

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

To: ACCESS Users

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

Re: **ACCESS User Guide Release 23-02**

Release Date: 06/24/2023

Effective Date: 06/24/2023

EFFECTIVE DATE	The following policy additions or changes are effective 06/24/2023 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.
POLICY UPDATES	
1.2 Create an Account	Updated email address instructions throughout the process.
1.4 Account Recovery	Updated screenshot and clarified instructions.
3.1 Apply for Benefits Introduction	Added Caretaker Supplement program to the list of programs that can be applied for in ACCESS.
3.11 Finish and Submit	Added Caretaker Supplement program to process and updated screenshot.
4.2.1 My Benefits Introduction	Updated to include Summer P-EBT.
16.1 SUMMER P-EBT PROGRAM	New section.
16.2 SUMMER P-EBT: UPDATE CONTACT INFORMATION	New section.

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1.2 Create An Account

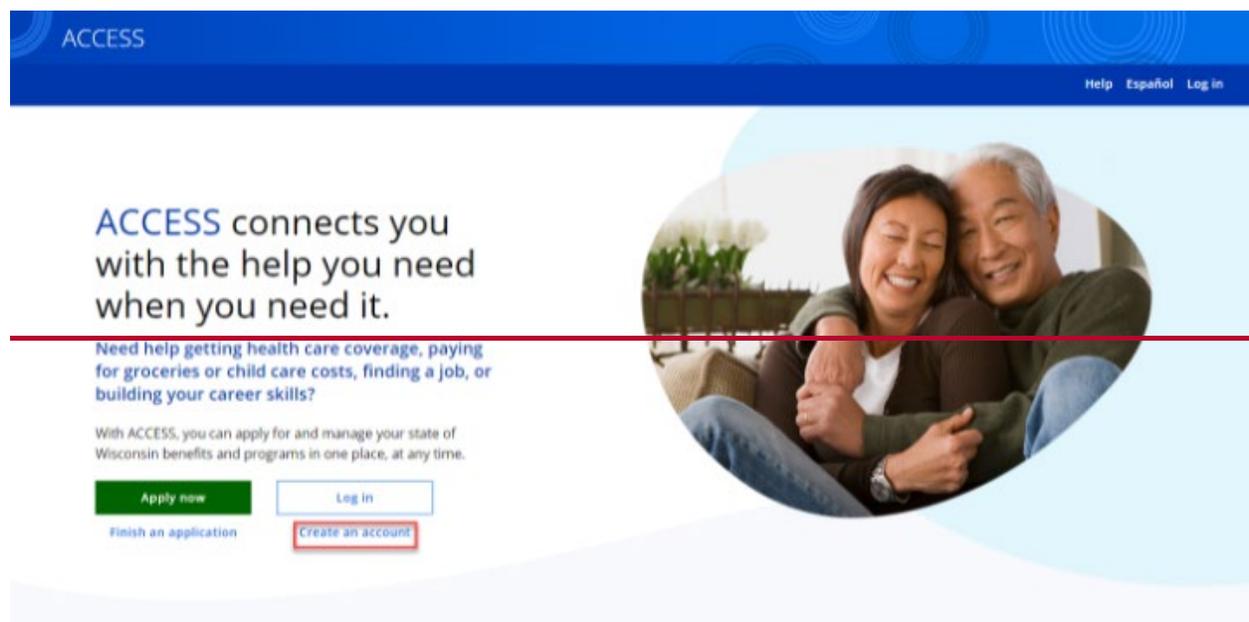
Applicants and members must create an account before applying for benefits in ACCESS or managing their benefits after applying by mail or in person.—

Use these instructions to help people set up their User ID and password, choose secret questions, and link to an existing case if one exists.—

Step 1: Start account creation—

To begin, go to access.wisconsin.gov and select **Create an account**.

Show/Hide an example of the page



ACCESS

Help Español Log in

ACCESS connects you with the help you need when you need it.

Need help getting health care coverage, paying for groceries or child care costs, finding a job, or building your career skills?

With ACCESS, you can apply for and manage your state of Wisconsin benefits and programs in one place, at any time.

Apply now
Finish an application

Log in
Create an account

The “Welcome to ACCESS” page introduces the information needed to create an account. Applicants may create an account if they currently have an open case or a pending application. If the applicant is starting a new application in ACCESS, they will be brought asked to this page as part of create an account during the ACCESS application process if they start an application in ACCESS before creating an account.

Select Create an account.

Show/Hide an example of the page

[← Back](#)

Welcome to ACCESS!

If you're already enrolled in a program but don't yet have an ACCESS account, now's the time to create one.

Having an ACCESS account will make it easy for you to view and manage all your program information in one place.

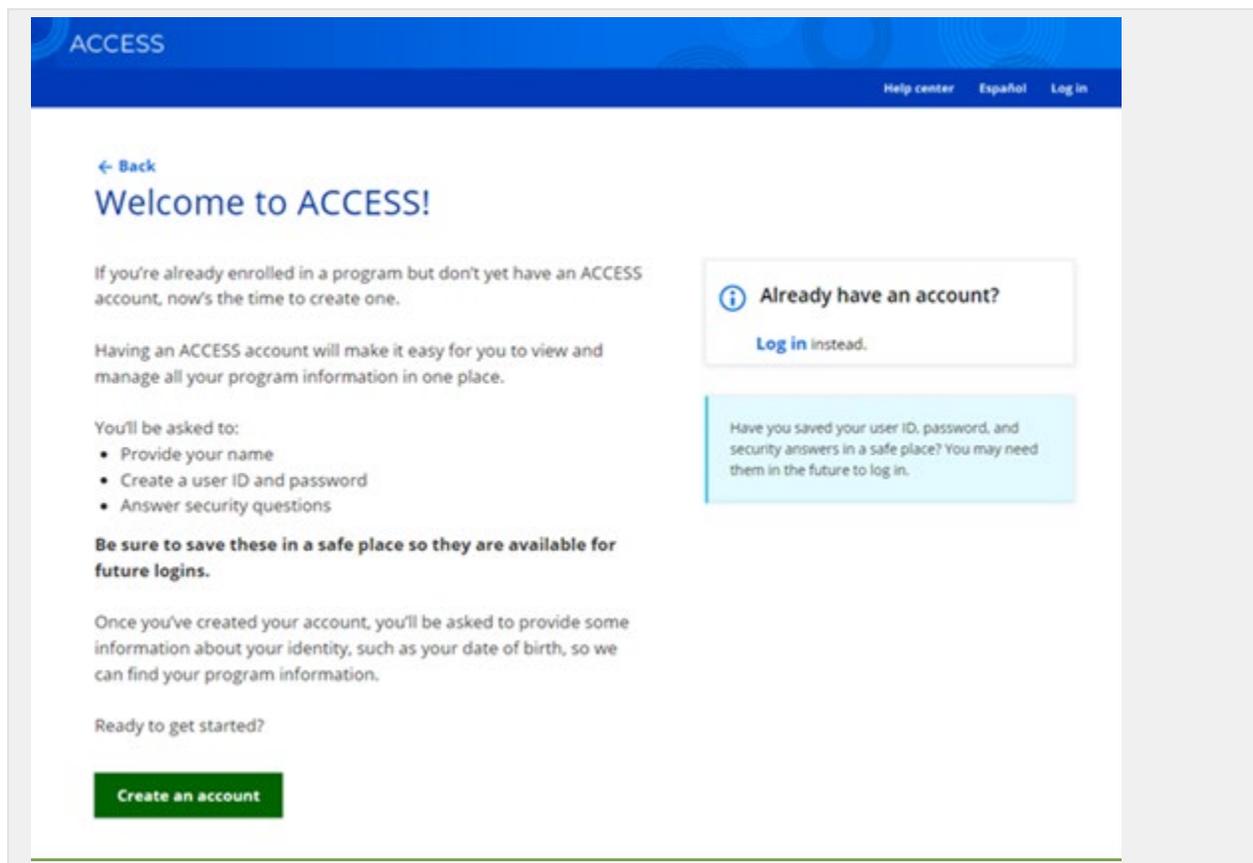
 **Already have an account?**

[Log in](#) instead.

You'll be asked to provide your name, create a user ID and password, and choose secret questions. Once you've created your account, you'll be asked to provide some information about your identity, such as your date of birth, so we can find your case.

Ready to get started?

[Create an account](#)



The screenshot shows the ACCESS account creation page. At the top, there is a blue header with the ACCESS logo on the left and links for 'Help center', 'Español', and 'Log in' on the right. Below the header, the page content is identical to the previous image, including the 'Welcome to ACCESS!' heading, the 'Already have an account?' box with a 'Log in' link, and the 'Create an account' button. A new light blue box on the right side of the page contains the text: 'Have you saved your user ID, password, and security answers in a safe place? You may need them in the future to log in.'

Step 2: Provide user information-

The "Your name" page asks for the user's name. The name entered here will be used to search for existing applications and cases.—

If the user has already applied for or is receiving benefits, it's important that they enter their name the same way on this page as they did when they applied for those programs.

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

[← Back](#)

[Cancel X](#)

Step 1 of 3

Your name

First name *

Middle initial (optional)

Last name *

Suffix (optional)

Next

The screenshot shows a registration form titled "Your name" at "Step 1 of 3". It includes a "Back" link and a "Cancel X" button. The form has four main sections: "First name" (required), "Middle initial (optional)", "Last name" (required), and "Suffix (optional)". The "Suffix" section includes a dropdown menu with "suffix options" and a "Next" button at the bottom right.

Questions	How to Answer
First Name	Enter the user's first name.
Middle Initial (optional)	Enter the user's middle initial.
Last name	Enter the user's Last name.
Suffix (optional)	Enter the user's suffix, such as "Jr" or "Sr."

The "Your user ID and password" page asks the user to choose a user ID and password. The page lists the requirements for the user ID and password next to the fields. The user must meet all requirements in order to create a user ID.

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

[← Back](#)

[Cancel X](#)

Step 2 of 3

Your user ID and password

Your user ID might include your name, email, or something unique to you.

Your password should be easy for you to remember and hard for others to guess.

User ID *

- 5 to 20 characters
- Letters and numbers only
- No spaces

Password *

- 8 to 20 characters
- At least one letter
- At least one number
- At least one special character (don't use @ * & < > \ |)
- No spaces
- Doesn't use your name or user ID

Re-enter password *

- Passwords match

Email address (optional)

Next

[← Back](#) [Cancel X](#)

Step 2 of 3

Your user ID and password

Your user ID might include your name, email, or something unique to you.

Your password should be easy for you to remember and hard for others to guess.

User ID *

- 5 to 20 characters
- Letters and numbers only
- No spaces

Password *

- 8 to 20 characters
- At least one letter
- At least one number
- At least one special character (don't use @ * & < > \])
- No spaces
- Doesn't use your name or user ID

Re-enter password *

- Passwords match

Email address (optional)

Add your email address

Consider adding an email to your account for added security.

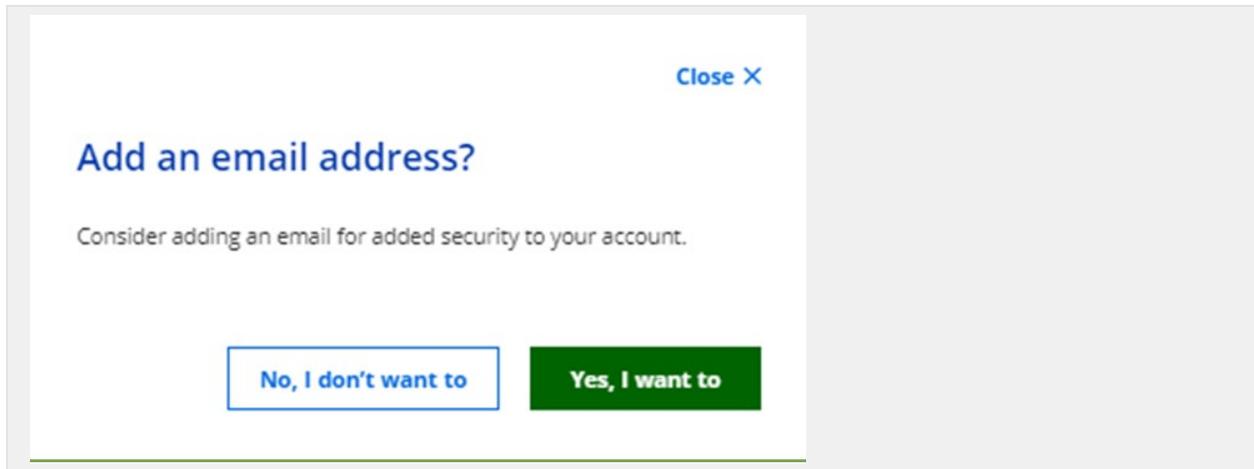
How to reset the password if you do not remember the security questions or user ID?

If I don't have an email address, how can I get one?

[Next](#)

If the user selects **Next** without entering an email, a pop-up is displayed.

Show/Hide an example of the pop-up



Questions	How to Answer
User ID	Enter a user ID that hasn't already been registered and that the user can remember.-
Password	Enter a password that meets the listed requirements and that the user can remember.-
Re-enter Password	Enter a password that meets the listed requirements and that the user can remember.-
Email Address (optional)	<p>Enter the user's email address. Encourage the user to enter their email if they have one. It will make it easier for them to recover their user ID or password if they forget either.-</p> <p><u>If the email is already in use within the system for ACCESS, the user will be prompted to log in to their existing account or try another email address to access their account.</u></p>

The "Your secret questions" page asks the user to choose two secret questions. These questions and the user's answers are used to recover their user ID and password if they forget either.

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

[← Back](#)

[Cancel X](#)

Step 3 of 3

Your secret questions

Choose two secret questions to answer if you ever forget your user ID or password.

Be sure to remember your answers. You'll need to enter them exactly as you did here if you ever forget your user ID or password.

Secret question 1

Question *

Select first question

Answer *

Secret question 2

Question *

Select second question

Answer *

Terms of use *

Before we create your account, please read and agree to our [terms of use](#).

The terms of use explain how we use the information you provide.

I agree to the terms of use.

Next

← Back Cancel X

Step 3 of 3

Your secret questions

Choose two secret questions to answer if you ever forget your user ID or password.

Answers are NOT case-sensitive.

Secret question 1

Question *

Select first question ▼

Answer *

Secret question 2

Question *

Select second question ▼

Answer *

Terms of use *

Before we create your account, please read and agree to our [terms of use](#).

The terms of use explain how we use the information you provide.*

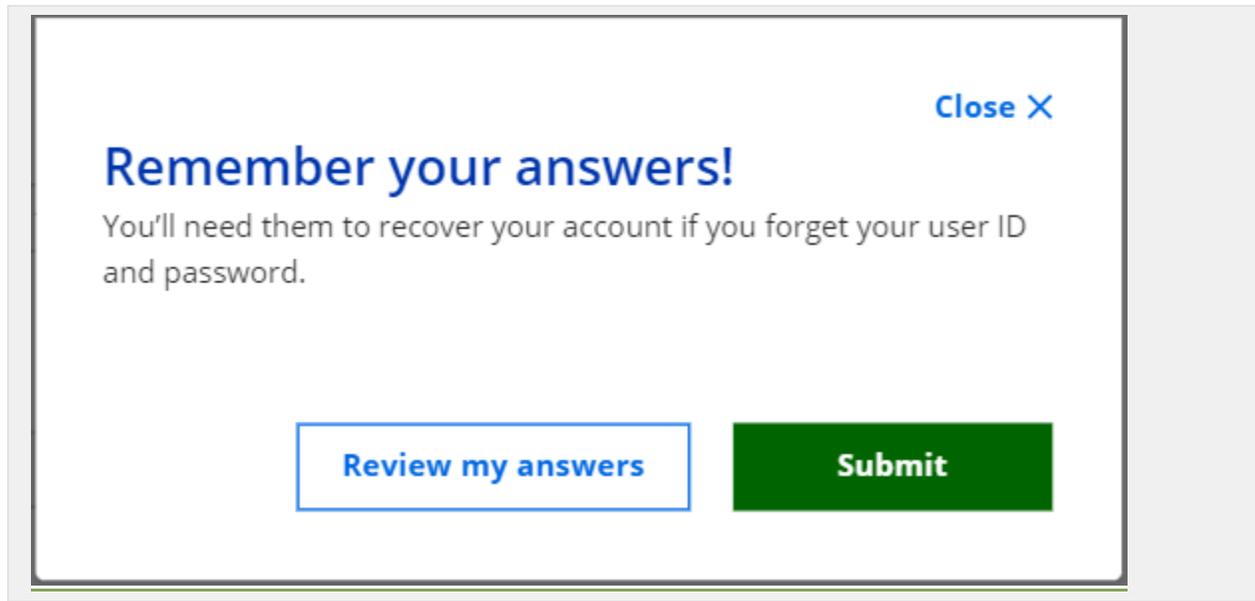
Be sure to remember your answers. You'll need to enter them exactly as you did here if you ever forget your user ID or password.

I agree to the terms of use.

Submit

On selecting **Next**, the user is prompted to remember their answers.

Show/Hide an example of the page



The available questions in each drop-down will vary. The user can answer any way that they want. The user should select questions and answers that they will remember but others can't easily guess.-

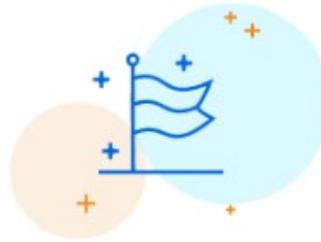
The user must also agree to the terms of use on this page in order to complete their registration.-

Step 3: Link to a case or start an application-

The user will see a success page confirming that their user ID was created. If they provided an email, they'll receive a confirmation email as well.-

Select **Log in to ACCESS-** and login using their user ID and password.

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



Success!

You've created your account. Please log in to start using ACCESS.

[Log in to ACCESS](#)



Success!

You've created your account.

Save your user ID, password, and security answers — you'll need them to log in.

[Log in to ACCESS](#)

The “Your identity” page asks for information needed to link the new account to an existing case.

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

Your identity

We need information about your identity to find your case.

 Don't have a case?

If you haven't applied yet, you can start your application instead.

[Start my application](#)

Date of birth *

MM/DD/YYYY 

What personal information do you want to provide? *

Social Security number

PIN

If you don't have a Social Security number, you can use the personal identification number (PIN) we assigned to you when you were enrolled in a program. If you don't know your PIN, please call your [agency](#) for help.

What case information do you want to provide? *

Case number

QUEST card number

ForwardHealth ID

Next

← Back Cancel X

Your identity

We need information about your identity to find your case.

Date of birth *

What personal information do you want to provide? *

- Social Security number
- PIN

If you don't have a Social Security number, you can use the personal identification number (PIN) we assigned to you when you were enrolled in a program. If you don't know your PIN, please call your [agency](#) for help.

What case information do you want to provide? *

- Case number
- QUEST card number
- ForwardHealth ID

Next

If the user is a first-time applicant or does not have an existing case, select Start my application. [See 3.2 Start an Application.](#)

Questions	How to Answer
Date of Birth	Enter the user's date of birth.
What personal information do you want to provide?	Select either the Social Security number or PIN radio button. The next question that displays changes based on their selection.
<i>Enter your Social Security Number</i>	Enter the user's social security number (SSN).
<i>Enter your PIN</i>	Enter the personal identification number (PIN) the user was given when they enrolled in a program.
What case information do you want to provide?	Choose one of the following radio buttons: <ul style="list-style-type: none"> . Case number . Quest card number . ForwardHealth ID . Participants who receive services from one or more of the following programs: Emergency Assistance, Children First/Elevate, Transitional Jobs The next question displays changes based on their selection.
<i>Enter your case number</i>	Enter the user's FoodShare, BadgerCare Plus or Wisconsin Medicaid case numbers
<i>Enter your QUEST card number</i>	Enter the user's QUEST card number found on their card.
<i>Enter your ForwardHealth ID number</i>	Enter the user's ForwardHealth ID number found on their card.
<i>Enter your PIN</i>	Enter the personal identification number (PIN) the user was given when they enrolled in a program.

1.4 Account Recovery

People who cannot remember the user ID or password for their ACCESS account should ~~click~~ choose the click here link at the bottom of the ACCESS login page.

Please Log in
Please log in using your Wisconsin User ID and password.

WAMS
WEB ACCESS
MANAGEMENT SYSTEM

User ID:
Password:

Login

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.

Please Log in
Please log in using your Wisconsin User ID and password.

WAMS
WEB ACCESS
MANAGEMENT SYSTEM

User ID:
Password:

Login

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.

The Access Account Recovery Setup page will be displayed. ~~People~~ Users should enter their user ID to recover their password ~~or their ACCESS tracking number and~~ select Continue. If users need to recover their user ID and click Continue, they can enter their case or application tracking number or call Member Services.

Forgot Your Password?

If you've forgotten your password, please give us your User ID and click Continue.

If you gave us an email address when you set up your account, we'll email you a link that will let you create a new password. If you didn't give us an email address, we'll ask you to create a new password on the next page.

* User ID:

Forgot Your User ID?

If you've forgotten your User ID, please give us the tracking number from your application and click Continue. To keep your account secure, we'll ask you to reset your password after you give us this information.

If you don't have a tracking number, please call Member Services at 1-800-362-3002.

* Tracking Number:

Continue

Forgot Your Password?

If you've forgotten your password, please give us your User ID and click Continue.

If you gave us an email address when you set up your account, we'll email you a link that will let you create a new password. If you didn't give us an email address, we'll ask you to create a new password on the next page.

If you don't know your user ID, call Member Services at 800-362-3002.

* User ID:

Forgot Your User ID?

If you've forgotten your User ID, please give us the tracking number from your application and click Continue. To keep your account secure, we'll ask you to reset your password after you give us this information.

If you don't have a tracking number, call Member Services at 800-362-3002.

* Case/Tracking Number:

1.4.1 Email Not on File

The ACCESS Account Recovery page will be displayed if an email address was not provided when people created their ACCESS account. For privacy and security, all three sections need to be completed before an account can be recovered. Click Continue after completing all three sections.

Your Personal Information

For security reasons, please give us your Social Security Number or PIN, as well as your birth date.

- * Social Security Number (no spaces or dashes):
- or
- PIN:
- * Only type your PIN if you do not have a SSN. You can get your PIN from your worker or by calling Member Services at 1-800-362-3002.
- * Date of Birth (MM/DD/YYYY)

Recover Your Account

Next, please give us the answers to the two secret questions you chose when you set up your account. Keep in mind that you will need to type the answer exactly the same way as when you set up your account.

- * Secret Question 1: **What is the last name of your first grade teacher?**
- * Answer:
- * Secret Question 2: **What was the first name of your best friend as a child when growing up?**
- * Answer:

Reset Your Password

Then, please create a new password. It must be 7 to 20 characters long. To create a secure password, you must use letters and at least one number.

- * New Password:
- * Please re-type your New Password:

If you have questions or need help, please call Member Services at 1-800-362-3002.

Continue

Your Personal Information

For security reasons, please give us your Social Security Number or PIN, as well as your birth date.

- * Social Security Number (no spaces or dashes):
- or
- PIN:
Only type your PIN if you do not have a SSN. You can get your PIN from your worker or by calling Member Services at 1-800-362-3002.
- * Date of Birth (MM/DD/YYYY)

Recover Your Account

Next, please give us the answers to the two secret questions you chose when you set up your account. Keep in mind that you will need to type the answer exactly the same way as when you set up your account.

- * Secret Question 1: **What is the last name of your first grade teacher?**
- * Answer:
- * Secret Question 2: **What was the first name of your best friend as a child when growing up?**
- * Answer:

Reset Your Password

Then, please create a new password. It must be 7 to 20 characters long. To create a secure password, you must use letters and at least one number.

- * New Password:
- * Please re-type your New Password:

If you have questions or need help, please call Member Services at 1-800-362-3002.

[Continue](#)

If the recovery is successful, the Congratulations page will be displayed. Click the [click here](#) link to go to the ACCESS login page.

Congratulations!

You have successfully created a new password.

Next Step

Please [click here](#) to log in to ACCESS.

Congratulations!

You have successfully created a new password.

Next Step

Please [click here](#) to log in to ACCESS.

1.4.2 Email on File

If an email address was provided as part of creating a person's ACCESS account, the account recovery process occurs through the Web Access Management System (WAMS) instead of ACCESS. The following page will be displayed after people click Continue on the Access Account Recovery Setup page. Follow the steps on the page to recover the account.

Wisconsin User ID Account Recovery

Welcome to the Wisconsin User ID Account Recovery process. In order to recover your account, follow these five easy steps:

- 1) Provide either your Wisconsin User ID or the e-mail address associated with your account.
- 2) Follow the Web link in the e-mail.
- 3) Provide the exact answer to your secret question.
- 4) Provide a new password for your account.
- 5) Terminate your Account Recovery session.

When Step 4 is complete, a Successful Wisconsin User ID Account Recovery message will be displayed. This message will contain your User ID, in case that was the forgotten item. The same message will also be sent to the e-mail address associated with your account.

Account Information	
Provide either your Wisconsin User ID <u>or</u> the e-mail address associated with your account.	
User ID	<input type="text"/>
E-Mail	<input type="text"/>
<input type="submit" value="Submit"/>	

For assistance send an e-mail to [Help Wisconsin Support](#)

Note: If an email address has changed since a person created his or her ACCESS account or if a person has problems with the account recovery process through WAMS, click the [Help Wisconsin Support](#) link at the bottom of the page. The [Help Wisconsin Support](#) page will be displayed. On this page, the person will need to provide his or her name, email address, and telephone number so that Wisconsin Help Desk staff can contact the him or her. Additionally, the person will need to select the problem he or she is experiencing from the Please specify Problem menu and enter "access.wisconsin.gov" in the Application Name field. Comment regarding the problem can also be entered. When finished entering information, click [Submit](#).

Help Wisconsin Support

*Indicates Required Field

User Information

E-Mail: *

User Id:

First Name:

Middle Initial:

Last Name: *

Phone Number: *

Application Information

Please specify Problem: *
if "Other" specify Problem:

Application Name: *

Web Address:
Example: <https://on.wisconsin.gov/WAMS/home>

The following section is critical to a timely and correct response from Help Wisconsin Support. If there is a message number and message description associated with your request, that information uniquely identifies the source of the problem for Help Wisconsin Support. The comments section should be used to describe any special conditions or concerns. If you can not remember your Wisconsin User ID or password you may first want to try using [Account Recovery](#).

Message Number:

Message Description: *

Comments: *

Enter any specific comments about your issue or how it was encountered.

3.1 Apply for Benefits Introduction

Wisconsin has many different programs that can help people with health care coverage, long-term care, food assistance, child care assistance, employment, utility costs, and more. A single ACCESS application allows applicants to apply for multiple programs at once. This chapter explains how to assist an applicant with the ACCESS application.

ACCESS can be used to apply for:

- [Emergency Assistance](#)
- [FoodShare](#)
- [Job Access Loans](#)
- [Wisconsin Shares Child Care](#)
- [Wisconsin Works \(W-2\)](#)
- [BadgerCare Plus](#)
- [Medicaid for the Elderly, Blind and Disabled](#)
- [Medicaid Purchase Plan](#)
- [Medicare Saving Program](#)
- [Institutional Medicaid](#)
- [Family Planning Only Services](#)
- [SSI Caretaker Supplement \(CTS\)](#)

Applicants do not need to provide any documents when answering the questions; however, they may want to have financial documents, such as pay stubs, bank account statements, and utility bills, available to help them answer the questions as accurately as possible.

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

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

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

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

The applicant may also submit their application at any time if they cannot answer some of the questions now. This will set their filing date. To do this, a submission screen displays asking them basic questions about their household. An IM worker will follow up with the applicant to complete the full application. – [See 3.13 Using ACCESS to Set a Filing Date.](#)

3.11 Finish and Submit

Contents

- 1.-
- 2.-
- 3.-
- 4.-
- 5.-
- 6.-

Use these instructions to help people walk through the finish and submit section. If they enter this section without completing the application, they will see a pop up asking them to complete ~~all spokes~~ any unfinished sections. They can continue to submit their application without completing all sections.

Step 1: Confirm the application includes all information

If any required information is missing when the user selects 'Start' on the Finish & Submit section a pop-up will ask if they want to complete it now. While the applicant can submit the application at any time, they should be encouraged to ~~completed~~ complete as much of it as possible before submitting.-

If they choose to continue without finishing all sections, they will be taken to the "A few questions about you" page (Click to show)

The "A few questions about you" page displays if the applicant opens the Finish and Submit section before completing the other sections. It gathers the minimum amount of information required to submit an application and the applicant is not asked to repeat information.

Show/Hide an example of the page

A few questions about you

Please answer a few questions about yourself before you submit your application.

Name

First name *

Middle initial (optional)

Last name *

Suffix (optional)

Your address *

Street address *

Apartment, unit, or room number (optional)

City *

State *

Zip code *

We'll use this address to send you mail. If you're staying at a shelter or with someone else, please write the name of the person or shelter in the Care of field. If you can't get mail here, please provide a separate mailing address.

Care of (optional)

Select a county *

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.

Do you have a separate mailing address? *

- Yes
 No
 I don't know

Your mailing address *

Street address *

Apartment, unit, or room number (optional)

City *

State *

Zip code *

Care of (optional)

Do you live on tribal lands? *

- Yes
 No

What tribal lands do you live on? *

Do you want to apply using your income maintenance agency or your tribal agency? *

- Use my income maintenance agency
 Use my tribal agency

Phone information

Primary phone number (optional)

Primary phone type

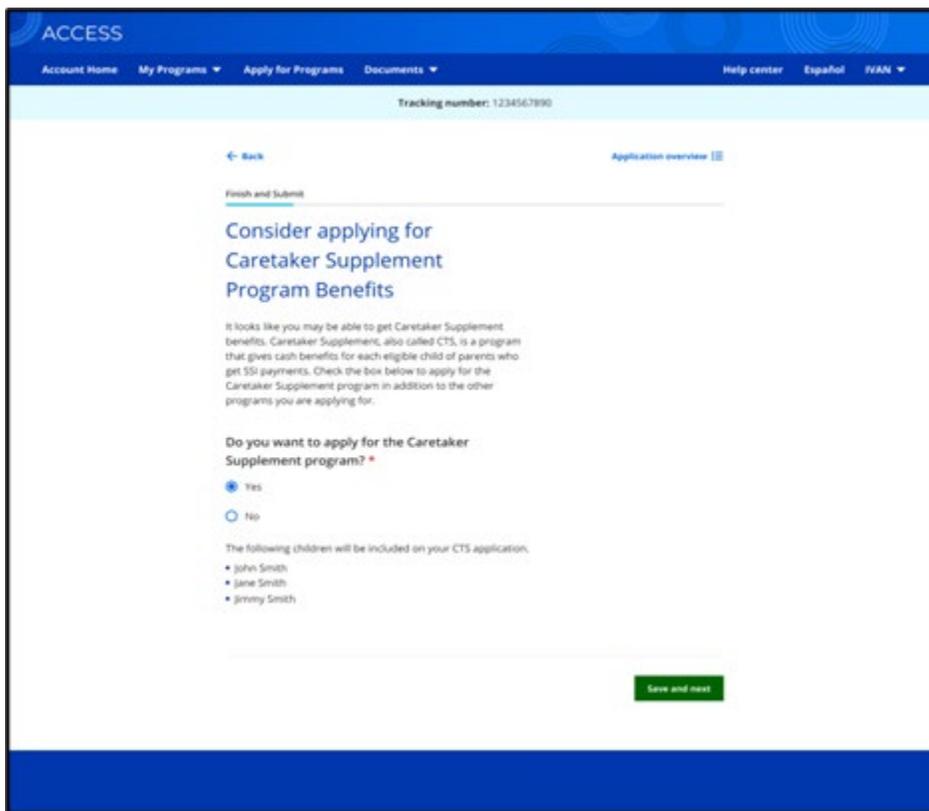
[Add phone number](#)

Save and next

Questions	How to answer
Name	Enter the full legal name of the applicant. They can choose to enter a middle initial or suffix.
Your address	Enter the full address of the applicant.
Select a county	Select the county from the dropdown menu.-
Are you currently homeless? (Optional)	Select- Yes - No , or- I don't know .
Do you have a separate mailing address?	Select- Yes or No . _If the applicant selects yes, the next question displays.
<i>Your mailing address</i>	Enter the full mailing address of the applicant.
Do you live on tribal lands?	Select- Yes or No . _If they are not sure if they live on tribal lands, use this map - of tribal lands in Wisconsin to confirm. _If the applicant selects yes, the next two questions display.
<i>What tribal lands do you live on?</i>	Select the tribal lands from the dropdown menu.
<i>Do you want to apply using your income maintenance agency or your tribal agency?</i>	Select- Use my income maintenance agency - _or

	Use my tribal agency
Primary phone number (Optional)	This question is required for those applying for W-2, JAL, or Emergency Assistance. Enter the primary phone number of the applicant.
Phone type (Optional)	Select the phone type from the dropdown menu.

Once an applicant confirms their information, potentially eligible applicants will have the opportunity to add Caretaker Supplement (CTS) to their benefit application. If the applicant selects Y, all children will be displayed and included in the CTS application. IM agencies will determine eligibility based on eligibility rules.



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

If the application includes...	Continue to...
FoodShare	<u>STEP 2: YOU MAY BE ABLE TO GET FOODSHARE BENEFITS FASTER</u>

Health care but not FoodShare	<u>STEP 3: HELP PAYING MEDICAL EXPENSES</u>
W-2 or JAL but not FoodShare or Health care	<u>STEP 4: APPLICATION INTERVIEWS</u>
Emergency Assistance Only	<u>STEP 5: ACKNOWLEDGE PROGRAM RIGHTS AND RESPONSIBILITIES</u>

Step 2: You may be able to get FoodShare benefits faster

The “You may be able to get FoodShare benefits faster” page asks questions to determine if the applicant can get FoodShare benefits faster. ACCESS uses the answers on this page to determine if the application will use the standard timeline, or priority timeline to determine FoodShare eligibility.

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

You may be able to get FoodShare benefits faster

 To see if you can get FoodShare benefits faster than the normal 30-day timeframe, answer the questions on this page.

You may be able to get FoodShare benefits within seven days of applying. To get this help, you or any of the people you buy food and eat meals with have to meet one of these requirements:

- Have \$100 or less available in cash or in the bank and expect to receive less than \$150 of income this month.
- Have rent/mortgage or utility costs that are more than your total gross monthly income, available cash and bank accounts for this month.
- Include a migrant or seasonal farm worker with \$100 or less in cash or in the bank, whose income has stopped and who will be paid less than \$25 within the next 10 days.

If you want to get FoodShare benefits sooner than the normal 30-day timeframe, please answer all the questions on this page. Otherwise, you may skip this page and continue.

Have you received FoodShare or SNAP this month? (optional)

- Yes
 No

SNAP is the Supplemental Nutrition Assistance Program. If you're getting help from FoodShare or from SNAP in another state, you won't be able to get FoodShare benefits faster unless you're living in a domestic shelter.

Is anyone in your household a migrant or seasonal farm worker? (optional)

- Yes
 No

What is your household total gross income this month? (optional)

By gross, we mean your income before taxes and other deductions are taken out.

What is the total value of your household's money and investments? (optional)

By money and investments, we mean:

- Cash.
- Bank accounts.
- Prepaid debit cards.
- Stocks and bonds.
- Any financial account you can take money from.

How much will your household pay for housing this month? (optional)

Does your household pay for any utilities that are used to heat your home? (optional)

- Yes
 No

Has your household received help from the Wisconsin Home Energy Assistance Program (WHEAP) in the past 12 months? (optional)

- Yes
 No

WHEAP is a one-time payment to help cover heating costs.

Does your household pay for any utilities that are not used to heat your home? (optional)

- Yes
 No

Your standard utility credit amount

The standard utility credit amount is based on your utility costs. This amount is subtracted from your income when considering the amount of FoodShare you may receive.

Save and next

You may be able to get FoodShare benefits faster

 To see if you can get FoodShare benefits faster than the normal 30-day timeframe, answer the questions on this page.

You may be able to get FoodShare benefits within seven days of applying. To get this help, you or any of the people you buy food and eat meals with have to meet one of these requirements:

- Have \$100 or less available in cash or in the bank and expect to receive less than \$150 of income this month.
- Have rent/mortgage or utility costs that are more than your total gross monthly income, available cash and bank accounts for this month.
- Include a migrant or seasonal farm worker with \$100 or less in cash or in the bank, whose income has stopped and who will be paid less than \$25 within the next 10 days.

If you want to get FoodShare benefits sooner than the normal 30-day timeframe, please answer all the questions on this page. Otherwise, you may skip this page and continue.

Have you received FoodShare or SNAP this month? (optional)

- Yes
 No

SNAP is the Supplemental Nutrition Assistance Program. If you're getting help from FoodShare or from SNAP in another state, you won't be able to get FoodShare benefits faster unless you're living in a domestic shelter.

Is anyone in your household a migrant or seasonal farm worker? (optional)

- Yes
 No

What is your household total gross income this month? (optional)

By gross, we mean your income before taxes and other deductions are taken out.

What is the total value of your household's money and investments? (optional)

By money and investments, we mean:

- Cash.
- Bank accounts.
- Prepaid debit cards.
- Stocks and bonds.
- Any financial account you can take money from.

How much will your household pay for housing this month? (optional)

Does your household pay for any utilities that are used to heat your home? (optional)

- Yes
 No

Has your household received help from the Wisconsin Home Energy Assistance Program (WHEAP) in the past 12 months? (optional)

- Yes
 No

WHEAP is a one-time payment to help cover heating costs.

Does your household pay for any utilities that are not used to heat your home? (optional)

- Yes
 No

Your standard utility credit amount

The standard utility credit amount is based on your utility costs. This amount is subtracted from your income when considering the amount of FoodShare you may receive.

Save and next

Questions	How to answer
Have you received FoodShare or SNAP this month? (Optional)	Select- Yes or No .-
Are you currently living in a shelter for domestic violence? (Optional)	Select- Yes or No .- .
Is anyone in your household a migrant or seasonal farm worker? (Optional)	Select- Yes or No . _If the applicant selects yes, the next two questions display.
<i>Did your job end in the last 30 days? (Optional)</i>	Select- Yes or No .- .
<i>Will you get more than \$25 from a new job or other source of income in the next 10 days? (Optional)</i>	Select- Yes or No .- .
What is your total gross [household] income this month? (Optional)	Enter the total gross income for this month.
What is the total value of your [household's] money and investments? (Optional)	Enter the total value of money and investments.
How much will your	Enter the amount paid for housing this month.

[household] pay for housing this month? (Optional)	
Does your household pay for any utilities that are used to heat your home? (Optional)	Select- Yes or No. -
Has your household received help from the Wisconsin Home Energy Assistance Program (WHEAP) in the past 12 months? (Optional)	Select- Yes or No. -
Does your household pay for any utilities that are not used to heat your home? (Optional)	Select- Yes or No. -
What utility bills does your household pay? Choose all that apply. (Optional)	Select the utility bill or bills paid. _If the applicant selects fuel oil or kerosene, the next question displays.
<i>Your standard utility credit amount</i>	Enter the standard utility credit amount.

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

If the application includes...	Continue to...
Health care or Family Planning Only Services	<u>STEP 3: HELP PAYING MEDICAL EXPENSES</u>
W-2 or JAL but not health care	<u>STEP 4: APPLICATION INTERVIEWS</u>
Emergency Assistance Only	<u>STEP 5: ACKNOWLEDGE PROGRAM RIGHTS AND</u>

Step 3: Help paying medical expenses

The “Help paying medical expenses” page displays for users who are applying for health care or Family Planning Only Services and have requested backdated coverage. [Show/Hide an example of the page](#)

Help paying medical expenses

You told us you'd like help paying for your medical expenses from these months:

- September
- August
- July

You also told us you'd like help paying for your family planning expenses from these months:

- September
- August
- July

Please tell us if you've had any changes since the beginning of ~~the month that would affect your need for help paying medical~~ expenses and family planning expenses.

Has your household had any changes since the beginning of July? *

- Yes
- No

By changes we mean:

- Moved in or out of the home.
- Got married or divorced.
- Became Pregnant or had a pregnancy end.
- Had a change in employment.
- Had a change in income, assets, expenses, or other tax information.

Save and next

Help paying medical expenses

You told us you'd like help paying for your medical expenses from these months:

- September
- August
- July

You also told us you'd like help paying for your family planning expenses from these months:

- September
- August
- July

Please tell us if you've had any changes since the beginning of the month that would affect your need for help paying medical expenses and family planning expenses.

Has your household had any changes since the beginning of July? *

- Yes
- No

By changes we mean:

- Moved in or out of the home.
- Got married or divorced.
- Became Pregnant or had a pregnancy end.
- Had a change in employment.
- Had a change in income, assets, expenses, or other tax information.

Save and next

Questions	How to answer
Has your household had any changes since the beginning of [month]?	Select- Yes- _or-

	No
--	-----------

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

If the application includes...	Continue to...
W-2 or JAL only	<u>STEP 4: APPLICATION INTERVIEWS</u>
Any other programs	<u>STEP 5: ACKNOWLEDGE PROGRAM RIGHTS AND RESPONSIBILITIES</u>

Step 4: Application interviews

This page allows the applicant to schedule their interview now or over the phone later if applying for W-2 or JAL. The applicant should be encouraged to set up an appointment time in ACCESS.

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

Application interviews

Because you're applying for FoodShare, Job Access Loans, and the Wisconsin Shares Child Care Subsidy Program you'll need to have two interview appointments to finish your application.

Your FoodShare and Wisconsin Shares interview appointment

You'll have one interview appointment for your FoodShare and Wisconsin Shares applications. Your agency will call to schedule this interview appointment after you submit the application.

Your Job Access Loan interview appointment

You'll have one interview appointment for your Job Access Loan application. You can schedule this interview appointment online, or you can call to schedule it after submitting the application. You have to schedule an interview appointment within 30 days of submitting your application.

If you don't schedule an interview appointment now, make sure to contact your W-2 agency right away. It's your responsibility to schedule your Job Access Loan interview appointment.

Do you want to schedule an interview appointment with your W-2 agency now? *

- Yes
- No

Save and next

Application interviews

Because you're applying for FoodShare, Job Access Loans, and the Wisconsin Shares Child Care Subsidy Program you'll need to have two interview appointments to finish your application.

Your FoodShare and Wisconsin Shares interview appointment

You'll have one interview appointment for your FoodShare and Wisconsin Shares applications. Your agency will call to schedule this interview appointment after you submit the application.

Your Job Access Loan interview appointment

You'll have one interview appointment for your Job Access Loan application. You can schedule this interview appointment online, or you can call to schedule it after submitting the application. You have to schedule an interview appointment within 30 days of submitting your application.

If you don't schedule an interview appointment now, make sure to contact your W-2 agency right away. It's your responsibility to schedule your Job Access Loan interview appointment.

Do you want to schedule an interview appointment with your W-2 agency now? *

- Yes
- No

Save and next

Questions

How to answer

Do you want to schedule your W-2 interview appointment now?	Select- Yes- _or_ No .
---	--

The “Schedule your [W-2] [or] [Job Access Loans] interview appointment” page shows a table of available appointment times for workers at their local W-2 agency over the next five business days.-

If the applicant decides not to schedule their interview or none of the times work, they are responsible for calling their agency to set up the appointment time.

Step 5: Acknowledge program rights and responsibilities

A rights and responsibilities page displays for each program on the application. Each page prompts the user to review and acknowledge the rights, responsibilities, and additional rules. The applicant must acknowledge each program page in order to submit their application.

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

Wisconsin Shares rights and responsibilities

Your role is to...
- provide information about your child's health and development
- help your child learn to follow directions
- help your child learn to get along with others
- help your child learn to take care of themselves
- help your child learn to be responsible

For information...
- call your doctor
- call the Wisconsin Department of Health Services
- call the Wisconsin Department of Children, Youth and Families

For information...
- call your doctor
- call the Wisconsin Department of Health Services
- call the Wisconsin Department of Children, Youth and Families

Reporting Abuse...
- if you suspect child abuse or neglect, call the Wisconsin Department of Children, Youth and Families at 1-800-422-4444
- if you suspect elder abuse, call the Wisconsin Department of Health Services at 1-800-422-4444
- if you suspect financial abuse, call the Wisconsin Department of Health Services at 1-800-422-4444
- if you suspect sexual abuse, call the Wisconsin Department of Health Services at 1-800-422-4444
- if you suspect domestic violence, call the Wisconsin Department of Health Services at 1-800-422-4444

Wisconsin Shares...
- is a program of the Wisconsin Department of Health Services
- provides health care services to eligible children and adults
- covers medical services, dental services, vision services, and prescription drugs
- covers health care services for you and your family

Wisconsin Shares...
- is a program of the Wisconsin Department of Health Services
- provides health care services to eligible children and adults
- covers medical services, dental services, vision services, and prescription drugs
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- is a program of the Wisconsin Department of Health Services
- provides health care services to eligible children and adults
- covers medical services, dental services, vision services, and prescription drugs
- covers health care services for you and your family

If there is (or may be) a child in the household with an absent parent, the Good Cause notice will display (Click to show)

The “Good Cause notice” page asks the applicant if they have good cause to not work with the Child Support Agency to locate the absent parent. The applicant should claim good cause if cooperating with the Child Support Agency creates safety concerns for the applicant or their child.

Show/Hide an example of the page

Good cause notice

Please read the following information about claiming good cause for not cooperating with Child Support. You can [download this notice](#) for your records.

To get child care, health care, Wisconsin Works (W-2) and/or Job Access Loan assistance, you are required by law to cooperate with your county, tribal human/social services, W-2 and child support agencies. You must cooperate in getting any support (financial or medical) owed to you and your children. (You may not have to cooperate for some children, depending on their age and which benefits you have requested for them.) The eligibility of children and pregnant women for health care is not affected if you fail to cooperate.

Cooperation means that you may have to do one or more of the following:

- Name the absent parent of any child included in your application for child care or health care and give information to help find that parent.
- Help to legally identify the absent parent of any child for whom child care or health care is requested or received.
- Help to obtain money or property owed to you or the children who receive child care, W-2, or health care.
- Attend required court hearings and agency appointments, including appointments for genetic testing.
- Report to your worker or child support agency any court ordered child support paid directly to you by the absent parent.
- Identify and provide information to help the State pursue any third party who may be liable to pay for medical care and services.

Your cooperation is important because it may help you and your children:

- Find the absent parent.
- Legally establish the identity of your child's absent parent.
- Become eligible for Social Security, Veterans Benefits, or other government benefits in the future.
- Receive adequate child or medical support payments or both to end your need for child care, W-2, or health care benefits.

You may have a good reason for not cooperating. The following are circumstances under which your agency may find that you have "good cause" for not cooperating:

- Your cooperation could result in physical and/or emotional harm to your child, including child kidnapping;
- Your cooperation could result in physical and/or emotional harm to you, including domestic abuse;
- Your cooperation with the child support agency would make it more difficult for you to escape domestic abuse or risk further domestic abuse;
- Your child was born as a result of incest or sexual assault;
- A petition for the adoption of your child has been filed with a court or;
- You are working with an agency that is helping you to decide whether you will place your child up for adoption.

If you want to claim good cause for not cooperating with the child support agency, tell your worker. You will be given a claim form which explains how to claim good cause. You may also ask for the claim form to help you decide whether or not to claim good cause for not cooperating. The claim may be requested or submitted at any time.

When there has been a determination that you are not cooperating with the child support agency, you will need to either submit a timely good cause claim or cooperate with the child support agency, or you may lose your benefit(s).

If your claim of good cause for not cooperating with the child support agency is denied, you will not be eligible for child care, W-2, Job Access Loans, or health care unless you begin to cooperate. If you are receiving health care, your children may still be eligible. The county or tribal human/social services and child support agencies will continue in the effort to obtain any financial and medical support for the children who are getting health care.

If you are receiving W-2 services and you do not agree with the "good cause" claim decision, you may request a fact-finding review by contacting your W-2 Agency within 45 days of the decision date.

If you are receiving child care or health care, and you do not agree with the good cause claim decision, you may request a Fair Hearing by writing to the Department of Administration, Division of Hearings and Appeals within 45 days of the decision date.

I have read this information and I understand that I have the right to claim good cause for not cooperating with child support. *

Good cause notice

Please read the following information about claiming good cause for not cooperating with Child Support. You can [download this notice](#) for your records.

To get child care, health care, Caretaker Supplement (CTS), Wisconsin Works (W-2) and/or Job Access Loan assistance, you are required by law to cooperate with your county, tribal human/social services, W-2 and child support agencies. You must cooperate in getting any support (financial or medical) owed to you and your children. (You may not have to cooperate for some children, depending on their age and which benefits you have requested for them.) The eligibility of children and pregnant women for health care is not affected if you fail to cooperate.

Cooperation means that you may have to do one or more of the following:

- Name the absent parent of any child included in your application for child care, health care, or CTS and give information to help find that parent.
 - Help to legally identify the absent parent of any child for whom child care, health care, or CTS is requested or received.
 - Help to obtain money or property owed to you or the children who receive child care, health care, W-2, or CTS.
 - Attend required court hearings and agency appointments, including appointments for genetic testing.
 - Report to your worker or child support agency any court ordered child support paid directly to you by the absent parent.
 - Identify and provide information to help the State pursue any third party who may be liable to pay for medical care and services.
-

Your cooperation is important because it may help you and your children:

- Find the absent parent.
- Legally establish the identity of your child's absent parent.
- Become eligible for Social Security, Veterans Benefits, or other government benefits in the future.
- Receive adequate child or medical support payments or both to end your need for child care, W-2, or health care benefits.

You may have a good reason for not cooperating. The following are circumstances under which your agency may find that you have "good cause" for not cooperating:

- Your cooperation could result in physical and/or emotional harm to your child, including child kidnapping;
- Your cooperation could result in physical and/or emotional harm to you, including domestic abuse;
- Your cooperation with the child support agency would make it more difficult for you to escape domestic abuse or risk further domestic abuse;
- Your child was born as a result of incest or sexual assault;
- A petition for the adoption of your child has been filed with a court or;
- You are working with an agency that is helping you to decide whether you will place your child up for adoption.

If you want to claim good cause for not cooperating with the child support agency, tell your worker. You will be given a claim form which explains how to claim good cause. You may also ask for the claim form to help you decide whether or not to claim good cause for not cooperating. The claim may be requested or submitted at any time.

When there has been a determination that you are not cooperating with the child support agency, you will need to either submit a timely good cause claim or cooperate with the child support agency, or you may lose your benefit(s).

If you want to claim good cause for not cooperating with the child support agency, tell your worker. You will be given a claim form which explains how to claim good cause. You may also ask for the claim form to help you decide whether or not to claim good cause for not cooperating. The claim may be requested or submitted at any time.

When there has been a determination that you are not cooperating with the child support agency, you will need to either submit a timely good cause claim or cooperate with the child support agency, or you may lose your benefit(s).

If your claim of good cause for not cooperating with the child support agency is denied, you will not be eligible for child care, W-2, Job Access Loans, health care, or CTS unless you begin to cooperate. If you are receiving health care, your children may still be eligible. The county or tribal human/social services and child support agencies will continue in the effort to obtain any financial and medical support for the children who are getting health care.

If you are receiving W-2 services and you do not agree with the "good cause" claim decision, you may request a fact-finding review by contacting your W-2 Agency within 45 days of the decision date.

If you are receiving child care or health care, and you do not agree with the good cause claim decision, you may request a Fair Hearing by writing to the Department of Administration, Division of Hearings and Appeals within 45 days of the decision date.

I have read this information and I understand that I have the right to claim good cause for not cooperating with child support. *

Save and next

Step 6: Sign and submit the application

The final page asks the user to provide an electronic signature to submit their application. If the application includes a request for health care and a household member is potentially eligible for a long-term care program, this page will include a signature section for the applicant's spouse if they are married. They must read the electronic signature acknowledgement and enter their name in the available field.

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

Submit your application

I have agreed to submit this application by electronic means. By signing this electronically, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge, including information provided about the citizenship or immigration status for each household member applying for benefits . I also certify that:

- I understand the questions and statements on this application.
- I have read and understand my rights and responsibilities on the previous pages.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the agency may contact other people or organizations to obtain needed proof of my eligibility and level of benefits.

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

First name *

Middle initial (optional)

Last name *

Second parent's signature

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

First name *

Middle initial (optional)

Last name *

Submit your application

Submit your application

I have agreed to submit this application by electronic means. By signing this electronically, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge, including information provided about the citizenship or immigration status for each household member applying for benefits . I also certify that:

- I understand the questions and statements on this application.
- I have read and understand my rights and responsibilities on the previous pages.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the agency may contact other people or organizations to obtain needed proof of my eligibility and level of benefits.

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

First name *

Middle initial (optional)

Last name *

Second parent's signature

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

First name *

Middle initial (optional)

Last name *

Submit your application

Some applicants may be able to confirm their ID and get real-time eligibility (RTE) results for some programs. If they are eligible, the applicant can choose to answer questions to confirm their ID on the real-time eligibility page.

The questions to confirm their ID are through an outside service. The questions will change each time. The applicant has two tries to confirm their identity in this way. The application is still submitted even if they choose not to confirm their ID or are unable to confirm their ID in ACCESS.

Step 7: Finished!

The application is complete! The applicant will see the Apply for Benefits Account Home Page with the status of their applications and any next steps they need to complete. ~~See~~ [See Section 3.12 Apply for Benefits Account Home Page.](#)

4.2 My Benefits/Check My Benefits

4.2.1 My Benefits Introduction

To learn more 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.	

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.

- Summer P-EBT, which is a program that provides temporary food benefits during the summer months to households with students who were enrolled to receive free or reduced price meals at eligible schools during the school year.

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 than information in a letter from the agency where 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.

16.1 Summer P-EBT Program

Summer P-EBT is a program that provides a one-time benefit issued during the summer of 2023 to families of students who were enrolled as of June 3, 2023 to receive free or reduced price meals at eligible schools during the 2022-2023 school year.

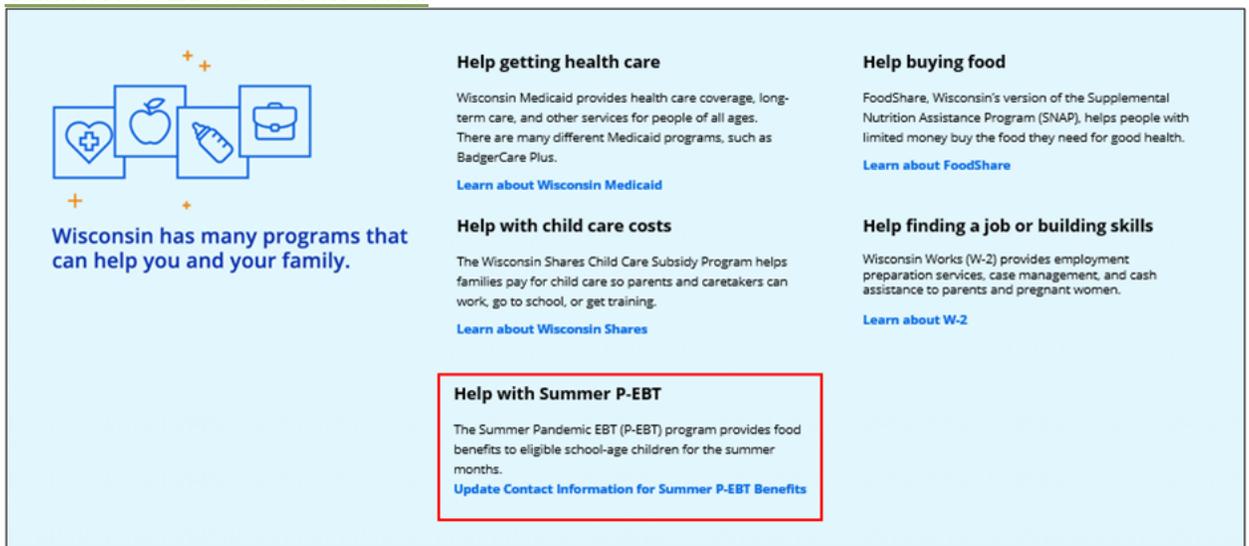
16.2 Summer P-EBT: Update Contact Information

Updated contact information can be provided by a parent, guardian, or a student who is legally responsible to make their own decisions.

This updated contact information may be used to issue Summer P-EBT to eligible students.

Here are the steps to enter updated contact information:

1. Open the ACCESS home page and click the “Update Contact Information for Summer P-EBT Benefits” link.



Wisconsin has many programs that can help you and your family.

Help getting health care
Wisconsin Medicaid provides health care coverage, long-term care, and other services for people of all ages. There are many different Medicaid programs, such as BadgerCare Plus.
[Learn about Wisconsin Medicaid](#)

Help buying food
FoodShare, Wisconsin's version of the Supplemental Nutrition Assistance Program (SNAP), helps people with limited money buy the food they need for good health.
[Learn about FoodShare](#)

Help with child care costs
The Wisconsin Shares Child Care Subsidy Program helps families pay for child care so parents and caretakers can work, go to school, or get training.
[Learn about Wisconsin Shares](#)

Help finding a job or building skills
Wisconsin Works (W-2) provides employment preparation services, case management, and cash assistance to parents and pregnant women.
[Learn about W-2](#)

Help with Summer P-EBT
The Summer Pandemic EBT (P-EBT) program provides food benefits to eligible school-age children for the summer months.
[Update Contact Information for Summer P-EBT Benefits](#)

2. On the “About” page, complete the reCAPTCHA, then click **Next**.

Summer P-EBT Benefit Management

WelcomeParent or GuardianStudent(s)Submit

About

The Summer Pandemic Electronic Benefit Transfer (P-EBT) program provides food benefits for eligible students during summer months. If your student(s) is eligible for Summer P-EBT benefits and you need to update your contact information, you can do so using this submission.

This submission should only be completed by a parent or guardian that has a **legal responsibility** for the care and custody of the student(s) during the summer months. The only exception to this is if you are the eligible student, are 18 years of age or older, and are legally responsible for and should receive your own benefits. If you are a student that has legal authority to make decisions for your Summer P-EBT benefits, and you need to update your contact information, then you should complete this submission.

If you are an out-of-home care provider, such as a foster parent, or you are already enrolled to receive FoodShare or BadgerCare, you do **not** need to submit your information. Your up-to-date contact information is already available via the Department of Children and Families or the Department of Health Services.

The information you provide will be used to update your contact information. Please note that this is **not** an application for Summer P-EBT benefits. This is also **not** an application for FoodShare or health care benefits. If you are interested in learning more about these programs, visit the [ACCESS website](#) to see if you qualify.

The information you put in will not be saved until it is submitted. If you do not complete and submit your information in one sitting, you will need to start over and fill in the information you provided again.

If you have questions, please call 833-431-2224 or email PEBTsupport@wisconsin.gov.

1 I'm not a robot 

2

3. On the “Getting Started” page, enter the required information in the “Parent or Guardian Information” and “Mailing Address” sections.

Summer P-EBT Benefit Management

Preferred Language

English (US)



Welcome



Parent or Guardian



Student(s)



Submit

The information you provide on this page should be for the parent or guardian that has legal authority to make decisions about Summer P-EBT benefits for the student(s). The only exception to this is if you are the eligible student, are 18 years of age or older, and are legally responsible for and should receive your own benefits. If you are a student that has legal authority to make decisions for your Summer P-EBT benefits, fill in your own information in this section. You will also need to put your information in the next section.

Reminder: If you are an out-of-home care provider such as a foster parent, or you are already enrolled to receive FoodShare or BadgerCare Plus, you do not need to complete this submission to update your contact information. Your information will be collected directly from the Department of Children and Families or the Department of Health Services.

Additional parent or guardian information for the student(s) will be collected in the next section.

Required information is marked with a red asterisk. All required information must be completed before moving on. After completing the information in this section, select the "Next" button to continue.

Getting Started

First, please give us some basic information about yourself.

Parent or Guardian Information

* First Name

Middle Initial

* Last Name

* Date of Birth

* Email

* Phone Number

I don't have a phone number

* Please select one of the options below:

- I am the legal parent or guardian of the student(s) and can make decisions regarding their Summer P-EBT benefits.
- I am the student and have the legal right to make decisions regarding my Summer P-EBT benefits.

Mailing Address

The address entered here may be used for any letters about benefits for your student(s). If you live in an apartment, enter the apartment number on the Address Line 2 line.

* Address Line 1

Address Line 2

* City

* State

* Zip

* County

Previous

Next

Select the option for the relationship to the student:

Parent or Guardian Information

* First Name

Middle Initial

* Last Name

* Date of Birth

* Email

* Phone Number

I don't have a phone number

* Please select one of the options below:

- I am the legal parent or guardian of the student(s) and can make decisions regarding their Summer P-EBT benefits.
- I am the student and have the legal right to make decisions regarding my Summer P-EBT benefits.

1. I am the legal parent or guardian of the student(s) and can make decisions regarding their Summer P-EBT benefits
1. I am the student and have the legal right to make decisions regarding my Summer P-EBT benefits.

Enter information in the fields (required fields are marked with red asterisks), then click **Next**.

4. On the “Student Information” page, enter the information for the student or students.

Summer P-EBT Benefit Management

Preferred Language: English (US)

Welcome | Parent or Guardian | **Student(s)** | Submit

Provide information for your student(s) in this section. The information provided will be used to update their contact information. If you have multiple students in your household, only include those that need updated contact information. If a student does not need their contact information updated, do not include them.

If applicable, for each student you add, include information for the other parent or guardian with legal authority over their benefits in the “Additional Parent or Guardian Information” section. Only one additional parent or guardian can be added per student.

If you have more than one student eligible for benefits, select the “Add Another Student” button at the bottom of the page. There is no limit to the number of students that can be added.

Required information is marked with a red asterisk. All required information must be completed before moving on. After completing the information in this section, select the “Next” button to continue.

Student 1 Information

* First Name: Middle Initial:

* Last Name: * Date of Birth:

* Grade In School Year 2022-2023: * Gender:

School Year: * School District Name:

* School Name:

* Is there another Parent or Guardian?:

[+ Add Another Student](#)

[Previous](#) [Next](#)

Click “Add Another Student” to enter information about another student in the household.

Enter information in the fields (required fields are marked with red asterisks), then click **Next**.

5. On the “Certify and Submit” page, read through the electronic signature certification. Then click **I Certify**, then click **Submit**.

If anything needs to be changed, click "Previous."

Summer P-EBT Benefit Management

Preferred Language
English (US) ▼

WelcomeParent or GuardianStudent(s)Submit

Certify and Submit

You have provided updated contact information for Summer P-EBT 2023. To complete and submit your information, check the "I Certify" box below and then select the "Submit" button at the bottom right of the screen.

By checking the "I Certify" box, you are electronically signing this submission. You understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. By signing this submission electronically, you certify under penalty of perjury and false swearing that your answers are correct and complete to the best of your knowledge. You also certify that:

- You understand the questions and statements on this submission.
- You have the legal authority to make decisions regarding the student(s) you listed.
- You have included information about any additional parent or guardian of the student(s) you listed. This information is complete and accurate to the best of your knowledge.
- You have read and understand your rights and responsibilities.
- You understand that this information is given in connection with the receipt of federal funds and that officials from the Wisconsin Department of Health Services, the Wisconsin Department of Children and Families, and the Wisconsin Department of Public Instruction may check information as necessary for the proper administration of the Summer P-EBT program under Wisconsin law.
- You are aware that if you purposely give false information or break the rules your child may lose Summer P-EBT benefits and you may be prosecuted under applicable state and federal criminal laws.
- You understand that the agency may contact other people or organizations to obtain needed verification of information provided. Anyone, including financial institutions, credit reporting agencies, or educational institutions may release this information, unless it is prohibited or restricted by law. Your authorization remains in effect until (1) your eligibility ends or (2) you inform your agency in writing that you wish to end your authorization.

Once you have selected "Submit", you will not be able to go back and continue editing the information. You will have the ability to save or print a copy of your submitted information after you click "Submit".

1

 I Certify

2

6. On the "Summary" page, there are helpful resources.

Summer P-EBT Benefit Management

WelcomeParent or GuardianStudent(s)Submit

Thank You

You have successfully updated your contact information.

You can save or print a [summary of the information](#) that you provided for your records.

If you have questions, please call 833-431-2224 or email PEBTSupport@wisconsin.gov.

Remember, this is not an application for FoodShare or health care benefits, but you may be eligible for these programs. Please visit the ACCESS website to see if you qualify.

To save or print the summary of updated contact information, click the "summary of the information" link.

Call 833-431-2224 or email PEBTSupport@wisconsin.gov for any questions.

Click **Exit**.