

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

To: 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

EFFECTIVE DATE	The following policy additions or changes are effective 06/22/2024 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.
POLICY UPDATES	
3.2 Step 2: Provide user information	Added information on Conservators and updater screenshots.
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 Rules/Work Requirement Information	Added FoodShare Basic Work Rules/Work Requirement information and corrected questions in step 5.
5.1.3.3 Summary Page	Updated text and added screenshot for FoodShare basic work rules/work requirement information changes summary.
5.1.6 Change Request Summary	Added screenshot for FoodShare Basic Work Rules/Work Requirement information changes summary.
6.3.1 Renew My Benefits Pages Introduction	Updated text and screenshots to include representative information.
6.3.2.1 Household Members	Added screenshot to account for FoodShare Basic Work Rules/Work Requirement information gatepost question.
6.3.2.9 Make Changes to Previously Reported Basic Work Rules or Work Requirement Information	New section.
6.3.2.10 Reviewing Your Household Changes	Renumbered from 6.3.2.9.
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 Contact Information	Updated for 2024 Summer EBT.
16.3 Summer EBT: Opting Out of Summer EBT Benefits	Updated for 2024 Summer EBT.

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~~conservator, or agent with power of attorney can apply on behalf of the applicant for all programs except Wisconsin Shares Child Care Subsidy.

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

Applying for someone else

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

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

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

- Friend or family member
- Staff or volunteer at an organization that helps people use ACCESS

-
- Authorized representative (person)
 - Authorized representative (organization)
 - Legal guardian
 - Power of attorney

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

Community ACCESS Point (CAP) agency number (optional)

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

Save and next

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? *

- 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
- 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

<p>How are you related to the person you're applying for?</p>	<p>Select one of the relationship options:</p> <ul style="list-style-type: none"> • 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> <p>If they select Staff or Volunteer<u>volunteer</u> at an organization that helps people use ACCESS the next question displays.</p>
<p><i>Community ACCESS Point (CAP) agency number (Optional)</i></p>	<p>Enter the CAP number.—</p> <p>See 12.6 Community Access Point Application Search Results Page.</p>

If they are an authorized representative, legal guardian, ~~or conservator,~~ 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 ~~explaining~~explanation, the page asks the applicant if they would like to appoint an authorized representative now or at a later time.

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

Appointing an authorized representative

What is an authorized representative?

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

What can an authorized representative do?

An authorized representative can:

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

What programs can an authorized representative help with?

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

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

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

How is an authorized representative appointed?

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

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

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

Do you want to appoint an authorized representative now? *

- Yes
- No, I'll do this later

Save and next

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** page 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)

Address

Street address *

Apartment, unit, or room number (optional)

City *

State *

Zip code *

Contact information

Phone number (optional)

Email (optional)

Statements of understanding

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

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

Save and next

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 middle initial or and suffix 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 statements of understanding above. I agree to serve as the authorized representative for the applicant.	Select the checkbox to confirm. _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.

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

Applicant's statements of understanding

The applicant should complete this page.

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

Yes

No

Statements of understanding

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

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

Save and next

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 ~~Representative~~representative signature, and a Witness signature. All three must read the electronic signature acknowledgement and enter their name in the available field.

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

Finish appointing authorized representative

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

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

Applicant's signature

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

First name

Middle initial (optional)

Last name

Authorized representative signature

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

First name

Middle initial (optional)

Last name

Witness signature

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

First name

Middle initial (optional)

Last name

Save and next

Legal Guardian Information (Click to show)

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

Show/Hide an example of the page

Legal guardian information

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

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

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

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

Legal guardian name

First name *

Middle initial (optional)

Last name *

Suffix (optional)

Address

Street address *

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

Apartment, unit, or room number (optional)

City *

State *

Zip code *

Contact information

Phone number (optional)

Email (optional)

Save and next

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 themselves.

Legal guardian name

First name *

Middle initial (optional)

Last name *

Suffix (optional)

Address

Street address *

Apartment, unit, or room number (optional)

City *

State *

Zip code *

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

Contact information

Phone number (optional)

Email (optional)

Save and next

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 <u>are optional</u> .
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

First name *

Middle initial (optional)

Last name *

Suffix (optional)

Address

Street address *

Apartment, unit, or room number (optional)

City *

State *

Zip code *

Contact information

Phone number (optional)

Email (optional)

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

Save and next

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

Power of attorney information (Click to show)

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

Show/Hide an example of the page

Power of attorney information

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

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

Power of Attorney name

First name *

Middle initial (optional)

Last name *

Suffix (optional)

Address

Street address *

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

Apartment, unit, or room number (optional)

City *

State *

Zip code *

Contact information

Phone number (optional)

Email (optional)

Save and next

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 themselves.

Power of attorney name

First name *

Middle initial (optional)

Last name *

Suffix (optional)

Address

Street address *

Apartment, unit, or room number (optional)

City *

State *

Zip code *

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

Contact information

Phone number (optional)

Email (optional)

Save and next

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

3.6 Household Details

Step 3: Your household's health

This page asks about health situations that may be faced by household members.

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

Your household's health

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

- Yes
 No

By activities of daily living, we mean activities like:

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

Who needs help? *

- Test Test
 Spouse Test
 Child Test

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

Has anyone in your household been diagnosed with tuberculosis? *

- Yes
 No

Who has been diagnosed with tuberculosis? *

- Test Test
 Spouse Test
 Child Test

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

- Yes
 No

By accident, we mean:

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

Who was in an accident? *

- Test Test
 Spouse Test
 Child Test

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

- Yes
 No

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

Who had a medical emergency? *

- Test Test
 Spouse Test
 Child Test

Save and next

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

*Who had a
medical
emergency?*

Select the member or members of the household that recently had a medical emergency.

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

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

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

Test's care facility

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

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

Where is the care facility located? (optional)

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

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

- Yes
- No
- I don't know

When did Test first move into a care facility? *

Spouse's mailing address (optional)

Street address

Apartment, unit, or room number (optional)

City

State

Zip code

Save and next

The next page the applicant sees depends on which programs ~~they are~~ 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
- No

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

- Test Test
- Spouse Test
- Child Test

Save and next

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

If the applicant selects yes, the " "'s Medicare coverage" page displays.

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

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

Test's Medicare coverage

Please tell us more about Test's Medicare coverage.

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

- Yes
- No
- I don't know

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

MM/DD/YYYY 

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

\$

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

I don't know

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

- Test
- Someone else
- I don't know

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

- Yes
- No
- I don't know

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

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.

I don't know

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)

- Yes
- No
- I don't know

Save and next

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

What is _____'s Medicare number? (Optional)-	Enter Medicare number. The applicant may also select -I don't know _____'s Medicare number- instead 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 benefits from another state? *

- Yes
- No

Who was sanctioned? *

- Child Test
- Spouse Test
- Test Test

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

- Yes
- No

Who is enrolled in outpatient drug or alcohol treatment? *

- Test Test
- Spouse Test
- Child Test

Save and next

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

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

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

~~Step 6~~ Step 6: 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

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.gov/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)

- Yes
 No

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

- Yes
 No

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

- Yes
 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)

- Yes
 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)

- Yes
 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)

- Yes
 No

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

<p><u>Which household member is responsible for caring for another person who cannot care for themselves?</u></p>	<p><u>Select which household member(s) is responsible for caring for another person who cannot care for themselves.</u></p>
<p><u>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)</u></p>	<p><u>This question displays when there is a household member(s) listed as between age 18-52 years old.</u></p> <p><u>Select Yes or No.</u></p> <p><u>If the applicant selects no, move on to the next question.</u></p> <p><u>If the applicant selects yes, a new follow-up question displays below.</u></p>
<p><u>Which household member is a veteran of the United States Armed Forces?</u></p>	<p><u>Select which household member(s) is a veteran of the United States Armed Forces who has been discharged or released under any condition.</u></p>
<p><u>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)</u></p>	<p><u>This question displays when there is a household member(s) listed as between age 18-24 years old.</u></p> <p><u>Select Yes or No.</u></p> <p><u>If the applicant selects no, move on to the next question.</u></p> <p><u>If the applicant selects yes, a new follow-up question displays below.</u></p>
<p><u>Which household member is an</u></p>	<p><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.</u></p>

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.
(optional)

Which
household
member is
participating in a
work program?

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.

Select which household member(s) is participating in a
work program.

If the applicant completes this page, the applicant can view a PDF summary table at the
Apply for Benefits PDF page (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?	<input type="text"/>
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?	<input type="text"/>
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?	<input type="text"/>
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?	<input type="text"/>

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?	

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

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

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.

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

Child care help

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

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

- Yes
 No

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

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

Who needs help paying for child care? *

- Test Test
 Spouse Test
 Child Test

Save and next

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

<p><i>Who is getting or is able to get Medicare Part A or Part B?</i></p>	<p>Select which member or members of the household that is in the process of getting or is eligible to get Medicare.</p>
---	--

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 ENROLLMENT</u>
No one older than 20 years old	Any other programs	<u>STEP 98: LEGAL HISTORY</u>

Step ~~7~~8: School enrollment

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

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

School enrollment

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

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

- Yes
- No
- I don't know

Who is currently going to school? *

- Member Test
- Spouse Test
- Child Test

Save and next

Questions	How to answer
Are any adults in your household currently going to school? (Optional)	Select Yes , No , or I don't know . _If the applicant selects no, move on to step 8. _If the applicant selects yes, the next question displays.
<i>Who is currently going to school?</i>	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.

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

Test's education

Please tell us more about Test's education.

Does Test go to school? *

- Yes
- No
- I don't know

What is Test's enrollment status? *

What type of school does Test go to? *

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

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

- Yes
- No
- I don't know

Who else is currently going to school?

Spouse Test

Save and next

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

Who else is currently going to school?

Select which member or members of the household that is currently enrolled in school.

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.

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

Legal history

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

- Yes
 No

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

Who was convicted of a drug felony? *

- Test Test
 Spouse Test
 Child Test

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

- Yes
 No

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

- Test Test
 Spouse Test
 Child Test

Save and next

Questions

How to answer

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

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.

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

You finished the household details section

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

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

Information from this section

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

[Application overview](#)

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](#) ✓

People with a disability, illness, or injury

[Add or remove people](#) ✓

Your household's health

[Update](#) ✓

Medicare coverage

[Add or remove people](#) ✓

Food assistance

[Update](#) ✓

FoodShare Basic Work Rules/Work Requirement Information

[Update](#) ✓

Education

John

[Update](#) ✓

Lisa

[Update](#) ✓

Henry

[Update](#) ✓

Legal history

[Update](#) ✓

[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.

My Benefits

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

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

"Check My Benefits" can give information about:

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

- Caretaker Supplement, which is a cash benefit for parents and other caretakers who are getting SSI.
- Wisconsin Shares Child Care Program
- W-2, which is a work program that provides temporary cash assistance and case management services to low-income parents and pregnant women.
- Summer-P-EBT, which is a program that provides ~~temporary food benefits during the summer months~~ a one-time benefit to ~~households with students who were enrolled to receive free or reduced price meals at~~ families of eligible schools ~~during~~ children to help cover the cost of meals for the months between school ~~year~~ years.

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 tells you more about your Health Care benefits. If you would like to look at information about other benefits, click the Go to Account Home button at the bottom of the page.

Keep in mind that whenever your benefits change, you should get a letter in the mail telling you about the change. This letter will also let you know your rights if you feel the change has been made in error.

Click this button if you need a new ForwardHealth Card.

[Get a New Card](#)

Click this button if you need an Explanation of Medical Benefits (EOMB).

[Get an Explanation of Benefits](#)

We are showing you benefit information as of January.

BadgerCare Plus



DANNY



JEN

You are getting BadgerCare Plus in January 2024.

BadgerCare Plus is full-benefit health care. It will help you pay for most medical bills.

To learn more about what the BadgerCare Plus covers, [click here](#).

We have found that:

- DANNY is covered under BadgerCare Plus. DANNY's health care coverage started on Sunday October 1, 2023. The next renewal must be completed in September 2024.
- JEN is covered under BadgerCare Plus. JEN's health care coverage started on Sunday October 1, 2023. The next renewal must be completed in September 2024.
- We are charging a [monthly premium](#) for your child's benefit. Their benefits will not end if you do not pay the premium.
- Click [Manage My HMO](#) to view and/or make changes to your HMO enrollment.

Health Care Details

This page tells you more about your Health Care benefits. If you would like to look at information about other benefits, click the Go to Account Home button at the bottom of the page.

Keep in mind that whenever your benefits change, you should get a letter in the mail telling you about the change. This letter will also let you know your rights if you feel the change has been made in error.

Click this button if you need a new ForwardHealth Card.

[Get a New Card](#)

Click this button if you need an Explanation of Medical Benefits (EOMB).

[Get an Explanation of Benefits](#)

We are showing you benefit information as of May.

BadgerCare Plus



You are getting BadgerCare Plus in May 2024.

BadgerCare Plus is full-benefit health care. It will help you pay for most medical bills.

To learn more about what the BadgerCare Plus covers, [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 child's benefit. Their benefits will not end if you do not pay the premium.
- Click [Manage My HMO](#) to view and/or make changes to your HMO enrollment.

Medicaid Purchase Plan



You are getting Medicaid Purchase Plan in May 2024.

Medicaid Purchase Plan is full-benefit health care. It will help you pay for most medical bills.

We have found that:

-  is covered under Medicaid Purchase Plan.  health care coverage started on Monday April 1, 2024. The next renewal must be completed in March 2025.
- You need to [pay a monthly premium](#).
- Click [Manage My HMO](#) to view and/or make changes to your HMO enrollment.

View My Letters

You can [view your letters](#) with more information.

[Go to Account Home](#)

4.2.7 Summer EBT Details

[Account Home](#) [Benefit Details](#)

Summer EBT Details

This page provides details about the summer EBT benefits issued on behalf of your student(s). Below you will find information on the total amount of benefits you will receive, the student(s) the benefit was sent for, and when the benefit was sent. The benefit information is up to date as of **June 24, 2024**.

Please note that you should also get a letter detailing your benefits. This letter will tell you who is receiving the benefits and the benefit amount.

The letter will also give you information on your rights if you feel that there is an error with your benefits.

Please call 833-431-2224 or email dhssebtsupport@wi.gov if you have questions or concerns regarding the Summer EBT benefits.

Select the "Go to Account Home" Button at the bottom of the page to view information about your other benefits.

Summer EBT

 OLLIE	You received a total benefit amount of \$ 120 for Summer EBT covering the months of June, July and August 2024 .
OLLIE	Your benefits were most recently made available to you on June 22, 2024 .

View My Letters

You can view your letters with more information.

[Go to Account Home](#) 

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 due situations occur:

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

Account Home

ALERTS

Benefit Renewals due for :
Health Care
Six Month Report due for :
- Click for FoodShare

My Letters

[View My Letters](#)
[Manage My Email](#)

My Health Care

[Request Explanation of Medical Benefits \(EOMB\)](#)

Get a New Card

[Forward Health Card](#)

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](#)
[IRS 1095-B Tax Information](#)

My Benefits

This information is current as of Friday September 25, 2020.

Benefits	Status	Details
FoodShare 	In September 2020, [redacted] is getting a total benefit of \$ 194.00 per month.	
BadgerCare Plus 	In September 2020, [redacted] is getting BadgerCare Plus benefits.	
W-2 	[redacted] is not eligible for W-2 in September 2020.	

My Renewals/Six-Month Report Forms

Benefits	Details
FoodShare 	You should receive a Six-Month Report Form (SMRF) in the mail near the end of September 2020. You can submit your SMRF online after you have received the form in the mail or you may complete and return the form you received in the mail. You can also complete the SMRF over the phone with your local agency or by submitting the form through the MyACCESS app, if you aren't reporting any changes to the information we already have. To keep getting your FoodShare benefits and to avoid any delay, you need to complete and submit your SMRF by the end of Tuesday October 6, 2020.
BadgerCare Plus 	In September 2020, you will need to provide the information your worker asks for to keep getting benefits.

- 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

Account Home

ALERTS

Benefit Renewals due for :
Health Care

Six Month Report due for :
- Click for FoodShare

My Letters

[View My Letters](#)

[Manage My Email](#)

My Health Care

[Request Explanation of Medical Benefits \(EOMB\)](#)

Get a New Card

[ForwardHealth Card](#)

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](#)

[IRS 1095-B Tax Information](#)

My Benefits

This information is current as of Friday September 25, 2020.

Benefits	Status	Details
 FoodShare	In September 2020, [redacted] is getting a total benefit of \$ 194.00 per month.	
 BadgerCare Plus	In September 2020, [redacted] is getting BadgerCare Plus benefits.	
 W-2	[redacted] is not eligible for W-2 in September 2020.	

My Renewals/Six-Month Report Forms

Benefits	Details
 FoodShare	You should receive a Six-Month Report Form (SMRF) in the mail near the end of September 2020. You can submit your SMRF online after you have received the form in the mail or you may complete and return the form you received in the mail. You can also complete the SMRF over the phone with your local agency or by submitting the form through the MyACCESS app, if you aren't reporting any changes to the information we already have. To keep getting your FoodShare benefits and to avoid any delay, you need to complete and submit your SMRF by the end of Tuesday October 6, 2020.
 BadgerCare Plus	In September 2020, you will need to provide the information your worker asks for to keep getting benefits.

For your information:

 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](#)

ALERTS

Your Medicaid Purchase Plan (MAPP) premium payment is due.

[Pay now](#)

My Letters

[View My Letters](#)

[Manage My Email](#)

My Health Care

[Manage My HMO](#)

[Medicaid Purchase Plan or BadgerCare Plus Children Premiums](#)

[Request Explanation of Medical Benefits \(EOMB\)](#)

Get a New Card

[ForwardHealth Card](#)

My Account

My Benefits

This information is current as of Tuesday May 14, 2024.

Benefits	Status	Details
FoodShare 	 is not getting FoodShare benefits in May 2024.	
Medicaid Purchase Plan 	In May 2024,  is getting Medicaid Purchase Plan benefits.	
W-2 	 is not eligible for W-2 in May 2024.	

ALERTS

Your recent Medicaid Purchase Plan or BadgerCare Plus Children Premium payment has failed.

[Go to premiums homepage](#)

My Letters

[View My Letters](#)

[Manage My Email](#)

My Health Care

[Manage My HMO](#)

[Medicaid Purchase Plan or BadgerCare Plus Children Premiums](#)

[Request Explanation of Medical Benefits \(EOMB\)](#)

Get a New Card

[ForwardHealth Card](#)

My Account

[Manage My Account](#)

My Benefits

This information is current as of Tuesday May 14, 2024.

Benefits	Status	Details
FoodShare 	 is not getting FoodShare benefits in May 2024.	
Medicaid Purchase Plan 	In May 2024,  is getting Medicaid Purchase Plan benefits.	
W-2 	 is not eligible for W-2 in May 2024.	

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 FoodShare, 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:

- | | |
|---|--|
| <input type="checkbox"/> Your address or phone number has changed | <input type="checkbox"/> Someone moved into your home |
| <input type="checkbox"/> Someone moved out of your home | <input type="checkbox"/> Someone got married. Make sure you report any changes to marital relationships, including marriages between spouses of the same gender. |
| <input type="checkbox"/> Someone got divorced | <input type="checkbox"/> Someone in your home died |
| <input type="checkbox"/> Someone had a change in expected tax filing status | <input type="checkbox"/> Someone had a change in tax dependents |
| <input type="checkbox"/> Someone no longer has a tax deduction | |

Here are the changes you **may** report, but you don't have to report:

- | | |
|---|---|
| <input type="checkbox"/> Someone became disabled, blind, or unable to work because of illness or injury | <input type="checkbox"/> Someone changed their job, in-kind job, volunteer work or self-employment. |
| <input type="checkbox"/> Someone's housing or utility bills changed | <input type="checkbox"/> Someone had a change in type of income other than a job or self-employment |
| <input type="checkbox"/> Someone has grants, scholarships or other financial aid for a new school term | <input type="checkbox"/> Someone had a change in tax deductions |
| <input type="checkbox"/> Someone wants to provide a new response to the treatment needs question | |

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 Sunday October 8, 2023, you should wait to report the change.

Reporting Other Changes

Some changes cannot be reported through ACCESS at this time. To report one of the changes listed below, call your worker or your local agency at 1-888-947-6583. If any of events listed below have happened to someone who has moved into your home, you will need to let your local agency know.

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 or gambling winning defined as a single winning of or more before tax deductions from a single hand, ticket, game, 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.

[Go to Account Home](#) 

[Next](#) 

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 you **must** report:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Your address, phone number, or FoodShare basic work rules/work requirement information has changed | <input type="checkbox"/> Someone moved into your home |
| <input type="checkbox"/> Someone moved out of your home | <input type="checkbox"/> Someone became pregnant |
| <input type="checkbox"/> Someone's pregnancy ended | <input type="checkbox"/> Someone got married. Make sure you report any changes to marital relationships, including marriages between spouses of the same gender. |
| <input type="checkbox"/> Someone got divorced | <input type="checkbox"/> Someone in your home died |
| <input type="checkbox"/> Someone had a change in expected tax filing status | <input type="checkbox"/> Someone had a change in tax dependents |
| <input type="checkbox"/> Someone no longer has a tax deduction | |

Here are the changes you **may** report, but you don't have to report:

- | | |
|---|---|
| <input type="checkbox"/> Someone became disabled, blind, or unable to work because of illness or injury | <input type="checkbox"/> Someone changed their job, in-kind job, volunteer work or self-employment. |
| <input type="checkbox"/> Someone's housing or utility bills changed | <input type="checkbox"/> Someone had a change in type of income other than a job or self-employment |
| <input type="checkbox"/> Someone has grants, scholarships or other financial aid for a new school term | <input type="checkbox"/> 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 time. To report one of the changes listed below, call your worker or your local agency at 1-888-947-6583. If any of the events listed below have happened to someone who has moved into your home, you will need to let your local agency know.

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 or gambling winning defined as a single winning of or more before tax deductions from a single hand, ticket, game, 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.

[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 ~~or~~ phone number, or FoodShare basic work rules/work requirement information has changed ~~box~~ checkbox is ~~checked~~ selected.

The contact information currently on file ~~will~~ 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.





Your Contact Information

You told us that your contact information has changed. On the right side of the page, you can see the information we have on file. On the left side of the page, you will see boxes where you can change, add or remove information about how to get in touch with you. When you are done, click the Next button.

Please keep in mind:

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

<p>Please Tell Us Your Changes:</p> <p>Where You Live</p> <p>If you're staying in a shelter or living with a friend or family member, you can give us that agency or person's address. Be sure to put the name of the person or agency on the second line, and write c/o in front of the name.</p> <p>* Address Line 1: <input type="text" value="123 MASKING"/></p> <p>Address Line 2: <input type="text" value="Apt. 8 APT. 8"/></p> <p>* City: <input type="text" value="MADISON"/></p> <p>* State: <input type="text" value="Wisconsin"/></p> <p>* ZIP Code: <input type="text" value="555555555"/></p> <p>* What county do you live in? <input type="text" value="Milwaukee"/></p> <p><input type="checkbox"/> I am homeless right now.</p> <p>By homeless, we mean you are staying at a shelter or don't have a place to stay at night. To read more about what we mean by homeless, click the Help button.</p>	<p>Information on File:</p> <p>123 MASKING</p> <p>Apt. 8 APT. 8</p> <p>MADISON</p> <p>WI</p> <p>555555555</p> <p>Milwaukee</p>
---	---

<p>Mailing Address</p> <p>If your mailing address is the same as the address you gave above, it's okay to leave this blank.</p> <p>If you're homeless, please give us a mailing address. If you're using the address of a friend, family member or agency, put the name of the person or agency on the second line, and write c/o in front of the name.</p> <p>If you don't want us to send any mail about your benefits to the address you gave above, please give us a mailing address.</p> <p>Address Line 1: <input type="text" value="123 MASKING"/></p> <p>Address Line 2: <input type="text" value="Apt. 8 APT. 8"/></p> <p>City: <input type="text" value="MADISON"/></p> <p>State: <input type="text" value="Wisconsin"/></p> <p>ZIP Code: <input type="text" value="555555555"/></p>	<p>123 MASKING</p> <p>Apt. 8 APT. 8</p> <p>MADISON</p> <p>WI</p> <p>555555555</p>
---	---

<p>Your Phone Numbers</p> <p>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.</p> <p>Home Phone : <input type="text" value="555"/> <input type="text" value="555"/> <input type="text" value="5555"/></p> <p>Work Phone : <input type="text"/> <input type="text"/> <input type="text"/> Ext : <input type="text"/></p> <p>Cell Phone : <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Message Phone : <input type="text"/> <input type="text"/> <input type="text"/> Ext : <input type="text"/></p> <p>What is the best way to get in touch with you during the weekday? <input type="text" value="Cell Phone"/></p> <p>If you are deaf or hard of hearing and you have asked us to get in touch by phone, what method do you use? <input type="text" value="Cell Phone"/></p> <p>What is the best time to call you during the weekday? <input type="text" value="Early Morning"/></p>	<p>5555555555</p> <p>Cell Phone</p> <p>Early Morning</p>
---	--

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.

Start People Housing Bills Submit

FoodShare Basic Work Rules/Work Requirement Information

Please tell us if anyone in your household is meeting any of the below work registrant exemptions. These questions are asked to help further determine if you can get FoodShare.

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

Please check the box (or boxes) to tell us who is in a Wisconsin Works (W-2) work program.

MILLER ELSA PHILIP KIDDO

Is anyone in your household responsible for caring for a child under age 6 that does not live with you?

Please check the box (or boxes) to tell us who is responsible for caring for a child under age 6 that does not live with you.

MILLER ELSA PHILIP KIDDO

Is anyone in your household responsible for caring for a person who cannot care for themselves?

Please check the box (or boxes) to tell us who is responsible for caring for a person who cannot care for themselves.

MILLER ELSA PHILIP KIDDO

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.

Please check the box (or boxes) to tell us who is a veteran of the United States Armed Forces.

 MILLER

 ELSA

 KIDDO

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?

Please check the box (or boxes) to tell us who is an 18-24-year-old who was in foster care, a subsidized guardianship, or court-ordered kinship care when they turned 18.

 ELSA

 KIDDO

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

Please check the box (or boxes) to tell us who is participating in an allowable work program.

 MILLER

 ELSA

 KIDDO

[Go to Account Home](#) 

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

5.1.3.3 Summary Page

After contact [information](#) and [FoodShare basic work rules/work requirement](#) or household [information](#) changes have been reported, the following page provides an opportunity to review and edit the changes as needed.






[Start](#)
People
[Housing Bills](#)
[Submit](#)

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

Type	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
 JAMES-MSK	In foster care	Edit or Erase

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](#)








[Start](#)
[People](#)
[Housing Bills](#)
[Submit](#)

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

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

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?	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 that someone does not need to meet the FoodShare basic work rules or the FoodShare work requirement because they are exempt, choose the name of the person and click the Add button.

Name:

Add

[Go to Account Home](#)



Back



Next

Household Member(s) Summary

Moved Out of the Home Summary

Who	Moved to	Options
 JAMES-MSK	In foster care	Edit or Erase

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



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.

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

Email Information

Person	Email Address	Get Email from Health Care Partners?	Get Letters Online?
NewSpouse Test		Not Asked	No

People You Added to Your Home

Who	Date of Birth	Gender	Marital Status	Language
NewSpouse Test Age: 36	08/01/1980	Male	Married	English
	Programs Requested			
	FoodShare Health Care Child Care			
	SSN	SSN Application Date	US Citizen?	Sponsor for an immigrant?
			Yes	No
	Resident of WI?	Intends to reside in WI?	Migrant Farm Worker?	Where does he/she live?
	Yes	Yes	No	In This Home
	Tribal Member		Eligible for Indian Health Services	
	No		No	
	Ethnicity		Race	
		White		

Relationship Information

Who	Relationships	Do they buy food and eat meals together?
NewSpouse Age: 36	is the husband of BARB-MSK WARD-MSK	Yes
	is the stepfather of LOUIS-MSK WARD-MSK	Yes
	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?
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	Type	In-Kind Employer or Organization	In-Kind Employer or Organization Address
Age: 44	Volunteer	AAA	
	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 Type
BARB-MSK WARD-MSK Age: 45	Gone Fishin'	Bait and tackle	Sole Proprietorship
	Date Business Started	Tax ID or EIN	Tax Year Business Last Filed Taxes
	01/2015		
	Average Monthly Income	Average Monthly Expenses	Average Hours Worked 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

Note

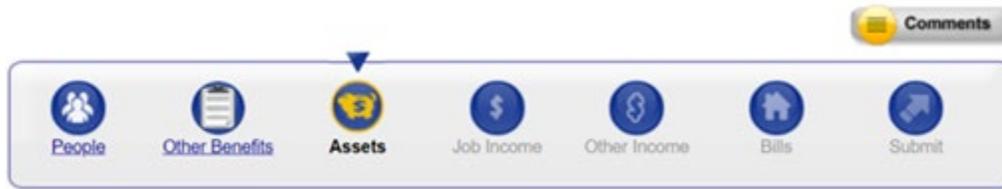
For the FoodShare Basic Work Rules/Work Requirement Information summary, if the member is out of the 16-59 age range, their information will not display. For exemptions the member does not apply to or were not answered, the response will be "N/A."

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~~ displays 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 see~~ sees 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

Cell Phone:

* Has there been a change in your home address, your mailing address, or how to contact you?

Yes No

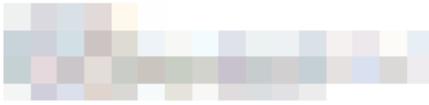
Click the Show Information link to see what we have on file.

[Hide Information](#)

Type		Details
Basic Information	Household Address:	
	County of Residence:	
	Mailing Address:	
	Homeless:	No
	Language:	English
Contact Information	Home Phone:	
	Work Phone:	
	Cell Phone:	
	Message Phone:	
	Preferred contact method:	Cell Phone
	Best Time to Contact:	Early Morning

Basic Information

This is the mailing address we have on file for you:



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.

[Hide Information](#)

Type		Details
Basic Information	Household Address:	[Blurred]
	County of Residence:	[Blurred]
	Mailing Address:	[Blurred]
	Homeless:	No
	Language:	English
Contact Information	Home Phone:	
	Work Phone:	
	Cell Phone:	
	Message Phone:	
	Preferred contact method:	
	Best Time to Contact:	

Who?		Details
[Blurred]	Type:	LEGAL GUARDIAN
	Address :	[Blurred]
	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  the Help icon at the top right corner of that page.

[Help](#) [Español](#) [Log in](#)



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 see it by clicking on the Show Information link.

Basic Information

This is the mailing address we have on file for you:

123 MASKING
Apt. 8 APT. 8
MADISON, Wisconsin 55555555

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](#)

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. [Hide Information](#)

Who?	What?	Details
 BARB-MSK	Email address:	
	Get Letters Online?	No
	Get email from our health care partners?	

Changes in Your Home

These are the people we have on file as being in your household.



* 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 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

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



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 see it by clicking on the Show Information link.

Basic Information

This is the mailing address we have on file for you:

8055 N 84TH 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 gotten Yes No 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. [Show Information](#)

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](#)

FoodShare Basic Work Rules/Work Requirement Information

Please tell us if anyone in your household is meeting any of the below work registrant exemptions. These questions are asked to help further determine if you can get FoodShare.

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

Please check the box (or boxes) to tell us who is in a Wisconsin Works (W-2) work program.

 MILLER  ELSA  PHILIP  KIDDO

Is anyone in your household responsible for caring for a child under age 6 that does not live with you?

Please check the box (or boxes) to tell us who is responsible for caring for a child under age 6 that does not live with you.

 MILLER  ELSA  PHILIP  KIDDO

Is anyone in your household responsible for caring for a person who cannot care for themselves?

Please check the box (or boxes) to tell us who is responsible for caring for a person who cannot care for themselves.

 MILLER  ELSA  PHILIP  KIDDO



Start



People



Submit

FoodShare Work Registrant/ABAWD Information

Please tell us if anyone in your household is meeting any of the below work registrant exemptions. These questions are asked to help further determine if you can get FoodShare.

Is anyone in your household in compliance with a W-2 work program?

Please check the box (or boxes) to tell us who is in compliance with a W-2 work program.



SAM



Max

Is anyone in your household the primary caretaker of a child under age 6 out of the home?

Please check the box (or boxes) to tell us who is the primary caretaker of a child under age 6 out of the home.



SAM



Max

Is anyone in your household the primary caretaker of an incapacitated individual outside of the home?

Please check the box (or boxes) to tell us who is the primary caretaker of an incapacitated individual outside of the home.



SAM



Max

Is anyone in your household a veteran for the United States Armed Forces, who has been discharged or released under any condition?

Please check the box (or boxes) to tell us who is a veteran for the United States Armed Forces, who has been discharged or released under any condition



SAM



Max

Is anyone in your home participating in an allowable work program?

Please check the box (or boxes) to tell us who is participating in an allowable work program.



SAM



Max

Is anyone in your household a former foster care youth under the age of 25 who was in foster care when they turned 18?

Please check the box (or boxes) to tell us who is a former foster care youth under the age of 25 who was in foster care when they turned 18.



SAM



Max

Go to Account Home



Back

Next



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.

Please check the box (or boxes) to tell us who is a veteran of the United States Armed Forces.

 MILLER
  ELSA
  KIDDO

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?

Please check the box (or boxes) to tell us who is an 18–24-year-old who was in foster care, a subsidized guardianship, or court-ordered kinship care when they turned 18.

 ELSA
  KIDDO

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

Please check the box (or boxes) to tell us who is participating in an allowable work program.

 MILLER
  ELSA
  KIDDO

[Go to Account Home](#) 
 Back
[Next](#) 

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?
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**.

Household Member(s) Summary

Who?	What Changed?	Options
 KYLE	No Change	Edit
 SAMANTHA	No Change	Edit
 JASMINE	No Change	Edit

Moved Into the Home Summary

To report that someone has moved into your home, click the Add button.

[Add](#)

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

[Add](#)

~~Disability Summary~~

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

Name:

< click here to choose > v

[Add](#)

Tax Information Summary

Who?	Details	Options
 KYLE  SAMANTHA	This is a tax filer Tax Dependents: JASMINE	Edit or Erase

To add a tax filer, choose the name of the person and click the Add button.

Name:

< click here to choose > v

[Add](#)

Income for Dependents Summary

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

[Go to Account Home](#)



[Back](#)

[Next](#)



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

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

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

New Contact Information Summary

Type	What Changed?	Options
	Your contact information has not changed.	Edit

Review Your Answers: Email Information

Who?	Email Address	Get Email from Health Care Partners?	Get Letters Online?	Change
ESA-TEST		Not Asked	No	Edit

Household Member(s) Summary

Who?	What Changed?	Options
ESA-TEST	No Change	Edit or Erase

Moved Into the Home Summary

To report that someone has moved into your home, click the Add button.

[Add](#)

Disability Summary

Who	Established Blind by SSA	Established Disabled by SSA	Options
ESA-TEST	Yes	Yes	Edit or Erase

Summary of Drug Felony Information

Who?	Details	Options
ESA-TEST	This is a new Drug Felony	Edit or Erase

To report that someone else was convicted of a drug felony, choose the name of the person and click the Add button.

Name:

[Add](#)

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?	Veterans 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 that someone does not need to meet the FoodShare basic work rules or the FoodShare work requirement because they are exempt, choose the name of the person and click the Add button.

Name:

[Add](#)

9.1 MyACCESS Mobile App

[MyACCESS](#) 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 [MyACCESS Mobile App Support page](#) and the [MyACCESS Mobile App instructions](#).

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 [Home Page](#)[Homepage](#). This page is a dashboard that allows members to view and monitor their household's premium activity.-

[← Back](#)

Premiums homepage

You have a monthly premium.

You can make a payment on the next screen.

[Make a payment](#)

~~BadgerCare Plus Children~~

Benefits for

- Danny Kid
- Jen Kid

Pay by

February 24, 2024

Current balance

\$68.00

- ✔ 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](#)

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

Premiums homepage

You have premium due

You can choose which premium to pay on the next screen.

[Make a payment](#)

BadgerCare Plus Children

Benefits for	Pay by	Current balance
	June 10, 2024	\$10.00

We charge a monthly premium for your child's benefit. Their benefits will not end if you do not pay the premium.

Medicaid Purchase Plan (MAPP)

Benefits for	Pay by	Current balance
	June 10, 2024	\$92.00

If you can't pay your MAPP premium right now because of a difficult situation, [read about your options](#).

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

[View all premium history](#)

Premium details

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.

This premium is for 

Your current monthly premium amount is **\$10.00/ month**

Your next statement will be sent no later than:

June 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 amount is **\$92.00/ month**

Your next statement will be sent no later than:

June 20, 2024

If you can't pay your MAPP premium right now because of a difficult situation, you can ask to stop paying it for a short time. [Read about your options](#) and how to show proof of a difficult situation.

Need help?

Here are some commonly asked questions about BadgerCare Plus:

The Premiums ~~Home Page~~ Homepage shows when benefits have ended.

Show/Hide an example of the page

Premiums homepage

One of your benefits has ended

You can make a payment on the next screen.

[Make a payment](#)

Medicaid Purchase Plan (MAPP)

 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.

Benefits ended for

- 

Current balance

\$0.00

If you can't pay your MAPP premium right now because of a difficult situation, [read about your options](#).

BadgerCare Plus Children

Benefits for

- 

Pay by

June 10, 2024

Current balance

\$23.00

We charge a monthly premium for your child's benefit. Their benefits will not end if you do not pay the premium.

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

[View all premium history](#)

Premium details

Medicaid Purchase Plan (MAPP)

The amount of your monthly premium may change if your benefits start again.

This premium was for



Your past monthly premium was **\$112.00/ month**

If you can't pay your MAPP premium right now because of a difficult situation, you can ask to stop paying it for a short time. [Read about your options](#) and how to show proof of a difficult situation.

Premium details

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.

This premium is for



Your current monthly premium amount is **\$23.00/ month**

Your next statement will be sent no later than:

June 20, 2024

Need help?

Here are some commonly asked

The Premiums Homepage shows when a premium payment failed.

Show/Hide an example of the page

Premiums homepage

! Your recent BadgerCare Plus Children and Medicaid Purchase Plan (MAPP) premium payment failed. To make a payment, confirm your bank details or use a new payment method and try again.

You have premiums due

You can choose which premium to pay on the next screen.

[Make a payment](#)

BadgerCare Plus Children

Benefits for	Pay by	Current balance
	May 10, 2024	\$44.00

We charge a monthly premium for your child's benefit. Their benefits will not end if you do not pay the premium.

Medicaid Purchase Plan (MAPP)

! Please pay by May 31, 2024 or your Medicaid Purchase Plan (MAPP) benefits will end on that date.

Benefits for	Past due	Current balance
	May 10, 2024	\$122.00

If you can't pay your MAPP premium right now because of a difficult situation, [read about your options](#).

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

[View all premium history](#)

Premium details

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.

This premium is for

Your current monthly premium amount is **\$44.00/ month**

Your next statement will be sent no later 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 amount is **\$122.00/ month**

Your next statement will be sent no later than:

May 20, 2024

If you can't pay your MAPP premium right now because of a difficult situation, you can ask to stop paying it for a short time. [Read about your options](#) and how to show proof of a difficult situation.

Need help?

Here are some commonly asked

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

December



December 20, 2023

 Statement sent

BadgerCare Plus Children

Benefits for: Danny and Jen

January 2024 premium

\$68.00

Owed

December 16, 2023

No action needed

BadgerCare Plus Children

Benefits for: Danny and Jen

December 2023 premium

\$0.00

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

[← Back](#)

Premium history

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

Filter

Program ▼

Month ▼

Payment status ▼

Payment method ▼

Name ▼

Apply filters

May ▼

May 22, 2024	Premium Unpaid
Medicaid Purchase Plan (MAPP) Benefits for: [redacted] April 2024 premium	\$0.00
May 18, 2024	Statement sent
BadgerCare Plus Children Benefits for: [redacted] June 2024 premium	\$23.00 Premium Due

April ▼

April 28, 2024	Payment processed
BadgerCare Plus Children Benefits for: [redacted] May 2024 premium	\$23.00 Debit card
April 18, 2024	Statement sent
BadgerCare Plus Children Benefits for: [redacted] May 2024 premium	\$23.00 Premium Due

March ▼

March 28, 2024	Payment processed
BadgerCare Plus Children Benefits for: [redacted] April 2024 premium	\$23.00 Debit card
March 18, 2024	Statement sent
BadgerCare Plus Children Benefits for: [redacted] April 2024 premium	\$23.00 Premium Due
March 18, 2024	Statement sent
Medicaid Purchase Plan (MAPP) Benefits for: [redacted] 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 ~~Home Page~~ [Homepage](#) may display based on the member's situation. If a MAPP member is applying or re-requesting [MAPP](#) 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 (see SECTION 10.4.2 MAKE A PAYMENT).
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 Make a payment (see SECTION 10.4.2 MAKE A PAYMENT).
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 SECTION 10.4.2 MAKE A PAYMENT). 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](#)

Show/Hide an example of the page



Review your payment

 Please pay by May 31, 2024 or your Medicaid Purchase Plan (MAPP) benefits will end on that date.

Pay all

May, 2024

BadgerCare Plus Children

Benefits for: 

\$44.00

Pay by: May 10, 2024

We charge a monthly premium for your child's benefit. Their benefits will not end if you do not pay the premium.

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 because of a difficult situation, [read about your options.](#)

What you'll be paying:

\$166.00

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

Cancel

Pay now

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

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

Step 2: Submit a payment

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

[← Back](#)

Submit your payment

Your payment information

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

Personal Details

Email [Edit](#)

Payment method

Select Funding Source

Please select funding source.

Account Type Routing Number

Account Number Confirm Account Number

Name of Account Holder

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

[Questions? Get help here](#) 

~~The~~ Show/Hide an example of the page

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

The screenshot displays the 'Manage your HMO' interface. At the top, it shows 'Anthem Blue Cross Blue Shield' with the Anthem logo. Below this, there are two columns of information: 'Coverage start date' (Varies by individual) with a link to 'View household enrollment history', and 'Lock-in Date' (October 1, 2021) with a link to 'Learn more about lock-in' and a 'Change HMO' button. Underneath, there is a section for 'BadgerCare Plus Members' with two blurred member icons. At the bottom of the main card is a 'View HMO details' link with a dropdown arrow. To the right is a sidebar titled 'Need help choosing an HMO?' with an information icon, containing text about calling an HMO Enrollment Specialist and three bullet points: 'Help find you an HMO in your area that is right for you.', 'Answer questions about your health care options.', and 'Help you with an HMO question or concern.'

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

Each HMO card displays the following:-

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

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

- Enrolled members

BadgerCare Plus HMO enrollment

Anthem Blue Cross Blue Shield Anthem 

Coverage start date **Lock-in Date** Change HMO

Varies by individual October 1, 2021

[View household enrollment history](#) [Learn more about lock-in](#)

BadgerCare Plus Members

[View HMO details](#) 

Click **View HMO details** for more information:

- Saved doctors and clinics
- HMO ratings

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

- HMO contact information (member services)

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

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-for-service 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.

Household members who can choose an HMO plan



Choose an HMO

Need help choosing an HMO?

Call an HMO Enrollment Specialist at 800-291-2002. HMO enrollment specialists can:

- Help find you an HMO in your area that is right for you.
- Answer questions about your health care options.
- Help you with an HMO question or concern.

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

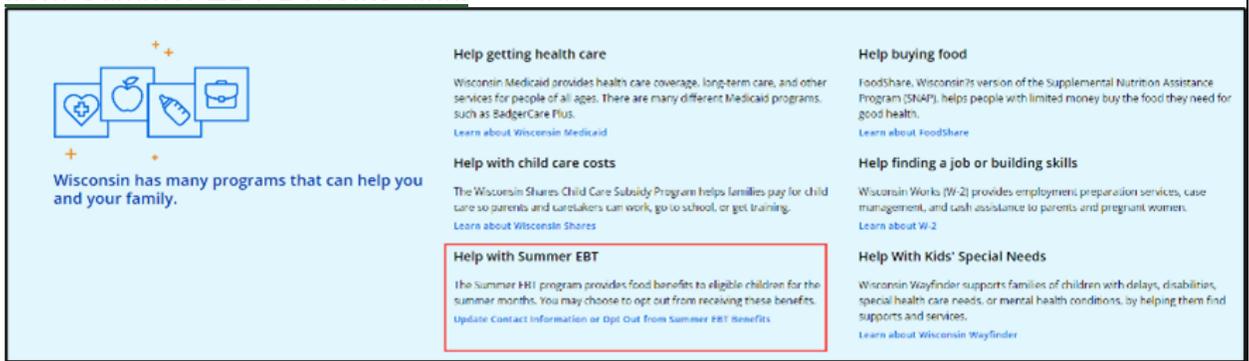
16.2 Summer P-EBT: Update Contact Information

Updated contact information can be provided by a parent, caretaker, or an eligible 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.



The screenshot shows a grid of service categories on a light blue background. On the left, there are icons for a heart, an apple, a pencil, and a briefcase, with the text: "Wisconsin has many programs that can help you and your family." The main grid contains the following sections:

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

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) Submit

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 [Summer EBT Application](#) on their behalf. See the [Summer EBT webpage](#) 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](#).

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

*** 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  reCAPTCHA
Privacy - Terms

Next

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

Summer EBT Benefit Management

Preferred Language
English (US) ▼


Welcome


Parent or Caretaker


Student(s)


Submit

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 [Summer EBT Application](#) on their behalf. See the [Summer EBT webpage](#) 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](#).

If you have questions, please call 833-431-2224 or email dhssebt-support@wi.gov.

* 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 
reCAPTCHA
Privacy - Terms

[Next](#)

4. Select Next.

Summer EBT Benefit Management

Preferred Language
English (US) ▼


Welcome


Parent or Caretaker


Student(s)


Submit

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 [Summer EBT Application](#) on their behalf. See the [Summer EBT webpage](#) 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](#).

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

***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


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.

Summer EBT Benefit Management

Preferred Language: English

My AccountParent or CaretakerNext StepsHelp

The information you provide on this page will be used to determine your eligibility for and to make decisions about your Summer EBT benefit for this year. The only exception is if you are the legal student (18 to 24 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 own Summer EBT benefits, fill in your own information in this section. You will also need to add your own information in the next section.

You may be contacted to use the page to update your account information if you are eligible:

- **Child with the responsibility of being a parent or being a caregiver**
- **Resolving Child Support, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance, and the benefit from the Food and Nutrition Program or Federal Supplemental Education Benefit**
- **Child or being homeless, a runaway, a migrant, a foster child, or an unaccompanied minor**

If you do not have your contact information, you should visit the Department of Children and Family Services or the Department of Health Services.

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

Getting Started

First, please provide some basic information about yourself.

Parent or Caretaker Information

* First Name: Middle Initial:

* Last Name: * Date of Birth:

* Sex: Male Female * Parent ID Number:

Add a new phone number

* Please select one of the options below:

I am a caregiver or a parent of a child who is eligible for Summer EBT benefits.

I am a student who is eligible for Supplemental Nutrition Assistance or TANF benefits.

Mailing Address

The address you fill out here may be used for sending letters about your benefit for your school. If you live in an apartment, enter the apartment number on the Address and 2 line.

* Address Line 1:

* Address Line 2:

* City: * State: * Zip Code:

* County:

Select an Option:

Previous

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

Summer EBT Benefit Management

Preferred Language: English (US)

Welcome Parent or Caretaker Student(s) Submit

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

Note: You do not need to use this page to update your contact information if your student is:

- On file with the state as being in an out-of-home care or kinship care placement
- Receiving FoodShare, Temporary Assistance for Needy Families (TANF), BadgerCare Plus/Medicaid, and/or benefits from the Food Distribution Program on Indian Reservations (FDPIR)
- On file as being homeless, a runaway, a migrant, a foster child, and/or in Head Start

In these specific cases, your contact information will be collected directly from the Department of Children and Families and/or the Department of Health Services.

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

Getting Started

First, please give us some basic information about yourself.

Parent or Caretaker Information

*First Name Middle Initial
*Last Name *Date of Birth
*Email Phone Number
 I don't have a phone number

*Please select one of the options below:

I am the legal parent or caretaker of the student(s) and can make decisions regarding their Summer EBT benefits.

I am the student and have the legal right to make decisions regarding my Summer EBT benefits.

Mailing Address

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

*Address Line 1
123 E Main St
Address Line 2
*City *State *Zip code
Madison Wisconsin 53703360
*County

Previous Next

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

Summer EBT Benefit Management

Preferred Language
English (U.S.)


Welcome


Parent or Caretaker


Student(s)


Submit

Provide information for your student(s) in this section. If you have multiple students in your household, only include those who need updated contact information or who you wish to be opted out. Enter 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 legal authority over their benefits (someone besides yourself) in the "Additional Parent or Caretaker Information" section. Information about only one additional parent or caretaker can be added per student.

If you have more than one student for whom you'd like to update their contact information or opt out, select the "Add Another Student" button at the bottom of the page. There is no limit to the number of students that can be added.

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

Student 1 Information

* First Name	Matriline Initial
<input type="text"/>	<input type="text"/>
* Last Name	* Date of Birth
<input type="text"/>	<input type="text"/>
* Gender	School Year
<input type="text"/>	2023-2024
* Grade in School Year 2023-2024	* School District - Name - City
<input type="text"/>	<input type="text"/>
* Is this student's Parent or Caretaker for this student?	* School Name
<input type="text"/>	<input type="text"/>

[Add Another Student](#)

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

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

Summer EBT Benefit Management

Preferred Language
English (US) ▼


Welcome


Parent or Caretaker


Student(s)


Submit

Provide information for your student(s) in this section. If you have multiple students in your household, only include those who need updated contact information or who you wish to be opted out. Enter 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 legal authority over their benefits (someone besides yourself) in the "Additional Parent or Caretaker Information" section. Information about only one additional parent or caretaker can be added per student.

If you have more than one student for whom you'd like to update their contact information or opt out, select the "Add Another Student" button at the bottom of the page. There is no limit to the number of students that can be added.

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

Student 1 Information

<p>* First Name <input type="text" value="L"/></p> <p>* Last Name <input type="text" value="G"/></p> <p>* Gender <input type="text" value="F"/></p> <p>* Grade in School Year 2023-2024 <input type="text" value="3"/></p> <p>* Is there another Parent or Caretaker for this student? <input type="text" value="No"/></p>	<p>Middle Initial <input type="text"/></p> <p>* Date of Birth <input type="text" value="Jan 5, 2014"/></p> <p>School Year 2023-2024</p> <p>* School District Name - City <input type="text" value="Madison Metro School District - Madison"/></p> <p>* School Name <input type="text" value="Badger Rock Middle School"/></p>
--	---

+ Add Another Student

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

Summer EBT Benefit Management

Preferred Language
English (US) ▼

WelcomeParent or CaretakerStudent(s)Submit

Provide information for your student(s) in this section. If you have multiple students in your household, only include those who need updated contact information or who you wish to be opted out. Enter 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 legal authority over their benefits (someone besides yourself) in the "Additional Parent or Caretaker Information" section. Information about only one additional parent or caretaker can be added per student.

If you have more than one student for whom you'd like to update their contact information or opt out, select the "Add Another Student" button at the bottom of the page. There is no limit to the number of students that can be added.

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

Student 1 Information

* First Name Le	Middle Initial
* Last Name G	* Date of Birth Jan 1, 2014
* Gender F	School Year 2023-2024
* Grade in School Year 2023-2024 3	* 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	

[+ Add Another Student](#)

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

10. On the **Submit** page, do the following: Read the electronic signature certifications and check the box to certify your understanding.

Summer EBT Benefit Management

Preferred Language
English (US) ▼

WelcomeParent or CaretakerStudent(s)Submit

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.

If 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 608-343-2224 or ethsebt-support@wi.gov

After completing the information in this section, select the "Next" button to continue.

Student Name	Summer Year	Opt Out?
[Redacted]	2024	<input checked="" type="checkbox"/>

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

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

The screenshot shows the 'Summer EBT Benefit Management' interface. At the top, there is a blue header with the title. Below the header, a navigation bar contains four icons: 'Welcome', 'Parent or Caretaker', 'Student(s)', and 'Submit'. The 'Student(s)' icon is highlighted in blue. In the top right corner, there is a 'Preferred Language' dropdown menu set to 'English (US)'. The main content area is titled 'Opt Out Student for Summer EBT'. It contains instructions: '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.' Below this, it states: 'The student(s) who are checked will not receive Summer EBT benefits for Summer 2024.' A note follows: '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 dhsebtssupport@wi.gov. After completing the information in this section, select the "Next" button to continue.' A table is displayed with the following data:

Student Name	Summer Year	Opt Out?
L [redacted]	2024	<input checked="" type="checkbox"/>

At the bottom right of the form, there are two buttons: 'Previous' and 'Next', both highlighted with a red border.

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

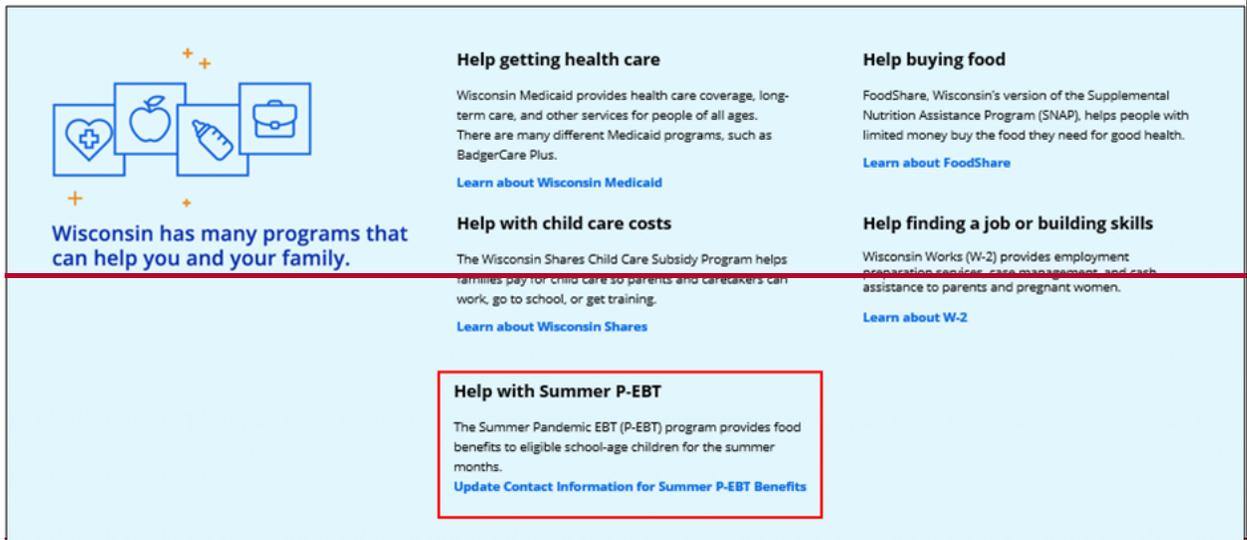
The screenshot shows the 'Summer EBT Benefit Management' 'Thank You' page. It features the same blue header and navigation bar as the previous page, with the 'Submit' icon highlighted in blue. The 'Preferred Language' dropdown is still set to 'English (US)'. The main content area is titled 'Thank you!'. It contains the following text: 'You have successfully submitted updated contact information. Your confirmation number is # [redacted]'. Below this, it says: 'You can save or print a [summary of the information](#) that you provided for your records.' A note follows: 'If you have questions, please call 833-431-2224 or email dhsebtssupport@wi.gov'. At the bottom, it states: 'Remember, this is not an application for FoodShare or health care benefits, but you may be eligible for these programs. Please visit the [ACCESS website](#) to see if you qualify.' At the bottom right of the page, there is a 'Finish' button highlighted with a red border.

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

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

~~Here are the steps to enter updated contact information:~~

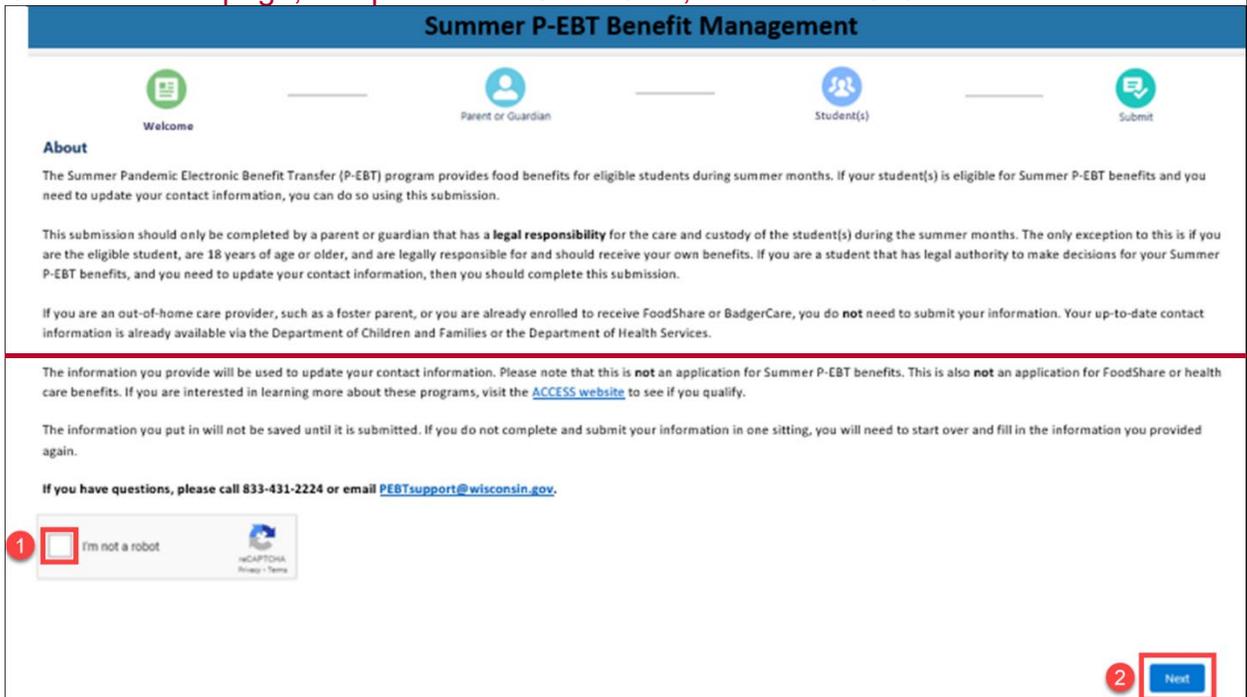
- ~~1. Open the ACCESS home page and click the “Update Contact Information for Summer P-EBT Benefits” link.~~



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

- Help getting health care**
Wisconsin Medicaid provides health care coverage, long-term care, and other services for people of all ages. There are many different Medicaid programs, such as BadgerCare Plus.
[Learn about Wisconsin Medicaid](#)
- Help buying food**
FoodShare, Wisconsin's version of the Supplemental Nutrition Assistance Program (SNAP), helps people with limited money buy the food they need for good health.
[Learn about FoodShare](#)
- Help with child care costs**
The Wisconsin Shares Child Care Subsidy Program helps families pay for child care so parents and caretakers can work, go to school, or get training.
[Learn about Wisconsin Shares](#)
- Help finding a job or building skills**
Wisconsin Works (W-2) provides employment preparation services, case management, and cash assistance to parents and pregnant women.
[Learn about W-2](#)
- Help with Summer P-EBT**
The Summer Pandemic EBT (P-EBT) program provides food benefits to eligible school-age children for the summer months.
[Update Contact Information for Summer P-EBT Benefits](#)

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



Summer P-EBT Benefit Management

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

About

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

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

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

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

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

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

1 I'm not a robot 

2

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

Summer P-EBT Benefit Management

Preferred Language
English (US) ▼

Welcome

Parent or Guardian

Student(s)

Submit

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

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

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

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

Getting Started

First, please give us some basic information about yourself.

Parent or Guardian Information

* First Name	Middle Initial
<input type="text"/>	<input type="text"/>
* Last Name	* Date of Birth
<input type="text"/>	Mar 19 <input type="text"/>
* Email	* Phone Number
<input type="text"/> @gmail.com	111-222- <input type="text"/>
<input type="checkbox"/> I don't have a phone number	

* Please select one of the options below:

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

I am the student and have the legal right to make decisions regarding my Summer P-EBT benefits.

Mailing Address

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

* Address Line 1	<input type="text"/>	
<input type="text"/>	123 E W St	
Address Line 2	<input type="text"/>	
* City	* State	* Zip
<input type="text"/>	Wisconsin ▼	53202
* County	<input type="text"/>	
<input type="text"/>	Milwaukee ▼	

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

Select the option for the relationship to the student:

Parent or Guardian Information

* First Name	Middle Initial
<input type="text"/>	<input type="text"/>
* Last Name	* Date of Birth
<input type="text"/>	Mar 19 <input type="text"/>
* Email	* Phone Number
<input type="text"/> @gmail.com	111-222- <input type="text"/>
<input type="checkbox"/> I don't have a phone number	

* Please select one of the options below:

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

I am the student and have the legal right to make decisions regarding my Summer P-EBT benefits.

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

Preferred Language
English (US)

Welcome Parent or Guardian Student(s) Submit

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

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

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

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

Student 1 Information

* First Name Middle Initial

* Last Name * Date of Birth

* Grade In School Year 2022-2023 * Gender

School Year * School District Name

* School Name

* is there another Parent or Guardian?

+ Add Another Student

Previous Next

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

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

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

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

Summer P-EBT Benefit Management

Preferred Language
English (US)

Welcome Parent or Guardian Student(s) Submit

Certify and Submit

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

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

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

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

1 I Certify

2 Submit

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

Summer P-EBT Benefit Management

Welcome Parent or Guardian Student(s) Submit

Thank You

You have successfully updated your contact information.

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

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

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

Exit

~~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

A parent, caretaker, or student who is legally responsible to make their own decisions 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.



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

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

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)


Submit

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 [Summer EBT Application](#) on their behalf. See the [Summer EBT webpage](#) 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](#).

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

*** 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 
reCAPTCHA
Privacy - Terms

[Next](#)

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

The screenshot shows the 'Summer EBT Benefit Management' website. At the top, there is a navigation bar with icons for 'Welcome', 'Parent or Caretaker', 'Student(s)', and 'Submit'. Below this is the 'About' section, which contains several paragraphs of text explaining the program and providing contact information. At the bottom of the page, there is a checkbox labeled 'I am not a robot' next to a reCAPTCHA logo. The checkbox is currently unchecked.

4. Select Next.

This screenshot shows the same website as the previous one, but with the 'I am not a robot' checkbox checked. A red box highlights the 'Next' button at the bottom right of the page, indicating the next step in the process.

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 EBT Benefit Management

Preferred Language
English (US) ▼

WelcomeParent or CaretakerStudent(s)Submit

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

Note: You do not need to use this page to update your contact information if your student is:

- On file with the state as being in an out-of-home care or kinship care placement
- Receiving FoodShare, Temporary Assistance for Needy Families (TANF), BadgerCare Plus/Medicaid, and/or benefits from the Food Distribution Program on Indian Reservations (FDPRI)
- On file as being homeless, a runaway, a migrant, a foster child, and/or in Head Start

In these specific cases, your contact information will be collected directly from the Department of Children and Families and/or the Department of Health Services.

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

Getting Started

First, please give us some basic information about yourself.

Parent or Caretaker Information

* First Name	Middle Initial
<input type="text"/>	<input type="text"/>
* Last Name	* Date of Birth
<input type="text"/>	<input type="text"/>
* Email	* Phone Number
<input type="text"/>	ex. 111-111-1111
	<input type="checkbox"/> I don't have a phone number

* Please select one of the options below:

I am the legal parent or caretaker of the student(s) and can make decisions regarding their Summer EBT benefits.

I am the student and have the legal right to make decisions regarding my Summer EBT benefits.

Mailing Address

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

* Address Line 1	<input type="text"/>	
Address Line 2	<input type="text"/>	
* City	* State	* Zip code
<input type="text"/>	Wisconsin ▼	<input type="text"/>
* County	Select an Option ▼	

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

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

Summer EBT Benefit Management

Preferred Language
English (US) ▼


Welcome


Parent or Caretaker


Student(s)


Submit

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

Note: You do not need to use this page to update your contact information if your student is:

- On file with the state as being in an out-of-home care or kinship care placement
- Receiving FoodShare, Temporary Assistance for Needy Families (TANF), BadgerCare Plus/Medicaid, and/or benefits from the Food Distribution Program on Indian Reservations (FDPRI)
- On file as being homeless, a runaway, a migrant, a foster child, and/or in Head Start

In these specific cases, your contact information will be collected directly from the Department of Children and Families and/or the Department of Health Services.

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

Getting Started

First, please give us some basic information about yourself.

Parent or Caretaker Information

<p>* First Name <input type="text" value="M"/></p> <p>* Last Name <input type="text" value="G"/></p> <p>* Email  <input type="text" value="Sample@email.com"/></p>	<p>Middle Initial <input type="text"/></p> <p>* Date of Birth <input type="text" value="May 1, 1986"/></p> <p>Phone Number <input type="text" value="ex. 111-111-1111"/></p> <p><input checked="" type="checkbox"/> I don't have a phone number</p>
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* Please select one of the options below:

I am the legal parent or caretaker of the student(s) and can make decisions regarding their Summer EBT benefits.

I am the student and have the legal right to make decisions regarding my Summer EBT benefits.

Mailing Address

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

* Address Line 1 <input type="text" value="123 E Main St"/>		
Address Line 2 <input type="text"/>		
* City <input type="text" value="Madison"/>	* State <input type="text" value="Wisconsin"/>	* Zip code <input type="text" value="537033360"/>
* County <input type="text" value="Dane"/>		

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

The screenshot displays the 'Summer EBT Benefit Management' web application. At the top, there is a blue header with the title. Below the header, a navigation bar contains four icons: 'Welcome', 'Parent or Caretaker', 'Student(s)', and 'Submit'. The 'Student(s)' icon is highlighted. A 'Preferred Language' dropdown menu is set to 'English (US)'. The main content area contains instructions: 'Provide information for your student(s) in this section. If you have multiple students in your household, only include those who need updated contact information or who you wish to be opted out. Enter 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 legal authority over their benefits (someone besides yourself) in the "Additional Parent or Caretaker Information" section. Information about only one additional parent or caretaker can be added per student. If you have more than one student for whom you'd like to update their contact information or opt out, select the "Add Another Student" button at the bottom of the page. There is no limit to the number of students that can be added. Required information is marked with a red asterisk. All required information must be completed before moving on. After completing the information in this section, select the "Next" button to continue.'

The 'Student 1 Information' form is highlighted with a red border and includes the following fields:

- * First Name (text input)
- Middle Initial (text input)
- * Last Name (text input)
- * Date of Birth (calendar icon)
- * Gender (dropdown menu, currently '--None--')
- School Year (text input, currently '2023-2024')
- * Grade in School Year 2023-2024 (dropdown menu, currently '--None--')
- * School District Name - City (dropdown menu, currently 'Select an Option')
- * School Name (dropdown menu, currently '--None--')
- * Is there another Parent or Caretaker for this student? (dropdown menu, currently '--None--')

At the bottom of the form, there is a blue button labeled '+ Add Another Student'. Below the form, there are 'Previous' and 'Next' buttons.

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 Benefit Management

Preferred Language
English (US) ▼

WelcomeParent or CaretakerStudent(s)Submit

Provide information for your student(s) in this section. If you have multiple students in your household, only include those who need updated contact information or who you wish to be opted out. Enter 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 legal authority over their benefits (someone besides yourself) in the "Additional Parent or Caretaker Information" section. Information about only one additional parent or caretaker can be added per student.

If you have more than one student for whom you'd like to update their contact information or opt out, select the "Add Another Student" button at the bottom of the page. There is no limit to the number of students that can be added.

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

Student 1 Information

* First Name L	Middle Initial
* Last Name G	* Date of Birth Jan 5, 2014
* Gender F	School Year 2023-2024
* Grade in School Year 2023-2024 3	* 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

[+ Add Another Student](#)

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

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

Summer EBT Benefit Management

Preferred Language
English (US) ▼

WelcomeParent or CaretakerStudent(s)Submit

Provide information for your student(s) in this section. If you have multiple students in your household, only include those who need updated contact information or who you wish to be opted out. Enter 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 legal authority over their benefits (someone besides yourself) in the "Additional Parent or Caretaker Information" section. Information about only one additional parent or caretaker can be added per student.

If you have more than one student for whom you'd like to update their contact information or opt out, select the "Add Another Student" button at the bottom of the page. There is no limit to the number of students that can be added.

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

Student 1 Information

* First Name L	Middle Initial
* Last Name G	* Date of Birth Jan 5, 2014
* Gender F	School Year 2023-2024
* Grade in School Year 2023-2024 3	* 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

[+ Add Another Student](#)

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

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

The screenshot shows the 'Summer EBT Benefit Management' interface. At the top, there is a blue header with the title. Below the header, there is a navigation bar with four icons: 'Welcome', 'Parent or Caretaker', 'Student(s)', and 'Submit'. The main content area is titled 'Opt Out Student for Summer EBT'. It contains instructions: '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 dhssebt-support@wi.gov. After completing the information in this section, select the "Next" button to continue.'

Student Name	Summer Year	Opt Out?
[Redacted]	2024	<input type="checkbox"/>

At the bottom right of the form, there are two buttons: 'Previous' and 'Next'.

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

This screenshot is identical to the one above, showing the 'Opt Out Student for Summer EBT' page. The only difference is that the 'Opt Out?' checkbox for the student is now checked, indicating that the student has been opted out of receiving Summer EBT benefits for Summer 2024.

Student Name	Summer Year	Opt Out?
[Redacted]	2024	<input checked="" type="checkbox"/>

The 'Previous' and 'Next' buttons are still visible at the bottom right.

12. On the Certify and Submit page, do the following: Read the electronic signature certifications and check the box to certify your understanding.

Summer EBT Benefit Management

Preferred Language: English (US)

Welcome Parent or Caretaker Students Submit

Certify and Submit

The information you provided will be used to opt out your student(s) from receiving benefits for Summer EBT for Summer 2024. To complete and submit your information, review the following sentences, check the "I Certify" box below and then select the "Submit" button at the bottom right of the screen.

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

- You understand the questions and statements on this form.
- You have the legal authority to make decisions regarding the student(s) you listed.
- You have included information about any additional parent or caretaker of the student(s) you listed. This information is complete and accurate to the best of your knowledge.
- You understand that your decision to have the student(s) you listed opt out from Summer EBT benefits for Summer 2024 can only be changed by contacting the Summer EBT Support Team at 833-431-2224 or dhswebt-support@wi.gov.
- You understand that this information is given in connection with the receipt of federal funds and that officials from the Wisconsin Department of Health Services, the Wisconsin Department of Children and Families, and the Wisconsin Department of Public Instruction may check information as necessary for the proper administration of the Summer EBT program under Wisconsin law.
- You are aware that if you purposely give false information or break the rules your child may lose Summer EBT benefits and you may be prosecuted under applicable state and federal criminal laws.
- You understand that the agency may contact other people or organizations to obtain needed verification of information provided. Anyone, including financial institutions, credit reporting agencies, or educational institutions may release this information, unless it is prohibited or restricted by law. Your authorization remains in effect until (1) your eligibility ends or (2) you inform your agency in writing that you wish to end your authorization.

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

I Certify

Previous Next

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

Summer EBT Benefit Management

Preferred Language: English (US)

Welcome Parent or Caretaker Students Submit

Certify and Submit

The information you provided will be used to opt out your student(s) from receiving benefits for Summer EBT for Summer 2024. To complete and submit your information, review the following sentences, check the "I Certify" box below and then select the "Submit" button at the bottom right of the screen.

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

- You understand the questions and statements on this form.
- You have the legal authority to make decisions regarding the student(s) you listed.
- You have included information about any additional parent or caretaker of the student(s) you listed. This information is complete and accurate to the best of your knowledge.
- You understand that your decision to have the student(s) you listed opt out from Summer EBT benefits for Summer 2024 can only be changed by contacting the Summer EBT Support Team at 833-431-2224 or dhswebt-support@wi.gov.
- You understand that this information is given in connection with the receipt of federal funds and that officials from the Wisconsin Department of Health Services, the Wisconsin Department of Children and Families, and the Wisconsin Department of Public Instruction may check information as necessary for the proper administration of the Summer EBT program under Wisconsin law.
- You are aware that if you purposely give false information or break the rules your child may lose Summer EBT benefits and you may be prosecuted under applicable state and federal criminal laws.
- You understand that the agency may contact other people or organizations to obtain needed verification of information provided. Anyone, including financial institutions, credit reporting agencies, or educational institutions may release this information, unless it is prohibited or restricted by law. Your authorization remains in effect until (1) your eligibility ends or (2) you inform your agency in writing that you wish to end your authorization.

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

I Certify

Previous Next

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

