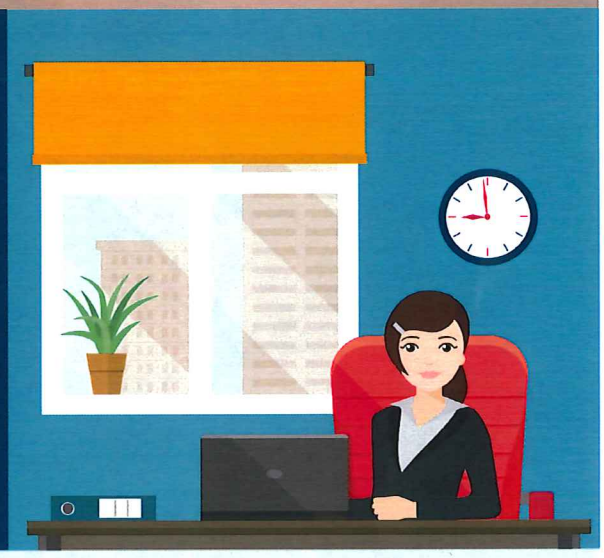
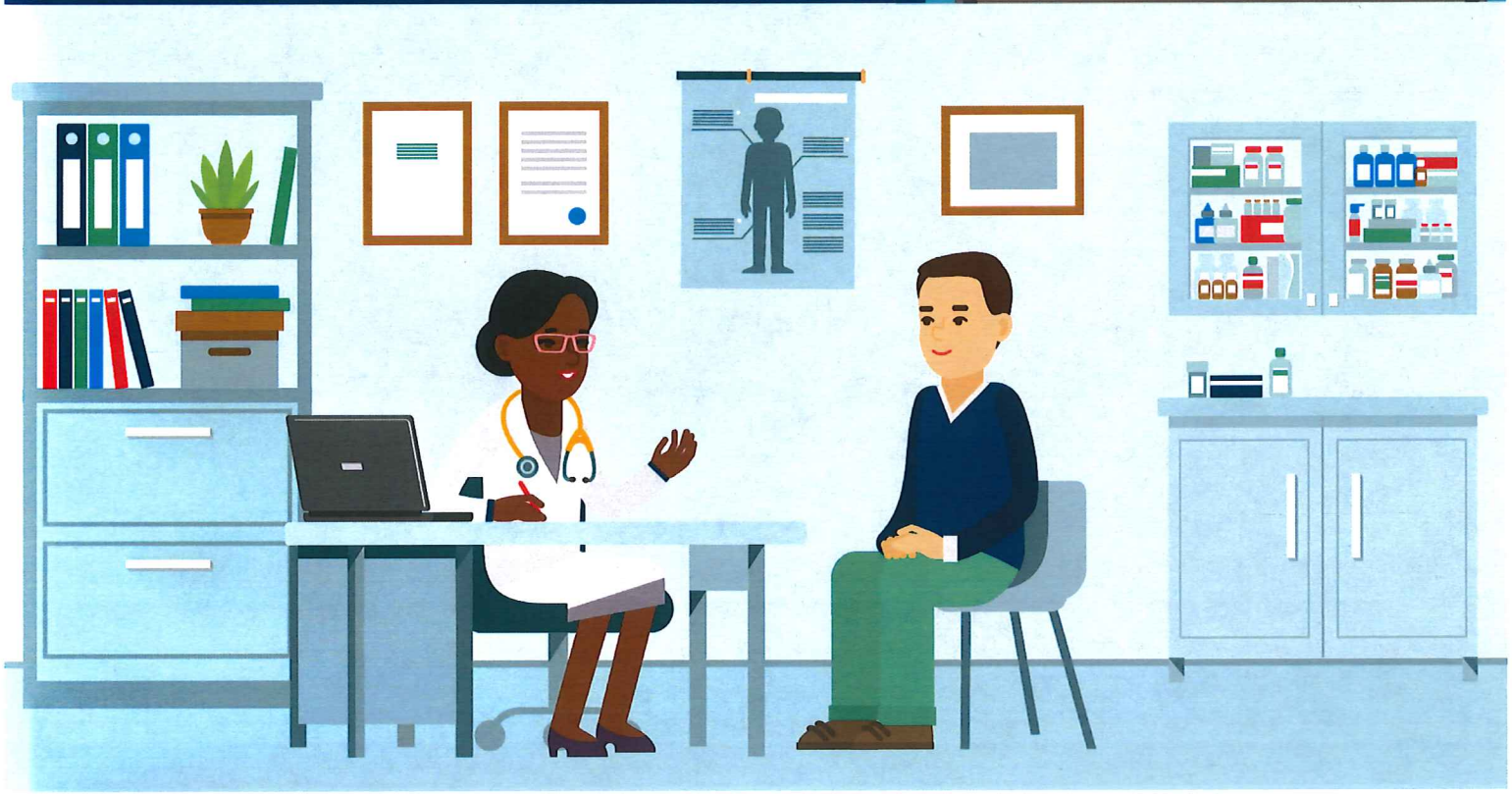
Guide to Applying

for Wisconsin's Health, Nutrition, and Other Programs



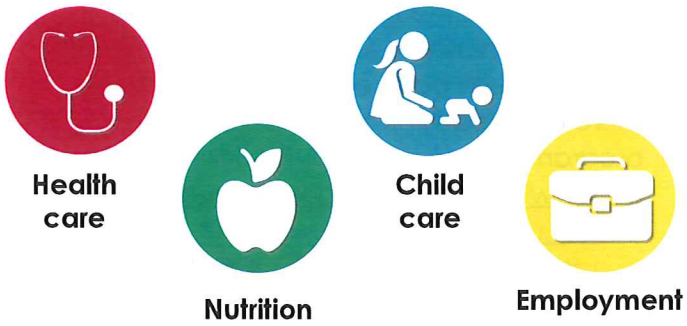


If you have a disability and need this information in a different format, need it translated to another language, or have any questions about your rights and responsibilities, contact your agency (see page 15) or call Member Services at 800-362-3002. All language services are free of charge.

Welcome

Do you need help getting health insurance? Are you unsure how you will pay for your groceries this month? Do you need help paying for child care costs while you go to school, work, or a work training program? Do you need help finding a job or building your skills to take that next step in your career?

This guide tells you how to apply for Wisconsin's health, nutrition, and other benefits and programs. Anyone who applies and is found eligible will get benefits or be enrolled in a program.



Contents

Benefits and Programs	4
How to Apply	7
What You Need to Apply	8
Help and Tips	9
Giving Proof	10
Letters You Will Get	14
Resources and Contacts	15
Your Right to a Fair Hearing	17
Collection and Use of Information and Privacy	20

Benefits and Programs

Wisconsin has the following benefits and programs available for assistance with health, nutrition, child care, and employment. For more detailed information about each program, visit:

- www.dhs.wisconsin.gov/forwardhealth/resources.htm.
- https://dcf.wisconsin.gov/childcare.
- https://dcf.wisconsin.gov/w2/parents.

There may be other resources available for people who need assistance beyond the benefits and programs described here. Call your agency or 211 for more information. See page 15 for your agency's contact information.

BadgerCare Plus

BadgerCare Plus provides health care coverage for people age 0–64 who have limited income.

BadgerCare Plus Prenatal Plan Program

The BadgerCare Plus Prenatal Plan Program provides pregnancy-related health care coverage for pregnant women who are not eligible for BadgerCare Plus because of their immigration status or because they are in prison or jail.

Badger Care Plus Emergency Services

BadgerCare Plus Emergency Services provides limited health care coverage in some cases to people who are not eligible for BadgerCare Plus because of their immigration or citizenship status but who need medical care right away.

Family Planning Only Services

The Family Planning Only Services Program provides men and women with certain family planning-related services and supplies to prevent unplanned pregnancies.

FoodShare

FoodShare Wisconsin, also known as SNAP (which stands for Supplemental Nutrition Assistance Program), helps people with limited income buy the food they need for good health.

Medicaid for the Elderly, Blind, or Disabled

Medicaid for the Elderly, Blind, or Disabled provides health care coverage for people who are age 65 or older, blind, or disabled and have limited income or assets. This includes the following health care coverage plans:

- Supplemental Security Income (SSI) Medicaid
- SSI-related Medicaid
- Medicaid Purchase Plan
- Wisconsin Well Woman Medicaid
- Long-term care, including Family Care, Family Care Partnership, IRIS (Include, Respect, I Self-Direct), Program of All-Inclusive Care for the Elderly (PACE), Institutional Medicaid, and Katie Beckett

Family Care

Family Care provides long-term care services to adults over age 65 and adults with physical, developmental, or intellectual disabilities so that they can live in their own home when possible.

Family Care Partnership

Family Care Partnership provides long-term care services, health care, and prescription drugs to adults over age 65 and adults with developmental, intellectual, or physical disabilities to help them live as independently as possible in the community.

IRIS (Include, Respect, I Self-Direct) Program

IRIS lets adults age 18 or older who need long-term support manage their own long-term care services.

Program of All-Inclusive Care for the Elderly (PACE)

PACE provides long-term care, health care coverage, and prescription drugs to people age 55 older who live in Milwaukee or Waukesha County.

Institutional Medicaid (hospital, nursing home, institutions for mental disease)

Institutional Medicaid provides health care coverage and long-term care services to people who have either been living in an institution for 30 or more days in a row or are expected to live in an institution for 30 or more days in a row.

Katie Beckett Medicaid

The Katie Beckett Program provides health care coverage for children younger than age 19 with long-term disabilities or complex medical needs who live with their family.

Medicare Savings Programs

Medicare Savings Programs help people who are enrolled in Medicare pay for certain Medicare costs, depending on their income and assets.

Qualified Medicare Beneficiary

Medicaid will pay Medicare Part A and Part B premiums, Medicare coinsurance, and deductibles.

Specified Low Income Medicare Beneficiary

Medicaid will pay Medicare Part B premiums.

Qualified Individual Group 1 (also called Specified Low Income Beneficiary Plus)

Medicaid will pay Medicare Part B premiums.

Qualified Disabled and Working Individual

Medicaid will pay Part A premiums.

SeniorCare

SeniorCare helps pay for prescription drugs for people age 65 or older.

Tuberculosis-Related Services Only Benefit

The Tuberculosis-Related Services Only Benefit covers tuberculosis-related services for people who are diagnosed with tuberculosis but are not eligible for Medicaid.

Caretaker Supplement

Caretaker Supplement is a cash benefit for low-income parents who are getting SSI payments and who are living with and caring for their children.

Wisconsin Shares Child Care Subsidy Program

The Wisconsin Shares Child Care Subsidy Program helps low-income families pay for child care so that parents or other approved caretakers may work, go to school, or participate in approved work training programs.

Wisconsin Works (W-2)

W-2 is a time-limited program that provides temporary cash assistance and case management services to low-income parents and pregnant women. It is a work program for adults willing to engage in work activities.

How to Apply

You can apply for benefits and programs online, by phone, by mail, or in person at your agency. If you read or write in a language other than English or Spanish, you will need to apply by calling your agency or submitting a paper application.

Language assistance services, including written translation and oral interpreter services, are free of charge. Call your agency for help. See page 15 for your agency's contact information.

Online: Available in English and Spanish Only

Go to access.wisconsin.gov. Choose "Apply for Benefits." You can see what health, nutrition, and other benefits or programs you may be able to get based on the information you provide. You can set up an ACCESS account to check the status of your application online.

Phone

Call your agency to apply by phone. See page 15 for your agency's contact information.

Mail or Fax

Print a paper application in your language.

- **BadgerCare Plus and Family Planning Only Services:** Go to www.dhs.wisconsin.gov/library/F-10182.htm.
- **FoodShare:** Go to www.dhs.wisconsin.gov/library/F-16019A.htm.
- **Medicaid:** Go to www.dhs.wisconsin.gov/library/F-10101.htm.
- **SeniorCare:** Go to www.dhs.wisconsin.gov/library/f-10076.htm.

Follow the instructions on the application to send it in. If you are faxing it, be sure to send both sides of the application.

In Person

Go to your agency, and a worker will help you fill out a paper application or apply online. See page 15 for your agency's contact information.

What You Need to Apply

When you apply for benefits or programs, you may be asked to provide some or all of the following information for each person applying. Having this information available when you apply will make applying easier and faster.

Help and Tips

Get Help From Others

Anyone, like a friend, relative, or neighbor, can help you apply for benefits. If you want a person or an organization to help you apply for and manage your benefits, you or a court will need to appoint them to act on your behalf. Below are representatives that can be appointed to act on your behalf.

Authorized Representatives

An authorized representative is a person or an organization that you appoint to help you apply for and manage your benefits or programs.

You can appoint a person as your authorized representative by completing the Appoint, Change, or Remove an Authorized Representative: Person form, F-10126A. Go to www.dhs.wisconsin.gov/library/F-10126.htm to get the form.

You can appoint an organization as your authorized representative by completing the Appoint, Change, or Remove an Authorized Representative: Organization form, F-10126B. Go to www.dhs.wisconsin.gov/library/F-10126.htm to get the form.

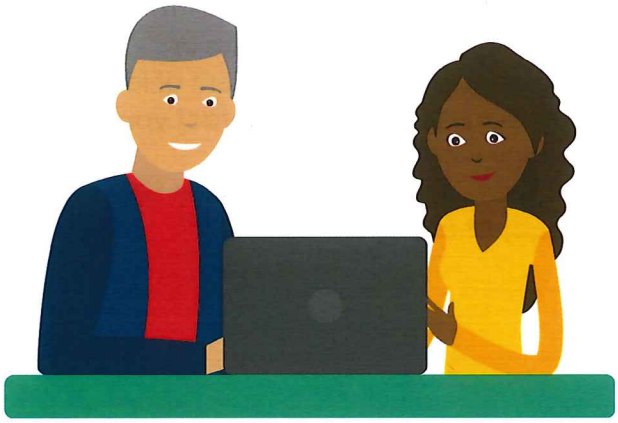
Other Representatives

Conservators, certain legal guardians like a legal guardian of the estate, and certain powers of attorney like a financial power of attorney may also act as your representative and help you apply for and manage your benefits and programs. They may be asked to provide documentation of their status as your representative.

For more information about representatives go to: www.dhs.wisconsin.gov/forwardhealth/representative-types.htm.

Things to Keep in Mind When Applying

- Programs have different income limits and enrollment rules. The only way to truly know if you are eligible is to apply. If you would like to see if you may be eligible before you apply, go to access.wisconsin.gov and choose "Am I Eligible?" You will be asked questions to see if you might be eligible.
- If you want to see a program's current income limits, go to www.dhs.wisconsin.gov/forwardhealth/resources.htm.
- If you are applying for FoodShare, you must complete an interview. You can do an interview by phone or in person at your agency. You can call your agency after submitting your application online.
- For Medicaid and Caretaker Supplement, you need to provide asset information, and you may need to provide proof of those assets. Have your bank statements available to make applying easier and faster.



Giving Proof

After you apply for benefits or programs, you may have to provide additional information or proof. **You will get a letter telling you what information you need to provide proof of** once your agency reviews your application.

The following is a list of examples of proof. In some cases, your agency can get proof from other sources, and you will not have to provide it. If you need help getting proof, call your agency.

Proof of Disability

- Approval letter from the Disability Determination Bureau
- Award letter from the Social Security Administration

Proof of Identity

- Valid U.S. passport
- Valid state driver's license or state identity card
- School picture ID
- Employee photo ID
- Military dependent ID card
- Military ID or draft record
- Native American tribal enrollment document
- For children younger than age 18 applying for BadgerCare Plus or Medicaid, a signed Statement of Identity form, F-10154 (You can contact your agency for this form.)
- U.S. Citizenship and Immigration Services (USCIS) photo ID

You can provide proof through the MyACCESS mobile app, mail, or fax.

The easiest way to provide proof is with the MyACCESS mobile app. You can download the app on the App Store or Google Play for free. The app is available in English and Spanish only.

Other/Additional Proof of Identity—FoodShare Only

- Birth certificate
- Hospital birth record
- Adoption record
- Paycheck or pay stubs
- Completed Application for a Social Security Card, SS-5
- Confirmation or church membership papers
- Voter registration card
- Family records (birthday books, genealogy, newspaper birth announcement, marriage license, support or divorce papers)
- Life insurance policy
- Other social services program ID
- Labor union or fraternal organization records
- Court order of name change

Other/Additional Proof of Identity—FoodShare and Health Care

Medical records (vaccination certificate, doctor's or clinic's records, bills)

Proof of U.S. Citizenship for Adults and Children

- Valid U.S. passport
- Certified copy of U.S. birth certificate
- Citizenship ID card
- Certificate of Citizenship or Naturalization
- Adoption papers
- Military record, hospital record, school record, insurance record, or nursing home record showing a U.S. birthplace
- Native American ID card or other document issued by a federally recognized tribe

Proof of Immigration Status (if you are not a U.S. citizen)

- Permanent resident or "green" card
- Certificate of Naturalization
- Any documents issued by USCIS, an alien registration ("A") number, or USCIS number

Proof of Tribal Membership and/or Native American or Alaska Native Descent

- Tribal enrollment card
- Written verification or document issued by the tribe indicating tribal affiliation
- Certificate of Degree of Indian Blood issued by the Bureau of Indian Affairs
- Tribal census document
- Birth certificates, medical, or other records that shows the person is a child or grandchild of a tribal member
- Medical records or other documents showing that the person is eligible for, or has received services from an Indian Health Care provider

Proof of Child Support and/or Alimony Paid or Received

- Court order
- Payment record from other state

Proof of Assets

- Bank statements
- Titles
- Contracts
- Deeds
- Financial records
- Life insurance policies

Proof of Job Income

- Pay stubs for the last 30 days
- An Employer Verification of Earnings (EVF-E) form, F-10146 (You can contact your agency for this form. Your employer must complete and sign the form. Return the completed form to the address on the form.)
- A letter from your employer (If you choose a letter, it must have the same information as the EVF-E form.)

Proof of Self-Employment Income

- Copies of tax forms
- A Self-Employment Income Report form, F-00107, or Self-Employment Income Report: Farm Business form, F-00219 (You can contact your agency for these forms. These forms should only be used if you have not yet filed taxes for your self-employment business.)

Proof of Other Income

Note: Some examples of other income are alimony, child support, disability or sick pay, interest or dividends, veterans benefits, workers' compensation, and unemployment insurance.

- Pension statement
- Copy of current check
- Unemployment Compensation award letter
- Divorce documents showing financial settlement, maintenance, family support, or child support
- Documentation of court-awarded settlement
- Social Security award letter
- Veterans Affairs award letter
- Compensation award letter
- Financial aid award letter
- Tax records showing unearned income
- Documentation from any other source of income
- Proof of a Kinship Care, Foster Care, or Subsidized Guardian payment or interim caretaker payment (may be verbal or written confirmation from the child protective services agency)

Proof of Wisconsin Residency

- Lease, rental agreement, or receipt or letter from landlord with current address
- Mortgage receipt with current address
- Utility and/or phone bill with current address
- Check stubs with name, current address, and employer
- Subsidized housing program approval document
- Weatherization program approval document
- Current state of Wisconsin driver's license
- Current Wisconsin ID card
- Current motor vehicle registration

Note: Homeless individuals and families do not have to provide verification for their home address but must certify that they live in Wisconsin and plan to continue to live in Wisconsin.

Proof of Education

- School schedule
- Report card

Proof of Medical Costs

- Billing statement or itemized receipts
- Medicare card showing Part B coverage
- Health insurance policy showing premium, coinsurance, copayment, or deductible
- Medicine or pill bottle with price on label

Proof of Pretax Deductions

- Check stubs
- A letter from the employer

Proof of Tax Deductions

- Receipts
- Bank statements
- Check stubs
- Previous years' tax forms

Proof of Not Being Able to Care for Child and Participate in Approved Activity

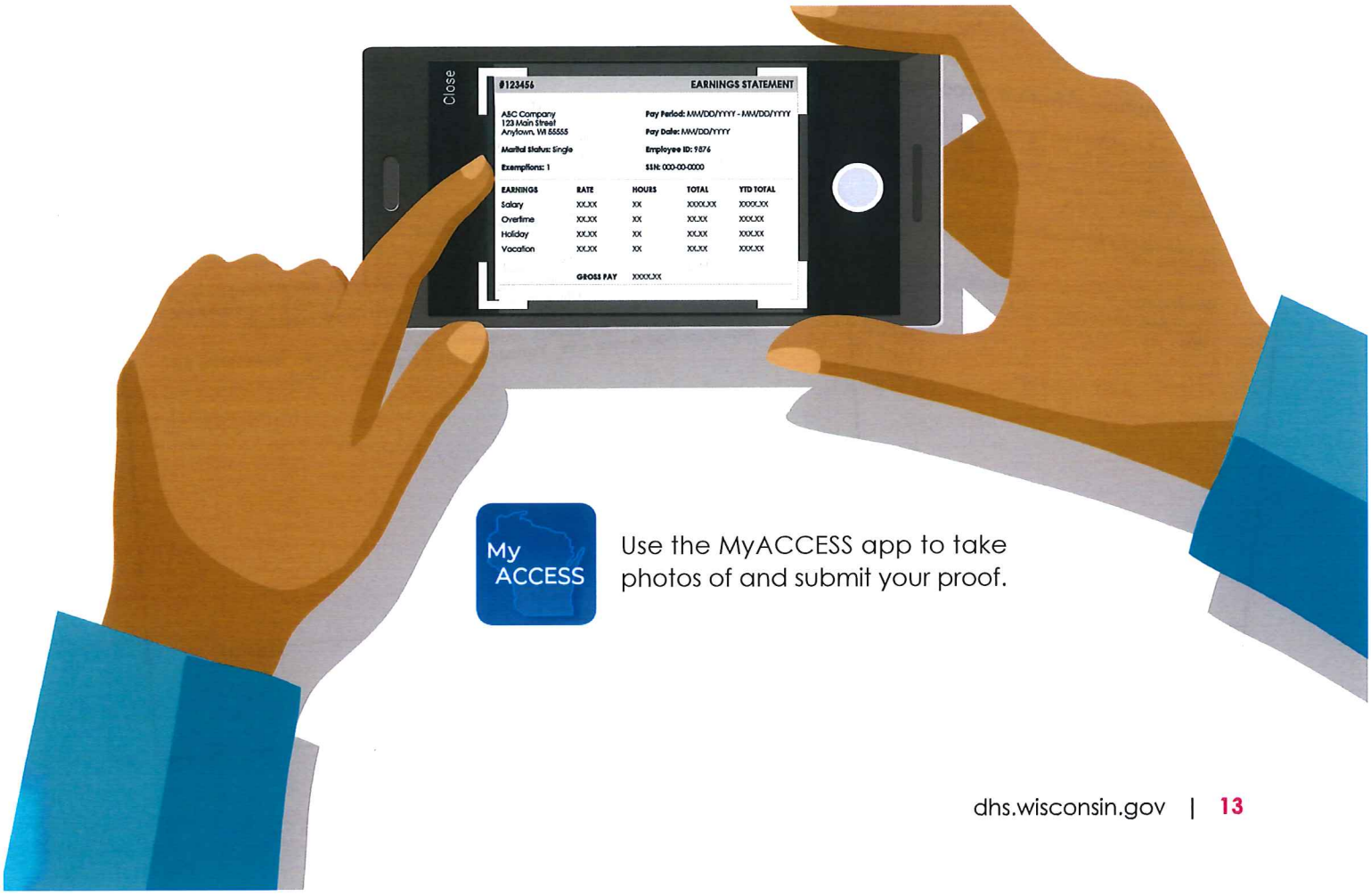
Letter from a physician, psychiatrist, or psychologist declaring the parent is unable to care for children and unable to participate in an approved activity

Proof of Child Care Costs

- Written statement from child care provider
- Canceled check
- Paid receipt or bill

Proof of Shelter and/or Utility Expenses

- Mortgage payment records
- Rent receipt
- Statement from landlord
- Lease
- HUD subsidized housing approval
- Property tax statement
- Utility bill
- Statement from utility company
- Phone bill
- Homeowner's insurance policy or billing statement
- WHEAP/LIHEAP or other energy assistance

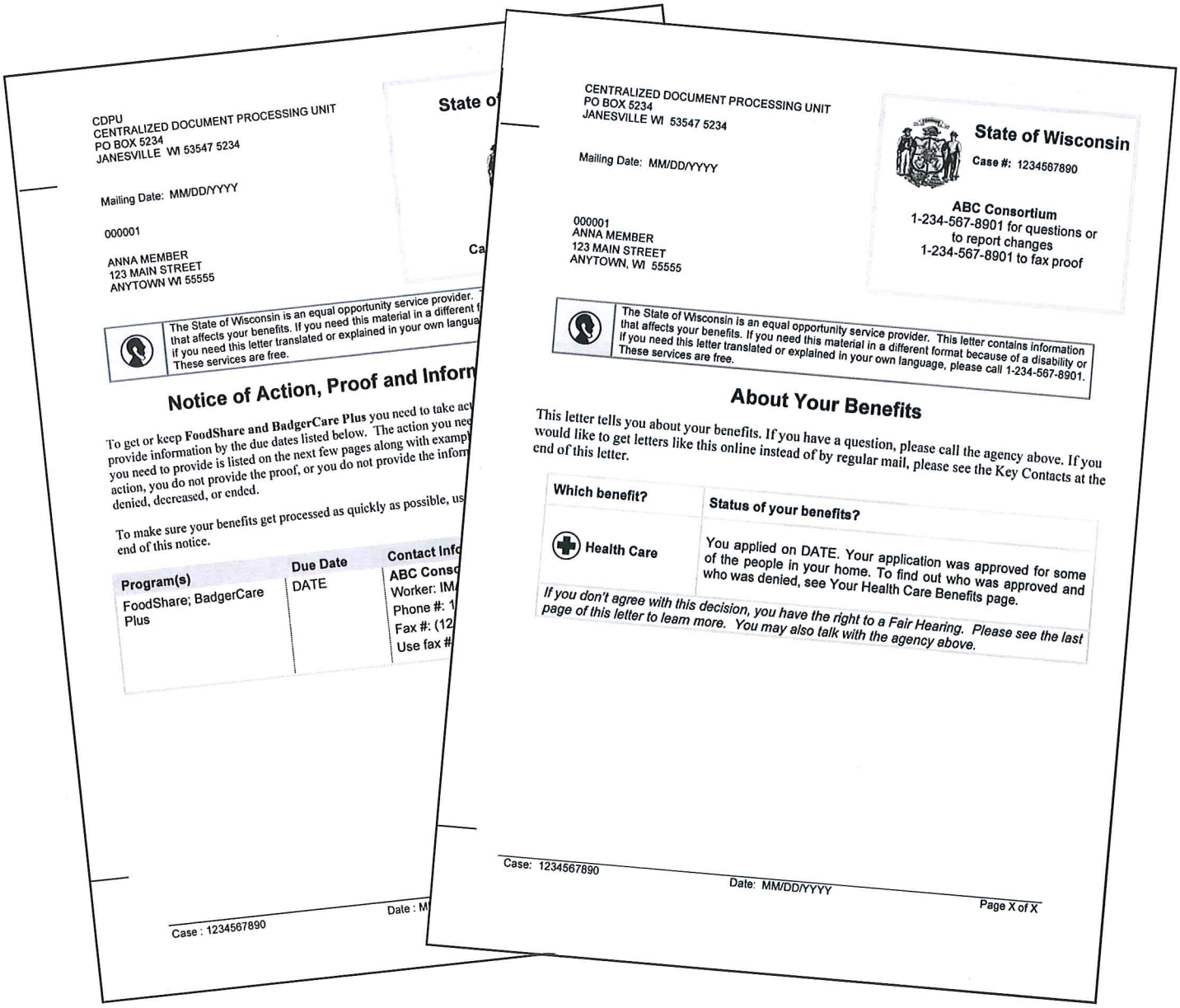


Use the MyACCESS app to take photos of and submit your proof.

Letters You Will Get

After you apply, you will get letters in the mail. These letters tell you the status of your benefits and programs and if your agency is waiting for anything from you. You may have to provide more information, complete a task, or give proof of your answers. **It is important that you read each letter you get.**

You can choose to get your letters online instead of by regular mail. To make this choice, log in to your ACCESS account at access.wisconsin.gov. If you do not have an ACCESS account, you can create one to view your letters and information about your benefits and programs online.



CENTRALIZED DOCUMENT PROCESSING UNIT
PO BOX 5234
JANESVILLE WI 53547 5234

Mailing Date: MM/DD/YYYY

000001
ANNA MEMBER
123 MAIN STREET
ANYTOWN, WI 55555

State of Wisconsin
Case #: 1234567890

ABC Consortium
1-234-567-8901 for questions or to report changes
1-234-567-8901 to fax proof

The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call 1-234-567-8901. These services are free.

About Your Benefits

This letter tells you about your benefits. If you have a question, please call the agency above. If you would like to get letters like this online instead of by regular mail, please see the Key Contacts at the end of this letter.

Which benefit?	Status of your benefits?
Health Care	You applied on DATE. Your application was approved for some of the people in your home. To find out who was approved and who was denied, see Your Health Care Benefits page.

If you don't agree with this decision, you have the right to a Fair Hearing. Please see the last page of this letter to learn more. You may also talk with the agency above.

Case: 1234567890 Date: MM/DD/YYYY Page X of X

Resources and Contacts

Benefits and Programs

Your county or tribal agency can answer questions about benefits and programs, help you with applying, explain enrollment rules, and help you complete your FoodShare interview.

County agencies in Wisconsin are split into 11 different groups. These groups of agencies are called consortiums.

There are also nine tribal agencies in Wisconsin. If you are a tribal member, contact your tribal agency. If your tribe does not have a tribal agency, call the agency in the county you live in.

The following table lists the consortiums and tribes alphabetically and includes each consortium's or tribe's telephone number as well as the counties that make up each consortium. Call the main consortium number to speak to your agency. For example, if you live in Green Lake County, you would call 888-256-4563.

Bad River Band of Lake Superior Tribe of Chippewa Indians				**715-682-7127**
Bay Lake				**888-794-5747**
• Brown	• Marinette	• Shawano		
• Door	• Oconto			
Capital				**888-794-5556**
• Adams	• Dane	• Juneau	• Sauk	
• Columbia	• Dodge	• Richland	• Sheboygan	
Central				**888-445-1621**
• Langlade	• Marathon	• Oneida	• Portage	
East Central Income Maintenance Partnership				**888-256-4563**
• Calumet	• Manitowoc	• Waupaca		
• Green Lake	• Marquette	• Waushara		
• Kewaunee	• Outagamie	• Winnebago		
Forest County Potawatomi Community				**715-478-4433**
Great Rivers				**888-283-0012**
• Barron	• Douglas	• Pierce	• Washburn	
• Burnett	• Dunn	• Polk		
• Chippewa	• Eau Claire	• St. Croix		
Lac Courte Oreilles Band of Lake Superior Tribe of Chippewa Indians of Wisconsin				**715-634-8934**
Lac du Flambeau Band of Lake Superior Tribe of Chippewa Indians				**715-588-4235**
Menominee Indian Tribe of Wisconsin				**715-799-5137**

MilES				888-947-6583
Milwaukee				
Moraine Lakes				**888-446-1239**
• Fond du Lac	• Walworth	• Waukesha		
• Ozaukee	• Washington			
Northern				**888-794-5722**
• Ashland	• Forest	• Price	• Taylor	
• Bayfield	• Iron	• Rusk	• Vilas	
• Florence	• Lincoln	• Sawyer	• Wood	
Oneida Nation				**800-216-3216**
Red Cliff Band of Lake Superior Chippewa				**715-779-3706**
Sokaogon Chippewa Community				**715-478-3265**
Southern				**888-794-5780**
• Crawford	• Green	• Jefferson	• Rock	
• Grant	• Iowa	• Lafayette		
Stockbridge-Munsee Community				**715-793-4032**
Western Region for Economic Assistance				**888-627-0430**
• Buffalo	• Jackson	• Monroe	• Trempealeau	
• Clark	• La Crosse	• Pepin	• Vernon	
Wisconsin's Kenosha Racine Partnership (WKRP)				**888-794-5820**
• Kenosha	• Racine			

Health Care Services

For questions about services covered by BadgerCare Plus and Medicaid, call Member Services at 800-362-3002.

SeniorCare

For questions about SeniorCare, call the SeniorCare Customer Service hotline at 800-657-2038.

If you are an older adult or have a disability, your local aging and disability resource center (ADRC) can provide information on a broad range of programs and services and help you understand the various long-term care options available to you.
To find information for your ADRC, go to www.FindMyADRC.com.

Your Right to a Fair Hearing

Any time your benefits are denied, reduced, or ended and you think your agency made a mistake, contact your agency. If the agency does not agree, you can ask the agency worker to help you in asking for a prehearing conference and a fair hearing.

Prehearing Conference

You may be able to come to an agreement with the agency through a prehearing conference without having to wait for a fair hearing to take place. At a conference, you get to tell your side of the story.

Your agency will explain why the action was taken. If the agency finds that it has made a mistake, it will change its decision and take corrective action. If the agency decides that its initial decision is correct and you still feel the agency is wrong, you have the right to go through the fair hearing process.

Note: Agreeing to have a prehearing conference does not affect your right to have a fair hearing. You can ask for a fair hearing, and if you are satisfied with the action of the prehearing conference, you can cancel your fair hearing.

Fair Hearing

A fair hearing gives you the chance to tell a hearing officer why you think the decision about your application or benefits was wrong. At the hearing, a hearing officer will hear from you and the agency to find out if the decision was right or wrong. You may bring a friend or family member with you to the hearing. You may also be able to get free legal help. See the Legal Help section on page 19 to learn more.

When to Use the Fair Hearing Process

Examples of when to ask for a fair hearing include the following:

- You believe your application was denied unfairly or in error.
- Your benefits were suspended, reduced, or ended, and you think it was a mistake.
- You do not agree with the amount of benefits you are getting.
- Your application was not acted on within 30 days.

Read each letter you get carefully to help you understand the action taken. If the reason for the change in your benefits is a federal or state rule change, the Division of Hearings and Appeals is not required to give you a fair hearing.

How to Ask for a Fair Hearing

Ask your agency to help you file for a fair hearing, or write directly to:

Department of Administration
Division of Hearings and Appeals
PO Box 7875
Madison, WI 53707-7875

You can get the Fair Hearing Request form online at www.dhs.wisconsin.gov/forwardhealth/resources.htm or by calling 608-266-7709.

If you choose to write a letter in place of the form, you must include the following:

- Your name
- Your mailing address
- A brief description of the problem

- The name of the agency that took the action or denied the service
- Your Social Security number
- Your signature

For FoodShare, your agency can take your request verbally.

For health care, a request for a fair hearing must be made no later than 45 days after the date of the action being appealed. For FoodShare, a request must be made no later than 90 days after the date of the action being appealed. You can request a hearing at any time while you are getting FoodShare benefits if you do not agree with the benefit amount. Your latest enrollment letter will have the date by which you must request a hearing.

You, your chosen representative (if you have one), and your agency will get written notice at least 10 days before the hearing with the time, date, and place of the hearing.

Preparing for a Fair Hearing

You have the right to bring witnesses, your own lawyer, or another advisor to the fair hearing. The Department of Health Services will not pay for legal help to represent you, but they may be able to help you find free legal help for questions or fair hearing representation.

You have the right to review any information in your case file that was used to determine your enrollment.

You or your representative has the right to:

- Question anyone who testifies at the fair hearing.
- Present your own arguments and written materials that show why you think you are right.
- Present medical evidence for proof if the fair hearing is about whether or not you are disabled or unable to work due to illness or injury. Your agency will pay for the cost of the medical evidence.

If you cannot speak English, you have the right to have an interpreter present at the hearing. The Division of Hearings and Appeals may pay for translation or interpreters if you ask.

Continuation of Benefits

If you are getting benefits and you ask for a hearing before your benefits change, you can keep getting the same benefits until the hearing officer makes a decision.

If the hearing officer decides that your agency was right, you may need to return or repay the extra benefits that you got between the time you asked for your fair hearing and the time that the hearing officer decides about your case.

If you have asked for a fair hearing, you will still need to complete any scheduled renewals. If your agency tells you before the fair hearing has taken place that your enrollment period has ended, you must reapply and meet all program rules for your benefits to be continued. If the renewal shows that there have been changes in your circumstances, your benefits may change or end because of these changes.

Effects of the Fair Hearing

If the fair hearing decision is in your favor, no action will be taken against you by the agency. If your benefits have been ended, you will start getting them again. The date you will start getting benefits will be listed in the letter you get about the fair hearing decision.

If the fair hearing is decided against you, the action will stand, and you will have to pay back any benefits you should not have gotten. Ask your agency about any limitations on the paying back of benefits.

No other action will be taken against you for filing a fair hearing request.

Rehearing

If you do not agree with the fair hearing decision, you have the right to ask for a rehearing if you:

- Have new evidence that was not known or available to you before the hearing that could change the decision.
- Feel that there was a mistake in the facts of the decision.
- Feel that there was a mistake in the legal basis of the decision.

A written request for a rehearing must be received within 20 days after the date of the written decision from the fair hearing. The Division of Hearings and Appeals will then decide within 30 days of getting the written request if you will get a rehearing. If the agency does not issue a written response to your request within 30 days, your request is denied.

Appealing a Hearing or Rehearing Decision

If you do not agree with the fair hearing or rehearing decision, it is still possible for you to appeal this decision to the circuit court in your county. This must be done within 30 days after you get the written decision about the fair hearing or within 30 days of the denial of the rehearing request. An appeal to the circuit court must be done by filing a petition with the clerk of courts in your county. It is best to have legal help if you decide to appeal a fair hearing decision in circuit court.

Legal Help

You may be able to get legal help from Wisconsin Judicare, Inc., or Legal Action of Wisconsin, Inc. (LAW). To find the office closest to you:

- Call Judicare at 800-472-1638, or go to www.judicare.org.
- Call LAW at 888-278-0633, or go to www.badgerlaw.net.

Collection and Use of Information and Privacy

Nondiscrimination Notice: Discrimination is Against the Law—Health Care-Related Programs

The Wisconsin Department of Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Department of Health Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Department of Health Services:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Department of Health Services civil rights coordinator at 844-201-6870.

If you believe that the Department of Health Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Department of Health Services, Attn: Civil Rights Coordinator, 1 West Wilson Street, Room 651, PO Box 7850, Madison, WI 53707-7850, 844-201-6870, TTY: 711, Fax: 608-267-1434, or email to dhscrc@dhs.wisconsin.gov. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Department of Health Services civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-201-6870 (TTY: 711).	**Deitsch (Pennsylvania Dutch)** Wann du Deitsch (Pennsylvania Dutch) schwetzscht, kannscht du ebber griege as dich helfe kann mit Englisch, unni as es dich ennich eppes koschte zellt. Ruf 844-201-6870 uff (TTY: 711).
Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 844-201-6870 (TTY: 711).	**ພາສາລາວ (Laotian)** ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ ແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໃຫ້ໂທຫາເບີ 844-201-6870 (TTY: 711).
繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 844-201-6870 (TTY: 711).	**Français (French)** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-201-6870 (ATS : 711).
Deutsch (German) HINWEIS: Wenn Sie Deutsch sprechen, steht Ihnen kostenlos ein Sprachen-Service zur Verfügung. Tel.: +1 844-201-6870 (TTY: 711).	**Polski (Polish)** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-201-6870 (TTY: 711).
العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان اتصل برقم 844-201-6870 (رقم هاتف الصم والبكم: 711).	**हिंदी (Hindi)** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 844-201-6870 (TTY: 711) पर कॉल करें।
Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-201-6870 (телетайп: 711).	**Shqip (Albanian)** KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 844-201-6870 (TTY: 711).
한국어 (Korean) 알림: 한국어 지원 서비스를 무료로 이용하실 수 있습니다. 844-201-6870 (TTY: 711) 번으로 전화해 주십시오.	**Tagalog (Tagalog – Filipino)** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 844-201-6870 (TTY: 711).
Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-201-6870 (TTY: 711).	**Soomaali (Somali)** FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawinta luuqada, oo bilaash ah, ayaa laguu heli karaa. Soo wac 844-201-6870 (TTY: 711).

USDA Nondiscrimination Statement

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

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

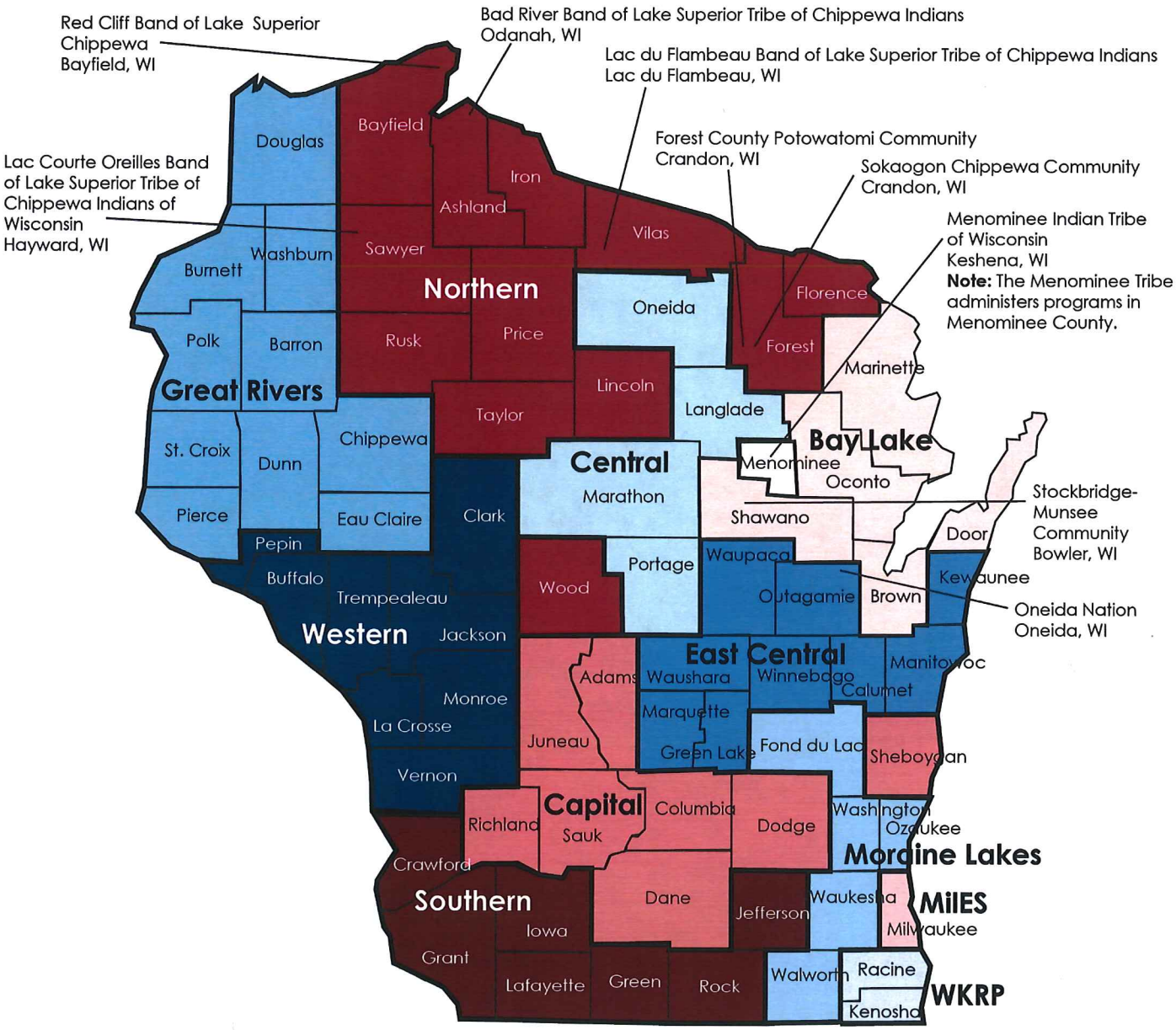
(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Income Maintenance Consortiums and Tribal Agencies



Consortia:

- Bay Lake
- Capital
- Central
- East Central
- Great Rivers
- MilES
- Moraine Lakes
- Northern
- Southern
- Western
- WKRP

WISCONSIN DEPARTMENT
of HEALTH SERVICES

P-16091
03/2019