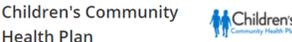
Other information			
Contact	United Healthcare Community Plan	Molina Health Plan	Independent Care Health Plan
Phone	1 (800) 218-0219	1 (800) 987-2308	1 (800) 309-9283
HMO Website	AllaboutHMOs.com	AllaboutHMOs.com	AllaboutHMOs.com

If a member decides they want to enroll in a new HMO from the Compare HMOs screen, click **Enroll in this HMO**.

Household Members



Choose HMOs to compare:

Anthem Blue Cross Blue Shield	Children's Community Health Plan	iCare
 Anthem Blue Cross Blue Shield	 Children's Community Health Plan	 iCare
<p>⊗ This HMO doesn't cover any of the doctors or clinics you saved</p>	<p>⊗ This HMO doesn't cover any of the doctors or clinics you saved</p>	<p>⊗ This HMO doesn't cover any of the doctors or clinics you saved</p>
Enroll in this HMO	Enroll in this HMO	Enroll in this HMO

The Confirm your HMO choice screen displays. Click **Confirm HMO** to submit the change.

[← Back](#)

Confirm your HMO choice

Anthem Blue Cross Blue Shield Anthem 

Enrollment Start Date:
July 1, 2021

Lock-in Starts on:
October 1, 2021
[Learn more about lock-in](#)

Medicaid Member

 DHS TEST  DHS TEST1  ZQIDD DGLMP

[Cancel](#)

[Confirm HMO](#)

The member will receive the following Success screen:

[Account Home](#) [HMO Home](#) [Manage Household Details](#) [Search for a Provider or Facility](#) [Compare HMO Plans](#) [Español](#)



Success! You will be enrolled in Anthem Blue Cross Blue Shield

Your Coverage begins on 7/1/2021. Anthem Blue Cross Blue Shield will mail more information to you. Until then, you will continue to get care from UnitedHealthCare Community Plan

 [Share your feedback](#)

[Go to account home](#) [Go to HMO home](#)

Click **Return to Manage my HMO**. A notification displays on the member's current HMO card that indicates the change was made.

BadgerCare Plus HMO enrollment

You changed your HMO to Anthem Blue Cross Blue Shield. Your coverage will begin on 7/1/2021. Until then, you will continue to be covered by UnitedHealthCare Community Plan

UnitedHealthCare Community Plan

Coverage start date
Varies by individual
[View household enrollment history](#)

Lock-in Date
July 1, 2021
[Learn more about lock-in](#)

Badger Care Plus Members

DHS TEST DHS TEST1 ZQIDD DGLMP

[Change HMO](#)

[View Plan Details](#) ▾

15.3.1.3 Provider Search

The Provider Search screen is where members can search and add doctors and clinics to their profile. There are three ways to get to the Provider Search screen:

- Click **Search for a doctor or clinic** on the top of any screen.
- Click **Search for a doctor or clinic** on the Compare HMOs screen.
- Members can click Add Provider on the Your household information screen.

Provider search

Enter doctor or clinic name: Search for a doctor or clinic by name

WI Program*: Choose a prog

Enter nearby address*: Enter nearby address or zip code

Search radius*: 10 miles

Search

View fewer filters -

HMO Category Doctor or clinic

Additional filters

- Category
- Doctor or clinic
- HMO
- Specialty
- Gender
- Languages
- Clinic Type

[Clear all filters](#)



Looking for a new provider?

Search for doctors and clinics. You can see which HMOs they work with.

You can save doctors and clinics to your household details. This will help you compare HMOs.

To review and remove doctors and clinics that are saved to your household details, go to [Manage Household Details](#).

Providers might have additional locations on file with HMOs. If you can't find your doctor or clinic, call an HMO enrollment specialist at 800-384-2308 or contact HMO member services.

On the Provider Search screen, applicants or members must enter a nearby address or zip code, the WI Healthcare Program (either BadgerCare Plus or SSI Medicaid), and a search radius. Applicants and members can also enter a doctor or clinic name if they know what they are looking for.

Suggested results appear as characters are entered into the Search fields.

Provider search

Enter doctor or clinic name: Search for a doctor or clinic by name

WI Program*: Choose a prog

Enter nearby address*: Enter nearby address or zip code

Search radius*: 10 miles

Search

View more filters +

Click **Search** to find results.

Applicants and Members can apply filters to refine their search. Filters are not required, but they can help identify doctors or clinics that meet the specific needs.

Available filters include the following:

- Category (this refers to the type of provider, such as Medical or Dental)
- Facility or Provider
- HMO
- Specialty (this refers to the provider's medical specialty, such as Pediatric)
- Gender
- Language
- Facility Type

Provider search

Enter doctor or clinic name WI Program* Enter nearby address* Search radius* **Search**

View fewer filters —

HMO Category Doctor or clinic

Additional filters

Category

Behavioral health

Dental

Medical

Vision

Doctor or clinic

HMO

Specialty

Gender

Languages

Clinic Type

Looking for a new provider?

Search for doctors and clinics. You can see which HMOs they work with. You can save doctors and clinics to your household details. This will help you compare HMOs. To review and remove doctors and clinics that are saved to your household details, go to [Manage Household Details](#). Providers might have additional locations on file with HMOs. If you can't find your doctor or clinic, call an HMO enrollment specialist at 800-384-2308 or contact HMO member services.

Applicants and members can choose how results are displayed on the screen:

- Click **View Map** to display results within a map.
- Choose **Sort: Distance** or **Sort: Alphabetically** to display results in a list.

Provider search

Enter doctor or clinic name WI Program* Enter nearby address* Search radius* **Search**

View more filters +

Additional filters

Category

Doctor or clinic

Clinic

Doctor

HMO

Specialty

Gender

Languages

Clinic Type

[Clear all filters](#)

Map view Sort: **Distance**

Dr. Heather Garcia

Behavioral health | Psychotherapist

[Add to account](#)

Doctor details

- Female
- Speaks English

[View participation in HMOs](#)

Applicants and members can add doctors and clinics to their profile which helps people to see if their own providers are covered when comparing HMOs or choosing a new HMO.

On the doctor or clinic results card, the person can click **Add to account**.

Provider search Enter doctor or clinic name WI Program* Enter nearby address* Search radius*
Search for a doctor or clinic by name BadgerCare Pln Madison, WI 53716 10 miles **Search**
View more filters +

Additional filters [Map view](#) Sort: **Distance**

Category
Doctor or clinic
 Clinic
 Doctor
HMO
Specialty
Gender
Languages
Clinic Type

[Clear all filters](#)

Dr. Heather Gandy
Behavioral health | Psychotherapist
Add to account

Doctor details
• Female
• Speaks English

[View participation in HMOs](#)

A pop-up window displays. On the pop-up window, check a box for each household member to match the doctor or clinic to that person. Click **Confirm** to add the doctor or clinic to the corresponding profile(s).

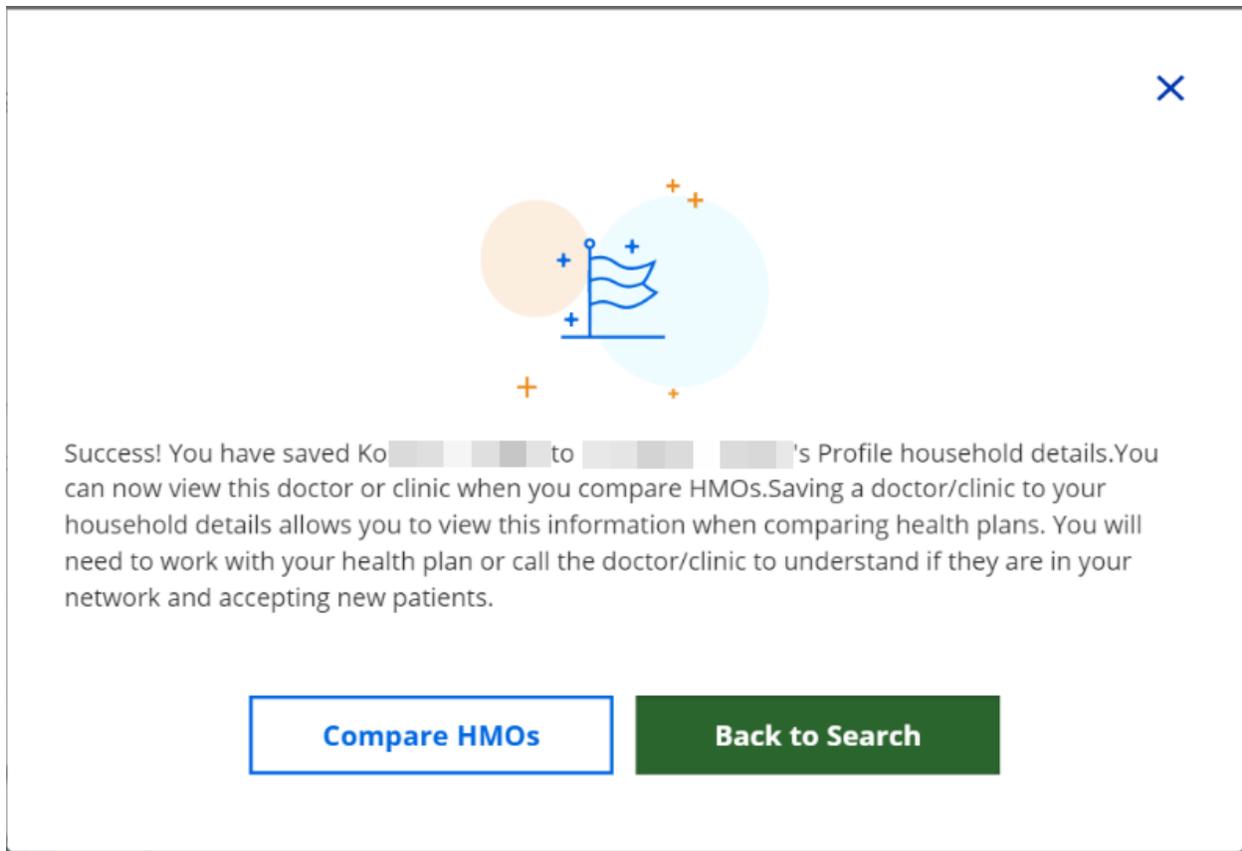
Whose Doctor or Clinic is this?

[Name]

[Name]

Cancel **Confirm**

A Success pop-up window displays. The applicant or member can either return to the Provider Search screen or go the Manage your HMO screen.

A success message dialog box with a close button (X) in the top right corner. The center features an icon of a flag on a pole with several plus signs around it, set against a light blue circular background. Below the icon is a paragraph of text explaining that household details have been saved. At the bottom, there are two buttons: 'Compare HMOs' (white with a blue border) and 'Back to Search' (solid green).

Success! You have saved Ko [redacted] to [redacted] 's Profile household details.You can now view this doctor or clinic when you compare HMOs.Saving a doctor/clinic to your household details allows you to view this information when comparing health plans. You will need to work with your health plan or call the doctor/clinic to understand if they are in your network and accepting new patients.

[Compare HMOs](#) [Back to Search](#)

See Section 3.1.2 Compare HMOs for a note how an applicant or member can add doctors and clinics to their profile to compare HMOs, then remove them.

15.3.1.4 Your Household Information

The Your household information screen is where applicants and members can review household member details, health care service information, and HMO enrollment history.



Click **Manage Household Details** at the top of the screen to get to the Your household information screen.

[← Back](#)

Your household information

Review household member details, health care service information, and HMO enrollment history.

Your doctors and clinics are listed here to help you choose an HMO. When you need to get care from a doctor or clinic, you will need to contact them directly.

Household Members

[Add providers](#)

Household Members

- Badger Care Plus Member
- Enrolled in UnitedHealthCare Community Plan
- Dental services paid for by UnitedHealthCare Community Plan
- Chiropractic services for by fee-for-service coverage

Saved Doctors
Search for and add providers to your profile in the Provider Facility Search tool

Saved Clinics
Search for and add providers to your profile in the Provider Facility Search tool

[View enrollment history ▾](#)

[Add providers](#)

Household Members

- Badger Care Plus Member
- Enrolled in UnitedHealthCare Community Plan
- Dental services paid for by UnitedHealthCare Community Plan

On the Your household information screen, members can view a card for each household member. The card displays the following information about each household member:

- Full name
- Age
- Preferred language
- Benefit program (BadgerCare Plus or SSI Medicaid)
- HMO name
- Dental coverage (and whether it is covered by an HMO or Fee-for-Service)
- Chiropractic services (and whether it is covered by an HMO or Fee-for-Service)
- Saved doctors
- Saved clinics

Household Members

[Add providers](#)

Household Members

- 43 years old
- Badger Care Plus Member
- Enrolled in UnitedHealthCare Community Plan
- Dental services paid for by UnitedHealthCare Community Plan
- Chiropractic services for by fee-for-service coverage

Saved Doctors
Search for and add providers to your profile in the Provider Facility Search tool

Saved Clinics
Search for and add providers to your profile in the Provider Facility Search tool

[View enrollment history](#) ▾

Click **View enrollment history** to expand the member card and view the enrollment history for that person (current and previous HMO enrollment).

Household Members

[Add providers](#)

Household Members

- 43 years old
- Badger Care Plus Member
- Enrolled in UnitedHealthCare Community Plan
- Dental services paid for by UnitedHealthCare Community Plan
- Chiropractic services for by fee-for-service coverage

Saved Doctors
Search for and add providers to your profile in the Provider Facility Search tool

Saved Clinics
Search for and add providers to your profile in the Provider Facility Search tool

View enrollment history

HMO	HMO coverage start date	HMO coverage end date	Status
UnitedHealthCare Community Plan	April 1, 2021		Current

[Close enrollment history](#) ▲

Note

Only HMO enrollment information from January 1, 2018 forward will display.

Click **Add providers** on the Your household information screen (see Section 3.1.3 Provider Search).

15.4 SURVEY FOR APPLICANTS AND MEMBERS

After choosing an HMO or enrolling in a new HMO, applicants and members have the option to take a survey about their experience using ACCESS to choose an HMO.

Click **Share your feedback** to access the survey.

ACCESS

Please share your feedback

Please select how strongly you agree or disagree with the following statements. (*required)

The screenshot shows a survey interface with two questions. The first question is marked with a red asterisk and asks "I had a good experience choosing an HMO." It has five radio button options: "Strongly agree", "Agree", "Neither agree nor disagree", "Disagree", and "Strongly disagree". The second question asks "I had enough information to make my HMO choice." and has two radio button options: "Strongly agree" and "Agree".

For the first five questions, choose one of the following radio buttons:

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

The first two questions displayed on the screen (marked with an *) must be answered.

After the person clicks Next, the screen displays a final question: "Did anyone help you to choose an HMO?" Please check all that apply.

Did anyone help you to choose an HMO? Please check all that apply.

HMO enrollment specialist

Community organization staff

Health clinic staff

A friend or family member

I did not get help

Other

[Previous](#)

[Finish](#)

Click **Finish** to submit the responses and get back to the ACCESS homepage.