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

То:	ACCESS User Guide Users
From:	Autumn Arnold, Bureau Director Bureau of Eligibility and Enrollment Policy
Re:	ACCESS User Guide Release 24-02
Release Date:	06/22/2024
Effective Date:	06/22/2024

EFFECTIV	/E DATE	The following policy additions or changes are effective 06/22/2024
		unless otherwise noted. Underlined text denotes new text. Text with a
	IDDATES	strike through it denotes deleted text.
	Stop 2: Brovido usor	Added information on Concentrators and updater screenshots
5.2	information	
3.6	Household Details	Added FoodShare Work Registrant/ABAWD Information page. Updated
		the numbering of other steps in the process flow.
4.2.1	My Benefits Introduction	Updated for 2024 Summer EBT.
4.2.5	Health Care Details	Updated screenshot.
4.2.7	Summer EBT Details	Updated for 2024 Summer EBT.
4.7	Alerts	Added information on premium payments due and updated screenshots.
5.1.2	Report My Changes Page	Updated screenshots.
5.1.3.1	Your Contact Information Page	Added information to include FoodShare basic work rules/work
		requirement information selection.
5.1.3.1.1	FoodShare Basic Work	Added FoodShare Basic Work Rules/Work Requirement information and
	Rules/Work Requirement	corrected questions in step 5.
	Information	
5.1.3.3	Summary Page	Updated text and added screenshot for FoodShare basic work rules/work
- 1 0		requirement information changes summary.
5.1.6	Change Request Summary	Added screenshot for FoodShare Basic Work Rules/Work Requirement
0.2.4	Denow My Denofite Denoe	Information changes summary.
0.3.1	Renew My Benefits Pages	
6321	Household Members	Added screenshot to account for FoodShare Basic Work Bules/Work
0.3.2.1	Household Members	Requirement information gatenost question
6329	Make Changes to Previously	New section
0.0.2.0	Reported Basic Work Rules or	
	Work Requirement Information	
6.3.2.10	Reviewing Your Household	Renumbered from 6.3.2.9.
	Changes	
9.1	MyACCESS Mobile App	Updated for 2024 Summer EBT.
10.4.1	Premium Home Page	Added information and screenshots for Premiums home page alerts
10.4.2	Make a Payment	Updated screenshots and added information about timing for payments
		received.
15.3.1	Manage Your HMO	Added an image for clarification on members who receive fee-for-service
		coverage.
16.1	Summer EBT Program	Updated for 2024 Summer EBT.
16.2	Summer EBT: Updating	Updated for 2024 Summer EBT.
40.0	Contact Information	
16.3	Summer EBT: Opting Out of	Updated for 2024 Summer EB1.
1	Summer EBT Benefits	

3.2 Start an Application

Step 2: Provide user information

The "Applying for someone else"_page asks the user how they are related to the primary applicant. Anyone can assist the applicant with applying but cannot act on the applicant's behalf unless they have legal permission. An authorized representative, legal guardian, Or<u>conservator</u>, or <u>agent with</u> power of attorney can apply on behalf of the applicant for all programs except Wisconsin Shares Child Care Subsidy. <u>Show/Hide an example of the page</u>

Applying for someone else

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

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

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

O Friend or family member

 Staff or volunteer at an organization that helps people use ACCESS

Authorized representative (person)

 Authorized representative (organization)

Legal guardian

Power of attorney

Community ACCESS Point (CAP) agency number (optional)

Aren't related in any of these ways? Apply for yourself.

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

Applying for someone else

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

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

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

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

Community ACCESS Point (CAP) agency number (optional)

Aren't related in any of these ways? Apply for yourself.

If you are applying for the Wisconsin Shares Child Care Subsidy Program, you need to apply for yourself. An authorized representative, legal guardian, conservator, or power of attorney can't apply for you. If you are a foster parent, are a legal guardian of a child, or a relative providing care in the place of a parent, list yourself as the applicant.

Save and next

Questions

How to Answer

How are you related to the person you're applying for?	 Select one of the relationship options: Friend or family member Staff or volunteer at an organization that helps people use ACCESS Authorized representative (person) Authorized representative (organization) Legal guardian Power of attorney <u>Conservator</u> If they select Staff or Volunteer volunteer at an organization that helps people use ACCESS the next question displays.
Community ACCESS Point (CAP) agency number (Optional)	Enter the CAP number.— See 12.6 Community Access Point Application Search Results Page.

If they are an authorized representative, legal guardian, <u>Ofconservator</u>, or agent with power of attorney, an additional screen displays to gather their information.

Authorized representative information (Click to show)

The "Appointing an authorized representative"__page explains what an authorized representative is and why an applicant would want to appoint one. After the <u>explainingexplanation</u>, the page asks the applicant if they would like to appoint an authorized representative now or at a later time. *Show/Hide an example of the page*

Appointing an authorized representative

What is an authorized representative?

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

What can an authorized representative do?

An authorized representative can:

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

What programs can an authorized representative help with?

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

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

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

How is an authorized representative appointed?

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

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

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

Do you want to appoint an authorized representative now? *

O Yes

🔘 No, I'll do this later

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

If the applicant decides to appoint an authorized representative now, the next pages <u>page</u>displays.

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

Authorized representative information

Authorized representative name

First name *

Middle initial (optional)
Last name *
Suffix (optional)
Select an Option
Address
Street address *

Apartment, unit, or room number (optional)

Ci	ty	*	

State *

Zip code *

Contact information

Phone number (optional)

Email (optional)

Statements of understanding

- I am limited to doing any or all of the following on the
 - applicant's behalf:
 - Applying for or renewing benefits
 - Reporting changes
 - Working with the applicant's agency on any benefit-related

¥

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

If the representative was selected as authorized representative (person), the Statements of understanding page displays.

Show/Hide an example of the page

Statements of understanding

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

Save and next

If the representative was selected as authorized representative (organization), the Statements of understanding page displays.

Show/Hide an example of the page

Statements of understanding

- I am authorized to act on behalf of the organization.
- The organization is limited to doing any or all of the following on the applicant's behalf:
 - Applying for or renewing benefits
 - Reporting changes
 - Working with the applicant's agency on any benefit-related matters
 - Filing eligibility-related grievances and appeals
- The organization is expected to be familiar with the applicant's circumstances.
- The organization must report to the applicant's agency any changes to the organization's contact person.
- The applicant can remove the organization from being their authorized representative at any time.
- The applicant does not need to notify the organization that it has been removed from serving as their authorized representative.
- The organization is the applicant's authorized representative until he or she requests a different authorized representative or chooses not to have an authorized representative.
- The organization and anyone acting on its behalf must provide truthful and accurate information.
- If the organization provides inaccurate or false information, the applicant or member may need to repay any health care benefits received in error.
- If the organization intentionally violates program rules, it must repay any FoodShare benefits that were misused or received in error. This includes, but is not limited to:
 - If the organization is an AODA facility, they may not take more than one month's benefits in one month from a member. If the member leaves the facility before the 16th of the month, the organization can only take half a month's benefits.
 - When the member leaves the facility, they must give the member sole access to any remaining benefits. If possible, the facility should provide the member with a change report form to report a new address or other changes.
- The organization and anyone acting on its behalf must comply with applicable state and federal laws and regulations, including 42 C.F.R. Part 431, Subpart F; 42 C.F.R. § 447.10; and 45 C.F.R. § 155.260(f), concerning conflicts of interest and confidentiality of information.
- I understand and agree to the statements of understanding above on behalf of the organization. I agree that the organization will serve as the authorized representative for the applicant.

Questions	How to Answer
Authorized representative name	This question displays if the authorized representative is an individual. Enter the full name of the authorized

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

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

Applicant's statements of understanding

The applicant should complete this page.

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

O Yes

O No

Statements of understanding

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

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

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

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

Show/Hide an example of the page

Finish appointing a	uthorized representative
The applicant, the authorized represer	tative, and a witness
must all sign here to finish appointing	the authorized
representative.	
▲ If all three signatures aren't prov	ided, the authorized representative can help with the
application but can't sign and su application in that case. If you ca	bmit it. Only the applicant can sign and submit the n't get all the signatures now, you can come back to this page
later.	
Applicant's signature	
I understand that by checking this b	ox and typing my
name below, I am providing my elec	tronic signature. I
understand that an electronic signal legal effect and can be enforced in t	ure has the same
written signature.	
First name	
Middle initial (optional)	
Last name	
Authorized representative sig	nature
Understand that by checking this h	and tuning my
name below, I am providing my elec	tronic signature. I
understand that an electronic signa	ure has the same
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Legal Guardian Information (Click to show)

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

Show/Hide an example of the page

Legal guardian information

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

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

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

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

Legal guardian name

_

Middle initial (optional)	
Last name *	
Suffix (optional)	
Select an Option	
Address	
Street address *	The applicant's latters will be
	sent to this address.
Apartment unit er reem number (optional)	
City *	
State *	
State	
Zin code .*	
Contact Information	
Phone number (optional)	
Email (optional)	

Legal guardian information

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

- A legal guardian of the estate.
- A legal guardian of the person and the estate.
- Another type of legal guardian where the court document appointing the guardian grants them the authority to enroll the person in the program they are applying for or public assistance programs in general.

For health care programs, if the applicant only has a legal guardian of the person, and the applicant's guardian does not have the authority to enroll the applicant in BadgerCare Plus, Medicaid, or public assistance programs, the legal guardian of the person cannot act on the applicant's behalf as a legal guardian. The applicant can appoint the legal guardian of the person as their authorized representative.

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

Legal guardian name

First name *		
Middle initial (optional)		
Last name *		
Suffix (optional)		
Select an Option	•	
Address		
Street address *	The applicant's letters will be sent to this address.	
Apartment, unit, or room number (optional)		
City *		
State *		
▼ Zip code *		
Contact information		
Phone number (optional)		
Email (optional)		
	Save and n	ext

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

Conservator information (Click to show)

The Conservator information page asks the application questions about the conservator.

Show/Hide an example of the page.

Conservator information

A conservator may be able to act on behalf of an applicant, including signing the application. If the conservator appointment does not include the power to apply on behalf of the applicant, they must be appointed as an authorized representative to sign the application.

Conservator name

irst name	
Middle initial (optional)	
Latt name	
Last name	
Suffix (optional)	
Select an Option	1. . .
Address	
	The applicant's letters will be
au eer audress	sent to this address.
An ann an an an an an an Ann Farthau B	
Apartment, unit, or room number (optional)	
City *	
State *	
•	
Zip code *	
Contact information	
Phone number (ontional)	
Email (optional)	
	Save and next

Questions	How to Answer
Conservator name	Enter the full legal name of the conservator. The middle initial and suffix are optional.
<u>Address</u>	Enter the full address of the conservator.
<u>Phone number</u> (Optional)	Enter the phone number of the conservator.
Email (Optional)	Enter the email address of the conservator.

Power of attorney information (Click to show)

The "Power of attorney information" page asks the applicant questions about the <u>agent</u> <u>with</u> power of attorney. <u>Show/Hide an example of the page</u>

Power of attorney information

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

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

Power of Attorney name

Middle initial (optional)	
Last name *	
Suffix (optional)	
Select an Option	
Address	
Street address *	
	The applicant's letters sent to this address.
Apartment, unit, or room number (optional)	
City *	
State *	
State *	
State * State Tip code *	
State * State Zip code *	
State * State Zip code *	
State * State Zip code * Contact information	
State * State Zip code * Contact information Phone number (optional)	
State * State Zip code * Contact information Phone number (optional)	
State * State Zip code * Contact information Phone number (optional) Email (optional)	

Power of attorney information

Only an activated durable power of attorney for finances can act on an applicant's behalf, including signing this application. The durable power of attorney for finances may also be known as a durable power of attorney for finances and property. Other powers of attorney, including power of attorney for health care, need to be appointed as an authorized representative to act on the applicant's behalf.

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

Power of attorney name

First name *	
Middle initial (optional)	
.ast name *	
Suffix (optional)	
Select an Option	
Address	
Street address *	The applicant's letters will be sent to this address.
Apartment, unit, or room number (optional)	
City *	
itate *	
▼ tip code *	
Contact information	
hone number (optional)	
mail (optional)	
	Save and next

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

3.6 Household Details

Step 3: Your household's health

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

Your household's health

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

Yes

O No

Who needs help? *

🗌 Test Test

Spouse Test

Child Test

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

By activities of daily living, we

Eating.Moving around the home.

mean activities like: • Bathing.

Using the toilet.

Dressing.

Has anyone in your household been diagnosed with tuberculosis? *

Yes

O No

Who has been diagnosed with tuberculosis? *

🗌 Test Test

Spouse Test

Child Test

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

Yes

O No

Who was in an accident? *

🗖 Test Test

Spouse Test

Child Test

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

Yes

O No

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

By accident, we mean:

Any accident that caused an

Work accident.Car accident.

injury or illness.

Who had a medical emergency? *

Test Test

Spouse Test

🗌 Child Test

How to answer
Select Yes or No . If the applicant selects yes, the next question displays.
Select which member or members of the household needs help.
Select- _Yes or- _No . If the applicant selects yes, the next question displays.
Select which member or members of the household has tuberculosis.
 SelectYesorNo. By accidents, we mean:- Work accident Car accident Any accident that caused an injury or illness If the applicant selects yes, the next question displays.
Select the member or members of the household that was in an accident.
Select- Yes -or- No . By medical emergency, we mean a medical problem that could put your health at serious risk if you do not get medical care right away. This does not include ongoing or chronic conditions.

Who had a medical	Select the member or members of the household that
emergency?	recently had a medical emergency.
ennergency:	

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

If at least one adult in the household is currently living in a care facility, the "_____'s care facility" page displays. <u>Show/Hide an example of the page</u>

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)

MM/DD/YYYY	i
------------	---

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

Yes

O No

O I don't know

When did Test first move into a care facility? *

MM/DD/YYYY 👼

Spouse's mailing address (optional)

Street address

Apartment, unit, o	r room number (optional)
City	
-	
Charles	
State	
	-
Zip code	

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

If the application includes	Continue to
FoodShare, health care, or Family Planning Only Services	STEP 4: MEDICARE COVERAGE
Wisconsin Shares Child Care Subsidy and does not include FoodShare, health care, or Family Planning Only Services	STEP 76: CHILD CARE HELP
Only W-2 or JAL	STEP 87: SCHOOL ENROLLMENT

Step 4: Medicare coverage-

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

Show/Hide an example of the page

Medicare coverage

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

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

Yes

O No

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

🗌 Test Test

Spouse Test

🗌 Child Test

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

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

Show/Hide an example of the page

Test's Medicare coverage

Please tell us more about Test's Medicare coverage.

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

Yes

O No

🔿 I don't know

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

MM/DD/YYYY

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

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

🗖 l don't know

\$

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

O Test

O Someone else

O I don't know

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

Yes

O No

O I don't know

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

MM/DD/YYYY

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

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

\$

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

Select an Option

What is Test 's Medicare number? (optional)

•

🗖 I don't know

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

O Yes

O No

O I don't know



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

What is's	Enter Medicare number.
Medicare number?	The applicant may also select- I don't know's
(Optional)-	Medicare numberinstead of entering a number.
Are you getting health coverage through the Railroad Retirement Board?-	Select- _Yes ,- _No , or- _I don't know .

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

If the household includes	And the application includes	Continue to
Someone older than 20 years old	W-2 or JAL only	STEP 8: SCHOOL ENROLLMENT
Neither of the above	FoodShare	STEP 5: FOOD ASSISTANCE
		STEP 6: FOODSHARE BASIC WORK RULES/WORK REQUIREMENT INFORMATION
	Wisconsin Shares Child Care Subsidy and not FoodShare	STEP 76: CHILD CARE HELP
	Health care or FPOS only	STEP 109: CONFIRM THE INFORMATION ON THE SUMMARY PAGE

Step 5: Food assistance

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

Show/Hide an example of the page

Food assistance

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

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

Is anyone in your household getting SNAP

Yes

O No

Who was sanctioned? *

🗌 Child Test

Spouse Test

🗌 Test Test

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

Yes

O No

Who is enrolled in outpatient drug or alcohol treatment? *

🗌 Test Test

Spouse Test

🗌 Child Test
Questions	How to answer
Does anyone in your household need help	Select Yes or No.
with activities of daily living?	If the applicant selects yes, the next question displays.
Who needs help?	Select which member or members of the household needs help.
Has anyone in your	Select Yes or No.
diagnosed with tuberculosis?	If the applicant selects yes, the next question displays.
Who has been diagnosed tuberculosis?	Select which member or members of the household has tuberculosis.
Has <u>Is</u> anyone in your household been in an accident in the last three months? getting SNAP benefits that were sanctioned?	 SelectYesorNo. By accidents, we mean: Work accident. Car accident. Any accident that caused an injury or illness. If the applicant selects yes, the next question displays.
Who was in an accident sanctioned?	Select <u>thewhich</u> member or members of the household that was in an accidentsanctioned.
Has <u>Is</u> anyone in your household had a medical emergency <u>enrolled</u> in the last three months? <u>outpatient drug</u> or alcohol treatment?	Select-Yes-or-No. By medical emergency, we mean a medical problem that could put your health at serious risk if you do not get medical care right away. This does not include ongoing or chronic conditions.

	If the applicant selects yes, the next question displays.
Who had a medical emergency? Who is enrolled in outpatient drug or alcohol treatment?	Select the <u>which</u> member or members of the household that recently had a medical emergencyare enrolled in outpatient drug or alcohol treatment.

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

If the household includes	And the application includes	Continue to
<u>Someone between 16-</u> 59 years old	<u>FoodShare</u>	STEP 6: FOODSHARE BASIC WORK RULES/WORK REQUIREMENT INFORMATION
Someone older than 20 years old	W-2 or JAL only	STEP 87: SCHOOL ENROLLMENT
No one older than 20 years old	Wisconsin Shares Child Care Subsidy	STEP 76: CHILD CARE HELP
	Any other programs	STEP 87: SCHOOL ENROLLMENT

Step 6<u>Step 6</u>: FoodShare Basic Work Rules/Work Requirement Information

The FoodShare Basic Work Rules/Work Requirement Information page only displays if the application includes FoodShare and the applicant has completed Step 5's Food assistance page and the information indicates member(s) meet the basic work rules or work requirement age criteria. This step includes questions to ask about possible exemptions for applicable household members.

Show/Hide an example of the page

i Application overview

← Back

Household details

FoodShare Basic Work Rules/Work Requirement Information

Tell us if anyone in your household does not have to meet the FoodShare basic work rules or the FoodShare work requirement because they are exempt by answering the questions below. For a full list of things that make someone exempt, go to www.dhs.wisconsin.eov/foodshare/infonotice.htm.

Answering these will help us decide if you can get FoodShare benefits and if anyone in your household will need to meet a work requirement to keep benefits.

Is anyone in your household in a Wisconsin Works (W-2) work program? (optional)

O Yes

O No

Is anyone in your household responsible for caring for a child under age 6 who does not live with you? (optional)

O Yes

O No

Is anyone in your household responsible for caring for another person who cannot care for themselves? (optional)

O Yes

O No

Is anyone in your household a veteran? A veteran is defined as a person who served in the United States Armed Forces (the Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, National Guard, or Armed Forces Reserve) who has been discharged or released under any condition. (optional)

O Yes

O No

Is anyone in your household an 18–24-year-old who was in foster care, a subsidized guardianship, or court-ordered kinship care when they turned 18? (optional)

O Yes

O No

Is anyone in your household participating in a work program? Work programs provide education, training, and other supportive services to job seekers looking to gain new or different employment. (optional)

O Yes

O No

Question	How to Answer
<u>Is anyone in your</u> <u>household in a</u> <u>Wisconsin Works (W-</u> <u>2) work program?</u> (optional)	This question displays when there is a household member(s) listed as between age 16-59 years old.Select Yes or No.If the applicant selects no, move on to the next question.If the applicant selects yes, a new follow-up question displays below.
<u>Which</u> <u>household</u> <u>member(s) is in</u> <u>a Wisconsin</u> <u>Works (W2)</u> <u>program?</u>	<u>Select which household member(s) is in compliance with</u> <u>W-2 work program.</u>
<u>Is anyone in your</u> <u>household responsible</u> <u>for caring for a child</u> <u>under age 6 who does</u> <u>not live with you?</u> (optional)	This question displays when there is a household member(s) listed as between age 16-59 years old.Select Yes or No.If the applicant selects no, move on to the next question.If the applicant selects yes, a new follow-up question displays below.
<u>Which</u> <u>household</u> <u>member is</u> <u>caring for a child</u> <u>under age 6 who</u> <u>does not live</u> <u>with you?</u>	Select which household member(s) is responsible for caring for a child under age 6 who does not live with them.
<u>Is anyone in your</u> <u>household responsible</u> <u>for caring for another</u> <u>person who cannot</u> <u>care for themselves?</u> (optional)	This question displays when there is a household member(s) listed as between age 16-59 years old.Select Yes or No.If the applicant selects no, move on to the next question.If the applicant selects yes, a new follow-up question displays below.

<u>Which</u> <u>household</u> <u>member is</u> <u>responsible for</u> <u>caring for</u> <u>another person</u> <u>who cannot care</u> <u>for themselves?</u>	Select which household member(s) is responsible for caring for another person who cannot care for themselves.
Is anyone in your household a veteran of the United States? A veteran is defined as a person who served in the United State Armed Forces (the Army, Marine Corps, Navy, Air Force, Coast Guard, National Guard, or Armed Forces Reserve) who has been discharged or released under any condition? (optional)	This question displays when there is a household member(s) listed as between age 18-52 years old. Select Yes or No. If the applicant selects no, move on to the next question. If the applicant selects yes, a new follow-up question displays below.
<u>Which</u> <u>household</u> <u>member is a</u> <u>veteran of the</u> <u>United States</u> <u>Armed Forces?</u>	Select which household member(s) is a veteran of the United States Armed Forces who has been discharged or released under any condition.
Is anyone in your household an 18-24- year-old who was in foster care, a subsidized guardianship, or court- ordered kinship care when they turned 18? (optional)	This question displays when there is a household member(s) listed as between age 18-24 years old.Select Yes or No.If the applicant selects no, move on to the next question.If the applicant selects yes, a new follow-up question displays below.
<u>Which</u> <u>household</u> <u>member is an</u>	Select which household member(s) is 18-24 years old and was in foster care, subsidized guardianship, or court-ordered kinship care when they turned 18.

18-24-year-old who was in foster care a subsidized guardianship, or court-ordered kinship care when they turned 18?Is anyone in your household participating in a work program? Work programs provide education, training, and other supportive services to job seekers looking to gain new or different	This question displays when there is a household member(s) listed as between age 18-52 years old. Select Yes or No . If the applicant selects no, move on to the next question. If the applicant selects yes, a new follow-up question displays below.
<u>employment.</u> (optional) <u>Which</u> bousehold	Select which household member(s) is participating in a
nousenoid <u>member is</u> participating in a work program?	work program.
If the applicant completes Apply for Benefits PDF pa	this page, the applicant can view a PDF summary table at the ge (see Section 3.13 Apply for Benefits Home Page).

Show/Hide an example of the page

FoodShare Basic Work Rules / Work Requirement Information

Question	Your answer
Is anyone in your household in a Wisconsin Works (W-2) work program?	Yes
Which household member(s) is in a Wisconsin Works (W-2) work program?	
Is anyone in your household responsible for caring for a child under age 6 who does not live with you?	Yes
Which household member is responsible for caring for a child under age 6 who does not live with you?	•
Is anyone in your household responsible for caring for another person who cannot care for themselves?	Yes
Which household member is responsible for caring for another person who cannot care for themselves?	
Is anyone in your household a veteran? A veteran is defined as a person who served in the United States Armed Forces (the Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, National Guard, or Armed Forces Reserve) who has been discharged or released under any condition.	Yes
Which household member is a veteran who served in the United States Armed Forces?	

Is anyone in your household an 18–24-year- old who was in foster care, a subsidized guardianship, or court-ordered kinship care when they turned 18?	Yes
Which household member is an 18–24-year- old who was in foster care, a subsidized guardianship, or court-ordered kinship care when they turned 18?	
Is anyone in your household participating in a work program? Work programs provide education, training, and other supportive services to job seekers looking to gain new or different employment.	Yes
Which household member is participating in a work program?	I

The next page displayed depends on which programs the applicant is applying for.

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

Step 7: Child care help

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

-<u>Show/Hide an example of the page</u>

Child care help

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

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

0	Yes

O No

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

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

Who needs help paying for child care? *

🗌 Test Test

Spouse Test

🗌 Child Test

Save and next

Questions	How to answer
ls anyone in your	Select- Yes or- _No .
household	_If the applicant selects no, move on to step 5.
able to get	_If the applicant selects yes, the next question displays.
Medicare Part A or	
Part B?	
-	

Who is getting or is able to get Medicar e Part A or Part B?	Select which member or members of the household that is in the process of getting or is eligible to get Medicare.
--	---

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

If the household includes	And the application includes	Continue to
Someone older than 20 years old	Wisconsin Shares Child Care Subsidy, W-2, or JAL only	<u>STEP 78: SCHOOL</u> ENROLLMENT
No one older than 20 years old	Any other programs	<u>STEP 98: LEGAL</u> <u>HISTORY</u>

Step 78: School enrollment

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

Show/Hide an example of the page

School enrollment

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

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

- Yes
- O No

🔘 I don't know

Who is currently going to school? *

🗌 Member Test

Spouse Test

< Child Test

Save and next

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

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

Test's education

Please tell us more about Test's education.

Does Test go to school? *

Yes

O No

O I don't know

What is Test's enrollment status? *

Select a status

What type of school does Test go to? *

Select a school type

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

•

Select an education level

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

•

•

Yes

O No

🔘 I don't know

Who else is currently going to school?

Spouse Test

Save and next

Questions	How to answer
Does go to school?	Select- _Yes ,- _No , or- _I don't know . _If the applicant selects yes, the next five questions
	display.
What is's enrollment status?	This question is optional for those only applying for Wisconsin Shares Child Care Subsidy.
	_Select the status of enrollment from the dropdown menu
What type of school does	This question is optional for those only applying for Wisconsin Shares Child Care Subsidy.
go to?	_Select the type of school applicant is currently attending from the dropdown menu.–
Do any of these situations apply to ? (Optional)	Select which situation or situations apply to the applicant.
When will graduate high school?	This question displays if the applicant or household member is attending school (not college or vocational schools).
	Select the date from the calendar.
What is the highest level of education has completed?	Select the highest education level achieved by applicant from the dropdown menu.
Does anyone else in vour household	Select- Yes ,- No , or- I don't know .
currently go to school? (Optional)-	_This question displays only if there is another person over 20 applying for Wisconsin Shares Child Care Subsidy, W-2, or JAL in the household

Who else is	Select which member or members of the household that is
currently going to	currently enrolled in school.
3011001:	The page will repeat for the people selected.

Step 89: Legal history

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

Legal history

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

Yes

O No

Who was convicted of a drug felony? *

🗌 Test Test

🗖 Spouse Test

🗌 Child Test

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

Yes

O No

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

🗌 Test Test

🗖 Spouse Test

Child Test

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

Save and next

Questions

How to answer

Has anyone in your household been convicted of a drug felony in the last five years?	Select- _Yes or- _No . If the applicant selects yes, the next question displays.
Who was convicted of the felony?	Select which member or members of the household has been convicted of a drug felony in the past five years.
Is anyone in your household fleeing from a felony or in violation of probation or parole?	Select- _Yes or No . _If the applicant selects yes, the next question displays.
Who is fleeing from a felony or in violation of probation or parole?	Select which member or members of the household currently fleeing.

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

If the household includes	And the application	Continue to
A Childless Adult	Does not include health care	STEP 109: CONFIRM INFORMATION ON THE SUMMARY PAGE
No Childless Adults	Includes any programs	STEP 109: CONFIRM INFORMATION ON THE SUMMARY PAGE

Step 910: 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.

-<u>Show/Hide an example of the page</u>

You finished the household details section

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

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

Information from this section

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

Household details	
You finished the household details section	
You've answered all the required questions for this section. If you need to change your answers, you can go back to do so.	
When you're ready to continue, go to the application overview.	
Information from this section	
Citizenship information	Add or remove peop
People with a disability, illness, or injury	Add or remove peop
Your household's health	Updat
Medicare coverage	Add or remove peop
Food assistance	Updat
FoodShare Basic Work Rules/Work Requirement Inform	nation Updat
Education	
John	Updat

Lisa υp • / Update / Henry Update / Legal history

Application overview

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.

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.	0
BadgerCare Plus Standard Plan	In May 2017, BARB-MSK, LOUIS-MSK, BASILIA-MSK and JAMES-MSK are getting BadgerCare Plus Standard Plan benefits.	0
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.	0

"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 <u>a one-time benefit</u> to households with students who were enrolled to receive free or reduced price meals at<u>families of</u> eligible schools duringchildren to help cover the cost of meals for the months between school year. <u>years.</u>

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.

4.2.5 Health Care Details

Health Care	Details		
This page te click the Go	lls you mo to Accour	ore about your Health Care benefits. If you would like t Home button at the bottom of the page.	e to look at information about other benefits,
Keep in mine letter will als	d that whe o let you l	never your benefits change, you should get a letter know your rights if you feel the change has been ma	in the mail telling you about the change. This de in error.
Click this but	ton if you	need a new ForwardHealth Card.	Get a New Card
Click this but	ton if you	need an Explanation of Medical Benefits (EOMB).	Get an Explanation of Benefits
We are show	ving you b	enefit information as of January.	
BadgerCare	Plus		
BadgerCare	Plus A JEN	You are getting BadgerCare Plus in January 2024 BadgerCare Plus is full-benefit health care. It will To learn more about what the BadgerCare Plus co We have found that:	help you pay for most medical bills. overs, click here.

lick the Go to Ad	ccount Home button at the bottom of the page. It whenever your benefits change, you should get a letter in	the mail telling you about the change. Th
etter will also let	you know your rights if you feel the change has been made	e in error.
lick this button	if you need a new ForwardHealth Card.	Get a New Card
lick this button	if you need an Explanation of Medical Benefits (EOMB).	Get an Explanation of Benefits
Ve are showing	you benefit information as of May.	
adgerCare Plu	S	
8	You are getting BadgerCare Plus in May 2024.	
<u>9</u>	BadgerCare Plus is full-benefit health care. It will he	Ip you pay for most medical bills.
	To learn more about what the BadgerCare Plus cove	ers, click here.
	We have found that:	
	is covered under BadgerCare Plus.	health care coverage started on
	Monday April 1, 2024. The next renewal must be	completed in March 2025.
	 We are charging a monthly premium for your chi you do not pay the premium 	Id's benefit. Their benefits will not end if
	 Click Manage My HMO to view and/or make cha 	nges to your HMO enrollment.
	-	
ledicaid Purch	ase Plan	
8	You are getting Medicaid Purchase Plan in May 202	4.
66	Medicaid Purchase Plan is full-benefit health care. It	t will help you pay for most medical bills.
UU	We have found that:	
	is covered under Medicaid Purch	nase Plan.
	coverage started on Monday April 1, 2024. The r	next renewal must be completed in March
	2025.	
	 Tou need to pay a monthly premium. Click Manage My HMO to view and/or make cha 	nges to your HMO enrollmont
		nges to your himo enrollment.
iow My Lottore		

4.2.7 Summer EBT Details

his page provides det formation on the total	ails about the summer EBT benefits issued on behalf of your student(s). Below you will find amount of benefits you will receive the student(s) the benefit was sent for and when the benefit
as sent. The benefit in	nformation is up to date as of June 24, 2024
lease note that you sl nd the benefit amount	nould also get a letter detailing your benefits. This letter will tell you who is receiving the benefits t.
he letter will also give	you information on your rights if you feel that there is an error with your benefits.
lease call 833-431-22 Summer EBT benefits.	24 or email <u>dhssebtsupport@wi.gov</u> _if you have questions or concerns regarding the
elect the "Go to Acco	unt Home" Button at the bottom of the page to view information about your other benefits.
ummer EBT	
ñ	You received a total benefit amount of \$ 120 for Summer EBT covering the months of June, July and August 2024.
OLLIE	OLLIE
	Your benefits were most recently made available to you on June 22, 2024
iew My Letters	re with more information

- 4.2.78 Appointment Information
- 4.2.8-9 Get a New Card
- 4.2.9 10 Get an Explanation of Medical Benefits
- 4.2.10 11 Contact Information
- 4.2.11 12 History

4.2.12 13 Check My Benefits Worker View in CARES Worker Web

4.7 Alerts

The ALERTS section is displayed at the top of the Account Home menu when the following are duesituations occur:

- A renewal is due for health care, FoodShare, or Child Care
- A Six-Month Report Form is due for FoodShare
- Proof



• Verification is due

An online premium payment transaction has failed (non-sufficient funds, etc.)
 A MAPP premium payment is due

Show/Hide an example of the page

	My Benefits		
Benefit Renewals due for :	This information	is current as of Friday September 25, 2020.	
Health Care			
Six Month Report due for :	Benefits	Status	Details
- Click for FoodShare	FoodShare	In September 2020, I is getting a total benefit of \$ 194.00 per month.	0
My Letters			
View My Letters	BadgerCare Plus	In September 2020, is getting BadgerCare	0
Manage My Email		Plus benefits.	
My Health Care	W-2		\sim
Request Explanation of Medical Benefits (EOMB)	٢	is not eligible for W-2 in September 2020.	0
Get a New Card			
Energy and the state One of			
ForwardHealth Card			
My Account	My Renewals/Si	x-Month Report Forms	
My Account Manage My Account	← My Renewals/Si Benefits	x-Month Report Forms	
My Account Manage My Account My Benefits	← My Renewals/Si Benefits	Archaracter Forms Details You should receive a Six-Month Report Form (SMI mail near the end of September 2020. You can sub SMRE online after you have received the form in th	RF) in the omit your
My Account Manage My Account My Benefits Report My Changes	My Renewals/Si Benefits FoodShare	Details You should receive a Six-Month Report Form (SMI mail near the end of September 2020. You can sut SMRF online after you have received the form in th may complete and return the form you received in can also complete the SMRE over the phone with 1	RF) in the omit your he mail or you the mail. You
My Account Manage My Account My Benefits Report My Changes Apply For Benefits	My Renewals/Si Benefits FoodShare	Details You should receive a Six-Month Report Form (SMI mail near the end of September 2020. You can sut SMRF online after you have received the form in th may complete and return the form you received in can also complete the SMRF over the phone with agency or by submitting the form through the MyA' if you aren't reporting any changes to the informati	RF) in the omit your he mail or you the mail. You your local CCESS app, ion we already
My Account Manage My Account My Benefits Report My Changes Apply For Benefits Renew My Benefits	My Renewals/Si Benefits FoodShare	Details You should receive a Six-Month Report Form (SMI mail near the end of September 2020. You can sut SMRF online after you have received the form in ti may complete and return the form you received in can also complete the SMRF over the phone with 1 agency or by submitting the form through the MyA if you aren't reporting any changes to the informati have. To keep getting your FoodShare benefits and delay, you need to complete and submit your SMR	RF) in the omit your the mail or you the mail. You your local CCESS app, ion we already d to avoid any IF by the end
My Account Manage My Account My Benefits Report My Changes Apply For Benefits Renew My Benefits My Documents	My Renewals/Si Benefits FoodShare	Details You should receive a Six-Month Report Form (SMF mail near the end of September 2020. You can sut SMRF online after you have received the form in the may complete and return the form you received in can also complete the SMRF over the phone with y agency or by submitting the form through the MyA if you aren't reporting any changes to the informati have. To keep getting your FoodShare benefits and delay, you need to complete and submit your SMR of Tuesday October 6, 2020.	RF) in the omit your he mail or you the mail. You your local CCESS app, ion we already d to avoid any IF by the end
My Account Manage My Account My Benefits Report My Changes Apply For Benefits Renew My Benefits My Documents Submitted Documents	My Renewals/Si Benefits FoodShare EadgerCare Plus	Details You should receive a Six-Month Report Form (SMI mail near the end of September 2020. You can sut SMRF online after you have received the form in ti may complete and return the form you received in can also complete the SMRF over the phone with gency or by submitting the form through the MyA if you aren't reporting any changes to the informati have. To keep getting your FoodShare benefits an delay, you need to complete and submit your SMR of Tuesday October 6, 2020. In September 2020, you will need to provide the in your worker asks for to keep getting benefits	RF) in the omit your he mail or you the mail. You your local CCESS app, ion we already d to avoid any F by the end formation
My Account Manage My Account My Benefits Report My Changes Apply For Benefits Renew My Benefits My Documents Submitted Documents Needed Documents	My Renewals/Si Benefits FoodShare	Details You should receive a Six-Month Report Form (SMI mail near the end of September 2020. You can sut SMRF online after you have received the form in th may complete and return the form you received in can also complete the SMRF over the phone with gagency or by submitting the form through the MyAr if you aren't reporting any changes to the informati have. To keep getting your FoodShare benefits and delay, you need to complete and submit your SMR of Tuesday October 6, 2020. In September 2020, you will need to provide the in your worker asks for to keep getting benefits.	RF) in the omit your he mail or you the mail. You your local CCESS app, ion we already d to avoid any F by the end
My Account Manage My Account My Benefits Report My Changes Apply For Benefits Renew My Benefits My Documents Submitted Documents Needed Documents Learn More	My Renewals/Si Benefits FoodShare	Details You should receive a Six-Month Report Form (SMF mail near the end of September 2020. You can sut SMRF online after you have received the form in the may complete and return the form you received in can also complete the SMRF over the phone with y agency or by submitting the form through the MyA' if you aren't reporting any changes to the informati have. To keep getting your FoodShare benefits and delay, you need to complete and submit your SMR of Tuesday October 6, 2020. In September 2020, you will need to provide the in your worker asks for to keep getting benefits.	RF) in the omit your he mail or you the mail. You your local CCESS app, ion we already d to avoid any F by the end formation
My Account Manage My Account My Benefits Report My Changes Apply For Benefits Renew My Benefits My Documents Submitted Documents Needed Documents Learn More Other Programs	My Renewals/Si Benefits FoodShare	Details You should receive a Six-Month Report Form (SMI mail near the end of September 2020. You can sut SMRF online after you have received the form in th may complete and return the form you received in can also complete the SMRF over the phone with y agency or by submitting the form through the MyA if you aren't reporting any changes to the informati have. To keep getting your FoodShare benefits and delay, you need to complete and submit your SMR of Tuesday October 6, 2020. In September 2020, you will need to provide the in your worker asks for to keep getting benefits.	RF) in the omit your he mail or you the mail. You your local CCESS app, ion we already to avoid any F by the end formation

ur informa

You can get letters about your programs and benefits online. Click here to visit the Manage My Email page for more information.
[X] Dismiss

Account Home





5.1 Report My Changes 5.1.2 Report My Changes Page Welcome to Report My Changes! As part of getting benefits, you may need to tell your worker if you have changes in your household, your income and/or your bills. This tool will help you report those changes.

We may ask you to provide proof of some of the changes you tell us about. If we ask for proof, you'll need to provide it within 10 days of when we ask for it. If you report a change but don't provide proof, your benefits may end. Click here to read more about the kinds of proof you may need to give to your worker.

Report My Changes may only be used to report changes for Food Share, Healthcare, Caretaker Supplement or Wisconsin Shares Child Care programs. Participants in other programs, including Wisconsin Works (W-2) and Job Access Loan(JAL), must report changes directly to the agency.

To make changes to your email choices, click here to go to the Manage My Email page.

Reporting Changes Through ACCESS

Please check the boxes for all of the changes that you want to report through ACCESS.

Based on the benefits you are getting, here are the changes you must report:

Vour address or phone number has changed	Someone moved into your home
Someone moved out of your home	Someone got married. Make sure you report any changes to marital relationships, including marriages between spouses of the same gender.
Someone got divorced	Someone in your home died
Someone had a change in expected tax filing status	Someone had a change in tax dependents
Someone no longer has a tax deduction	
ere are the changes you may report, but you don't have to r	report:
Someone became disabled, blind, or unable to work because of illness or injury	 Someone changed their job, in-kind job, volunteer work or self-employment.
Someone's housing or utility bills changed	 Someone had a change in type of income other than a job or self-employment
 Someone has grants, scholarships or other financial aid for a new school term 	Someone had a change in tax deductions
Someone wants to provide a new response to the treatment needs question	
Ceep in mind that you should only report changes that have a f you have a change that will happen after Sunday October 8	lifeady happened or are going to happen within the next 30 days. 5, 2023, you should wait to report the change.
Reporting Other Changes	
Some changes cannot be reported through ACCESS at this ti	me. To report one of the changes listed below, call your worker or
our local agency at 1-888-947-6583. If any of events listed b	elow have happened to someone who has moved into your
ome, you will need to let your local agency know.	
fou must tell us if.	
Someone had a change in his or her health insurance coverage	
You must report if:	
 Someone in your household has a substantial lottery or before tax deductions from a single hand, ticket, game 	or gambling winning defined as a single winning of or more b, or bet.
Here are the changes you may, but do not have to, report:	
Someone's dependent care bills changed	 Someone had a change in the child support payments that he or she makes
 Someone who is 60 or older, blind or disabled had a change in medical bills or health insurance payments. 	

Reporting Changes Through ACCESS						
Based on the benefits you are getting, you must tell your worker if your household's total gross monthly income goes over \$2500.00.						
By gross monthly household income, we mean all of the money that the people in your home get each month before taxes or anything else is taken out. If this happens, you must report these changes within 10 days after it happens.						
Keep in mind that if the number of people in your home has gone up or down, this limit will change. Click here to read more if you've had a change in the number of people in your home.						
If your household's income has gone above the limit shown above, click the boxes below to tell us about your income change. If there are other types of changes you must report, we've listed them below.						
Please check the boxes for all of the changes that you want to report through ACCESS.						
Based on the benefits you are getting, here are the changes y	Based on the benefits you are getting, here are the changes you must report:					
Your address, phone number, or FoodShare basic work rules/work requirement information has changed	☐ Someone moved into your home					
□ Someone moved out of your home	Someone became pregnant					
☐ Someone's pregnancy ended	Someone got married. Make sure you report any changes to marital relationships, including marriages between spouses of the same gender.					
□ Someone got divorced	□ Someone in your home died					
☐ Someone had a change in expected tax filing status	□ Someone had a change in tax dependents					
□ Someone no longer has a tax deduction						
Here are the changes you may report, but you don't have to report:						
Someone became disabled, blind, or unable to work because of illness or injury	Someone changed their job, in-kind job, volunteer work or self-employment.					
☐ Someone's housing or utility bills changed	Someone had a change in type of income other than a job or self-employment					
Someone has grants, scholarships or other financial aid for a new school term	☐ Someone had a change in tax deductions					
Keep in mind that you should only report changes that have already happened or are going to happen within the next 30 days. If you have a change that will happen after Friday May 24, 2024, you should wait to report the change.						

Reporting Other Changes	
Some changes cannot be reported through ACCESS at this your local agency at 1-888-947-6583. If any of events listed home, you will need to let your local agency know.	time. To report one of the changes listed below, call your worker o below have happened to someone who has moved into your
You must tell us if.	
 Someone had a change in his or her health insurance coverage 	•
You must report if:	
 Someone in your household has a substantial lottery before tax deductions from a single hand, ticket, gan 	or gambling winning defined as a single winning of or more, or bet.
Here are the changes you may, but do not have to, report:	
Someone's dependent care bills changed	 Someone had a change in the child support payments that he or she makes
 Someone who is 60 or older, blind or disabled had a change in medical bills or health insurance payment 	s.
Go to Account Home	Next

The Report My Changes page is divided into three sections:

- The first section contains general instructions.
- The Reporting Changes Through ACCESS section lists the changes that the household must report followed by the changes that the household may report based on the programs for which the household is currently enrolled in. In some cases, a specific income amount will display with instructions to report changes in income only if the household's monthly income exceeds this limit. This is based on household size and income, as well as the programs for which the household is eligible. Check the box for each change being reported.
- The Reporting Other Changes section contains additional information to be aware of. The contact information for the person's agency is provided so that the person can contact the agency about changes that cannot be reported using ACCESS.

The information that displays on the Report My Changes page differs based on the benefits a person is receiving and the household situation. If the benefits are not currently open on a case, the following message will display instead of the Report My Changes page.

Welcome to Report My Changes! It looks like you are not getting FoodShare, BadgerCare Plus, Medicaid, Child Care, or Caretaker Supplement benefits right now OR your case is being processed by a worker right now. This means that you won't be able to use ACCESS to report changes at this time.

If your benefits have ended and you want to apply for FoodShare, BadgerCare Plus, Family Planning Only Services, Child Care, or Medicaid, you can contact your local agency or click the "Apply For Benefits" link at the very top of the page to apply online.

If a worker is processing your case, you can check to see if the worker needs anything from you by clicking the Go to Account Home button. If anything you told us about on your application or renewal has changed, please contact your local agency to let them know.

Go to Account Home

5.1.3 Detail Pages

5.1.3.1 Your Contact Information Page

This page is scheduled if the Your address <u>Or</u>, phone number, or FoodShare basic work rules/work requirement information has changed <u>box</u>checkbox is <u>checked</u>. <u>selected</u>.

The <u>contact</u> information currently on file <u>will</u> displays on the right side of the page. Enter changes on the left side of the page. The information on the right side of the page will not change until the reported changes have been processed by the person's agency.

Start People	Submit	
-Your Contact Information		
You told us that your contact inform file. On the left side of the page, you touch with you. When you are done	ation has changed. On the right side of the page, you u will see boxes where you can change, add or remov . click the Next button.	u can see the information we have on ve information about how to get in
Please keen in mind	, ,	
 If there has not been a change ar The right side of the page will not 	nd the information is correct, you should leave the and change until a worker processes your application.	swer in the box the way it is.
Please Tell Us Your Changes:		Information on File:
-Where You Live		
If you're staying in a shelter or living that agency or person's address. B the second line, and write c/o in fro	with a friend or family member, you can give us e sure to put the name of the person or agency on nt of the name.	
* Address Line 1:	123 MASKING	123 MASKING
Address Line 2:	Apt. 8 APT. 8	Apt. 8 APT. 8
* City:	MADISON	MADISON
* State:	Wisconsin -	wi
* ZIP Code:	55555555	55555555
* What county do you live in?	Milwaukee -	Milwaukee
I am homeless right now.		
By homeless, we mean you are sta night. To read more about what we	aying at a shelter or don't have a place to stay at mean by homeless, click the Help button.	
Mailing Address		
If your mailing address is the same this blank.	as the address you gave above, it's okay to leave	
If you're homeless, please give us a friend, family member or agency, pr line, and write c/o in front of the nar	a mailing address. If you're using the address of a ut the name of the person or agency on the second ne.	
If you don't want us to send any ma above, please give us a mailing ado	il about your benefits to the address you gave dress.	
Address Line 1:	123 MASKING	123 MASKING
Address Line 2:	Apt. 8 APT. 8	Apt. 8 APT. 8
City:	MADISON	MADISON
State:	Wisconsin -	wi
ZIP Code:	55555555	55555555

Your Phone Number

For the phone numbers, please be sure to include area codes. If you don't have one of the items listed below, just leave it blank.					
Home Phone :	555	555	5555		5555555555
Work Phone :				Ext :	
Cell Phone :					
Message Phone :				Ext :	
What is the best way to g during the weekday?	et in to	uch with	you	Cell Phone	Cell Phone
If you are deaf or hard of hearing and you have asked us to get in touch by phone, what method		< click here to choose > \checkmark			
do you use? What is the best time to o weekday?	all you	during t	he	Early Morning	Early Morning

Go	to Account Home	1

Back	Next	67
	_	

5.1.3.1.1 FoodShare Basic Work Rules/Work Requirement Changes

This page is scheduled if the Your address, phone number, or FoodShare Basic Work Rules / Work Requirement information has changed checkbox is selected for a member receiving FoodShare benefits.

Questions about FoodShare Basic Work Rules/Work Requirement exemptions will display for household members who fit within the required age range. Select the name of each applicable household member for whom the exemption update applies. The information will not change until the reported changes have been processed by the person's agency.


Please check the box	(or boxes) to tell us who is a	veteran of the United States Armed	Forces.
s anyone in your ho tinship care when th Please check the box court-ordered kinship	usehold an 18-24-year-old v rey turned 18? (or boxes) to tell us who is a care when they turned 18.	who was in foster care, a subsidiz n 18–24-year-old who was in foster	ed guardianship, or court-ordered
s anyone in your ho raining, and other s	usehold participating in an upportive services to job se	allowable work program? Work p eekers looking to gain new or diffe	rograms provide education,
□ MILLER	(or boxes) to tell us who is p	articipating in an allowable work pro	igram.
Go to Account Home	0		Back Next

5.1.3.3 Summary Page

After contact <u>information</u> and FoodShare basic work rules/work requirement or household<u>information</u> changes have been reported, the following page provides an opportunity to review and edit the changes as needed.



Checked the Summary

Before you submit or move on to other changes, please take a look to make sure everything is correct. If you need to make a change, click on "Edit". If you need to add information for another individual, choose the person's name from the dropdown box in the right category. Then click the Add button. If you've changed your mind and don't want to report a change or new addition, click on "Erase". Once you've reviewed this summary, click the Next button at the bottom of the page.

New Contact Information Summary

Туре	What Changed?	Options
Home Phone	999-999-9999	Edit or Erase

Household Member(s) Summary Moved Out of the Home Summary Who Moved to Options 0 Edit or Erase In foster care JAMES-MSK To report that someone else has moved out of your home, choose the name of the person and click the Add button. Name: < click here to choose > -Add Go to Account Home Back Next



Checked the Summary-

Before you submit or move on to other changes, please take a look to make sure everything is correct. If you need to make a change, click on "Edit". If you need to add information for another individual, choose the person's name from the dropdown box in the right category. Then click the Add button. If you've changed your mind and don't want to report a change or new addition, click on "Erase". Once you've reviewed this summary, click the Next button at the bottom of the page.

-New Contact Information Summary-

	Туре	What Changed?	Options
Home Phone 999-999-9999 Edit or Erase	me Phone	999-999-9999	Edit or Erase

ho	In a Wisconsin Works (W- 2) work program?	Responsible for caring for a child under age 6 that does not live in the home?	Responsible for caring for a person who cannot care for themselves?	Veteran of the United States Armed Forces?	An 18–24-year- old who was in foster care, a subsidized guardianship, or court- ordered kinship care when they turned 18?	Participating in a work program?	Options
MILLER	Yes	No	No	No	N/A	No	Edit or Erase
ELSA	No	Yes	No	No	N/A	No	Edit or Erase
To report t equireme Name: < click he	hat someone d nt because the re to choose >	oes not need to y are exempt, o	o meet the Foo choose the nar	odShare basic work rule ne of the person and cli	s or the FoodSha ck the Add buttor	re work I.	Add
to Account	t Home 🕜					G Bac	k Next

n fe		
JAMES-MSK	oster care	Edit or Erase
anot that company also has moved out a	your home, choose the name of	of the person and click the Add
on.	you nome, choose the name o	in the person and click the Add
ne:		
lick here to choose > ▼		Add

5.1.6 Change Request Summary

To view a summary of the submitted changes, click View and Print in the Action column. A PDF will open a new window. The PDF will only display information that was changed or added; it will not display information that was not changed.

Keep in mind that you do not need to mail this print-out to your local agency.

Thank you for using ACCESS to report your changes!

BARB-MSK WARD-MSK, your online Change Report has been sent to the local agency listed here on May 12, 2017 at 03:35 P.M.

C.

Physical Address

Milwaukee Enrollment Services 4030 N 29TH ST MILWAUKEE WI 53216

Phone: (608) 266-3681 Fax:

Mailing Address

Milwaukee Enrollment Services 1 W WILSON ST PO BOX 7850 MADISON WI 53707-7850

Your Change Report tracking number is 7800492478.

Next Steps

Please keep in mind that it can take up to 10 days for your worker to process your changes.

In most cases, your change will be processed within 10 days. Please keep in mind that in some cases, the change you've told us about may not result in any change in benefits.

Unless you have another change, you shouldn't call your worker to tell them about the change you've just reported through ACCESS.

As a next step, your worker may ask you to provide proof of some of the changes you've told us about. If your worker

Address of Birth	Gender	m Health Care	Get Letters Online?	
of Birth	Not Asked		No	
of Birth	Gender			
of Birth	Gender	1		
(1980		Marital Status	Language	
1000	Male	Married	English	
ams Request	ted			
FoodShare Health Care Child Care				
	SSN Application Date	US Citizen?	Sponsor for an immigrant?	
		Yes	No	
ent of WI?	Intends to reside in WI?	Migrant Farm Worker?	Where does he/she live?	
	Yes	No	In This Home	
Member		Eligible for Indian Health Services		
		No		
city		Race		
		White		
	I Member	Share h Care Care SSN Application Date lent of WI? Intends to reside in WI? Yes I Member city	Share h Care Care SSN Application Date Yes lent of WI? Intends to reside in WI? Yes No I Member Eligible for Inc No city Race White	

MSK	165
is the stepfather of BASILIA-MSK BROOKS-MSK	Yes
is the stepfather of JAMES-MSK JOHNSON-MSK	Yes

School Enrollment Information

FoodShare Basic Work Rules/Work Requirement Information

Who	In a Wisconsin Works (W-2) work program?	Responsible for caring for a child under age 6 that does not live in the home?	Responsible for caring for a person who cannot care for themselves?	Veteran of the United States Armed Forces?	An 18-24-year- old who was in foster care, a subsidized guardianship, or court- ordered kinship care when they turned 18?	Participating in a work program?
1 Age: 24	No	No	No	No	No	Yes
Age: 24	No	No	No	No	No	No

In-Kind Job or Volunteer Work You Added

Who	Туре	In-Kind Employer or Organization	In-Kind Employer or Organization Address
Age: 44	Volunteer	ААА	
	In-Kind Job or Volunteer Work Start Date	In-Kind Job or Volunteer Work End Date	Monthly Hours
			15.00

Self-Employment You Added

Who	Business Name		Business Type Ownership Ty		
	Gone Fishin'		Bait and tackle	Sole Proprietorship	
BARB-MSK WARD-MSK Age: 45	Date Business Started	Tax ID or EIN	Tax Year Business Last Filed Taxes	Significant Change Date	
	01/2015				
	Average Monthly Income	Average Monthly Expenses	Average Hours Work	ed Per Month	
	\$500.00	\$200.00	80		

Other Income That Changed

Who	Type of Income	Start Date of Income	How Often Received	Amount	Taxable Amount
JAMES-MSK JOHNSON- MSK Age: 1	Child Support	09/01/2016	Monthly	\$100.00	N/A

Changed Housing Bills

Who	Type of Housing Bill	Monthly Amount
BARB-MSK WARD-MSK Age: 45	Rent or Lot Rent	\$400.00

NoteFor the FoodShare Basic Work Rules/Work RequirementInformation summary, if the member is out of the 16-59 age range,
their information will not display. For exemptions the member does
not apply to or were not answered, the response will be "N/A."

6.3 Renew My Benefits Pages

6.3.1 Renew My Benefits Pages Introduction

Note: Not all pages are displayed in this handbook.

As the user does their renewal online, they will answer questions about their household. These questions are organized into the following sections: People, Other Benefits, Assets, Job Income, Other Income, Bills, and Submit.



Information-that is_already on file will be displayed<u>displays</u> on this series of pages, and the user should change or update this information if it is no longer correct.

For some questions, like the Basic Information and People in Your Household sections of the Household Members Page, Sometimes we may have more information on file for the member than is initially displayed on the page, such as in the "Basic Information" and "People in Your Household" sections of the Household Members page. If this is the case, the user will seesees a "Show Information"_link. They can click on the "Show Information"_link if they would like to see all of the information we have on file for the member.

-Basic Information	
This is the mailing address we have on file for you:	
Preferred contact method: Cell Phone	
Cell Phone:	
* Has there been a change in your home address, your mailing address, or how to contact you?	🔘 Yes 🔘 No
Click the Show Information link to see what we have on file.	Show Information

The user can click the "Hide Information"_link if they no longer want to see this detailed information.

Basic Information			
This is the mailing address	we have on file for you:		
Preferred contact method: (Cell Phone		
Teleffed contact method.	Seil Phone		
Cell Phone:			
Hac there been a change	in your home address, your mailing a	drace, or how to contact you?	Noc A
has there been a change	in your nome address, your mailing a	duress, or now to contact you?	
Click the Show Information	link to see what we have on file.		Hide Information
		Details	
iype		Detalls	
	Household Address:		
	County of Residence:		
Basic Information	County of Residence: Mailing Address:	and the second	
Basic Information	County of Residence: Mailing Address:	1000	
Basic Information	County of Residence: Mailing Address: Homeless:	No	
Basic Information	County of Residence: Mailing Address: Homeless: Language:	No English	
Basic Information	County of Residence: Mailing Address: Homeless: Language: Home Phone:	No English	
Basic Information	County of Residence: Mailing Address: Homeless: Language: Home Phone: Work Phone:	No English	
Basic Information	County of Residence: Mailing Address: Homeless: Language: Home Phone: Work Phone: Cell Phone:	No English	
Basic Information	County of Residence: Mailing Address: Homeless: Language: Home Phone: Work Phone: Cell Phone: Message Phone:	No English	
Basic Information	County of Residence: Mailing Address: Homeless: Language: Home Phone: Work Phone: Cell Phone: Cell Phone: Message Phone: Preferred contact method:	No English Cell Phone	

Basic Information			
This is the mailing addres	ss we have on file for you:		
Preferred contact method	d: None		
* Has there been a chang	ge in your home address, your mailing a	address, or how to contact you?	● Yes O No
Click the Show Information	on link to see what we have on file.		Hide Information
Туре		Details	
	Household Address:	1000	
Basic Information	County of Residence:		
	Mailing Address:		
	Homeless:	No	
	Language:	English	
	Home Phone:		
	Work Phone:		
O	Cell Phone:		
Contact Information	Message Phone:		
	Preferred contact method:		
	Best Time to Contact:		
Who?		Details	
	Type:	LEGAL GUARDIAN	
100	Address :		
1	Phone Number:		
	Email Address:		
	Receive Copies of Letters:	Yes	

Note If there is a representative on the case, their information displays. For help on any page, the user can click on the Help icon at the top right corner of that page.



6.3.2 People

6.3.2.1 Household Members

On this page the user will indicate whether there have been any changes to the basic information we have on file for the people in the household. The user will need to answer each question "Yes" or "No."–

If the user clicks "Yes," they will be taken to a series of pages to provide more detailed information about the change. These pages will vary based on what types of changes are reported.—

Household Members Answer all the questions below. If we already have information about your household on file, you can Show Information link.	see it by clicking on the
-Basic Information	
This is the mailing address we have on file for you:	
123 MASKING Apt. 8 APT. 8 MADISON, Wisconsin 555555555	
Preferred contact method: Cell Phone	
Cell Phone:	
 Has there been a change in your home address, your mailing address, or how to contact you? Click the Show Information link to see what we have on file. 	Yes No No Show Information

Email Information		
* Has there been a chang Click the Show Information	e in your email address or your email choices? In link to see what we have on file.	Yes No <u>Hide Information</u>
Who?	What?	Details
2	Email address:	
<u>9 9</u>	Get Letters Online?	No
BARB-MSK	Get email from our health care partners?	

Changes in Your I	Home			
These are the peop	le we have on file as being in y	our household.		
<u>^</u>	ŵ	Â	ŵ	
BARB-MSK	LOUIS-MSK	BASILIA-MSK	JAMES-MSK	
* Has anyone move	ed into or out of your household	1?		🔘 Yes 🔘 No

_	People in Your Household	
	reopen four fousition	
	* Has there been a change in personal information for anyone in your home? For example: have you gotten married or divorced, do you plan to move out of Wisconsin, or has there been a change in your citizenship/immigration status?	💮 Yes 🍥 No
	Marital relationships include marriages between spouses of the same gender.	
	Click the Show Information link to see what we have on file.	Show Information

Pregnancy	
* Is anyone now pregnant or do you want to report a change in a pregnancy you already reported?	🔘 Yes 🔘 No
* Has anyone become disabled, blind, or unable to work because of an illness or injury?	🔘 Yes 🔘 No
Drug Folonios	
* Has anyone been convicted of a drug felony in the past 5 years?	🔘 Yes 🔘 No
- Eleging from a Follow or in Violation of Prohation or Parola?	
* Is anyone fleeing from a felony or in violation of probation or parole?	🔘 Yes 🍥 No
- Pacant Accidente	
* Has anyone been injured in an accident in the past 12 months?	🔘 Yes 🔘 No

People Other Benefits Assets Job Income Other Income Bills	Submit	
Household Members		
Answer all the questions below. If we already have information about your household on file, you can s Show Information link.	ee it by clicking on the	
Basic Information		
This is the mailing address we have on file for you:		
6055 N 64TH STREET SHAWANOCODEPTOFHUMANSERVICES MILWAUKEE, Wisconsin 53218		
Preferred contact method: None		
* Has there been a change in your home address, your mailing address, or how to contact you?	🔿 Yes 💌 No	
Click the Show Information link to see what we have on file.	Show Information	
Email Information		
* Has there been a change in your email address or your email choices?	○ Yes ● No	
Click the Show Information link to see what we have on file.	Show Information	
Changes in Your Home		
These are the people we have on file as being in your household.		
ESAPTEST		
* Has anyone moved into or out of your household?	🔿 Yes 💿 No	

People in Your Household * Has there been a change in personal information for anyone in your home? For example: have you go married or divorced, do you plan to move out of Wisconsin, or has there been a change in your citizenship/immigration status? Marital relationships include marriages between spouses of the same gender. Click the Show Information link to see what we have on file.	otten ○ Yes Show Infor	○ No mation
Pregnancy * Is anyone now pregnant or do you want to report a change in a pregnancy you already reported?	⊖ Yes	○ No
FoodShare Basic Work Rules/Work Requirement Exemption * Does anyone in your household not have to meet the FoodShare basic rules or the FoodShare work requirement because they are exempt?	• Yes	○ No
Disability * Has anyone become disabled, blind, or unable to work because of an illness or injury?	⊖ Yes	○ No
Drug Felonies * Has anyone been convicted of a drug felony in the past 5 years?	⊖ Yes	○ No
Fleeing from a Felony or in Violation of Probation or Parole? * Is anyone fleeing from a felony or in violation of probation or parole?	⊖ Yes	○ No
Recent Accidents * Has anyone been injured in an accident in the past 12 months?	⊖ Yes	○ No
Go to Account Home		Next

6.3.2.9 Make Changes to Previously Reported Basic Work Rules or Work Requirement Information

This page allows members to identify any changes existing household members have in regard to the FoodShare Basic Work Rules/Work Requirement exemptions or allows members to identify FoodShare Basic Work Rules/Work Requirement exemptions for

new household members. The member will select applicable household members for each question.

Account Home			
Start	People Housing Bills	Submit	
oodShare Basic Wo ease tell us if anyon help further determ	ork Rules/Work Requirement e in your household is meetin ine if you can get FoodShare.	Information g any of the below work registra	nt exemptions. These questions are asked
anyone in your ho ease check the box	usehold in a Wisconsin Wor (or boxes) to tell us who is in	ks (W-2) work program? a Wisconsin Works (W-2) work (program.
MILLER			
anyone in your ho	usehold responsible for cari	ng for a child under age 6 that sponsible for caring for a child u	does not live with you?
MILLER			
anyone in your ho	usehold responsible for car	ng for a person who cannot ca	are for themselves?
MILLER	(or boxes) to tell us who is re	sponsible for caring for a person	who cannot care for themselves.



Please check the box	(or boxes) to tell us who is a	veteran of the United States Armed Forces.	
Is anyone in your ho kinship care when the Please check the box	busehold an 18-24-year-old whey turned 18? (or boxes) to tell us who is a	nho was in foster care, a subsidized guar	dianship, or court-ordered
ELSA	Care when they turned 18.		
is anyone in your ho training, and other s Please check the box	pusehold participating in an upportive services to job se : (or boxes) to tell us who is p	allowable work program? Work programs ekers looking to gain new or different em inticipating in an allowable work program.	provide education,

The Renew My Benefits PDF includes information entered in this section:

FoodShare Basic Work Rules/Work Requirement Information

Who	In a Wisconsin Works (W-2) work program?	Responsible for caring for a child under age 6 that does not live in the home?	Responsible for caring for a person who cannot care for themselves?	Veteran of the United States Armed Forces?	An 18–24-year- old who was in foster care, a subsidized guardianship, or court- ordered kinship care when they turned 18?	Participating in a work program?
t Age: 24	No	No	No	No	No	Yes
Age: 24	No	No	No	No	No	No

6.3.2.10-6.3.2.9 Reviewing Your Household Changes

This page summarizes the information provided in this section of the renewal. The user can edit the information by clicking-**Edit**,-erase information by clicking-**Erase**, or report new information about a household member by selecting the person's name from the drop-down field and clicking-**Add**.

ho?	What Changed?	Options
M KYLE	No Change	Eds
SAMANTHA	No Change	Edit
	No Change	Edit
ved Into the Hom	ne Summary	
To report that som	eone has moved into your home, click the Add t	outton.

Pregnancy Summary To report that someone is pregnant, choose the name of the person and click the Add button. Name: < click here to choose > v

To report that someone has become disabled, choose the name of t	the person and click the Add button.
Name	
PAGE PD.	

Tax Information Summary

mo?		Details	Options
KYLE	SAMANTHA	This is a tax filer Tax Dependents: JASMINE	Edit or Erase
_	x filer, choose th	e name of the person and click the Add button.	
Name:			

Who	Job Income greater than \$13,850?	Other Taxable Income greater than \$1,250?	Options	
ASMINE	No	No	Edit	





hecked the	Summary							
efore you cl	ck Next, make	sure everythin	g on this page	is correct.				
Typu need	to make a char	nga, cilck Edit.						
f you have i	changed your r	nind and do no	it want to repo	it a change or new	er addition, click	Erase	d then click	The Add button
nce you hav	re reviewed this	s summary an	d all the inform	ation is correct, cl	lick the Next bu	flon at the	bottom on	the page.
and Constant	Information 6							
ew Comact	montaneo 3	wh	at Changed?		Option	16		
		You	r contact inform	ation has not chang	ped. Edd			
eview Your	Anawers: Em	all Information						
Nho?	Email Address	1. C	Gett	mail from Health	Get Letters (Dolline?	Change	
8			Care	Partners?				
11			Not A	sked	No		Edit	
ESAPTEST								
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ousehold N	lember(s) Sun	umary						
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	11	No Charge	· .			er Erata		
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80030-84	0.000.000							
To report th	hat someone h	as moved into	your home, cli	ck the Add button				
								(100.)
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9.1 MyACCESS Mobile App

<u>MyACCESS</u>_is a mobile app that complements the ACCESS website. With MyACCESS, users can:

- Check their benefits. They can see the programs they have applied for or are enrolled in. This includes health care programs (like BadgerCare Plus and Medicaid), FoodShare, the Wisconsin Shares Child Care Subsidy Program, Wisconsin Works (W-2), and/or Summer P-EBT.
- Be reminded of actions they need to take. Reminders display in the MyACCESS app when action is needed or a document needs to be submitted. Users can also sign up to get notifications on their phone when they need to take an action or submit a document.
- Submit documents needed for their case. They can either take photos of a document with the MyACCESS app or choose photos or PDFs from their phone's files. After they submit a document, they can track its status in real time with the app.
- View their digital ForwardHealth card. They can show this at their doctor or health care provider visits instead of the physical card.
- Update their contact information. They can update your household's home address, mailing address, and phone numbers within the app.
- Check their FoodShare balance. View the current balance on their QUEST card and their transaction history.
- View their HMO contact information. Members who join an HMO can view their HMO's phone number, logo, and website link.

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



For more information about MyACCESS, including FAQs, instructions, and how-to videos, refer to the <u>MyACCESS Mobile App Support page</u> and the <u>MyACCESS Mobile App instructions</u>.

10.4 Premiums for BadgerCare Plus Children and MAPP Members

10.4.1 Premium Home Page

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

←<u>Back</u>

Premiums homepage

You have a monthly premium.

You can make a payment on the next screen.

Make a payment

Benefits for	Pay by	Current balance
• Danny Kid	February 24, 2024	\$68.00
• Jen Kid		400.00

If you paid your premium in person or by mail, it may take a few days to see your payment here. Select the View all premium history button below to see your payment history.

View all premium history

ou have premiu	ms due		
'ou can choose which pre	miums to pay on the next screen.	Make a payment	Premium details BadgerCare Plus Children Because you are enrolled in BadgerCare
BadgerCare Plus	Children		Plus, you have a monthly premium. You will not lose your benefit, if you don't pay the premium.
Benefits for	Pay by June 10, 2024	Current balance	Your current monthly premium amount is \$10.00/ month Your next statement will be sent no later than:
We charge a monthly not end if you do not	premium for your child's benefit. T pay the premium.	heir benefits will	June 20, 2024
Medicaid Purcha	se Plan (MAPP)		C ⁺ Premium details
Benefits for	Pay by June 10, 2024	Current balance \$92.00	Medicaid Purchase Plan (MAPP) Because you are enrolled in Medicaid Purchase Plan (MAPP), you have a premium to pay each month. This premium is for
If you can't pay your N options.	IAPP premium right now because	of a difficult situation, read about your	Your current monthly premium amount i \$92.00/ month
lf you paid your premiur Click on the View all prer	n in person or by mail, it may take nium history button below to see y	a few days to see your payment here. your payment history.	Your next statement will be sent no later than: June 20, 2024
View all premium histor	y		If you can't pay your MAPP premium righ now because of a difficult situation, you can ask to stop paying it for a short time. Read about your options and ho to show proof of a difficult situation.
			⑦ Need help?
			Here are some commonly asked

The Premiums Home Page Homepage shows when benefits have ended.

-	
the provided the post screen t	C ⁺ Premium details
	Medicaid Purchase Plan (MAPP)
	The amount of your monthly premium may change if your benefits start again.
Medicaid Purchase Plan (MAPP)	This premium was for
This benefit ended because you missed your April premium payment. Contact your agency if you want MAPP again. To reopen, you need to pay your first premium by check or money order.	Your past monthly premium was \$112.00/ month
	If you can't pay your MAPP premium right
Benefits ended for Current balance	now because of a difficult situation, you can ask to stop paying it for a short
\$0.00	time. Read about your options and how to show proof of a difficult situation
	BadgerCare Plus Children
BadgerCare Plus Children	Because you are enrolled in BadgerCare Plus, you have a monthly premium. You
	will not lose your benefit, if you don't pay the premium.
senerits for Pay by Current balance	This premium is for
hung 10, 2024 to 0, 0, 0	
June 10, 2024 \$23.00	
June 10, 2024 \$23.00	Your current monthly premium amount is \$23.00/ month
Ve charge a monthly premium for your child's benefit. Their benefits will	Your current monthly premium amount is \$23.00/ month Your next statement will be sent no later
June 10, 2024 \$23.00 We charge a monthly premium for your child's benefit. Their benefits will not end if you do not pay the premium.	Your current monthly premium amount is \$23.00/ month Your next statement will be sent no later than: June 20, 2024
June 10, 2024 \$23.00 We charge a monthly premium for your child's benefit. Their benefits will not end if you do not pay the premium. f you paid your premium in person or by mail, it may take a few days to see your payment here.	Your current monthly premium amount is \$23.00/ month Your next statement will be sent no later than: June 20, 2024

The Premiums Homepage shows when a premium payment failed.

You have premiu	ıms due		
You can choose which pre	miums to pay on the next screen.	Make a payment	Premium details BadgerCare Plus Children Because you are enrolled in BadgerC Plus, you have a monthly premium. Y
BadgerCare Plus	Children		will not lose your benefit, if you don't the premium.
Benefits for	Pay by	Current balance	This premium is for
	May 10, 2024	\$44.00	Your current monthly premium amou \$44.00/ month
•		411100	
• We charge a monthly	premium for your child's benefit. T	Their benefits will	Your next statement will be sent no la than: May 20, 2024
• We charge a monthly not end if you do not	premium for your child's benefit. T pay the premium.	Their benefits will	Your next statement will be sent no la than: May 20, 2024
• We charge a monthly not end if you do not Medicaid Purcha	premium for your child's benefit. T pay the premium. se Plan (MAPP)	Their benefits will	Your next statement will be sent no la than: May 20, 2024
We charge a monthly not end if you do not Medicaid Purcha Please pay by May 31	premium for your child's benefit. T pay the premium. se Plan (MAPP) , 2024 or your Medicaid Purchase Plan (N	Their benefits will	Your next statement will be sent no la than: May 20, 2024 Premium details Medicaid Purchase Plan (MAPP) Because you are enrolled in Medicaid
We charge a monthly not end if you do not Medicaid Purcha Please pay by May 31 Benefits for	premium for your child's benefit. T pay the premium. se Plan (MAPP) , 2024 or your Medicaid Purchase Plan (M Past due	Their benefits will IAPP) benefits will end on that date. Current balance	Your next statement will be sent no la than: May 20, 2024 Premium details Medicaid Purchase Plan (MAPP) Because you are enrolled in Medicaid Purchase Plan (MAPP), you have a premium to pay each month.
We charge a monthly not end if you do not Medicaid Purcha Please pay by May 31 Benefits for •	premium for your child's benefit. T pay the premium. se Plan (MAPP) , 2024 or your Medicaid Purchase Plan (M Past due May 10, 2024	Their benefits will IAPP) benefits will end on that date. Current balance \$122.00	Your next statement will be sent no la than: May 20, 2024
 We charge a monthly not end if you do not Medicaid Purcha Please pay by May 31 Benefits for If you can't pay your Noptions.	premium for your child's benefit. T pay the premium. se Plan (MAPP) , 2024 or your Medicaid Purchase Plan (M Past due May 10, 2024	Their benefits will IAPP) benefits will end on that date. Current balance \$122.00 of a difficult situation, read about your	Your next statement will be sent no la than: May 20, 2024 Premium details Medicaid Purchase Plan (MAPP) Because you are enrolled in Medicaid Purchase Plan (MAPP), you have a premium to pay each month. This premium is for Your current monthly premium amou \$122.00/ month Your next statement will be sent no la than:

<u>The Premiums Homepage</u> 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 <u>for each payment</u> such as program, month, payment status, payment method, and name. <u>for each payment</u>.

December	~
December 20, 2023	Statement sent
BadgerCare Plus Children	\$68.00
Benefits for: Danny and Jen January 2024 premium	408.00 Owed
December 16, 2023	No action needed
BadgerCare Plus Children	¢0.00
Benefits for: Danny and Jen December 2023 premium	\$0.00

← Back

Premium history

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

Program	~
Month	č
Payment status	1
Payment method	~
Name	

May 22, 2024	Premium Unpaid
Medicaid Purchase Plan (MAPP)	
Benefits for: April 2024 premium	\$0.00
May 18, 2024	Statement sent
BadgerCare Plus Children	
Benefits for	\$23.00
,	Premium Due
pril	
April 28, 2024	Payment processed
BadgerCare Plus Children	
May 2024 premium	\$23.00
	Debit card
April 18, 2024	🚺 Statement sent
BadgerCare Plus Children	
Benefits for: May 2024 premium	\$23.00
	Premium Due
larch	
March 28, 2024	Payment processed
BadgerCare Plus Children	
April 2024 premium	\$23.00
	Debit card
March 18, 2024	B Statement sent
BadgerCare Plus Children	
April 2024 premium	\$23.00
	Premium Due
March 18, 2024	🔓 Statement sent
Medicaid Purchase Plan (MAPP)	
April 2024 premium	\$112.00
	Premium Due
View all	

A premium payment can't be made online if:

- A MAPP 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.
- A BadgerCare Plus premium is no longer being charged (the premium was not paid for the benefit month, and it is after adverse action).
- A premium is not being charged.

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

Page shown	Background	Action
You have a premium due	A premium or premiums is due.	Pay the premium or premiums. Select- _Make a payment - <u>(see-<u>SECTION</u> 10.4.2 MAKE A PAYMENT).</u>
You don't have a premium due right now	No premium or premiums are due.	No action required at this time.
You did not pay your premium on time	The MAPP member missed a payment.	Pay the late premium before the listed date to avoid losing benefits. Select- <u>Make a payment-(see-<u>SECTION</u> 10.4.2 MAKE A PAYMENT).</u>
Your benefits have ended	The MAPP member's benefits have ended due to missing a premium payment.	Pay the late premium to regain benefits Select- _Make a payment (see- <u>SECTION</u> <u>10.4.2 MAKE A PAYMENT</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.

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 MAPP payment, they are encouraged to pay the premium before losing their benefits.

← Back

Review your payment

January, 2024

BadgerCare Plus Children

Benefits for: Shane

Pay by: January 5, 2024

\$97.53

What you'll be paying:

\$97.53

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

Devel	
May, 2024	
BadgerCare Plus Children	
Benefits for:	\$44.00
Pay by: May 10, 2024	
We charge a monthly premium for your child's be do not pay the premium.	nefit. Their benefits will not end if you
May, 2024	
Medicaid Purchase Plan (MAPP)	
Benefits for:	\$122.00
Past due May 10, 2024	
If you can't pay your MAPP premium right now be about your options.	cause of a difficult situation, read
	What you'll be pa
	\$166.0

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.

← Bac	Back	
Sub	ubmit your payment	
	Your payment information	
	Please enter your email address. We'll send payment information to this email address.	
	Personal Details Email user@example.com Edit	
	Payment method jelect Funding Source	
	Account Type Routing Number	
	Account Number Confirm Account Number	
	Name of Account Holder	
	I agree to the Terms and Conditions PAY \$56.00	
	Cancel	
	Questions? Get help here ⑦	

← Back	
Submit yo	ur payment
A Your	payment information
Please ente address.	er your email address. We'll send payment information to this email
	Personal Details Email user@example.com Edit
	Payment method Select Funding Source
	Please select Funding Source Account Type - Routing Number
	Account Number O Confirm Account Number
	I agree to the Terms and Conditions
	PAY \$56.00
	Cancel
	Questions? Get help here ⑦

If desired, the member can edit their personal information if desired _under the "Personal Details" section.

Enter The member can enter payment information in the "Payment method" section. 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.
	Payments received before 8:00 p.m. CST will be posted the same day and payments received after 8:00 p.m. CST will be posted the following day.
	Payments made on the last day of the month after 8:00 p.m. CST will be posted on the first day of the next month.

15.3 Check My Benefits: Member

15.3.1 Manage your HMO

The Manage your HMO screen is where members can view their household's HMO enrollment details, change their HMO during the open enrollment period, and view household members with an exemption, or household members who are enrolled in a non--BadgerCare Plus or SSI Medicaid plan.-

← Back Manage your HMO

Below you can find information about your household's HMO choices. Your HMO covers most health care services. You may also be able to get services that are not covered by your HMO. Learn more about covered services.

BadgerCare Plus HMO enrollment

Anthem Blue Cross Blue Shie	ld	Anthem 🕸 🕅	i Need help choosing an HMO?
Coverage start date Varies by individual View household enrollment history BadgerCare Plus Members	Lock-in Date October 1, 2021 Learn more about lock-in	Change HMO	Call an HMO Enrollment Specialist at 800-291- 2002. HMO enrollment specialists can: Help find you an HMO in your area that is right for you. Answer questions about your health care options. Help you with an HMO question or concern.
	View HMO details 🗸		

Member HMO enrollment details are displayed on the HMO card. Multiple HMO cards display on the screen if household members are enrolled in different HMO plans.-

Each HMO card displays the following:-

- HMO Name
- Coverage start date-
- Lock-in date-

The Lock-in period is the time during which members cannot change their HMO enrollment. If the open enrollment has passed, the member is in the Lock-in period and this will display as "Lock-in end date." Members can click-_Learn more about lock-in-_for more information about the lock-in period.

Enrolled members

BadgerCare Plus HMO enrollment

Coverage start date	Lock-in Date	Change HMO
Varies by individual	October 1, 2021	change hino
View household enrollment history	Learn more about lock-in	
BadgerCare Plus Members		

Click-_View HMO details-_for more information:

- Saved doctors and clinics-
- HMO ratings

These ratings are maintained by DHS and evaluate the quality of care that Wisconsin Medicaid members receive from BadgerCare Plus and SSI Medicaid HMOs. Members can click Learn more about HMO ratings for more information.

• HMO contact information (member services)

Members can also view household members not enrolled in an HMO plan. They either have an exemption and do not need to enroll in an HMO, or they are enrolled in a different health care program (not BadgerCare Plus or SSI Medicaid).-
Manage your HMO

Below you can find information about your household's HMO choices. Your HMO covers most health care services. You may also be able to get services that are not covered by your HMO. Learn more about covered services.

Members not enrolled in an HMO

These members do not need to choose an HMO. They are getting fee-for-service coverage. Members with fee-forservice coverage can visit any doctor or provider that accepts [BC+/MA] for covered health care services. Please note, if you submitted an application today your HMO selection may not be reflected below yet.

if you submitted an application today your HMO selection may Household members who can choose an HMO plan	not be reflected below yet.	Call an HMO Enrollment Specialist at 800-291- 2002. HMO enrollment specialists can: Help find you an HMO in your area that is right for
0	choose an nino	you, Answer questions about your health care options. Help you with an HMO question or concern.

(i) Need help

choosing an HMO?

Note An exemption means the member does not need to be enrolled in an HMO at this time and are receiving fee-for-service coverage. However, exemptions are often temporary. To learn more about the exemptions for your household, contact an enrollment specialist at 1-800-291-2002.

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 duringchildren to help cover the cost of meals for the 2022-2023 months between school year.years.

16.2 Summer P-EBT: Updatinge Contact Information

<u>Updated contact information can be provided by a parent, caretaker, or an eligible</u> student who is legally responsible to make their own decisions.

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

Here are the steps to enter updated contact information:

1. On the ACCESS home page, select the "Update Contact Information or Opt Out from Summer 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 Flus.

Help with child care costs

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 with Summer EBT

The Summer HHI program provides food benefits to eligible children for the summer months. You may choose to opt out from receiving these benefits. Update Contact Information or Opt Out from Summer HHT Benefits

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.

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 Kids' Special Needs

Wisconsin Wayfinder supports families of children with delays, disabilities, special health care needs, or mental health conditions, by helping them find supports and services.

2. On the Welcome page, choose the "I would like to update the contact information for me or my student(s)" option.

Summer EBT Benefit Management	
	Preferred Language English (US)
Welcome Parent or Caretaker Student(s)	- R
About	
The Summer Electronic Benefit Transfer (EBT) program provides food benefits for eligible students during Summer 2024. The Wisconsin Department of Health Services (DHS) caretakers of eligible students to easily submit a request to update contact information or opt their student(s) out from receiving Summer EBT benefits. The information you p reason you select below.	created this page for parents or rovide will only be used for the
This request should only be completed by a parent or caretaker who has a legal responsibility for the care of the student(s) during the summer months. The only exception to student, are 18 years of age or older, and are legally responsible for and should receive your own benefits.	o this is if you are the eligible
This is not an application for Summer EBT benefits. If you believe that your student(s) is eligible to receive benefits and they meet certain criteria, you may need to complete their behalf. See the <u>Summer EBT webpage</u> for more information.	he <u>Summer EBT Application</u> on
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	fy.
Be aware that submitting a request to opt your student(s) out means that you do not wish to receive these benefits for the upcoming summer. Once submitted, your decision Summer EBT benefits for this upcoming summer can only be changed by contacting the Summer EBT Support team at 833-431-2224.	to opt out from receiving
The information you share on each page will not be saved until the entire request is submitted. If you do not complete and submit the form at one time, you will need to start again.	over and answer all questions
There are deadlines to update your information in time for benefits to be sent out for Summer 2024. To learn more about the deadlines, please visit the Summer EBT webpage	g <u>e</u> .
If you have questions, please call 833-431-2224 or email <u>dhssebtsupport@wi.gov.</u>	
Please select one of the options below to continue: I would like to update the contact information for me or my student(s). I would like to opt out of receiving Summer EBT benefits.	
l'm not a robot	
	Next

3. Select the "I am not a robot" checkbox and complete the reCaptcha.

Select the "I am not a robot" checkbox and complete the reCaptcha.
Summer EBT Benefit Management
Preferred Language English (US)
Welcome Parent or Caretaker
About
The Summer Electronic Benefit Transfer (EBT) program provides food benefits for eligible students during Summer 2024. The Wisconsin Department of Health Services (DHS) created this page for parents or caretakers of eligible students to easily submit a request to update contact information or opt their student(s) out from receiving Summer EBT benefits. The information you provide will only be used for the reason you select below.
This request should only be completed by a parent or caretaker who has a legal responsibility for the care 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.
This is not an application for Summer EBT benefits. If you believe that your student(s) is eligible to receive benefits and they meet certain criteria, you may need to complete the <u>Summer EBT Application</u> on their behalf. See the <u>Summer EBT webpage</u> for more information.
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.
Be aware that submitting a request to opt your student(s) out means that you do not wish to receive these benefits for the upcoming summer. Once submitted, your decision to opt out from receiving Summer EBT benefits for this upcoming summer can only be changed by contacting the Summer EBT Support team at 833-431-2224.
The information you share on each page will not be saved until the entire request is submitted. If you do not complete and submit the form at one time, you will need to start over and answer all questions again.
There are deadlines to update your information in time for benefits to be sent out for Summer 2024. To learn more about the deadlines, please visit the Summer EBT webpage.
Please select one of the options below to continue: I would like to update the contact information for me or my student(s). I would like to opt out of receiving Summer EBT benefits.
I'm not a robot
Next

4. Select Next.

	Sumn	ner EBT Ben	efit Mar	nagemei	nt
					Preferred Language English (US) 🗸
Welcome		Parent or Caretaker	Str	udent(s)	Submit
About					
The Summer Electronic Benefit caretakers of eligible students to reason you select below.	Transfer (EBT) program provid o easily submit a request to u	es food benefits for eligible students during pdate contact information or opt their stude	g Summer 2024. The Wiscons ent(s) out from receiving Sum	sin Department of Health Se nmer EBT benefits. The infor	ervices (DHS) created this page for parents or rmation you provide will only be used for the
This request should only be con student, are 18 years of age or o	npleted by a parent or caretak older, and are legally responsi	er who has a legal responsibility for the ca ble for and should receive your own benefit	are of the student(s) during tl ts.	he summer months. The on	ly exception to this is if you are the eligible
This is not an application for Su their behalf. See the <u>Summer Ef</u>	mmer EBT benefits. If you bel <u>3T webpage</u> for more informa	ieve that your student(s) is eligible to receiv tion.	e benefits and they meet cer	tain criteria, you may need t	to complete the <u>Summer EBT Application</u> on
This is also not an application fo	or FoodShare or health care b	enefits. If you are interested in learning mo	re about these programs, visi	it the <u>ACCESS website</u> to se	e if you qualify.
Be aware that submitting a requ Summer EBT benefits for this up	uest to opt your student(s) out ocoming summer can only be	means that you do not wish to receive the changed by contacting the Summer EBT Su	se benefits for the upcoming pport team at 833-431-2224.	summer. Once submitted, y	your decision to opt out from receiving
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There are deadlines to update y	our information in time for be	enefits to be sent out for Summer 2024. To	learn more about the deadlir	nes, please visit the <u>Summe</u>	r EBT webpage.
If you have questions, please	call 833-431-2224 or email <u>d</u>	<u>hssebtsupport@wi.gov.</u>			
Please select one of the opti I would like to update the co I would like to opt out of rec	ons below to continue: Intact information for me or n eiving Summer EBT benefits.	ny student(s).			
V I'm not a robot	reCAPTCHA				
	Privacy - Terms				
					Next

5. On the Parent or Caretaker page, do the following: Enter the required information in the "Parent or Caretaker Information" section; choose either the legal parent or caretaker option, or student option; and enter the required information in the

"Mailing Address" section.

	Summ	ner EBT B	enefit Manage	ment
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6. Select **Previous** to return to the Welcome page or **Next** to continue.

	Summ	ner EBT Bei	nefit Manager	ment
				Preferred Language
				English (US)
Welcome		Parent or Caretaker	Student(s)	Submit
The information you provid are the eligible student, are Summer EBT benefits, fill in	de on this page should be for the pa e 18 years of age or older, and are le 1 your own information in this sectio	rent or caretaker that has legal autho gally responsible for and should recei m. You will also need to put your own	rity to make decisions about Summer EBT benefi ve your own benefits. If you are a student that ha information in the next section.	its for the student(s). The only exception to this is if you s legal authority to make decisions for your own
Note: You do not need to u On file with the state as Receiving FoodShare, T On file as being homele	se this page to update your contact i being in an out-of-home care or ki emporary Assistance for Needy Fan ess, a runaway, a migrant, a foster cl	Information if your student is: iship care placement illies (TANF), BadgerCare Plus/Medicai illd, and/or in Head Start	d, and/or benefits from the Food Distribution Pro	gram on Indian Reservations (FDPIR)
In these specific cases, you	r contact information will be collect	ed directly from the Department of Ch	ildren and Families and/or the Department of Hea	alth Services.
Required information is ma	arked with a red asterisk. All require	d information must be completed bef	ore moving on. After completing the information i	in this section, select the "Next" button to continue.
Getting Started First please give us some b	asic information about yourself.			
Parent or Caretaker	r Information			
* First Name			Middle Initial	
м				
* Last Name			* Date of Birth	
G			May 1, 1986	苗
•Email 0			Phone Number	
sample@email.com			ex. 111-111-1111	
			I don't have a phone number	
Please select one of the I am the legal parent or can I am the student and have t Mailing Address The address entered here r	options below: etaker of the studens(s) and can make de the legal right to make decisions regardin, may be used for any letters about b	isions regarding their Summer EBT benefits my Summer EBT benefits. enefits for your student(s). If you live i	an apartment, enter the apartment number on I	the Address Line 2 line.
* Address Line 1				
123 E Main St				
Address Line 2				
* City	* State	*Zip code		
Madison	Wisconsin	537033360		
*County Dane ▼				
				Previous Next

7. On the Student(s) page, enter information for the student(s).

Summer El	BT Ber	nefit Management	
			Pieleved Linguage Registration
Valuation Becard of Table	tainer	Student(x)	
Provide information for your student(s) in this section. If you have multiple study information about the school where your student(s) were enrolled during the 20	lents in your bouseholi 02%-2024 school year.	Lonly include those who need updated contact information or who	you work to be opend out. Feter
For each student you add, you can then include information for a second parent information' section, information about only one additional parent or caretaker	e or caretaker with leg- rican be added per stu	I authority over their benefits isomeone besides yourself; in the "4di dent.	ditional Parant or Caratakor
If you have more than one student for whom you'd like to update their contact in students that can be added.	nformation or optiout	select the "Add Another Student" button at the bottom of the page.	There is no limit to the number of
Required information is marked with a redusterisk. All required information ma	ast be completed befor	e moving on After completing the information in this section, select	the "Next" button to continue.
Student 1 Information			
+ Part Kana		Marris Iraw	1
*Less have		* Lines of Lines	
L			-
*Geniu	*	School Year 2023-2024	
* Canata in Schurz Yaar 2003-0031		• School Direct Name - Day	
	*		•
		* 1dhool Name	
*le di cocurrente Peroni en Canstalen for dinastador O			
	*		
- Aulul Associes Scholard			
			Tendeur Next

8. If there is more than one student in the household, select Add Another Student and enter information for each additional student.

	nent Management	
	Preferred La	nguage English (US) 🛛 🔻
Welcome Parent or Caretaker	20	Submit
Provide information for your student(s) in this section. If you have multiple students in your housel information about the school where your student(s) were enrolled during the 2023-2024 school yer	old, only include those who need updated contact information or who you wish to be or,	pted out. Enter
For each student you add, you can then include information for a second parent or caretaker with I Information" section. Information about only one additional parent or caretaker can be added per	gal authority over their benefits (someone besides yourself) in the "Additional Parent c tudent.	r Caretaker
If you have more than one student for whom you'd like to update their contact information or opt o students that can be added.	ut, select the "Add Another Student" button at the bottom of the page. There is no limit	to the number of
Required information is marked with a red asterisk. All required information must be completed be	ore moving on. After completing the information in this section, select the "Next" butto	n to continue.
Student 1 Information		
* First Name	Middle Initial	
G G	Jan 5, 2014	ä
*Gender F v	School Year 2023-2024	
Grade in School Year 2023-2024	* School District Name - City	
3	Madison Metro School District - Madison	Ŧ
	* School Name Badger Rock Middle School	v
*Is there another Parent or Caretaker for this student?)	
+ Add Another Student	-	
	Pres	ious Next

9. Select Previous to return to the Parent or Caretaker page or Next to continue.

	Sumn	ner EBT Ber	efit Manager	nent		
				Profess	ad Language	
					English (US)	
		-				
	Welcome	Parent or Caretaker	Student(s)		Submit	
Provide i informat	information for your student(s) in this section. If you h tion about the school where your student(s) were enr	nave multiple students in your household olled during the 2023-2024 school year.	, only include those who need updated contact i	nformation or who you wish to	be opted out. Enter	
For each Informat	student you add, you can then include information fo tion" section. Information about only one additional p	or a second parent or caretaker with lega arent or caretaker can be added per stud	l authority over their benefits (someone besides lent.	yourself) in the "Additional Pare	ent or Caretaker	
If you ha students	ve more than one student for whom you'd like to upd s that can be added.	late their contact information or opt out,	select the "Add Another Student" button at the b	ottom of the page. There is no	limit to the number of	
Required	I information is marked with a red asterisk. All require	ed information must be completed befor	e moving on. After completing the information ir	this section, select the "Next" b	outton to continue.	
Studer	nt 1 Information					
* First N	lame		Middle Initial			
* Last N	Name		* Date of Birth			
G			Jan 1, 2014			
* Gende	er		School Year			
F		¥	2023-2024			
* Grade	: In School Year 2023-2024	*	* School District Name - City Madison Metro School District - Madison		•	
			* School Name			
			Badger Rock Middle School		Ŧ	
* is the	re another Parent or Caretaker for this student?					
NO		Ţ				
+ Add	Another Student					
					Previous Next	
<u>n the Submit p</u>	<u>page, do the foll</u>	owing: Read	the electronic	signature	e certificati	ons
<u>nd check the b</u>	ox to certify you	<u>ir understan</u>	ding.			
				and the second second		

	Su	mmer EBT E	Benefit Managem	ent	
				Professed Language Togetish (UR)	
	S	- Setern at Canadae	Studento)		
Opt Out Student I Listed below are the stu The students; who even discontent option of discontent option of After completing the shi	for Summer EBT dent(s) that you have provi- e thecked will not receive our studie too from receive of an armation in this section, se	ded Information for, Check the box in the Summer (BF) benefits for Summer 2024 ng Summer LS1 benefits for Summer 202 ext the "Next" button to continue.	row of each student that you want to opt out from receiving Sa k 4 can only be changed by contacting the Sammer 131 Support	mmer EET panetts for Summer 2024. Team al 2035-031-0224 ar	
Student Nome	Summer Year	Opt Gul?			
				Treading Sout	

11. Select **Previous** to return to the Student(s) page or **Next** to submit.

Perferred Language English U33
Weicone Parent or Caretaker Subert Department Subert Subert
Opt Out Student for Summer EBT Listed below are the student(s) that you have provided information for. Check the box in the row of each student that you want to opt out from receiving Summer EBT benefits for Summer 2024. The student(s) who are checked will not receive Summer EBT benefits for Summer 2024. The decision to opt out your student(s) from receiving Summer EBT benefits for Summer 2024 can only be changed by contacting the Summer EBT Support team at 833-431-2224 or dnsset/upport/environ. After completing the information in this section, select the "Next" button to continue.
Student Name Summer Year Opt Out?
Previous Next

<u>12. On the Thank You page is a note confirming the successful update of contact information. Select **Finish** to leave the page.</u>

Summer EBT Benefit Management						
			Preferred Language			
			English (US)			
Welcome	Parent or Caretaker	Student(s)	Submit			
Thank you!						
You have successfully submitted updated	d contact information. Your confirmation number is #					
You can save or print a <u>summary of the ir</u>	nformation that you provided for your records.					
If you have questions, please call 833-431-2224 or email <u>dhssebtsupport@wl.gov</u>						
Remember, this is not an application for F	FoodShare or health care benefits, but you may be eligible for these p	rograms. Please visit the <u>ACCESS website</u> to see if yo	ou qualify.			
			Finish			

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.



2. On the "About" page, complete the reCAPTCHA, then click Next.

	Summer P-EBT Benefit Management
	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 <u>ACCESS website</u> 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 <u>PEBTsupport@wisconsin.gov</u> .
1	I'm not a robot
	2 Next

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

Summer P-EBT Be	nefit Management
	Preferred Language English (US)
Welcome Parent or Guardian The information you provide on this page should be for the parent or guardian that has legal authorit are the eligible student, are 18 years of age or older, and are legally responsible for and should receiv E8T benefits, fill in your own information in this section. You will also need to put your information in Reminder: If you are an out-of-home care provider such as a foster parent, or you are already enrolle your contact information. Your information will be collected directly from the Department of Children 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 befor Getting Started First, please give us some basic information about yourself.	y to make decisions about Summer P-EBT benefits for the student(s). The only exception to this is if you e your own benefits. If you are a student that has legal authority to make decisions for your Summer P- the next section. d to receive FoodShare or BadgerCare Plus, you do not need to complete this submission to update and Families or the Department of Health Services. re moving on. After completing the information in this section, select the "Next" button to continue.
Parent or Guardian Information * First Name	Middle Initial
*Last Name *Email © @gmail.com	* Date of Birth Mar 19 # Phone Number 111-222- Udon't have a phone number
Tam the legal parent or guardian of the student(t) and can make decisions regarding their Summer P-CBT benefits Tam the student and have the legal right to make decisions regarding my Summer P-CBT benefits. Mailing Address The address entered here may be used for any letters about benefits for your student(s). If you live in *Address Line 1 123 E W \$\$ Address Line 2	an apartment, enter the apartment number on the Address Line 2 line.
*City *State *Zip Milwaukee Wisconsin * 53202 *County Milwaukee *	
	Previous Next
elect the option for the relationship to the s Parent or Guardian Information	student:
* First Name * Last Name	Middle Initial * Date of Birth Mar 19
* Email @ @gmail.com	* Phone Number 111-222-

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
- 2. 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 Be	enefit Management
	Preferred Language English (US)
Welcome	date their contact information. If you have multiple students in your household, only include those the lo not include them. agal authority over their benefits in the "Additional Parent or Guardian Information" section. Only one the bottom of the page. There is no limit to the number of students that can be added.
equired information is marked with a red asterisk. All required information must be completed by tudent 1 Information * First Name	Prore moving on, Arter completing the information in this section, select the livext outton to continue Middle Initial
* Last Name	* Date of Birth Mari, 20
* Grade In School Year 2022-2023	*Gender
School Year 2022-2023	School District Name Academy of Excellence - Milwaukee
	* School Name North Campus AOE
* is there another Parent or Gaurdian?	
+ Add Another Student	

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."

	ummer P-EBT Ben	ent Managem	Preferred Language
			English (US)
Welcome	Parent or Guardian	Student(s)	Submit
You have provided updated contact info of the screen.	rmation for Summer P-EBT 2023. To complete and submit your inf	ormation, check the "I Certify" box below and then	select the "Submit" button at the bottom right
by checking the T Certity' box, you are a signature. By signing this submission ele You understand the questions and st You have the legal authority to make You have included information abou	recronically argining this submission. You understand that an elect stronically, you certify under penalty of perjury and false swearing tatements on this submission. decisions regarding the student(s) you listed. t any additional parent or guardian of the student(s) you listed. Thi rights and responsibilities.	ronic signesure has the same legal effect and can b that your answers are correct and complete to the s information is complete and accurate to the besi	e enforced in the same way as a written I best of your knowledge. You also certify that of your knowledge.
 You have read and understand your 	a in always in comparison with the second staffe devel fronds and that a	fficials from the Wisconsin Department of Health	ervices, the Wisconsin Department of Childre
You have read and understand your You understand this information and Families, and the Wisconsin Dep You are aware that if you purposely (You understand that the agency may educational institutions may release that you wish to end your authorization	In given in connection with the reverse to reper a tonos and that or arrivent of Public Instruction may check information as necessary give false information or break the rules your child may lose Summ contact other people or organizations to obtain needed verification this information, unless it is prohibited or restricted by law. Your a ion.	for the proper administration of the Summer P-EB ter P-EBT benefits and you may be prosecuted uno un of information provided. Anyone, including fina uthorization remains in effect until (1) your eligibil	T program under Wisconsin law. er applicable state and federal criminal laws. icial institutions, credit reporting agencies, or ty ends or (2) you inform your agency in writir
You have read and understand your You understand this information and Families, and the Wisconsin Dep You are aware that if you purposely ; You understand that the agency may educational institutions may release that you wish to end your authorizat Once you have selected "Submit", you wi I Certify	In given in connection with the receipt of repert for a point of the and the con- strement of Public Instruction may check information as necessary give faile information or break the rules your child may lose Summ contact other people or organizations to obtain needed verification this information, unless it is prohibited or restricted by law. Your a ion.	for the proper administration of the Summer P-EB ter P-EBT benefits and you may be prosecuted uno on of information provided. Anyone, including fina uthorization remains in effect until (1) your eligibil will have the ability to save or print a copy of your	T program under Wisconsin law. er applicable state and federal criminal laws. Icial institutions, credit reporting agencies, or sy ends or (2) you inform your agency in writi submitted information after you click "Submi

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

	Summer P-EBT Ber	nefit Management		
Welcome	Parent or Guardian	5tudent(s)	Submit	
Thank You				
You have successfully updated your cont	act information.			
You can save or print a <u>summary of the i</u>	information that you provided for your records.			
If you have questions, please call 833-43	31-2224 or email <u>PEBTsupport@wisconsin.gov</u> .			
Remember, this is not an application for	r FoodShare or health care benefits, but you may be	eligible for these programs. Please	visit the ACCESS website to see if you qualify.	
				brit

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.

16.3 Summer EBT: Opting Out of Summer EBT Benefits

<u>A parent, caretaker, or student who is legally responsible to make their own decisions</u> can opt out of Summer EBT benefits.

1. On the ACCESS home page, select the "Update Contact Information or Opt Out from Summer EBT Benefits" link.



2. On the Welcome page, choose the "Opt Out of Receiving EBT Benefits" option.

Summer EBT Benefit Management	
	Preferred Language English (US)
Welcome Parent or Caretaker Student(s)	- Resources
About	
The Summer Electronic Benefit Transfer (EBT) program provides food benefits for eligible students during Summer 2024. The Wisconsin Department of Health Services (DHS) caretakers of eligible students to easily submit a request to update contact information or opt their student(s) out from receiving Summer EBT benefits. The information you reason you select below.	created this page for parents or provide will only be used for the
This request should only be completed by a parent or caretaker who has a legal responsibility for the care of the student(s) during the summer months. The only exception student, are 18 years of age or older, and are legally responsible for and should receive your own benefits.	to this is if you are the eligible
This is not an application for Summer EBT benefits. If you believe that your student(s) is eligible to receive benefits and they meet certain criteria, you may need to complete their behalf. See the <u>Summer EBT webpage</u> for more information.	the <u>Summer EBT Application</u> on
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 quality of the set of the s	ify.
Be aware that submitting a request to opt your student(s) out means that you do not wish to receive these benefits for the upcoming summer. Once submitted, your decision Summer EBT benefits for this upcoming summer can only be changed by contacting the Summer EBT Support team at 833-431-2224.	n to opt out from receiving
The information you share on each page will not be saved until the entire request is submitted. If you do not complete and submit the form at one time, you will need to start again.	t over and answer all questions
There are deadlines to update your information in time for benefits to be sent out for Summer 2024. To learn more about the deadlines, please visit the Summer EBT webpa	age.
Please select one of the options below to continue: I would like to update the contact information for me or my student(s). I would like to opt out of receiving Summer EBT benefits. Im not a robot Press-Tem	
	Next

3. Select the "I am not a robot" checkbox and complete the reCaptcha.

Internet presented and pre
Exercise Interface on the option for some of the option for the option for the option of the opt
About Image: I
firm real a radiad.
ect Next.

5. On the Parent or Caretaker page, do the following: Enter the required information in the "Parent or Caretaker Information" section; choose either the legal parent or caretaker option, or student option; and enter the required information in the

"Mailing Address" section.

	Summer EDT De	enent Managen	lent
			Preferred Language English (US)
Welcome	Parent or Caretaker	Student(s)	Submit
The information you provide on this page are the eligible student, are 18 years of a Summer EBT benefits, fill in your own info Note: You do not need to use this page to On file with the state as being in an o Receiving FoodShare, Temporary Assi On file as being homeles, a runaway In these specific cases, your contact infor	should be for the parent or caretaker that has legal au ge or older, and are legally responsible for and should re ormation in this section. You will also need to put your o update your contact information if your student is: u-of-home care or kinship care placement stance for Needy Families (TANF), BadgerCare Plus/Med a migrant, a foster child, and/or in Head Start mation will be collected directly from the Department of u student in families of families or the the section of a student in the solution form show the ormaled for	thority to make decisions about Summer EBT benefits f seeve your own benefits. If you are a student that has le wn information in the next section. licaid, and/or benefits from the Food Distribution Progra f Children and Families and/or the Department of Health	or the student(s). The only exception to this is if you all authority to make decisions for your own m on Indian Reservations (FDPIR) Services.
Required mormations insided with a redukteris. Air required mormation music de completed dende moving oit. Aiter completing the information in dis securit, seect die reef, outcon to complete Getting Started First, please give us some basic information about yourself.			
Parent or Caretaker Informati	ion		
* First Name		Middle Initial	
* Last Name		* Date of Birth	
* Email		ex. 111-111-1111	
Please select one of the options below I am the legal parent or caretaker of the su I am the student and have the legal right to Mailing Address The address entered here may be used for	w: dent(i) and can make decisions regarding their Summer EBT ben make decisions regarding my Summer EBT benefits. or any letters about benefits for your student(s). If you lik	I don't have a phone number effs. we in an apartment, enter the apartment number on the	Address Line 2 line.
* Address Line 1			
Address Line 2			
*City *State Wiscon *County Select an Option ▼	* Zip code		
L			

6. Select **Previous** to return to the Welcome page or **Next** to continue.

Sum	mer EBT Bei	nefit Manageme	ent
			Preferred Language English (US)
Welcome	Parent or Caretaker –	Student(s)	Submit
The information you provide on this page should be for the are the eligible student, are 18 years of age or older, and as Summer EBT benefits. Bill in your own information in this se Note: You do not need to use this page to update your con On file with the state as being in an out-of-home care o e Receiving FoodShare. Temporary Assistance for Needy On file as being homeless. a runaway, a migrant. a fost In these specific cases, your contact information will be col Required information is marked with a red asterisk. All req	e parent or caretaker that has legal autho re legally responsible for and should receit ection. You will also need to put your own tact information if your student is: r kinship care placement Families (TANP). BadgerCare Plus/Medicai er child. and/or in Head Start lected directly from the Department of Ch uired information must be completed befi	rity to make decisions about Summer EBT benefits for the reyour own benefits. If you are a student that has legal au information in the next section. d. and/or benefits from the Food Distribution Program on lidren and Families and/or the Department of Health Servi re moving on. After completing the information in this see	e student(s). The only exception to this is if you thority to make decisions for your own Indian Reservations (FDPIR) Ices. Ction, select the "Next" button to continue.
Getting Started First, please give us some basic information about yourself Parent or Caretaker Information	r.		
* First Name		Middle Initial	
M			
* Last Name		* Date of Birth	
G		May 1, 1986	首
*Email 0		Phone Number	
Sample@email.com		ex. 111-111-1111	
*Please select one of the options below: I am the legal parent or caretaker of the student(s) and can make I am the student and have the legal right to make decisions rega	e decisions regarding their Summer EBT benefits Irding my Summer EBT benefits.	I don't have a phone number	
Mailing Address The address entered here may be used for any letters about	ut benefits for your student(s). If you live in	an apartment, enter the apartment number on the Addr	ess Line 2 line.
* Address Line 1			
123 E Main St			
Address Line 2			
* City * State	* Zip code		
Madison Wisconsin	· 537033360		
*County Dane V			
			Previous Next

7. On the Student(s) page, enter information for the student for whom you do not want to receive the Summer EBT benefits.

Summer EBT Be	enefit Management	
		Preferred Language English (US)
Welcome Parent or Caretaker	510000000000000000000000000000000	- Submit
Provide information for your student(s) in this section. If you have multiple students in your hous information about the school where your student(s) were enrolled during the 2023-2024 school y	ehold, only include those who need updated contact information or who y ear.	ou wish to be opted out. Enter
For each student you add, you can then include information for a second parent or caretaker with information" section. Information about only one additional parent or caretaker can be added pe	legal authority over their benefits (someone besides yourself) in the "Add r student.	litional Parent or Caretaker
If you have more than one student for whom you'd like to update their contact information or op	t out, select the "Add Another Student" button at the bottom of the page. 1	here is no limit to the number of
suberns 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 t	he "Next" button to continue.
Student 1 Information		
* First Name	Middle Initial	
* Last Name	Date of Birth	
		Ē
* Gender	School Year	
None	▼ 2023-2024	
* Grade in School Year 2023-2024	* School District Name - City	
None	▼ Select an Option	Ψ
	* School Name	
	None	•
* Is there another Parent or Caretaker for this student?		
None	•	
a Add Amerikan Charles		
* Add Another Student		
		Previous

8. If there is more than one student in the household for whom you do not want to receive Summer EBT benefits, select **Add Another Student** and enter

information for each additional student.

Summer EBT Ber	nefit Management
	Preferred Language English (US)
Welcome Parent or Caretaker —	Student(s)
Provide information for your student(s) in this section. If you have multiple students in your househol information about the school where your student(s) were enrolled during the 2023-2024 school year. For each student you add, you can then include information for a second parent or caretaker with legs	d, only include those who need updated contact information or who you wish to be opted out. Enter
Information Section. Information about only one adduction parent or categore can be able of provide If you have more than one student for whom you'd like to update their contact information or opt out students that can be added.	verit. select the "Add Another Student" button at the bottom of the page. There is no limit to the number of re 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 Jan 5, 2014
*Gender	School Year
► ▼	2023-2024 * School District Neme - City
3	Madison Metro School District - Madison 💌
	Badger Rock Middle School
* Is there another Parent or Caretaker for this student? No V	
+ Add Another Student	
	Previous Next
Drevieue to roturn to the Derest or C	ereteker nege er Nevt te sastisu
revious to return to the Parent or C	aretaker page or Next to continue

0	Select Provious t	o return to th	o Parent or	Caretaker nage	or Novt to	continue
9.	Select Flevious			Caretaker page		continue

Summer EBT Be	nefit Managem	ent
		Preferred Language English (US)
Welcome Parent or Caretaker		Submit
Provide information for your student(s) in this section. If you have multiple students in your house information about the school where your student(s) were enrolled during the 2023-2024 school ye	told, only include those who need updated contact inform r.	mation or who you wish to be opted out. Enter
For each student you add, you can then include information for a second parent or caretaker with Information" section. Information about only one additional parent or caretaker can be added per	egal authority over their benefits (someone besides you student.	rself) in the "Additional Parent or Caretaker
If you have more than one student for whom you'd like to update their contact information or opt students that can be added.	out, select the "Add Another Student" button at the botto	om of the page. There is no limit to the number of
Required information is marked with a red asterisk. All required information must be completed b	fore moving on. After completing the information in this	s section, select the "Next" button to continue.
Student 1 Information		
* First Name	Middle Initial	
*Last Name	Date of Birth	
G	Jan 5, 2014	首
* Gender	School Year	
F	2023-2024	
* Grade in School Year 2023-2024	School District Name - City Madison Metro School District Madison	
	School Name	
	Badger Rock Middle School	•
* Is there another Parent or Caretaker for this student?		
No Y	-)	
·		
+ Add Another Student		
		Drovinur Next

<u>10. On the Opt Out Student for Summer EBT page, select the Opt Out checkbox</u> <u>next to each student confirm that you do not want to receive the Summer EBT</u> benefits for them.

Bigger Bigger Bigger Bigger Bigger OF OUT Student for Summer EDT Bigger Bigger Bigger Bigger Detended Bigger					0	Preferent Language Degisin (BAD) 💌
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11. Select **Previous** to return to the Student(s) page or **Next** to submit.

	Sumn	ner EBT E	Benefit N	lanagen	nent
					Preferred Language English (US)
Welcome		Parent or Caretaker		Student(s)	Submit
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Student Name	Summer Year Opt C 2024	Dut?			
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<u>12. On the Certify and Submit page, do the following: Read the electronic signature certifications and check the box to certify your understanding.</u>

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13. Select **Previous** to return to the Student(s) - Opt Out page or **Next** to continue.

Summer EBT Benefit Managemer	nt			
	Preferred Language English (US)			
Velcome Percent or Caretsker Studentss	R Submit			
Certify and Submit				
The information you provided will be used to got up you studentis) from receiving benefits for Summer 2024. To complete and submit your information, review the following sentences that that is not the built information and provide service. By checking the 1 Certify box, you are destributed and the information after of the source of the same keys and the service. By checking the 1 Certify box, you are destributed and the barries. By checking the 1 Certify box, you are destributed and the previous of period. We undestand the questions are statements on the term. We undestand the questions are provided in the statements on the term. We undestand the questions are provided in the statements on the term of the studentisty put liked. We undestand the questions are provided in the statement on the state				

<u>14. On the Thank You page is a note confirming the successful submission of the opt</u> <u>out choice. Select **Finish** to leave the page.</u>

Summer EBT Benefit Manag	gement
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Thank you!	
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You can save or print a <u>summary attrictive totantation</u> that you provided for your receives. Prease note that the decision to ook to the for summer EBT beneficials only for Summer 2024. If the student(s) you listed are eighble for Summer terver there therefore, you and have to opticed upon.	IET benefits again in future summers and you do not wish to
If you have questions, please call #33-431-2224 or small dissebisupport(philgor) Romembor, this is not an application for FoodShare or health care benefits, but you may be sligible for these programs. Nease visit the <u>ACCES</u>	II website to see if you qualify.
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