

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
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To: ACCESS User Guide Users

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

Re: **ACCESS User Guide Release 22-02**

Release Date: 06/25/2022

Effective Date: 06/25/2022

EFFECTIVE DATE	The following policy additions or changes are effective 06/25/2022 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.
POLICY UPDATES	
1.3 Log in to ACCESS Account	Added text about confirming user address after log in.
1.5 Confirm or Update Your Contact Information	<i>New Section</i>
3.4 Applicant Information	Updated screenshot and questions to reflect new ethnicity and race questions and responses.
3.5 Household Members	Updated screenshot and questions to reflect new ethnicity and race questions and responses.
4.2.1 My Benefits Introduction	Added MAPP, clarified phrasing,
6.3.2.5 Someone Moved Into Your Home	Updated screenshot and questions to reflect new ethnicity and race questions and responses.
7.1.3.1.4 Personal Information Change	Updated screenshot and questions to reflect new ethnicity and race questions and responses.
10.1 Premiums Introduction	Added introduction paragraph and removed sections that are moving to new pages.
10.2 Accessing Premiums Information	<i>New Section</i>
10.3 Premiums for BadgerCare Plus Adults	Section renumbered and rewritten
10.4 Premiums for BadgerCare Plus Children and MAPP Members	<i>New Section</i>

1.3 LOG IN TO ACCESS ACCOUNT

After creating an ACCESS account, people can log into their account at any time by clicking Log in on the ACCESS home 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.

<input type="button" value="Apply now"/>	<input type="button" value="Log in"/>
Finish an application	Create an account



The ACCESS login page will be displayed. People should enter their Wisconsin user ID and password and click Login.

Please Log in

Please log in using your Wisconsin User ID and password.

 User ID:
Password:

If you have forgotten your User ID or password, [click here](#). If you have questions about logging in, please call Member Services at 1-800-362-3002.

After logging in, the user will either be directed to their home page or will be asked to confirm their contact information (see SECTION 1.5 CONFIRM OR UPDATE YOUR CONTACT INFORMATION).

1.5 CONFIRM OR UPDATE YOUR CONTACT INFORMATION

Some members may be asked to confirm their contact information if it hasn't been updated in the last six months. After logging in, a popup displays with the member's current address and phone number (if available).



Check Your Contact Information

It's important to make sure your correct mailing address is always on file. The mailing address and primary phone number we have on file for you are listed below.

Mailing Address

999 W VLIET AVE
SUITE # 3
MILWAUKEE WI 53212
Phone: (843) 552-8888

If your information is correct, choose "Confirm."

If your information is not correct, and you are logging in to renew your benefits or apply for benefits, choose "Skip for now." You can update your contact information when you renew or apply.

If your information is not correct, and you are not renewing or applying for benefits, choose "Update." You can also call your agency to update this.

Confirm Update

Skip for now



Next



If the information is correct, select **Confirm** and then **Next**. This directs the member to their ACCESS home page (see SECTION 4.1 ACCESS ACCOUNT INTRODUCTION).

If the member's information needs to be updated, select **Update** and then **Next**. This directs the member to the Your Contact Information page to update their information (see SECTION 5.1.3.1 YOUR CONTACT INFORMATION PAGE).

The member may also select **Skip for Now** and be taken directly to their ACCESS home page. If the notification is skipped, it will appear again the next time the member logs in, unless:

- The member submits an address change when applying for AAP (Add A Program), RMB (Renew My Benefits), RMC (Report My Changes) or SMRF (Six-Month Report Forms).
- The member calls the agency to report an address change.
- The address is changed through the ACCESS notification.

Once the member's information is confirmed or updated, the member receives another notification in six months.

3.4 APPLICANT INFORMATION

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

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

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](#)

More about you

Marital status *

Select a marital status ▼

Sex *

- Male
- Female

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

Are you a tribal member or a child or grandchild of a tribal member? *

- Yes
- No

Are you a member of a federally recognized tribe? (optional)

- Yes
- No
- I don't know

Name of tribe (optional)

Save and next

Questions	How to answer
Marital status	Select the marital status of the applicant from the dropdown menu.
Sex	Select Male or Female .
Ethnicity (Optional)	Select Hispanic/ <u>or</u> Latino/a , Not Hispanic/ <u>or</u> Latino/a or I don't know <u>or</u> I prefer not to answer . This selection does not impact benefits or program eligibility.
Race (Optional)	Select one or more of the race options. <u>For each race option selected, provide additional race details by selecting from the options provided.</u> This selection does not impact benefits or program eligibility.
Are you a tribal member or a child or grandchild of a tribal member?	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. Select Yes or No .
Are you a member of a federally recognized tribe? (Optional)	This question is not limited to Wisconsin-based tribes or those living on tribal land. Select Yes , No or I don't know . If the applicant selects yes, the next question displays.
<i>Name of tribe (Optional)</i>	Enter the name of the tribe.

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

Questions	How to answer
Do you live in Wisconsin?	<p>Select Yes or No.</p> <p>If the applicant selects yes, the next question displays.</p>
<i>Do you plan to keep living in Wisconsin?</i>	<p>Select Yes or No.</p> <p>If the applicant is applying for W-2 or JAL, the next question displays.</p>
<i>Have you lived in Wisconsin your whole life?</i>	<p>Select Yes or No.</p>
What county do you live in?	<p>Select the county the applicant lives in from the dropdown menu. This is used to determine which agency will handle the application.</p>
Do you live on tribal lands?	<p>Select Yes or No.</p> <p>If the user isn't sure if they live on tribal lands, use this map of tribal lands in Wisconsin to confirm.</p> <p>If the applicant selects yes, the next two questions display.</p>
<i>What tribal lands do you live on?</i>	<p>Select the tribal lands the applicant lives on from the dropdown menu.</p>
<i>Do you want to apply through your county agency or your tribal agency?</i>	<p>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.</p> <p>Select County agency or Tribal agency.</p>
Are you a migrant worker? (Optional)	<p>Select Yes, No, or I don't know.</p>
Are you currently homeless? (Optional)	<p>Select Yes, No, or I don't know.</p>

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

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

Questions	How to answer
Do you currently have a place to stay? (Optional)	Select Yes, No, or I don't know . 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. If the applicant selects yes, the next question displays.
<i>Address where you're staying</i> (Optional)	Enter the address where they are currently staying. Use the Care Of field if it is a shelter or business address.
<i>Can you get mail at this address?</i> (Optional)	Select Yes, No, or I don't know . If the applicant selects yes, we will send mail to the address they already entered.
<i>Where can we send your mail?</i>	This question displays if the applicant does not have a place to stay or they can't receive mail their current address. Select A mailing address or My agency . If the applicant selects a mailing address, the next question displays. 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.
<i>Your mailing address</i>	Enter the full mailing address.

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.

[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

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

[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

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

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 *
<input type="text"/>	<input type="text" value="Select phone type"/>

[Remove phone number](#)

Other phone number (optional)	Other phone type
<input type="text"/>	<input type="text" value="Select 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](#)

Questions	How to answer
What is the primary language spoken in your home?	Select the primary language spoken in their home from the dropdown menu.
Is this your preferred language?	<p>Select Yes or No.</p> <p>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.</p> <p>If the applicant selects no, the next question displays.</p>
<i>What is your preferred language?</i>	Select the preferred language of the primary applicant from the dropdown menu.
Phone information	<p>Enter the primary phone number and type of phone. The applicants can choose to enter an alternate phone number and type as well.</p> <p>This question is required if the application includes W-2, JAL or Emergency Assistance. It is optional for all other programs.</p>
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?	<p>Select Yes, No, or I don't know.</p> <p>This question is required if the application includes W-2, JAL or Emergency Assistance. It is optional for all other programs.</p> <p>If the applicant selects yes, the next question displays.</p>
<i>Phone number for messages</i>	Enter the phone number.
What's the best way to contact you during the week?	<p>Select the preferred contact phone of the primary applicant from the dropdown menu.</p> <p>This question is required if the application includes W-2, JAL or Emergency Assistance. It is optional for all other programs.</p>

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

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*](#)

Your household

Please add all the people who are in your household.

Make sure you add:

- Family members you live with.
- Family members in health care facilities.
- Family members living outside the home for now, but who will return.
- Anyone you buy food or make meals with.

If someone is pregnant, count them as one person. We'll ask about their pregnancy later.

Don't add:

- Children who live outside your home.
- Roommates you don't buy food or make meals with.
- Unrelated people at a public living space.

If you don't need to add anyone, choose Save and next.

People in your household

Test Test

[+ Add person](#)

Do you have any children in foster care or kinship care who live outside the home but will return? (optional)

- Yes
- No
- I don't know

How many children? (optional)

Save and next

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

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

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.

Questions	How to answer
Do you have any children in foster care or kinship care who live outside the home but will return? (Optional)	Select Yes , No , or I don't know . 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. If the applicant selects yes, the next question displays.

<i>How many children? (Optional)</i>	Enter the number of their children in foster/kinship care not already included in the list of household members.
------------------------------------------	------------------------------------------------------------------------------------------------------------------

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

If the household has...	Continue to...
One person	STEP 6: FORMER FOSTER CARE YOUTH
Two or more people	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

Questions	How to answer
Relationship to [Household Member Name]	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.

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

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

Step 4: More about the household member

This page asks about demographic information for household members other than the primary applicant and ~~repeats~~ is repeated for each additional 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

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

Is _____ a migrant worker? (Optional)	Select Yes , No , or I don't know .
Has _____ been homeless in the past 12 months? (Optional)	Select Yes , No , or I don't know .
Where is _____ currently living?	Select the living situation from the dropdown menu. One of the next three questions displays based on their selection.
<i>Why is _____ living in someone else's home?</i>	This question displays if the applicant selects someone else's home on the previous question. Select a reason from the dropdown menu.
<i>What type of health care facility does _____ live in?</i>	This question displays if the applicant selects health care facility on the previous question. Select a health care facility type from the dropdown menu.
<i>What type of assisted living facility does _____ live in?</i>	This question displays if the applicant selects assisted living facility on the previous question. Select an assisted living facility type from the dropdown menu.
Should _____ be included on this application for health care coverage as part of this household?	This question displays if the household member is currently in jail or prison. Select Yes or No .
What is _____'s preferred language? (Optional)	Select the preferred language of the individual from the dropdown menu. Any correspondences are sent based on the applicant's preferred language.
Does _____ want to view most of their letters online instead of getting them by mail?	This option displays if this member is the spouse of the primary applicant. Select Yes , No , or I don't know .

	If the applicant selects yes, enter the spouse's email.
Email address	Enter and re-enter to confirm the email address of the household member.

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



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

[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

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

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

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

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

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

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

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

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

[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

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

If the household has...	And the application...	Continue to...
Any number of people and anyone is between 18 and 25 years old	Includes health care or Family Planning Only Services	<u>STEP 6: FORMER FOSTER CARE YOUTH</u>
One person applying and they are not between 18 and 25 years old	Includes health care and any other programs	<u>STEP 8: TAX INFORMATION</u>
One person applying and they are of any age	Does not include FoodShare or health care but includes Emergency Assistance	<u>STEP 9: EMERGENCY ASSISTANCE INFORMATION</u>
	Does not include health care or Emergency Assistance	<u>STEP 10: PROGRAM ELIGIBILITY</u>

Two or more people not between 18 and 25 years old	Includes FoodShare and any other programs	<u>STEP 7: HOUSEHOLD MEALS</u>
Two or more people of any age	Does not include FoodShare but does include health care	<u>STEP 8: TAX INFORMATION</u>
	Does not include FoodShare or health care but includes Emergency Assistance	<u>STEP 9: EMERGENCY ASSISTANCE INFORMATION</u>
	Does not include FoodShare, health care, or Emergency Assistance	<u>STEP 10: PROGRAM ELIGIBILITY</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](#)

Former foster care youth

Was anyone in foster care, subsidized guardianship, or court-ordered kinship care when they turned 18 years old? *

Yes

No

If anyone in your household was in foster care, subsidized guardianship, or court-ordered kinship care when they turned 18 years old, they may be able to get health care coverage without answering any more questions on this application.

Who was in foster care, subsidized guardianship, or court-ordered kinship care when they turned 18 years old? *

Child Nineteen

Save and next

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

<i>kinship care when they turned 18 years old?</i>	
----------------------------------------------------	--

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

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

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

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

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

Questions	How to answer
Is anyone in your household planning to file federal income taxes for [Year]?	Select Yes or No . If the applicant selects yes, the next question displays.
<i>Who is planning to file?</i>	Select the member or members of the household that plan to file taxes this year. 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.

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

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

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](#)

Joint tax filer

Please provide information about the person Test is jointly filing federal income taxes with.

Joint tax filer name

First name *

Middle initial (optional)

Last name *

Sex *

Female

Male

Date of birth *

 

Is this person deceased? (optional)

Yes

No

I don't know

When did this person pass away? *

 

Save and next

Questions	How to answer
Joint tax filer name	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.
Sex	Select Male or Female .
Date of birth	Select the date from the calendar.
Is this person deceased? (Optional)	Select Yes or No . If the applicant selects yes, the next question displays.
<i>When did this person pass away?</i>	Select the date from the calendar.

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

Questions	How to answer
Relationship to [Household Member Name]	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.

[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

Questions	How to answer
Dependent name	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.
Sex	Select Male or Female .
Date of birth	Select the date from the calendar.
Is this person deceased? (Optional)	Select Yes , No , or I don't know . If the applicant selects yes, the next question displays.
<i>When did this person pass away?</i>	Select the date from the calendar.
Does _____ have any other dependents who are not in the household? (Optional)	Select Yes , No , or I don't know .

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

Questions	How to answer
Relationship to [Household Member Name]	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.

[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

Questions

How to answer

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

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

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

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
-----------	---------------

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

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

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

[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

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

	Select the date from the calendar.
Are you leaving your home due to domestic abuse?	Select Yes or No .
Was your home declared unsafe by a housing inspector or public official?	Select Yes or No .
<i>When did they declare your home unsafe?</i>	Select the date from the calendar.
<i>Do you have a housing inspection report?</i>	Select Yes or No .
Tell us about your emergency.	Enter information about the current emergency situation the applicant is facing. There is a character limit, so the explanation must be short.

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

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

[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

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

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](#)

4.2 MY BENEFITS/CHECK MY BENEFITS

4.2.1 My Benefits Introduction

To ~~see~~ learn more ~~details than what appears on the Account Home page, click~~ about a program, select the magnifying glass next to each program.

My Benefits

This information is current as of Thursday May 11, 2017.

Benefits	Status	Details
 FoodShare	In May 2017, BARB-MSK, LOUIS-MSK, BASILIA-MSK and JAMES-MSK are getting a total benefit of \$ 649.00 per month.	
 BadgerCare Plus Standard Plan	In May 2017, BARB-MSK, LOUIS-MSK, BASILIA-MSK and JAMES-MSK are getting BadgerCare Plus Standard Plan benefits.	
 Child Care	In May 2017, BARB-MSK, LOUIS-MSK, BASILIA-MSK and JAMES-MSK are eligible to receive Child Care.	
 W-2	BARB-MSK, LOUIS-MSK, BASILIA-MSK and JAMES-MSK are eligible for W-2 in May 2017.	

"Check My Benefits" can give information about:

- FoodShare, which is Wisconsin's version of the federal Supplemental Nutrition Assistance Program (SNAP). FoodShare used to be known as Food Stamps.
- Health care programs, which include BadgerCare Plus, Medicaid, Medicaid Purchase Plan ([MAPP](#)), Medicare Savings Programs, Institutional Medicaid, Community Waivers, Family Care, and Family Planning Only Services. [MAPP members and BadgerCare Plus members can pay their premiums online through ACCESS from the Premium information link \(see CHAPTER 10 PREMIUMS\).](#)
- SeniorCare, which is Wisconsin's prescription drug assistance program for people who are 65 years old and older.
- Caretaker Supplement, which is a cash benefit for parents and other caretakers who are getting SSI.

- Wisconsin Shares Child Care Program
- W-2, which is a work program that provides temporary cash assistance and case management services to low-income parents and pregnant women.

The information in "Check My Benefits" is updated every night. If a change was made to a case during the day, it will not appear in ACCESS until the next business day. In some cases, ACCESS might indicate that applicants need to do something they have already done. This is due to the time it takes to receive and process the provided information. If ACCESS indicates something different ~~from~~ than information in a letter from the agency where ~~a person~~ an applicant applied for benefits, check the date of the letter. In most cases, ACCESS will have more current information than the letter that was mailed to the applicant.

6.3 RENEW MY BENEFITS PAGES

6.3.2 People

6.3.2.5 Someone Moved Into Your Home

If the user indicates that someone has moved into the home, the next several pages collect detailed information about that person. First, the “Someone Moved Into Your Home” page collects basic information about that person.

Someone Moved Into Your Home

You've told us that someone has moved into your home. Please answer the questions below to tell us more about this person.

Personal Information

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

* First Name : Middle Initial : * Last Name :

* Gender : Male Female

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

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

Social Security Number : - -

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

* What is this person's marital status?

What language does this person prefer to use?

Is this person a member or child of a member of an American Indian Tribe or an Alaskan Native? Yes No I don't know

Is this person eligible to receive health care from Indian Health Services or a tribal clinic? Yes No I don't know

Program Selection

Please check the box for each program this person would like to apply for. If you don't check a box, this person will not be applying for that program.

Health Care

Citizenship Information

If this person is not asking for benefits, you do not have to give us citizenship information for him or her.

Is this person a U.S. citizen? Yes No

Is this person a sponsor for an immigrant? Yes No

Ethnicity and Race

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

What is this person's ethnicity?
 Hispanic or Latino/a Not Hispanic or Latino/a
 I don't know I prefer not to answer

Hispanic or Latino/a details
 Chicano/a Cuban Mexican
 Mexican American Puerto Rican Other
 I don't know I prefer not to answer

What is this person's race?
 American Indian / Alaskan Native Asian Black / African American
 Native Hawaiian / Pacific Islander White Other
 I don't know I prefer not to answer

American Indian / Alaskan Native Details
 Bad River Band of the Lake Superior Tribe of Chippewa Indians Forest County Potawatomi Community Ho-Chunk Nation
 Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin Lac du Flambeau Band of Lake Superior Chippewa Indians Menominee Indian Tribe of Wisconsin
 Oneida Nation Red Cliff Band of Lake Superior Chippewa Indians Sokaogon Chippewa Community
 Saint Croix Chippewa Indians of Wisconsin Stockbridge-Munsee Community Other
 I don't know I prefer not to answer

Asian Details
 Asian Indian Chinese Filipino
 Hmong Japanese Korean
 Vietnamese Other I don't know
 I prefer not to answer

Black / African American Details
 African (Black) African American Black
 Caribbean Other I prefer not to answer
 I don't know

Native Hawaiian / Pacific Islander Details
 Guamanian or Chamorro Native Hawaiian Samoan
 Other I don't know I prefer not to answer

White Details
 European Middle Eastern North African
 Persian Other I prefer not to answer
 I don't know

Someone Moved Into Your Home

You've told us that someone has moved into your home. Please answer the questions below to tell us more about this person.

Personal Information

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

* First Name : Middle Initial : * Last Name :

* Gender : Male Female

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

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

Social Security Number : - -

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

* What is this person's marital status?

What language does this person prefer to use? English

Is this person a member or child of a member of an American Indian Tribe or an Alaskan Native? Yes No I don't know

Is this person eligible to receive health care from Indian Health Services or at a tribal clinic? Yes No I don't know

Program Selection

Please check the box for each program this person would like to apply for. If you don't check a box, this person will not be applying for that program.

Health Care

Citizenship Information

If this person is not asking for benefits, you do not have to give us citizenship information for him or her.

Is this person a U.S. citizen? Yes No

Is this person a sponsor for an immigrant? Yes No

Ethnicity and Race

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

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

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

Residence Information

Does this person live in Wisconsin? Yes No

Does this person plan to keep living in Wisconsin? Yes No

Where does this person live? In This Home

People in the Home

Did anyone else move into your home? Yes No

7.1 SIX-MONTH REPORT FORMS (SMRFS)

7.1.3 Six-Month Report Form Pages

A person goes through several sections when completing a Six-Month Report in ACCESS. Buttons for these sections appear at the top of a page. The sections are People, Job Income, Other Income, Bills, and Submit. Each section consists of a series of pages, which are based on the household situation and the indicated changes. Information already on file will be shown so that changes can be made.

Note: Not all of the following pages appear for every Six-Month Report. If a change is indicated, additional pages are scheduled to ask for more information about the change. Not all the pages for a Six-Month Report are shown below. Similar pages are scheduled for Six-Month Reports and for renewals. For details about specific pages, see [SECTION 6.3 RENEW MY BENEFITS PAGES](#).

7.1.3.1 People

7.1.3.1.4 *Personal Information Change*



Personal Information Change

You've told us that there has been a change in MAN's personal information. On the right side of the page, we're showing you the information we have on file. On the left side of the page, you'll see boxes where you can change, add or delete information on file. When you've given us the correct information, click the Next button.

Please keep in mind:

- If there has not been a change and the information is correct, you should leave the answer in the box the way it is.
The right side of the page won't change until a worker gets and processes your changes.

Personal Information

If this person has the same first name as someone else in your home, click here.

First Name, Middle Initial, Last Name input fields

Gender: Male (selected), Female

Date of Birth: mm/dd/yyyy

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

Social Security Number: - - - - -

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

What is this person's marital status? Never Married

What language does this person prefer to use? English

Is this person a member or child of a member of an American Indian Tribe or an Alaskan Native? No

Is this person eligible to receive health care from Indian Health Services or at a tribal clinic? No

Personal Information

Male

Never Married

English

Member: No

Son or Daughter: No

Citizenship Information

If this person is not asking for benefits, you do not have to give us citizenship information for him or her.

Is this person a U.S. citizen? Yes

Is this person a sponsor for an immigrant? No

Citizenship Information

US Citizen: Yes

Is a Sponsor: No

Ethnicity and Race

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

What is this person's ethnicity? Hispanic or Latino/a (selected)

Hispanic or Latino/a details: Cuban, Puerto Rican

What is this person's race? American Indian / Alaskan Native, Asian, Black / African American, Native Hawaiian / Pacific Islander, White

American Indian / Alaskan Native Details: Bad River Band, Lac Courte Oreilles Band, Oneida Nation, etc.

Asian Details: Asian Indian, Chinese, Filipino, etc.

Black / African American Details: African American, Black

Native Hawaiian / Pacific Islander Details: Guamanian or Chamorro, Native Hawaiian, Samoan

White Details: European, Middle Eastern, North African, Persian

Ethnicity and Race

Ethnicity

Hispanic or Latino/a

Hispanic or Latino/a details: Cuban, Puerto Rican

Race

American Indian / Alaskan Native, Asian, Black / African American, Native Hawaiian / Pacific Islander, White

American Indian / Alaskan Native Details: Lac du Flambeau Band, Lake Superior Chippewa Indians

Asian Details

Asian Indian, Chinese, Filipino, Black / African American, African American, African (Black)

Native Hawaiian / Pacific Islander Details: Native Hawaiian, Guamanian or Chamorro, Samoan

White Details

European, Middle Eastern, North African, Persian

People
 Other Benefits
 Assets
 Job Income
 Other Income
 Bills
 Submit

Personal Information Change

You've told us that there has been a change in MAN's personal information. On the right side of the page, we're showing you the information we have on file. On the left side of the page, you'll see boxes where you can change, add or delete information on file. When you've given us the correct information, click the Next button.

Please keep in mind:

- If there has not been a change and the information is correct, you should leave the answer in the box the way it is.
- The right side of the page won't change until a worker gets and processes your changes.

Personal Information

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

* First Name: Middle Initial: * Last Name:

* Gender: Male Female

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

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

Social Security Number: - -

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

* What is this person's marital status?

What language does this person prefer to use?

Is this person a member or child of a member of an American Indian Tribe or an Alaskan Native? Yes No I don't know

Is this person eligible to receive health care from Indian Health Services or at a tribal clinic? Yes No I don't know

Personal Information

Male

Never Married

English

Member: No

Son or Daughter: No

Citizenship Information

If this person is not asking for benefits, you do not have to give us citizenship information for him or her.

Is this person a U.S. citizen? Yes No

Is this person a sponsor for an immigrant? Yes No

Citizenship Information

US Citizen: Yes

Is a Sponsor: No

Ethnicity and Race

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

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

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

Ethnicity and Race

Ethnicity

Not Hispanic or Latino

Race

Hawaiian / Other Pacific Islander

White

Residence Information

Does this person live in Wisconsin? Yes No

Does this person plan to keep living in Wisconsin? Yes No

Residence Information

Resident: Yes

Plan to Stay: Yes

[Go to Account Home](#)

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

7.1.3.2 Job Income

7.1.3.2.1 Job Income Questions

Navigation bar with icons and labels: People, Job Income, Other Income, Bills, Submit. The Job Income icon is highlighted with a yellow circle and a blue arrow pointing to it.

Job Income
Answer all the questions below.

Current or Recent Job Income
* Does anyone have a job? Yes No

Self Employment Income
* Is anyone self-employed, or has anyone been self-employed in the last 4 months? Yes No
[Click here](#) to see what we mean by self-employment.

Go to Account Home 

 Back 

7.1.3.2.2 Reporting a Job Change

Navigation bar with icons: People, Job Income (selected), Other Income, Bills, Submit.

More About Job Income

Tell us more about a new job, in-kind job or self-employment.

By in-kind, we mean a job that pays in goods or services instead of money. For example, you might manage an apartment building in exchange for rent.

Here is how to report information for any of these types of jobs or a job for someone who recently moved into your home:

- If someone has a new job, check the Add box next to that person.
- If the job has ended, click End for that job.
- If someone's job had changed, click Change for that job. For example, you should click Change to report a change in hours or pay.
- If someone's job has not changed, click No Change.
- If someone has moved into the home and has a job, check the Add box next to that person even if the job is not new.

Job Income

Who?	Name of Employer	Details	What would you like to do?
 DAD	Does DAD have a new job?		<input checked="" type="checkbox"/> Add a new job
 MOM	Does MOM have a new job?		<input type="checkbox"/> Add a new job

Go to Account Home 

 Back  Next

7.1.3.2.3 More About Job Income

More About DAD's Job

You told us that DAD has a new job. Please answer the questions below to tell us more about this job.

Employer

* Name of Employer :

Address Line 1:

City:

State:

ZIP Code:

Employer Phone :

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

When did DAD receive his/her first paycheck from this employer? Ex: mm/dd/yyyy

Is this job through AmeriCorps? Yes No I Don't Know

Job End

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

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

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

Pay Period

* How often does DAD get paid? This is DAD's pay period.

Hourly Pay

If DAD gets paid by the hour, please tell us the amount that DAD gets paid each hour. (Please give us DAD's regular rate of pay. We'll ask about overtime and other kinds of pay below.)

\$

Please tell us how many hours DAD works each week at this rate. If DAD's hours are not regular, try to estimate the number of hours he or she usually works at this hourly rate.

Salary Pay

If DAD earns a salary instead of being paid by the hour, please tell us the total gross amount that DAD gets paid each pay period. By gross amount, we mean the amount DAD earns before taxes or anything else is taken out of the paycheck. By pay period, we mean the time between each paycheck.

\$

Additional Pay

If DAD gets any additional pay, such as overtime, holiday, shift or weekend pay, tell us the type of pay DAD earns, the hourly rate, and how many hours per week at this rate. If DAD's hours are not regular, try to estimate the number of hours he or she usually works at this rate of pay.

Type of pay	Hourly rate	Hours per week
<input type="text" value="< click here to choose >"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text" value="< click here to choose >"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text" value="< click here to choose >"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text" value="< click here to choose >"/>	\$ <input type="text"/>	<input type="text"/>

Tip, Bonus or Commission Pay

If DAD gets any other pay, such as tip, bonus or commission pay, tell us the type of pay DAD earns and the amount per week. If the amount is not regular, try to estimate the average amount that DAD gets.

Type of pay	Amount per week
<input type="text" value="Tips"/>	\$ <input type="text" value="50"/>
<input type="text" value="< click here to choose >"/>	\$ <input type="text"/>
<input type="text" value="< click here to choose >"/>	\$ <input type="text"/>
<input type="text" value="< click here to choose >"/>	\$ <input type="text"/>

Strike

If DAD has gone on strike from this new job, please tell us when it happened.

When did DAD go on strike? Ex: mm/dd/yyyy

When did DAD end his or her strike? Ex: mm/dd/yyyy

Does DAD have any other new jobs? Yes No

7.1.3.2.4 Review Your Job Changes



Navigation bar with icons and labels: **People**, **Job Income** (highlighted), **Other Income**, **Bills**, **Submit**

Review Your Job Income

Before you click Next, make sure everything on this page is correct.

- If you need to make a change, click Edit.
- If you need to add information for someone, choose the person's name from the dropdown box and then click the Add button.
- If you have changed your mind and do not want to report a change or new addition, click Erase.
- If something listed below has ended, click End to tell us when it ended.

Once you have reviewed this summary and all the information is correct, click the Next button at the bottom on the page.

Summary of Job Income

Who?	Employer	Details	Options
 DAD	New Employer to Add	This is a new job	Edit or Erase

Add a New Job

To add a job, choose the person's name and click the Add button.

Name:

Add

Summary of Self-Employment

Who?	What Type	Details	Options
You told us that no one in your home is self-employed.			

Add a New Self-Employment

To add a type of self-employment, choose the person's name and click the Add button.

Name:

Add

[Go to Account Home](#)

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

7.1.3.3 Other Income

7.1.3.3.1 Other Income Questions

Navigation bar with icons and labels: **People**, **Job Income**, **Other Income** (highlighted with a blue arrow), **Bills**, **Submit**.

Other Income
Answer all the questions below.

Other Income

* Does anyone get income from a source other than a job? Yes No

FoodShare households only need to report changes of more than \$100 in Other income.
[Click here](#) to see what we mean by income from a source other than a job.

Go to Account Home 

 Back  Next

7.1.3.3.2 Review Your Other Income Changes

Navigation bar with icons and labels: People, Job Income, Other Income (highlighted), Bills, Submit.

Review Your Other Income Changes

Before you click Next, make sure everything on this page is correct.

- If you need to make a change, click Edit.
- If you need to add information for someone, choose the person's name from the dropdown box and then click the Add button.
- If you have changed your mind and do not want to report a change or new addition, click Erase.
- If something listed below has ended, click End to tell us when it ended.

Once you have reviewed this summary and all the information is correct, click the Next button at the bottom on the page.

Summary of Other Income

Who?	Type	Details	Options
 DAD	Child Support	This is a new type of income.	Edit or Erase

To report that someone has a new type of income, please choose the name of the person and click the Add button.

Name: Type:

7.1.3.4 Bills

7.1.3.4.1 Bills Questions

 [People](#)  [Job Income](#)  [Other Income](#)  **Bills**  [Submit](#)

Bills
Answer all the questions below.

Housing Bills
* Have there been any changes in your household's housing bills, or is anyone responsible for paying a housing bill not listed below? Yes No
Click the Show Information link to see what we have on file. [Show Information](#)

Utility Bills
* Have there been any changes in your household's utility bills, or is anyone responsible for paying a utility bill not listed below? Yes No
Click the Show Information link to see what we have on file. [Show Information](#)

Support Obligations
* Has any household member had a change in his or her legal obligation to pay child support? Yes No
[Click here](#) to find out what we mean by support.

[Go to Account Home](#) 

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

7.1.3.4.2 Review Your Bills

 [People](#)
 [Job Income](#)
 [Other Income](#)
 **Bills**
 [Submit](#)

Review your Bills

Before you click Next, make sure everything on this page is correct.

- If you need to make a change, click Edit.
- If you need to add information for someone, choose the person's name from the dropdown box and then click the Add button.
- If you have changed your mind and do not want to report a change or new addition, click Erase.
- If something listed below has ended, click End to tell us when it ended.

Once you have reviewed this summary and all the information is correct, click the Next button at the bottom on the page.

Summary of Housing Bill

Who?	Type	Details	Options
 KIM	Rent or Lot Rent	Amount: \$500.00 Change Effective Date: 05/01/2017	Edit or Erase

To add a housing bill, please choose the name of the person who pays it and the type of bill, then click the Add button.

Name:

Type:

Summary of Utility Bills

Who?	Type	Details	Options
 KIM	Liquid Propane Gas	Utility Bill End Date: 04/01/2017	Edit or Erase
	Phone or Cell Phone Service	You added this utility bill	Edit or Erase

To add a utility bill, please choose the name of the person who pays it and the type of bill, then click the Add button.

Name:

Type:

Summary of Support Obligations

Who?	Type	Details	Options
 ALAN	Child Support	This is a new support obligation	Edit or Erase

To add a support obligation, please choose the name of the person who pays it and the type of support obligation, then click the Add button.

Name:

7.1.3.5 Sign and Submit

~~A member needs to sign his or her Six Month Report prior to submitting it. Once the Six Month Report is submitted, it will be processed by an agency. Sometimes, a member needs to provide proof of the changes to the agency. The member will be notified by mail about required proof and when it is due. Without this proof, the Six Month Report cannot be completed, and benefits may end.~~




[People](#)


[Job Income](#)


[Other Income](#)


[Bills](#)


Submit

Signing Your Online Six Month Reporting Form (SMRF)

You're just a few minutes away from submitting your online SMRF. To do so, you'll need to:

- Check the signature box and type your name below to sign your online SMRF.

FoodShare Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027),

Electronic Signature

I have agreed to submit this online SMRF by electronic means. By signing this online SMRF electronically, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge. I understand that the information I provide may result in a change or termination of my benefits. I also understand that if I intentionally give incorrect information it may result in a fine and/or imprisonment.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

* By checking this box and typing my name below, I am electronically signing my online SMRF.

* First Name : Middle Initial : * Last Name :

[Go to Account Home](#) 

 [Back](#)

[Submit](#)

7.1.3.6 Your Next Steps

From the ~~Your Next Steps~~ page, people can submit proof of the changes, view and print a summary of the submitted changes, and view their agency's contact information. The tracking number of the change request will display at the top of the page.



Your tracking number: **4702079247**

For your information:

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

Your Next Steps

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

Details		Action
	View and Submit Proof View and Submit documents to provide proof of your answers.	Go

Information Summary

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

Details		Action
	Renewal 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
	BadgerCare Plus Health Survey This survey is for BadgerCare Plus applicants and members age 19 to 64 who don't have dependent children living in their home. If you need to pay premiums, you may be able to lower them by taking this optional health survey and showing you have healthy habits. Your answers to the survey will not impact your benefits in any way.	View and Take
	Agency Contact Details View details of the agency where your online request was sent.	View

 **Log Out**

10.1 PREMIUMS FOR BADGERCARE PLUS ADULTSINTRODUCTION

10.1.1 Introduction

MAPP members and BadgerCare Plus members ~~age 19 and 64 with no dependent children under age 19 living in~~ are encouraged to pay ~~their home who have monthly income more than 50% of the federal poverty level may need to pay a monthly premium.~~

~~One way these members can pay their premium is~~ monthly premium online through ~~the ACCESS website.~~ The premium can be paid using a credit card, debit card, checking account, or savings account. For information on who may need to pay a monthly premium, see BadgerCare Plus Handbook Chapter 19 BadgerCare Plus Premiums for Children and Chapter 44 BadgerCare Plus Childless Adults as well as Medicaid Eligibility Handbook Section 26.5 MAPP Premiums.

10.2 ACCESSING PREMIUMS INFORMATION

There are two different pages for paying premiums. The table below shows how to navigate to premium information for different individuals. Each way to reach the premiums page is from the Check My Benefits (CMB) dashboard. For more information about the CMB dashboard, see SECTION 4.2 MY BENEFITS/CHECK MY BENEFITS.

<u>Who has a premium</u>	<u>How to reach premium information page</u>	<u>How to pay Premiums</u>
At this time, MAPP premiums and premiums for children enrolled in BadgerCare Plus cannot be paid through the ACCESS website. <u>BadgerCare Plus members age 19 to 64 with no dependent children under age 19 living in their home</u>	<ul style="list-style-type: none"> • Select the Premium Information link • Select the magnifying glass under My Benefits. On the “Benefit Details” page, there is a link to premium information in the BadgerCare Plus section 	See SECTION 10.3 PAYING PREMIUMS FOR BADGERCARE PLUS ADULTS
<u>BadgerCare Plus children and MAPP members</u>	<ul style="list-style-type: none"> • <u>Select the “Pay Now” alert link</u> • <u>Select the “Go to Premiums homepage” alert link</u> • <u>Select “Pay a monthly premium”</u> • <u>Select “Premium information” from the navigation menu</u> 	See SECTION 10.4 PAYING PREMIUMS FOR BADGERCARE PLUS CHILDREN AND MAPP MEMBERS.

~~10.1.2 Accessing Premium Information~~

~~To access their premium information, individuals can log into their ACCESS accounts and:~~

- ~~• Click Premium Information from the My Account Home menu.~~
- ~~• Click the magnifying glass under My Benefits. On the Benefit Details page, there will be a link to premium information in the BadgerCare Plus section.~~

10.3 PREMIUMS FOR BADGERCARE PLUS ADULTS

10.1.3.3.1 Premiums Page

~~The Premiums Overview~~ The "Premiums" page ~~will show~~ shows a summary of an individual's premium information including their current balance and recent premium activity.

Show/Hide an example of the page

← Go to Account Home

Premiums

Unpaid premiums:

Total amount you owe: **\$8.00**

Due: **December 10, 2019**

Minimum payment: \$8.00

Pay now

Premium details

Your household's current premium is:

\$8.00 per month

Your next statement will be sent on:

January 16, 2020

You may be able to lower your premium by taking a health survey and showing you have healthy habits.

A premium is a set amount of money you pay each month to get BadgerCare Plus benefits. We will charge you a premium each month. However, you don't need to pay until your renewal due date or until your BadgerCare Plus benefits end. If you don't pay by then, you may not be able to enroll in BadgerCare Plus for up to six months or until you pay the total amount you owe.

Recent premium activity

Date	Activity	Payment method	Status	Amount
November 22, 2019	Premium for December 2019			\$8.00

Need help?

Here are some commonly asked questions.

What is the State of Wisconsin e-Payment Services?
Who can I contact if I need help when paying online?
What happens if I don't pay my premium?

Don't see your question?
[Read our FAQs.](#)

In the Premium details section, individuals can view the household's current premium and the next statement date. They can also ~~click a link to~~ take a Health Survey ~~to that may help~~ lower their premium (see SECTION 8.1 BADGERCARE PLUS HEALTH SURVEY).

In the Recent premium activity section, individuals can view their payment history ~~including the date the premiums were charged, dates of payments, payment methods, status of payments, and the amount applied to their account. They can click a link to view the entire premium payment history for that certification period.~~ which includes:

10.1.4 Make a Payment

- The date the premiums were charged
- Dates of payments
- Payment methods
- ~~To make a payment, individuals should click~~ Status of payments
- The amount applied to their account

They can select a link to view the entire premium payment history for that certification period.

10.3.2 Make a Payment

Step 1: Premium Selection

Select Pay now on the "Premiums" ~~Overview~~ page.

On the next page, they can choose how many months they want to pay.
[Show/Hide an example of the page](#)

[← Go to Account Home](#)

Premiums

Unpaid premiums:

Total amount you owe
\$8.00

Minimum payment: \$8.00

Due
December 10, 2019

[Pay now](#)

Premium details

Your household's current premium is:
\$8.00 per month

Your next statement will be sent on:
January 16, 2020

You may be able to lower your premium by taking a health survey and showing you have healthy habits.

A premium is a set amount of money you pay each month to get BadgerCare Plus benefits. We will charge you a premium each month. However, you don't need to pay until your renewal due date or until your BadgerCare Plus benefits end. If you don't pay by then, you may not be able to enroll in BadgerCare Plus for up to six months or until you pay the total amount you owe.

Recent premium activity

Date	Activity	Payment method	Status	Amount
November 22, 2019	Premium for December 2019			\$8.00

Need help?

Here are some commonly asked questions.

What is the State of Wisconsin e-Payment Services?
Who can I contact if I need help when paying online?
What happens if I don't pay my premium?

Don't see your question?
[Read our FAQs.](#)

Step 2: Confirm Payment Account

[Choose which month\(s\) premium amounts to pay.](#)

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

Choose payment amount

[← Back](#) [Cancel X](#)

How much do you want to pay?

It's a good idea to pay your premium each month.
Keep in mind you'll need to pay the total amount you owe before your renewal or before your coverage ends. If you don't, you may not be able to stay enrolled in BadgerCare Plus.

Premiums		Select all
<input checked="" type="checkbox"/> November 2019	Unpaid	\$8.00

Payment amount

\$8.00

[Go to e-Payment Services website](#)

~~They can then click~~ Select **Go to e-Payment Services website** ~~to enter their.~~

Step 3: Submit a Payment

Enter contact and payment information. ~~This is a secure website managed by U.S. Bank~~

Note: The e-Payment services website is a secure site managed by US Bank.

Show/Hide an example of the page

The screenshot displays the 'State of Wisconsin e-Payment Services' interface. At the top left is the Wisconsin state seal. The main heading is 'State of Wisconsin e-Payment Services'. Below this is a section titled 'Make a Payment' for 'BadgerCare Plus Premium Payment'. The form is divided into several sections: 1. 'BadgerCare Plus Premium' summary: Amount Due \$100.00, Case Number 0000001830, Payment Months Oct 2019 to Jan 2020. 2. 'Payment Information': Frequency One Time, Payment Amount \$100.00, Payment Date Pay Now. 3. 'Contact Information': Fields for First Name, Last Name, Company (Optional), Address 1, Address 2 (Optional), City/Town, State/Province/Region, Zip/Postal Code, Country, Phone Number, and Email Address. 4. 'Payment Method': A dropdown menu currently set to 'Select'. At the bottom left are 'Continue' and 'Cancel' buttons.

Enter the payment information, confirm contact information is correct, and select **Continue.**

Once the payment is complete, a confirmation message ~~will display and the individual can click~~ displays. Select **Go to Premiums Home** to return to the Premiums Overview page.

10.4 PREMIUMS FOR BADGERCARE PLUS CHILDREN AND MAPP MEMBERS

10.4.1 Premiums Home Page

Information regarding premiums due, past payments, premium details, and FAQ can all be found on the Premiums Home Page. This page is a dashboard that allows members to view and monitor their household's premium activity.

Show/Hide an example of the page

The screenshot shows a user interface for the Premiums Home Page. At the top left, there is a blue back arrow and the text "Back". The main heading is "Premiums homepage". Below this, a message states "You don't have a premium due right now" with a "Make a payment" button. A sub-message says "You can make a payment after your next statement is sent." The central section is titled "Medicaid Purchase Plan" and contains an information icon and the text "You don't owe premiums right now because you have a temporary premium waiver." Below this, a table shows "Benefits for" with a list item "John Doe" and "Current balance" as "\$0.00". A note at the bottom of this section says "If you can't pay your Medicaid Purchase Plan (MAPP) premium right now because of a difficult situation, read about your options." To the right, a "Premium details" section includes "Medicaid Purchase Plan" and explains that the amount of the monthly premium may change, with a past premium of "\$70 / month". It also mentions a premium waiver from October 1st, 2021 to April 31st, 2022, and provides a link to "Read about your options" if a user cannot pay. Below this is a "Need help?" section with a question mark icon, stating "Here are some commonly asked questions." and listing three links: "How do I change my payment method?", "How do I opt out of the Medicaid Purchase Plan?", and "What if I can't pay my premium?". A "View all premium history" button is located at the bottom left of the main content area. At the bottom right, there is a feedback section with a speech bubble icon and the text "Share your feedback on paying premiums online."

The Premiums Home Page shows the member's last payment. To view all payments in the previous year, select "View all premium history." The "Premium history" page displays details for each payment such as program, month, payment status, payment method, and name.

Show/Hide an example of the page

[← Back](#)

Premium history

If you paid in person or by mail, it may take a few days to see your payment here.

Filter

Program 

Month 

Payment status 

Payment method 

Name 

Apply filter(s)

August

August 28, 2021  Statement sent

BadgerCare Plus Children

Benefits for: Johnny, Jamie, Jimmy
September 2021 premium

\$45.00
Payment owed

July

July 28, 2021  Payment processed

BadgerCare Plus Children

Benefits for: Johnny, Jamie, Jimmy
August 2021 premium

\$45.00
Credit card

July 20, 2021  Statement sent

BadgerCare Plus Children

Benefits for: Johnny, Jamie, Jimmy
August 2021 premium

\$45.00
Payment owed

June

[View all](#)

A premium payment can't be made online if:

- A member is applying for new benefits and needs to pay the first premium to their local agency
- A MAPP member has an approved MAPP Temporary Premium Waiver and does not owe premiums right now
- The household has missed too many premium payments and is in an RRP

Different versions of the Premiums Home Page may display based on the member's situation. If the member is applying or re-requesting after being terminated, they might not be able to make their first payment online.

[Page shown](#)

[Background](#)

[Action](#)

<u>You have a premium due</u>	<u>A premium or premiums is due.</u>	<u>Pay the premium or premiums.</u> Select Make a payment <u>(see SECTION 10.4.2 MAKE A PAYMENT).</u>
<u>You don't have a premium due right now</u>	<u>No premium or premiums are due.</u>	<u>No action required at this time.</u>
<u>You did not pay your premium on time</u>	<u>The member missed a payment or payments.</u>	<u>Pay the late premium or premiums before the listed date to avoid losing benefits.</u> Select Make a payment <u>(see SECTION 10.4.2 MAKE A PAYMENT).</u>
<u>Your benefits have ended</u>	<u>The member's benefits have ended due to missing one or more premium payments. If the member sees this screen, they are currently in a Restrictive Re-Enrollment Period (RRP). See BadgerCare Plus Handbook Section 19.11 BadgerCare Plus Restrictive Re-enrollment Period (RRP) or Medicaid Eligibility Handbook Section 26.6 MAPP Restrictive Re-Enrollment Period (RRP) for more information.</u>	<u>Pay the late premium or premiums to regain benefits.</u> Select Make a payment <u>(see SECTION 10.4.2 MAKE A PAYMENT).</u> <u>If there is no option to pay online, a letter will be sent for what to do next. The member can also contact their local agency if they have questions.</u>

Note:

If the member needs help, see the FAQs and questions displayed on the page. Members enrolled in MAPP that are struggling to pay the premium can select "read about your options" to learn more about the MAPP Temporary Premium Waiver.

Members are encouraged to take a three-question survey to describe their experience paying premiums through ACCESS by selecting "Take the survey."

10.4.2 Make a Payment

Step 1: Premium Selection

The "Review your payment" page allows the member to review the amount they are to pay. If the member has missed a payment, they are encouraged to pay the premium before losing their benefits.

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

[← Back](#)

Review your payment

You must pay the total amount you owe before the due date. If you don't, you may not be able to stay enrolled in BadgerCare Plus.

September, 2021

BadgerCare Plus Children

Benefits for: Johnny, Jamie, Jimmy

Pay by: September 10, 2021

\$45.00

What you will be paying:

\$45.00

By clicking pay now, you'll be taken to a new screen and asked to enter your payment information. You may be asked to sign in again.

[Cancel](#)

[Pay now](#)

Members can also select which premium or premiums they want to pay if the household has two or more programs. Select the "Pay all" checkbox to pay for all premiums due if there is more than one.

Review the amount to be paid and select **Pay now**.

Step 2: Submit a payment

The "Submit your payment" page allows the member to edit their personal information and enter their payment details.

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

[← Back](#)

Submit your payment

Your payment information

Please enter your email address. We'll send payment information to this email address.

Personal Details

Email [Edit](#)

Payment method

Select Funding Source

Account Type

Account Number

Name of Account Holder

I agree to the [Terms and Conditions](#)

[Questions? Get help here](#) 

The member can edit their personal information if desired under the “Personal Details” section.

Enter payment information. The member can also select “Questions? Get help here” at any time which navigates to the DHS website.

Note:

The e-Payment services website is a secure site managed by US Bank.