Guide to Applying for Wisconsin’s Health, Nutrition and Other Programs

This is a guide on how to apply for:

- FoodShare
- Health care (BadgerCare Plus, Prenatal Services, Medicaid, Family Planning Only Services, Emergency Services)
- SeniorCare Prescription Drug Assistance Program
- Caretaker Supplement
- FoodShare Employment and Training

And:

- Who can enroll
- How to apply
- Information you need to apply
- Monthly premiums
- Your rights
- Fair hearings
- Identification cards
- How to use your QUEST card
- Covered health care services
- ACCESS.wi.gov — Online tool to apply and manage your benefits
- Program income and asset limits
- What proof/verification you need to send
- Other programs available
- Key contacts
- Non-Discrimination

For more information about these programs, go to dhs.wi.gov/em/customerhelp, call Member Services at 1-800-362-3002 or contact your agency. If you need the address and phone number of your agency, go to the website above or call Member Services.

If you need help to access services or materials in an alternate format, contact your agency. Translation services are available at no cost.

If you are enrolled in health care or FoodShare benefits, you can get letters and information about your benefits online instead of by regular mail. You can ask your agency about this when you apply. Or, once you get a letter saying you are enrolled in health care or FoodShare, you can go online to ACCESS.wi.gov and create a MyACCESS account to be able to view your letters and information about your benefits online.
Please Note: If you are enrolled in any of these programs, you are responsible for following all program rules. Program rules are listed in detail in the ForwardHealth Enrollment and Benefits handbook. You will receive a handbook when your agency receives your application or request for assistance. The handbook is also available online at dhs.wi.gov/em/customerhelp.

Please report public assistance fraud by calling 1-877-865-3432 (toll-free) or visit: https://www.reportfraud.wisconsin.gov/.

Income and Asset Amounts
Income and asset amounts are based on Federal Poverty Level (FPL) guidelines and/or federal program rules.

Income limits can be found on page 10 and 11. These amounts are based on the federal guidelines which may increase by a small percentage each year.

These amounts can also be found online at dhs.wi.gov/em/customerhelp or by calling Member Services at 1-800-362-3002

Who Can Enroll

Enrollment in FoodShare
Anyone can apply for FoodShare. You may be able to enroll if:

• Your family income is at or below the monthly program limit, and
• You are a Wisconsin resident, and
• You or members of your family are U.S. citizens or legal immigrants.

If your family’s gross income is under the “Gross Monthly Income” amount, you may be able to enroll in FoodShare. By gross monthly income we mean the amount before any deductions are taken out.

Certain credits for shelter, utilities, child support and child care costs are subtracted from your gross monthly income to find your net monthly income.

The FoodShare benefit amount is based on your family’s net monthly income and the number of people in your family.

Enrollment in BadgerCare Plus
You may be able to enroll in BadgerCare Plus if you are:

• A child, under age 19, with income at or below 300 percent of the FPL,
• An adult with income at or below 100 percent of the FPL,
• A pregnant woman with income at or below 300 percent of the FPL, or
• A young adult, under age 26 and were in a foster home, Kinship Care or subsidized guardianship when you turned 18 years of age, regardless of your income.

and

• You are a Wisconsin resident, and
• A U.S. citizen or qualifying immigrant.

Most taxable income is counted for BadgerCare Plus. This is true whether you are filing taxes or not.

If you have self-employment income, your tax return from last year will be used to get your average monthly net income from your business. If your business has had a change in circumstances, your net monthly average will be based on what your business has made since the change.

The same business expenses as allowed by the IRS are used for BadgerCare Plus. This includes depreciation and depletion. Any losses you have from self-employment will offset your other income (and that of your spouse, if you are filing jointly), such as income from a job.

Please Note: If your BadgerCare Plus application is denied, your application will be sent to the federal Health Insurance Marketplace (also called the Exchange). For more information about the Marketplace, go to healthcare.gov or call 1-800-318-2596.

BadgerCare Plus Prenatal Plan
This plan provides pregnancy-related health care for women who cannot get BadgerCare Plus because of immigration status (see note on the next page) or who are inmates of a public institution. Even though enrollment in this plan is based on pregnancy, while enrolled, you will be able to get all BadgerCare Plus covered services.

You can apply online at ACCESS.wi.gov. It is fast, private and easy to apply.
Family Planning Only Services
You may be able to enroll in Family Planning Only Services if your monthly income is at or below 300 percent of the FPL.

Please keep in mind, Family Planning Only Services is a limited benefit plan. You may be able to enroll in BadgerCare Plus which is a full benefit plan.

Please Note: If you are not a U.S. citizen or qualifying immigrant, you may be able to get help through the Prenatal Plan or Emergency Services (page 4). Your immigration status will not be shared with the U.S. Citizenship and Immigration Services (USCIS).

Enrollment in Medicaid for the Elderly, Blind, or Disabled (EBD) and Medicare Savings Programs
Medicaid plans for the Elderly, Blind or Disabled include:

- Medicaid Standard
- Medicaid Purchase Plan
- Wisconsin Well Woman Medicaid
- Long-Term Care
  - Home and Community Based Waivers
  - Family Care
  - Family Care Partnership
  - IRIS (Include, Respect, I Self-Direct) Program
  - Program of All-Inclusive Care for the Elderly (PACE)
  - Institutional Medicaid (hospital, nursing home, institutions for mental disease)

You may be able to enroll, if you are:

- A Wisconsin resident, and
- Age 65 or older, blind or disabled, and
- Your income is at or below the monthly program limit, and
- A U.S. citizen or qualifying immigrant.

Medicare Savings Program
This program is for those who are eligible for Medicare and who have low income and limited assets.

Wisconsin Medicaid may be able to help pay for certain Medicare costs if you qualify for the Medicare Savings Program. The type of plan you are able to enroll in depends on your income (after you are given certain credits) and your assets.

Qualified Medicare Beneficiary (QMB)
Medicaid will pay any Medicare Parts A and B premiums, Medicare coinsurance and deductibles, if your income is at or below 100 percent of the FPL.

Specified Low Income Medicare Beneficiary (SLMB) Medicaid will pay Medicare Part B premiums if your income is between 100 percent and 120 percent of the FPL.

Qualified Individual Group 1 (also called Specified Low-Income Beneficiary Plus) (SLMB+)
Medicaid will pay your Medicare Part B premiums, if your monthly income is between 120 percent and 135 percent of the FPL.

Qualified Disabled and Working Individual (QDWI)
Medicaid will pay for Part A premiums if your monthly income is less than 200 percent of the FPL.

Wisconsin SeniorCare
SeniorCare is Wisconsin’s Prescription Drug Assistance Program for Wisconsin’s senior residents.

You may be able to enroll if you:

- Are a Wisconsin resident, and
- Are 65 years of age or older, and
- Meet the income guidelines (assets are not counted).

SeniorCare has four levels of enrollment, depending on your income:

Level 1: At or below 160 percent of the FPL ($18,832 for an individual and $25,488 for a couple).

Level 2a: Income between 160 percent and 200 percent of the FPL ($18,833 to $23,540 for an individual and $25,489 to $31,860 for a couple).

Level 2b: Income between 200 percent and 240 percent of the FPL ($23,541 to $28,248 for an individual and $31,861 to $38,232 for a couple).

Level 3: Income more than 240 percent of the FPL ($28,249 and over for an individual and $38,233 and over for a couple).

You must pay a $30 annual enrollment fee. You will also have some out-of-pocket costs. These costs depend on your level of enrollment.

For more information about these programs, go to dhs.wi.gov/em/customerhelp.
More information about SeniorCare can be found at dhs.wi.gov/em/customerhelp or by calling SeniorCare Customer Service at 1-800-657-2038.

**Emergency Services Plan**
The Emergency Services Plan is short term health care for people who have an emergency medical condition and cannot get BadgerCare Plus or Medicaid because of their immigration or U.S. citizenship status.

Emergency Services will only pay for health care you get for an emergency medical condition. A medical emergency is a medical problem that could put your health at serious risk if you do not get medical care right away.

**Wisconsin's Caretaker Supplement (CTS)**
CTS is a cash benefit. CTS benefits are paid to parents who are eligible for Supplemental Security Income (SSI) payments. CTS benefits are $250 per month for the first eligible child and $150 per month for each additional eligible child.

You must be getting Wisconsin SSI payments, and your children must meet all CTS income and asset rules.

You cannot get CTS benefits for any children who are also getting SSI. If your children have two parents in the home, both parents must be getting SSI. If your SSI benefits end, your CTS benefits will also end. Any parent who gets CTS benefits must cooperate with the county child support agency to ensure that any absent parent is paying child support.

**How to Apply**

**Apply Online at ACCESS.wi.gov**
ACCESS.wi.gov is a safe, private and easy way to apply for and manage your benefits. You can use ACCESS to apply for health care, family planning services and nutrition programs at the same time.

**Apply by Mail, Phone or in Person**

**By mail:** To apply by mail, fill out an application for each program for which you are applying. Mail or fax your completed and signed application(s) to:

- If you live in Milwaukee County:
  - MDPU
  - PO Box 05676
  - Milwaukee WI 53205
  - Fax: 1-888-409-1979

- If you do not live in Milwaukee County:
  - CDPU
  - PO Box 5234
  - Janesville, WI 53547-5234
  - Fax: 1-855-293-1822

You can get an application(s) and/or the address and phone number of your agency by calling 1-800-362-3002 or online at dhs.wi.gov/em/customerhelp.

**By phone or in person:** The phone number and address of your agency can be found by calling 1-800-362-3002 or online at dhs.wi.gov/em/customerhelp.

**Please Note:** For FoodShare, an interview is required. The interview will be done by phone unless you want to do the interview in person.

If you would like to apply by phone or in person, you will need to contact the agency to set up a date and time to apply.

**Information You Will Need to Provide**

When applying for FoodShare and health care services, you will need to provide certain information for each person applying:

- Social Security Number (SSN) (see page 15)
- Date of birth
- Marital status
- Who lives in your home and how you are related
- Where you live (street address, city, state, ZIP Code)
- U.S. Citizenship/immigration status
- Job information including employer’s name address and phone number
- Income (self-employment income, job income and wages, how often and how much paid)
- Other income (child support, Veterans Benefits, Social Security, Unemployment Compensation, etc.)
- Assets (if applying for Medicaid and/or Caretaker Supplement)
- For BadgerCare Plus and Medicaid, any information about health insurance or long-term care insurance and who is covered under the policy.

You can apply for nutrition and health care programs at the same time on ACCESS.wi.gov.
Proof/Verification
When you apply, you will need to send proof for some of your answers. See pages 11 - 13 for the items of proof you may need.

If you apply by mail, you should try to send all items of proof that you currently have at one time, but do not wait to apply until you have all of your items. The date your benefits begin depends on the date the agency gets your application. See Begin Dates, for more information. If you apply in person, take your items of proof with you to your appointment.

Please keep in mind that for FoodShare and Medicaid, you are given credit for some costs.

Scan/Upload Proof
You can also scan or upload and send your items of proof online. For more information, see ACCESS.wi.gov on pages 9.

Please Note: If you have already given proof of U.S. citizenship and identity to your agency, you will not have to provide this information again. If you need help getting proof, contact your agency for help.

Important Information

Time-Limited FoodShare Benefits
Certain adults ages 18 through 49 with no minor children living in the home will only get three months of time-limited FoodShare benefits in a 36-month period (three-year), unless they meet the FoodShare work requirement. There are three ways to meet the work requirement:

• Work at least 80 hours each month.
• Take part in an allowable work program at least 80 hours each month, such as:
  o FoodShare Employment and Training (FSET) Program.
  o Wisconsin Works (W-2).
  o Certain programs under the Workforce Investment Act (WIA).
• Both work and take part in an allowable work program for a combined total of at least 80 hours each month.

You may be considered exempt and may not need to meet the work requirement if any of the following are true:

• You are living with a child under age 18 who is part of the same FoodShare household.
• You are the primary caregiver for a dependent child under age 6.
• You are the primary caregiver for a person who cannot care for himself or herself.
• You are physically or mentally unable to work.
• You are pregnant.
• You are receiving or have applied for unemployment insurance.
• You are taking part in an alcohol or other drug abuse (AODA) treatment program.
• You are enrolled at least half-time in high school or an institution of higher learning.

You will get information about the FSET Program, if you are enrolled in FoodShare.

Begin Dates
If you are able to be enrolled, the earliest date you will get benefits will depend on the program you are enrolled in:

FoodShare
The date the agency gets your signed application or request for assistance is the earliest date you can get benefits.

Your name, address and signature are required to set your “application date.” A completed application includes an interview and any items of proof required to complete the application process.

You will be notified of your enrollment status, in writing, within 30 days of the day the agency gets your application.

Priority FoodShare Services
You may be able to get FoodShare benefits within seven days of providing your application and/or registration form, if your household:

• Has $100 or less available in cash or in the bank, and
• Expects to receive less than $150 of income this month, or

For more information about these programs, go to dhs.wi.gov/em/customerhelp.
• Has rent/mortgage or utility costs that are more than your total gross monthly income, available cash or bank accounts for this month, or
• Includes a migrant or seasonal farm worker who no longer earns income.

**BadgerCare Plus/Medicaid/Family Planning Only Services Plans**
Enrollment in these plans will be the first day of the month in which the agency receives your application or signed request for assistance. In some cases, you may be able to get coverage in the months before you apply. See “Backdated Coverage”.

**Express Enrollment in BadgerCare Plus or Family Planning Only Services**
If a qualified provider, partner or hospital determines that you meet the program rules, you be can be temporarily enrolled in BadgerCare Plus or Family Planning Only Services and start getting benefits right away. This is known as Express Enrollment. You will still need to apply with your agency for ongoing coverage to keep getting BadgerCare Plus or Family Planning Only Services after the Express Enrollment period ends.

Your own doctor or family planning provider may be a qualified provider. Your local school or Head Start program may be a qualified partner that can sign up your child. Ask if your provider, school or Head Start program can use Express Enrollment to help you or your child get temporary health care coverage. If not, call Member Services and they will find a qualified provider, partner or hospital in your area to get you temporary health care coverage.

**SeniorCare**
SeniorCare begins on the first day of the month after the month in which all enrollment rules are met and payment of the enrollment fee is received.

**Caretaker Supplement**
Enrollment begins the first day of the month in which the agency receives your application or signed request for assistance.

**Backdated Coverage**
If you have medical bills in any of the three months prior to your application date, you may be able to get coverage for those months, if you are:

- Blind or a person with a disability, or
- Age 65 or over, or
- A pregnant woman (except if you are in the BadgerCare Plus Prenatal Plan), or
- A former foster care youth, or
- A parent or relative who cares for a child with income at or below 100 percent of the FPL, or
- An adult age 19 through 64 with income at or below 100 percent of the FPL, or
- A child under age 1 with income at or below 300 percent of the FPL, or
- A child ages 1 through 5 with income at or below 185 percent of the FPL, or
- A child over age 6 with income at or below 150 percent of the FPL.

If you ask for backdated coverage, you will need to provide proof of your answers (including proof of income) for all of the months you are asking for backdated coverage. You can ask for backdated coverage at any time.

**Deductible Plans for BadgerCare Plus and Medicaid**
A “deductible” plan is for people who have high medical bills and have been denied BadgerCare Plus or Medicaid because their family income is too high. You may be able to enroll, if you are a:

- Pregnant woman with household income over 300 percent of the FPL (except if you are in the BadgerCare Plus Prenatal Plan),
- Child under 19 years of age with household income over 300 percent of the FPL, or
- Child under 19 years of age with household income over 150 percent of the FPL and have access to employer-sponsored health insurance where the employer pays 80 percent or more of the premium, or
- Elderly or disabled adult with household income over the Medicaid limit.

The deductible amount is the difference between your monthly income and the monthly program income limits (see pages 10-11 for the program limits).

**Monthly Premiums**
Children ages 1 through 18 who are enrolled in BadgerCare Plus and whose household income is between 200 percent and 300 percent of the FPL,
If you are applying for or are enrolled in BadgerCare Plus, Family Planning Only Services, Medicaid, SeniorCare, Caretaker Supplement or FoodShare, you have the right to:

• Be treated with respect by county and state employees;
• Have all personal information given to the agency kept private;
• Have access to records and files relating to your case, except information given to the agency under a promise of privacy;
• Keep getting benefits, even if you are out of Wisconsin temporarily but are still a Wisconsin resident;
• Have your enrollment determined within 30 days of the day the agency gets your application;
• Be told before any changes are made to your benefits or enrollment status;
• Ask for interpreters or translators or ask for help accessing our programs; and
• Get emergency medical care (BadgerCare Plus and Medicaid).

You may ask for a Fair Hearing if:

• Your application was denied and you do not think it should have been.
• Your application was not acted upon within 30 days.
• Your benefits were ended, suspended or reduced and you do not think they should have been.
• Your prior authorization request for a medical service was denied and you do not think it should have been.
• You get FoodShare benefits, you can also ask for a hearing at any time while you are getting benefits, if you do not agree with the amount of benefits you get.

For more information about Fair Hearings, go to dhs.wi.gov/em/customerhelp or call 1-800-362-3002.

And adults in a BadgerCare Plus Extension* whose household income is above 100 percent of the FPL may be required to pay a premium. If you are one of the following, you will not be required to pay a premium:

• A tribal member or the child or grandchild of a tribal member.
• Eligible to get Indian Health Services.
• A pregnant woman or pregnant minor (under age 18).
• An adult who is blind or disabled, as determined by the Disability Determination Bureau or through a presumptive disability determination.
• A former foster care youth.
• An adult with income between 100 percent and 133 percent of the FPL for the first six months of an Extension*.

*An Extension is a period of enrollment given to a person when his or her income increases above 100 percent FPL either due to an increase in earned income or spousal support income, and he or she still meets all other program rules.

Premiums will be calculated based on actual income and rounded to the nearest dollar. Children who are required to pay a premium have their premiums set at specific amounts. The amount depends on the household’s income and will not be more than 5 percent of that income. Premiums for adults are based on income and are between 2 percent and 9.5 percent of that income.

**Failure to Pay a Premium**

If you have a premium and you do not pay your premium, your benefits may end. You may not be able to enroll in BadgerCare Plus for three months after failing to pay a premium, unless you pay the premiums that are owed or no longer have a premium.

**Report Your Changes**

Certain changes must be reported to the agency. If you do not report a change, you may be prosecuted for fraud or you may be required to repay the state for any benefits you received but should not have received.

If enrolled, your Letter of Enrollment will list the changes you are required to report.

You can report changes online at ACCESS.wi.gov, by mail, by phone or in person.

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To learn about your QUEST card online, go to dhs.wi.gov/em/av/ebt-vids.htm.
If you have had a card in the past, you will not get a new card, unless you ask for one.

Wisconsin QUEST Card
If you are enrolled in FoodShare, you will get a QUEST card. Your benefits will be put into your FoodShare account using an Electronic Benefits Transfer (EBT) system. You use your QUEST card like a debit or credit card at store terminals.

Contact your agency if you have questions about:
- How to apply for benefits.
- Enrollment rules.
- Why your application was denied or approved.
- Why your enrollment ended.
- Why your benefits were reduced.

Contact QUEST Customer Service at 1-877-415-5164 if:
- You do not get your benefits or QUEST card.
- Your QUEST card is lost, stolen or damaged.
- You need to select a new personal identification number (PIN) or change your current PIN.
- You have questions or need help with your QUEST card.
- You need your QUEST card balance.

You must have your QUEST card with you every time you go to the store to buy food using your FoodShare benefits.

You can use your QUEST card to buy food at any store that takes part in Wisconsin FoodShare. You can buy food items such as:
- Breads and cereals;
- Fruits and vegetables;
- Meats, fish and poultry;
- Dairy products; or
- Seeds and plants to grow food for your family to eat.

You may also use your QUEST card to pay for meals if the provider accepts the QUEST card and you reside in a:
- Drug and alcohol treatment center;
- Shelter for battered women;
- Shelter for the homeless; or
- Group home for people with disabilities.

You can also use your benefits to:
- Eat at a group meal site for senior citizens; or
- Have your meals delivered to your home (Meals on Wheels)

Wisconsin ForwardHealth Card
Each person enrolled in a BadgerCare Plus, Family Planning Only Services or Medicaid Plan will get a ForwardHealth card.

Contact your agency, if:
- Your name or identification number is wrong; or
- You have a question about your enrollment.

If your card is lost, stolen, damaged or you have questions about how to use your card, call Member Services at 1-800-362-3002. You can also ask for a replacement ForwardHealth card online at ACCESS.wi.gov.

SeniorCare Card
Each person enrolled in SeniorCare will get a SeniorCare card. After receiving your card, call SeniorCare Customer Service at 1-800-657-2038 if:
- Your name or identification number is wrong;
- You have a question about your enrollment or how to use your card; or
- Your card is lost, stolen, or damaged.

Covered Health Care Services

Please Note: Not all plans cover the same services. The services listed in this guide can change. These services may also have limits. To see if the service you need is covered, and if there are any limits or copays, ask your health care provider.

BadgerCare Plus, BadgerCare Plus Prenatal Plan and Medicaid for the Elderly, Blind or Disabled
The following services may be covered under the BadgerCare Plus, BadgerCare Plus Prenatal Plan and Medicaid Standard Plan:
- Ambulance (emergency only)
- Case management services
- Chiropractic services
• Dental services
• Drugs — prescription/over-the-counter drugs
• Emergency room services
• Family planning services and supplies
• HealthCheck screenings for children
• Home and community-based services
• Home health services
• Hospice care
• Inpatient hospital services, other than services in an institution for mental disease
• Inpatient hospital and skilled nursing facility services
• Intermediate care facility services for patients in institutions for mental disease who are:
  ◦ Under 21 years of age;
  ◦ Under 22 years of age and getting services immediately before reaching age 21; or
  ◦ 65 years of age or older.
• Intermediate care facility services, other than services at an institution for mental disease
• Laboratory and radiology (x-ray) services
• Medical supplies and equipment
• Mental health, medical day treatment and psycho-social rehabilitative services
• Nursing services, including services performed by a nurse practitioner or nurse midwife
• Optometric/optical services, eye glasses
• Outpatient hospital services
• Personal care services
• Physician services (doctor visits)
• Podiatry services
• Prenatal/maternity care
• Prenatal care coordination for women with high-risk pregnancies
• Respiratory care services for ventilator-dependent individuals
• Skilled nursing home services (other than in an institution for mental disease)
• Substance abuse (alcohol and other drug abuse) treatment
• Therapy (physical therapy, occupational therapy, and speech and language pathology)
• Transportation to get to BadgerCare Plus or Medicaid covered services
• Tuberculosis services

**Family Planning Only Services**

Through an initial or routine annual family planning related office visit, the following services may be covered:

• Contraceptive services and supplies such as: birth control pills, condoms, etc.
• Natural family planning supplies
• Family planning prescriptions
• Pap tests and treatment for certain sexually transmitted diseases (STD) including herpes, chlamydia, syphilis, and gonorrhea; certain other lab tests
• Tubal ligation
• Vasectomy
• Routine preventive primary services related to family planning

**Please Note:** Only family planning related services are covered under this plan. For example, mammograms and hysterectomies are not covered.

**ACCESS.wi.gov**

ACCESS is a fast, private and easy-to-use Internet tool that you can use to see what programs you may be able to get, to apply for benefits and to manage your benefits.

**Am I Eligible?**
The “Am I Eligible?” tool is a fast and easy way to find out if you may be able to get:

• Help with buying food through one of the following programs:
  ◦ FoodShare.
  ◦ The National School Lunch Program or other school meals programs;
  ◦ The Summer Food Service Program;
  ◦ The Emergency Food Assistance Program (TEFAP); or
  ◦ The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
• Low- or no-cost health care through one of the following programs:
  ◦ BadgerCare Plus;
  ◦ Medicaid;
  ◦ Family Planning Only Services; or
  ◦ Long-Term Care.
• Medicare Savings Program
• Help with buying prescription drugs
  ◦ The SeniorCare Drug Assistance Program; or
  ◦ Medicare Part D.
• Help with paying for child care (Wisconsin Shares).
• Cash assistance and help finding a job through the Wisconsin Works (W-2) Program.
• Home energy assistance
• Special tax credits
• Low cost life insurance

The “Am I Eligible?” tool will take you about 15 minutes to use. We will ask you to tell us about the people in your home, the money you get from a job and other sources, your housing costs and a few other bills you may have.

After you answer the questions, “Am I Eligible?” will list the programs you may be able to get and will also tell you how to learn more about these programs and how to apply.

You will have to apply for these programs to get a final decision about benefits.

**MyACCESS Account**
Create your MyACCESS account to apply for benefits and manage your FoodShare, Medicaid, BadgerCare Plus and/or Child Care benefits. With your MyACCESS account, you can:

• Apply online and/or renew your benefits;
• Get letters and other information about your benefits online;
• Report changes to your agency;
• Submit FoodShare and/or Child Care Six-Month Report forms
• Get up-to-date information about the status of your benefits

**Income and Asset Limits**
Income and asset amounts are based on the FPL guidelines and/or federal program income rules. These amounts may change each year. For health care programs these amounts change at the beginning of each year. For FoodShare, these amounts change October 1st of each year. Federal guidelines can also be found at dhs.wi.gov/em/customerhelp; once on this website, click on “Income Limits.”

**Please Note:** For BadgerCare Plus and Medicaid, a pregnant mom, dad and one child is considered a family size of four because you would count the unborn child. However, for FoodShare, it would be considered a family size of three because you would not count the unborn child.

For children and pregnant women in BadgerCare Plus, income up to six percent of the FPL may be disregarded. This means that children and pregnant women may be able to enroll even if they have income that is higher than the income limits shown on page 11.

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**FoodShare Monthly Income Limits and Maximum Benefit Amounts — Effective October 1, 2014**

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<tr>
<th>People in Household</th>
<th>Gross Income Limit</th>
<th>Net Income Limit</th>
<th>Maximum Benefit Amount</th>
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</tr>
</tbody>
</table>

*For each additional person, add:*

| $678 | $339 | $146 |

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**ACCESS.wi.gov** is fast, private and easy to use. Apply for health and nutrition benefits today.
### BadgerCare Plus Monthly Income Limits — Effective February 1, 2015

<table>
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<tr>
<th>Family Size</th>
<th>100 percent FPL</th>
<th>133 percent FPL</th>
<th>150 percent FPL</th>
<th>185 percent FPL</th>
<th>200 percent FPL</th>
<th>300 percent FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ 980.83</td>
<td>$1,304.51</td>
<td>$1,471.25</td>
<td>$1,814.54</td>
<td>$1,961.67</td>
<td>$2,942.50</td>
</tr>
<tr>
<td>2</td>
<td>$1,327.50</td>
<td>$1,765.58</td>
<td>$1,991.25</td>
<td>$2,455.88</td>
<td>$2,655.00</td>
<td>$3,982.50</td>
</tr>
<tr>
<td>3</td>
<td>$1,674.17</td>
<td>$2,226.64</td>
<td>$2,511.25</td>
<td>$3,097.21</td>
<td>$3,348.33</td>
<td>$5,022.50</td>
</tr>
<tr>
<td>4</td>
<td>$2,020.83</td>
<td>$2,687.71</td>
<td>$3,031.25</td>
<td>$3,738.54</td>
<td>$4,041.67</td>
<td>$6,062.50</td>
</tr>
<tr>
<td>5</td>
<td>$2,367.50</td>
<td>$3,148.78</td>
<td>$3,551.25</td>
<td>$4,379.88</td>
<td>$4,735.00</td>
<td>$7,102.50</td>
</tr>
<tr>
<td>6</td>
<td>$2,714.17</td>
<td>$3,609.84</td>
<td>$4,071.25</td>
<td>$5,021.21</td>
<td>$5,428.33</td>
<td>$8,142.50</td>
</tr>
<tr>
<td>7</td>
<td>$3,060.83</td>
<td>$4,070.91</td>
<td>$4,591.25</td>
<td>$5,662.54</td>
<td>$6,121.67</td>
<td>$9,182.50</td>
</tr>
</tbody>
</table>

For each additional person, add:

- $346.67
- $461.07
- $520.00
- $641.33
- $693.33
- $1,040.00

### Medicare Savings Program Monthly Income and Asset Amounts

<table>
<thead>
<tr>
<th>Medicare Saving Plan</th>
<th>Assets</th>
<th>Monthly Net Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified Medicare Beneficiary — 1 Person</td>
<td>$7.280</td>
<td>$980.83</td>
</tr>
<tr>
<td>Qualified Medicare Beneficiary — 2 People</td>
<td>$10.930</td>
<td>$1,327.50</td>
</tr>
<tr>
<td>Specified Low Income Beneficiary — 1 Person</td>
<td>$7.280</td>
<td>$1,177.00</td>
</tr>
<tr>
<td>Specified Low Income Beneficiary — 2 People</td>
<td>$10.930</td>
<td>$1,593.00</td>
</tr>
<tr>
<td>Specified Low Income Beneficiary + — 1 Person</td>
<td>$7.280</td>
<td>$1,324.13</td>
</tr>
<tr>
<td>Specified Low Income Beneficiary + — 2 People</td>
<td>$10.930</td>
<td>$1,792.13</td>
</tr>
<tr>
<td>Qualified Disabled Working Individual — 1 Person</td>
<td>$4,000</td>
<td>$1,961.67</td>
</tr>
<tr>
<td>Qualified Disabled Working Individual — 2 People</td>
<td>$6,000</td>
<td>$2,655.00</td>
</tr>
</tbody>
</table>

### Medicaid Monthly Income Limits

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Assets</th>
<th>Monthly Net Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Standard Plan — 1 Person</td>
<td>$2,000</td>
<td>$572.45 + actual shelter cost up to $244.33</td>
</tr>
<tr>
<td>Medicaid Standard Plan — 2 People</td>
<td>$3,000</td>
<td>$865.38 + actual shelter cost up to $366.67</td>
</tr>
<tr>
<td>Medicaid Deductible — 1 Person</td>
<td>$2,000</td>
<td>$591.67</td>
</tr>
<tr>
<td>Medicaid Deductible — 2 People</td>
<td>$3,000</td>
<td>$591.67</td>
</tr>
<tr>
<td>Home/Community Based Waivers</td>
<td>$2,000</td>
<td>$2,199</td>
</tr>
<tr>
<td>Institutional Medicaid</td>
<td>$2,000</td>
<td>$2,199</td>
</tr>
<tr>
<td>Medicaid Purchase Plan — 1 Person</td>
<td>$15,000</td>
<td>$2,452.80</td>
</tr>
<tr>
<td>Medicaid Purchase Plan — 2 People</td>
<td>$15,000 Applicant Only</td>
<td>$3,318.75</td>
</tr>
</tbody>
</table>

Ask your agency if you need help getting any proof you need.
### Proof/Verification Tables

<table>
<thead>
<tr>
<th>Proof Needed and Items You Can Use</th>
<th>BadgerCare Plus</th>
<th>Medicaid</th>
<th>FoodShare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proof of Identity</strong> — Items you can use are:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• U.S. passport</td>
<td>No*</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• State driver license</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• School picture ID</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• For children under 18 applying for health care, a signed Statement of Identity form.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of U.S. Citizenship</strong> — Items you can use are:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• U.S. passport</td>
<td>No*</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>• Citizenship ID card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Military record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Insurance record with U.S. birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nursing home admission papers showing U.S. birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Immigration Status</strong> (If you are not a U.S. citizen) — Items you can use are:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Alien Registration card</td>
<td>No*</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Naturalization certificate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Tribal Membership and/or Native American or Alaskan Native Descent</strong> — Items you can use are:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tribal Enrollment card</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Written verification or document issued by the Tribe indicating Tribal affiliation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Certificate of Degree of Indian blood issued by the Bureau of Indian Affairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tribal Census document</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medical Record card or similar documentation that specifies Indian descent issued by an Indian care giver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Health Insurance</strong> — The State of Wisconsin will check for you to see if employer health insurance is available to you and/or your family members.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Proof of Disability</strong> — You may be asked to provide proof of disability or blindness if the state is not able to get this information. Items you can use are:</td>
<td>No</td>
<td>Yes (if disabled)</td>
<td>Yes (if disabled)</td>
</tr>
<tr>
<td>• Approval letter from the State Disability Determination Bureau</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Award letter from the Social Security Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Child Support Paid or Received</strong> — Items you can use are:</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Court order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Payment record from other state</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Assets</strong> — Items you can use are:</td>
<td>No</td>
<td>Yes</td>
<td>Yes**</td>
</tr>
<tr>
<td>• Bank statements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Titles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Contracts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Deeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Life insurance policies, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Exemption from the Work Requirement</strong> — Items you can use are:</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>• Statement from an employer, legal guardian or service provider</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Award letter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other acceptable written statement</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*You may be asked to provide proof of your identity, U.S. citizenship or immigration status if your agency has questions.

**You will be asked to provide proof of assets if your income is over 200 percent of the federal poverty level and you are age 60 or over or are disabled.

Ask your agency if you need help getting any proof you need.
### Proof/Verification Tables

#### Proof Needed and Items You Can Use

<table>
<thead>
<tr>
<th>Proof Needed and Items You Can Use</th>
<th>BadgerCare Plus</th>
<th>Medicaid</th>
<th>FoodShare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proof of Job Income</strong> — Proof of all job income and wages for all family members who have a job: Items you can use are:</td>
<td>Yes*</td>
<td>Yes*</td>
<td>Yes</td>
</tr>
<tr>
<td>• Check stubs (for the last 30 days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A letter from the employer.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• An Employer Verification of Earnings (EVF-E) form</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you choose a letter, it must have the same information as the EVF-E form. Note: If you want to use an EVF-E form, ask the agency to send one to you. Your employer must complete and sign this form. Return the completed form to your agency.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Proof of Self-Employment Income — Proof of income for all family members who are self-employed. Items you can use are:

- Copies of tax forms
- A Self-Employment Income Report. To get this form, contact your agency or go to dhs.wi.gov/em/customerhelp.

<table>
<thead>
<tr>
<th></th>
<th>BadgerCare Plus</th>
<th>Medicaid</th>
<th>FoodShare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

#### Proof of Other Income — You must provide proof of all other income for everyone in your home. Other income may include alimony, child support, disability or sick pay, interest or dividends, Veterans Benefits, workers compensation, unemployment insurance, etc. Items you can use are:

- Pension statement
- Current award letter

<table>
<thead>
<tr>
<th></th>
<th>BadgerCare Plus</th>
<th>Medicaid</th>
<th>FoodShare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes*</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

* In some cases, your agency may be able to get proof from other sources and you do not have to provide it.

### Proof May Be Needed and Items You Can Use

#### Proof May Be Needed and Items You Can Use, if You Want to Get the Credit

<table>
<thead>
<tr>
<th>Proof May Be Needed and Items You Can Use, if You Want to Get the Credit</th>
<th>BadgerCare Plus</th>
<th>Medicaid</th>
<th>FoodShare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proof of Rent or House Payments</strong> — Items you can use:</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Lease or rental agreement or receipt/letter from landlord</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mortgage payment record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Utility Costs</strong> — Items you can use are:</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Utility and/or phone bill • Letter from utility company</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Firewood receipt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Medical Costs/Expenses</strong> — Items you can use:</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Billing statement/itemized receipts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medicare card showing Part B coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Health insurance policy showing premium coinsurance, copayment, or deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medicine or pill bottle with price on label</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Pre-Tax Deductions</strong> — Items you can use:</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• Check Stubs • A letter from the employer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Tax Deductions</strong> — Items you can use:</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• Receipts • Bank statements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Check Stubs • Previous years’ tax forms</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Your agency may ask for other proof not listed, if they have questions.*
Other Programs

FoodShare Employment and Training Program
The FSET program offers FoodShare members free services to build job skills and find jobs. If you need help finding a job, need to meet the mandatory work requirement for certain adults age 18-49 with no minor children living in the home, or are currently working and want to increase your skills, the FSET program may be able to help you.

FSET can help with:
• Job searches and job referrals,
• Job skills assessment,
• Career planning,
• Job training and education,
• Work experience,
• Transportation, child care and other work-related costs,
• Referrals to other community services, and
• Meeting the mandatory work requirement.

Ask your agency about the FSET services available in your area.

Women, Infants and Children (WIC) Program
If you are able to get FoodShare, you may also be able to get the Special Supplemental Food Program for Women, Infants and Children (WIC). Pregnant women and young children may get nutritious food and health/nutrition counseling through this program.

To find out more about WIC and other programs, contact 1-800-722-2295, go to dhs.wi.gov/wic or ACCESS.wi.gov and click on “Am I Eligible?”

Job Center of Wisconsin
Job Center of Wisconsin is the largest source of job openings in Wisconsin. You can visit the Job Center’s website at jobcenterofwisconsin.com. (Or, you can use touch-screen computers at your local Job Center.)

To find a Job Center near you, call 1-888-258-9966.

The following items are required to be verified for Caretaker Supplement and SeniorCare. Please see the previous tables, for items you can use as proof.

<table>
<thead>
<tr>
<th>Proof Needed</th>
<th>Caretaker Supplement</th>
<th>SeniorCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Social Security Number</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of U.S. Citizenship</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Immigration Status</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Identity</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Job Income and Wages</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Self-Employment Income — Proof of income for all family members</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Other Income (other income may include alimony, child support, disability or sick pay, interest or dividends, Veterans Benefits, workers compensation, unemployment insurance, etc.)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Child Support Paid</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Proof of Pregnancy</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Proof of Assets (minor children only)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
**Key Contacts**

General Information About BadgerCare Plus, Medicaid, FoodShare and Caretaker Supplement:
Member Services: 1-800-362-3002

QUEST Card Information: 1-877-415-5164

Premium Information: 1-888-907-4455

HMO - Enrollment Information: 1-800-291-2002

HMO - Complaints: 1-800-760-0001

Caretaker Supplement Members Information:
1-800-362-3002

SeniorCare Members Information: 1-800-657-2038

FoodShare Employment and Training (FSET) Information

*FoodShare members not enrolled in FSET:*
Contact your agency for a referral to FSET, and the FSET provider in your area will contact you. For the address or phone number of your agency, call Member Services at 1-800-362-3002 or go to dhs.wi.gov/em/customerhelp.

*FoodShare members enrolled in FSET:*
Contact your FSET provider.

**Note:** You must be getting FoodShare benefits to take part in FSET.

Your agency can help you apply for the programs listed in this guide.

**Help for People Who Are Elderly, Blind or Disabled**

If you are elderly, blind or disabled, you have access to resources, services and programs that can help you meet your needs or those of your family members or friends.

To find a Disability Benefit Specialist (for people age 18 to 59 with a disability) or an Elderly Benefit Specialist (for people age 60 or older), call Member Services at 1-800-362-3002 or go to dhs.wisconsin.gov/adrc/customer/map/index.htm.

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**Collection and Use of Information**

The information you give in the application, including the Social Security Number (SSN) of each household member applying for benefits is authorized under the Food and Nutrition Act of 2008, as amended PL 110-246, (7 United States Code 2011-2036) and Wisconsin Statutes §49.82(2). If you do not have an SSN due to religious beliefs or because of your immigration status, you will not be required to give an SSN.

The information will be used to determine if your household can get or keep getting benefits.

Information you give will be verified through computer matching programs. This information will also be used to monitor compliance with program rules and for program management.

This information may be given to other federal and state agencies for official examination and to law enforcement officials for the purpose of apprehending people fleeing to avoid the law.

Providing this information, including the SSN of each household member, is voluntary. However, any person who is asking for benefits (FoodShare, Medicaid or BadgerCare Plus plans) but does not give an SSN will not be able to get benefits. Any SSN provided for members who are not enrolled will be used and disclosed in the same way as SSNs of enrolled household members. Your SSN will not be shared with the United States Citizenship and Immigration Services (USCIS).

Your application for BadgerCare Plus is also an application for help with paying for private health insurance through the federal Health Insurance Marketplace. If you do not meet the rules to enroll in BadgerCare Plus or Medicaid, your information will be sent to the Marketplace. If this happens, the Marketplace will contact you and let you know if you are able to get help with paying for private health insurance. To learn more about the Marketplace, visit healthcare.gov or call 1-800-318-2596 or 1-855-889-4325 (TTY).

You can get the address and phone number of your agency online at dhs.wi.gov/em/customerhelp.
You may file an informal discrimination complaint with your local service provider, or you may file a formal discrimination complaint with DHS. Any consumer that receives services and benefits funded by the HHS or USDA may file a civil rights complaint by contacting Wisconsin DHS Affirmative Action and Civil Rights Compliance (AA/CRC) Office. To file a complaint, write to

Civil Rights Compliance Officer
P.O. Box 7850
1 West Wilson Street Room 656
Madison, WI 53707-7850 (608) 267-2147 (fax)

Or
Call (608) 266-9372 (Voice), Wisconsin Relay Services 711 or 1-888-701-1251 (TTY) if you are deaf or hearing impaired.

DHS, USDA and HHS are equal opportunity service providers and employers.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities).

If you wish to file a Civil Rights program complaint of discrimination with USDA, complete the USDA Program Discrimination Complaint Form, found online at ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/ Hotline Numbers; found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (ITY).