

Wisconsin ABAWD Message Testing Protocol

Participant ID: _____ Interviewer initials: _____

Interview Date: ____ / ____ / 2023 Start Time: _____ End Time: _____

READ OR PARAPHRASE THE FOLLOWING INTRO TEXT:

Hello. My name is _____, and I work for the Census Bureau. Thank you for agreeing to participate in our study.

Today we are talking to people about the information they receive from the FoodShare assistance program. The information should be clear and easy to understand, so people who are eligible receive their benefits and know about rules and requirements to continue participating in FoodShare. We have found that the best way to test letters and messages is to meet with people in person and get their feedback as they read the materials. You will be helping us test messages and communications that some FoodShare recipients have received in the past.

[HAND PARTICIPANT CONSENT FORM]

This is a consent form. It tells you a little bit about the study and gives me permission to audio record this interview. Our session today is completely confidential. Your participation in this study is completely voluntary. You may decline to answer any question and you may stop the interview at any time. We do not share information with anyone. Only the people on the project have access to the recording and we do not use any names in our reports. Take a look and let me know if you have any questions. Please sign it when you are finished, and then I will also sign it.

[SIGN CONSENT FORM AFTER PARTICIPANT SIGNS]

Think Aloud: As you read the materials today, I am interested in the thoughts and reactions that go through your mind as you process the messages. So I would like you to tell me everything that you are thinking and feeling as we go through these materials.

Practice: Lets practice before we start. [SHOW PARTICIPANT PRACTICE PARAGRAPH]

Please read this short paragraph and say what comes into your mind as you're reading it.

Practice probes: In your own words, can you tell me what this paragraph is saying?

Did you find any part of it difficult to understand?

Thanks, that was great. So as we go through the FoodShare materials, I will ask you questions like these. I really want to hear your opinions and reactions, so don't hesitate to speak up whenever something is unclear, or not easy to understand. We are going to look at five letters and I'm going to ask you to read each one first while you think aloud. And then I will

ask you questions about each letter after you are done reading it. Do you have any questions before we begin? [TURN ON RECORDER. CHECK BATTERY LEVEL.]

Letter 1 – About Your Benefits

Here is a letter that someone might receive after applying for benefits. Please take a few minutes to read the letter and then we will talk about it. If needed: Please remember to say what comes to mind as you are reading.

[SHOW RESPONDENT “About Your Benefits” LETTER. WHILE REVIEWING PAGE 1, NOTE IF R MENTIONS THE REFERENCE TO THE LATER SECTION “Your FoodShare Benefits” AND IF THEY APPEAR TO LOOK FOR THE REFERENCED SECTION.]

In your own words, can you tell me what this letter is saying?

Did you find any part of it difficult to understand?

If yes: **Which parts were difficult?**

Was there anything you expected to see in this letter that was not here?

In your opinion, what is the most important information you saw in this letter, if any?

What would you expect to happen after receiving this letter?

(if needed) **What does the recipient of the letter need to do, if anything?**

[POINT TO PAGE 1.] **Ok, let’s go back to the beginning of the letter. Please tell me in your own words what this first page is telling you.**

[IF NEEDED, POINT TO OR HIGHLIGHT THE “FoodShare” LINE IN THE TABLE.]

Can you tell me in your own words what this section is saying?

In your opinion, was this section clear or unclear? Why do you say that?

[POINT TO PAGE 2.] **Ok, how about this next page, what does this page mean to you?**

[POINT TO PAGE 3.] **And how about this page, were there any important pieces of information?**

[POINT TO OR HIGHLIGHT PARAGRAPH STARTING WITH, “Who will get FoodShare and how much?”] **What does this section mean to you?**

In your opinion, is the information on this page clear or not clear? Why do you say that?

[POINT TO OR HIGHLIGHT SECTION “More information.”] **What is this section telling you, in your own words?**

[NOTE WHETHER R MENTIONS 3 MONTHS, TIME LIMITED BENEFITS, WORK REQUIREMENTS, OR OTHER DETAILS FROM BOTTOM PARAGRAPH.]

[POINT TO PAGE 4.] **And how about this next page, can you say in your own words what this page is telling you?**

[NOTE WHETHER R REFERS TO PAGE 1 STATEMENT ABOUT LOSING BENEFITS.]

[POINT TO OR HIGHLIGHT SECTION “Who will not get FoodShare and why.”] **Can you say more about what this section telling you, in your own words?**

[IF NEEDED:] **This section says that Ted used all 3 months of his time limited benefits. Have you heard of “time limited benefits” before?**

What does that mean to you when it says that Ted used all 3 months of his time limited benefits?

[IF NEEDED:] **How about “FoodShare work requirement”, have you heard of that before?**

What does it mean to you?

When you were reading this section, do you recall whether you were thinking about the message on page 1 about Ted losing his FoodShare benefits?

In your opinion, was it clear that the message on the first page was referring to this section on page 4?

[POINT TO OR HIGHLIGHT SECOND SECTION WITH “How to get FoodShare benefits again” AT THE TOP] **How about this next section, what is this section telling you?**

[POINT TO OR HIGHLIGHT FIRST PARAGRAPH UNDER “What is the FoodShare work requirement?”] **What does this first paragraph mean to you?**

In your opinion, is this information clear or not clear? Why do you say that?

This section talks about certain adults between 18 and 49 with no minor children in the home. Have you heard of this before?

This section also says that these types of people can only get three months of benefits in a three year or 36 month period. Have you heard of this before?

In your opinion, is that clear or not clear? Why do you say that?

[POINT TO OR HIGHLIGHT SECOND PARAGRAPH STARTING WITH “There are three ways...”]

How about this next section, what is this section telling you?

In your opinion, is this information clear or not clear? Why do you say that?

Have you ever heard of the FoodShare Employment and Training, Wisconsin Works, or Workforce Innovation and Opportunity Act programs before?

[POINT TO OR HIGHLIGHT THIRD PARAGRAPH STARTING WITH “To learn more...”] **And this next section, what is this section telling you?**

[IF NEEDED:] **Please tell me more about what an exemption means to you.**

Have you heard of exemptions related to work requirements before?

[POINT TO OR HIGHLIGHT PARAGRAPH STARTING WITH, “How can I get FoodShare benefits again?”] **In your own words, can you tell me what this section is saying?**

In your opinion, was this section clear or unclear? Why do you say that?

[IF NEEDED, POINT TO 4TH BULLET] **What does this last bullet mean to you?**

In your opinion, is it clear what that is referring to? Why do you say that?

While you were reviewing this page, do you recall seeing a link to a website?

[IF NEEDED, POINT TO THE LINK IN THE 3RD PARAGRAPH.]

If you received this letter in the mail, how likely would you be to use this link to visit the website?

(if R is likely to use) **How would you use it?**

(if needed) **How likely would you be to copy the URL from this letter into your computer to visit the website?**

Thank you for sharing your thoughts on this letter. Let’s take a look at another one.

Letter 2 – Time Limited

Here is a letter that someone receiving FoodShare benefits might receive. Please take a few minutes to read the letter and then we will talk about it. If needed: Please remember to say what comes to mind as you are reading.

[SHOW RESPONDENT “Time-Limited” LETTER. NOTE WHAT INFO R PAYS ATTENTION TO.]

In your own words, can you tell me what this letter is saying?

Did you find any part of it difficult to understand?

If yes: **Which parts were difficult?**

What would you expect to happen after receiving this letter?

[POINT TO OR HIGHLIGHT FIRST PARAGRAPH] **Let's take a look at this first paragraph.**

Can you say more about what the first sentence is saying?

Can you tell me what "minor children who are in the same FoodShare household" means to you?

In your opinion, is this section clear or not clear? Why do you say that?

[POINT TO OR HIGHLIGHT THE LAST SENTENCE "The current period began on..."] **What does this sentence mean to you?**

[POINT TO OR HIGHLIGHT PARAGRAPH STARTING WITH "Our records show..."] **How about this paragraph, can you say more about what this is telling you?**

(if needed) **Can you tell me in your own words what it means to "use one of your three time-limited benefit months"?**

[POINT TO OR HIGHLIGHT THIRD PARAGRAPH STARTING WITH "One way that you can meet..."] **What does this paragraph mean to you?**

[IF NEEDED POINT TO OR HIGHLIGHT BOLD PRINTED TEXT.] **What does this part in bold print mean to you?**

In your opinion, is this information clear or not clear? Why do you say that?

[POINT TO OR HIGHLIGHT the sentence that reads, "you must enroll and take part in activities by the start of your third time-limited FoodShare benefit month."], **Can you say more about what that sentence means to you?**

[POINT TO OR HIGHLIGHT the sentence that starts with "Otherwise you will use up your three time-limited benefit months, and your FoodShare benefits will end...."] **Please tell me more about what this part means to you.**

[POINT TO OR HIGHLIGHT FOURTH PARAGRAPH STARTING WITH "To enroll..."] **And how about this last section at the bottom, what does that part mean to you?**

This paragraph mentions an FSET service provider. Have you heard that term before? What does it mean to you?

[OUTLINE OR HIGHLIGHT ENTIRE “How to Meet the Work Requirement”] **Now let’s look at the next page.**

[POINT OR HIGHLIGHT sentence that starts, “If your work hours drop below 80 hours a month...”] **In your own words, what is this sentence telling you?**

[POINT TO OR HIGHLIGHT “Who is exempt...”] **How about this next section, what does this section mean to you?**

[PROBE EVERY ITEM IN THE LIST. NOTE WHETHER R NOTICES THAT THE LIST CONTINUES ONTO THE FOLLOWING PAGE.]

(if needed) **Please go through the list and tell me what each of these means to you.**

[ON PAGE 3, POINT TO OR HIGHLIGHT THE SENTENCE STARTING WITH “If you meet one of the exemptions listed above...”] **Can you say more about what the exemptions mean to you?**

Thank you for sharing your thoughts on that letter. Now let’s take a look at another one.

Letter 3 – Work Requirements Flyer

[SHOW RESPONDENT “Flyer”]

Please take a few minutes to read the flyer and then we will talk about it. If needed: Please remember to say what comes to mind as you are reading.

Have you ever received something like this flyer before?

In your own words, what is the point of this flyer?

Did you see any new information that you didn’t see in the previous letters?

In your opinion, what is the most important information you found in this flyer?

Did you find any part of it difficult to understand?

(If yes:) **Which parts were difficult?**

[POINT TO OR HIGHLIGHT FIRST SECTION STARTING WITH “What is the work requirement...”] **What do you think is the point of this first paragraph?**

In your opinion, is this section clear or not clear? Why do you say that?

[POINT TO OR HIGHLIGHT THIRD SECTION STARTING WITH “If I am an adult who...”]. **What does this section mean to you?**

(If needed:) **What does “first full month” mean to you here?**

In your opinion, is this section clear or not clear? Why do you say that?

[POINT TO OR HIGHLIGHT FOURTH SECTION STARTING WITH “Which adults ages 18 through 49...”]. **Can you tell me who this section is describing?**

[IF NEEDED] **Please go through the list and tell me what each of these means to you.**

[IF NEEDED, POINT TO BULLET “You are enrolled in an institution...”] **This line mentions being enrolled at least half-time. What does that mean to you?**

[IF NEEDED, POINT TO BULLET “You are enrolled in W-2...”] **This line refers to something called W-2. What does that mean to you?**

[POINT TO OR HIGHLIGHT FIFTH SECTION STARTING WITH, “What if I do not meet...”] **This section mentions a 36 month or three year period. What does that mean to you?**

In your opinion, is this section clear or not clear? Why do you say that?

Thank you for sharing your thoughts about this flyer.

Letter 4 – FSET Initial Appointment

[SHOW RESPONDENT “FSET Initial Appointment” LETTER]

Please take a few minutes to read the letter and then we will talk about it. If needed: **Please remember to say what comes to mind as you are reading.**

Please tell me in your own words what you think the purpose of this letter is.

What would you expect to happen after receiving this letter?

Are there any parts of this letter that are confusing or unclear?

If yes: **Which parts?**

[POINT TO OR HIGHLIGHT FIRST PARAGRAPH] **What do you think is the point of this first paragraph?**

(if needed) **This section mentions an appointment. Can you tell me in your own words what is the appointment for?**

Have you ever participated in an FSET program or known anyone who has?

[POINT TO OR HIGHLIGHT SECOND PARAGRAPH] **Please say more about what the work requirement means to you in this section?**

[POINT TO OR HIGHLIGHT SECTION STARTING WITH “Things you need to know”] **What does this section mean to you?**

(If needed): **What stood out to you, if anything, in this section?**

[NOTE WHETHER R CORRECTLY UNDERSTANDS REASONS FOR CHANGING THE APPOINTMENT AND THE REQUIREMENT TO CALL THEIR CASEWORKER IF THEY CAN'T MAKE IT.]

(if needed) **What does this last bullet mean to you?**

(if needed) **What does “group setting” mean to you?**

Thank you for sharing your thoughts about this document. We have just one more.

Letter 5 – FSET Appointment Final Notice

Please take a few minutes to read the letter and then we will talk about it. If needed: Please remember to say what comes to mind as you are reading.

[SHOW RESPONDENT “FSET Appointment Final Notice” LETTER]

In your own words, can you tell me what this letter is saying?

Did you find any part of it difficult to understand?

If yes: **Which parts were difficult?**

What would you expect to happen after receiving this letter?

[POINT TO OR HIGHLIGHT FIRST PARAGRAPH, “You did not keep your first appointment...”]

Please tell me in your own words what this first paragraph is saying.

[NOTE IF R MENTIONS LOSING THEIR BENEFITS BECAUSE OF NOT MEETING THE WORK REQUIREMENT]

[POINT TO OR HIGHLIGHT LAST SENTENCE STARTING WITH “If you do not keep this appointment...”. **Can you tell me more about what this sentence means to you?**

[NOTE IF R UNDERSTANDS THE REQUIREMENT TO CALL THEIR CASEWORKER IF THEY CAN'T MAKE IT]

Thank you for sharing your thoughts about this document.

Debriefing Questions:

Thank you. Those are all the letters we have to look at today. I just have a few more questions before we are finished.

Is there any other information that you think would be helpful for people who must meet the work requirement?

Have you ever been notified that you were required to comply with the time limit?

If yes: How were you notified?

Tell me more about what the notice said.

In your opinion, was that notification clear and easy to understand?

Government agencies collect information when people fill out forms for programs. One example is the information given when someone fills out an application for food assistance benefits. Government agencies also collect data using surveys, like the survey that is taken every ten years about the population.

How would you feel if the information that agencies get from the application forms (such as the food assistance benefits) was shared with other government agencies (like the survey about the population) instead of asking the survey questions directly?

[IF NEEDED:] For example the SNAP application that you completed to get benefits asks a question about your date of birth. How would you feel if about your date of birth that you gave to SNAP was used by another agency that was conducting a survey, instead of the other agency asking you for your date of birth?

So the answer that you had given on your SNAP application would be used by the other agency. In your opinion, would that be okay or would that not be okay?

Tell me more about why you answered that way?

Is there anything else you would like to add that we didn't get a chance to talk about today?

How did you learn about our study? Do you remember where you saw our flyer? Or did someone you know tell you about it?

Thanks for your time. Please remember that nothing that we discussed today will have any impact on any benefits you may receive, and if you have any questions based on anything we discussed, please contact your SNAP caseworker.

[ASK PARTICIPANT TO FILL OUT VOUCHER FORM. GIVE PARTICIPANT INCENTIVE]

Testing materials

Thinkaloud Practice Paragraph

Our solar system was formed about 4.5 billion years ago. It consists of our sun and eight main planets: Mercury, Venus, Earth, Mars, Jupiter, Saturn, Uranus and Neptune. Mercury, Venus, Earth and Mars are mostly made of rock and metal and are called “terrestrial planets.” Jupiter, Saturn, Uranus and Neptune are called “gas giants” because they are mostly composed of gas.

Letter 1 – About Your Benefits (4 pages)

MILWAUKEE
MILWAUKEE ENROLLMENT SERVICES
PO BOX 05676
MILWAUKEE WI 53205

Mailing Date: 04/1/2023

TED SMITH
123 MAIN ST
MILWAUKEE WI 53210



State of Wisconsin

Case #: 0151045208

Milwaukee Enrollment Services

Worker: N KSOBIECH

Phone #: 1-888-947-6583

Fax #: (414) 438-4580



Use fax # to send verifications.



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 1-888-947-6583. 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 Resources and Contact Information section at the end of this letter.

Which benefit?	Status of your benefits?
 Health Care	You applied on Sep. 01, 2022. Your application was approved for all of the people who applied. Please see Your Health Care Benefits page to learn more about the type of coverage you will get.
 FoodShare	Your benefits will be ending on May. 01, 2023. Please see Your FoodShare Benefits page to learn more about why.
<i>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.</i>	

Your Health Care Benefits



Who is enrolled in health care benefits?

When?	Who is enrolled?	Which plan?	Monthly Premium?
Jan. 01, 2023 - Jan. 30, 2023	TED	BadgerCare Plus	No
As of Feb. 01, 2023	TED	BadgerCare Plus	No
As of Mar. 01, 2023	TED	BadgerCare Plus	No
As of April. 01, 2023	TED	BadgerCare Plus	No

TED: You will get the health care benefits shown above until there is a change in your case.



More Information

BadgerCare Plus

If you are getting health care benefits for the first time, you will get a ForwardHealth Card and an Enrollment & Benefits handbook by mail. Be sure to tell your health care providers that you now have health care benefits. In some cases, a provider may be able to give you a refund for bills you paid after your health benefits started.



Who will not get FoodShare and why?

When?

As of
March 15, 2023

Who and Why?

TED: You did not meet the FoodShare work requirement and used all 3 months of your time-limited benefits. For information about the work requirement and how to get FoodShare benefits again, see the How to Get FoodShare Benefits Again section.

How to Get FoodShare Benefits Again:

What is the FoodShare work requirement?

Certain adults ages 18 through 49 with no minor children living in the home may only get three months of time-limited FoodShare benefits in a three-year (36-month) period unless they meet the FoodShare work requirement or are exempt.

There are three ways to meet the work requirement:

1. Work at least 80 hours each month.
2. Take part in an allowable work program at least 80 hours each month, such as:
 - FoodShare Employment and Training (FSET).
 - Wisconsin Works (W-2).
 - Certain programs under the Workforce Innovation and Opportunity Act (WIOA).
 - An employment and training program for veterans operated by the Department of Labor or the Department of Veterans Affairs.
3. Both work and take part in an allowable work program for a combined total of at least 80 hours each month.

To learn more about how you can get an exemption and not have to meet the work requirement, see the Enrollment and Benefits Handbook, or go to www.dhs.wisconsin.gov/fset/exemptions.htm. To get an exemption from the work requirement, then you may need to provide proof to your agency.

How can I get FoodShare benefits again?

You need to either:

- Meet the work requirement **before** you apply for FoodShare benefits again.
- Meet the requirement **within 30 days** of applying for FoodShare benefits again.
- Meet an exemption.
- Wait until the three-year period of time-limited FoodShare benefits ends on December 31, 2024.



Wisconsin JobNet is available to you. JobNet is the largest source of job openings in Wisconsin. You can visit the JobNet website at www.dwd.state.wi.us/jobnet/mapWI.htm. Or, you can use touch-screen computers at your local Job Center. To find a Job Center near you, call 1-888-258-9966.



Your FoodShare Benefits



Who will get FoodShare and how much?

When?	How much?	Who is enrolled?
Jan. 01, 2023 - Jan. 30, 2023	\$192 / month	TED
As of Feb. 01, 2023	\$194 / month	TED
As of Mar. 01, 2023	\$194 / month	TED
As of April. 01, 2023	\$194 / month	TED

You applied for FoodShare on Dec. 01, 2022.

You will get a total of \$194.00 each month until there is a change in your case.



More Information

FoodShare

FoodShare is a monthly benefit that helps you buy nutritious food for good health. If you are getting FoodShare for the first time, you will get a plastic debit card in the mail called the Wisconsin QUEST card. Your FoodShare benefits are put on your QUEST card and can be used at most food stores.

If any QUEST card on your account is lost or stolen, you may have to pay a \$2.70 fee to replace it. The fee will come out of your FoodShare benefits.

Your benefits for December will be in your account by Jan. 02, 2023. Starting in February, your benefits will be put in your account on the 9th day of each month.

Certain adults between the ages of 18 through 49 with no minor children living in the home may only be able to get three months of time-limited FoodShare benefits in a three-year period that began on January 1, 2022, and continues until December 31, 2024, unless they meet a work requirement or have an exemption. To keep getting FoodShare benefits after the three months, you must meet the work requirement or have an exemption. For a current list of exemptions, go to www.dhs.wisconsin.gov/fset/exemptions.htm.

Letter 2 – Time Limited (3 pages)

MILWAUKEE
MILW CO REG 5 W-2,GOODWILL-EMPLOY SOLUTN
433 W WASHINGTON AVE
MADISON WI 53703

Mailing Date: 04/1/2023

JANE DOE
SUITE # 3
999 W VLIET AVE
MILWAUKEE WI 53212



State of Wisconsin

PIN #: 0010257543

Milwaukee Enrollment Services
Worker: J SHANMUGAVEL
Phone #: 1-888-947-6583
Fax #: (414) 438-4580
Use fax # to send verifications.



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 1-888-947-6583. These services are free.

Important Information about Your Time-Limited

FoodShare Benefits

If you are age 18 through 49 years old, with no minor children living in your home who are in the same FoodShare household, you may only get up to three months of FoodShare benefits in a three-year period, unless you meet the work requirement or meet an exemption from the work requirement. The current period began on January 1, 2022 and continues until December 31, 2024.

Our records show that you are not meeting your work requirement for getting ongoing FoodShare benefits and you have already used one of your three time-limited FoodShare benefit months. If you do not start meeting the work requirement or meet an exemption from the work requirement, you will use up your three time-limited FoodShare benefit months, and your FoodShare benefits will end.

One way that you can meet the work requirement is by taking part in the FoodShare Employment and Training (FSET) program. The FSET program is a free program that can help you build job skills and find employment. If you want to meet the work requirement by taking part in the FSET program, **you must enroll and take part in activities by the start of your third time-limited FoodShare benefit month.** Otherwise you will use up your three time-limited benefit months, and your FoodShare benefits will end.

To enroll in the FSET program or to get answers to your questions about FSET, call your FSET service provider at (555) 555-5555, or go to www.dhs.wisconsin.gov/foodshare/fset.htm.

How to Meet the Work Requirement

There are three ways to meet the work requirement:

1. Working at least 80 hours each month,
2. Taking part in an allowable work program such as FSET, Wisconsin Works (W-2), certain programs under the Workforce Innovation and Opportunity Act (WIOA), or an employment and training program for veterans operated by the Department of Labor or the Department of Veterans Affairs at least 80 hours each month, or
3. Both working and taking part in an allowable work program for a combined total of at least 80 hours each month.

If your work hours drop below 80 hours a month, you must call us at 1-888-947-6583 within 10 days in the month after the change in your work hours.

Who is Exempt from the Work Requirement?

Some adults do not have to meet the work requirement to get FoodShare benefits and are considered exempt. You may not have to meet the work requirement if any of the following are true:

- You are the primary caretaker for a person who cannot care for themselves (whether the person lives in your home or out of your home).
- You are the primary caretaker for a dependent child under age 6 (whether the child lives in your home or out of your home). However, if you and another person both have parental control of the child, only one of you can be exempt from FoodShare work requirement as the primary caregiver of that child.
- You are living with a child who is under age 18 who is part of the same FoodShare household, even if the child is not eligible for FoodShare benefits.
- You are physically or mentally unable to work. This includes being homeless long term. Being homeless long term means you will not have a regular place to stay for the next 30 nights.
- You are pregnant.
- You are receiving or have applied for unemployment compensation.
- You are taking part in an alcohol or other drug abuse (AODA) treatment or rehabilitation program.
- You are enrolled at least half-time in a recognized school or institution of higher learning.
- You are age 18 or older attending high school at least half-time.
- You are enrolled in W-2 and meeting W-2 requirements.

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- You are working 30 or more hours per week or are earning weekly wages of \$217.50 or more.

For a current list of exemptions, go to www.dhs.wisconsin.gov/fset/exemptions.htm.

If you meet one of the exemptions listed above, you should contact your agency at the number listed on the top of page 1 of this letter to report the exemption and find out what kind of proof is needed.

Questions

If you have questions about this letter or your FoodShare enrollment or if you want to report an exemption, call your agency listed at the top of page 1 of this letter.

This institution is an equal opportunity provider.

Letter 3 – Work Requirements Flyer (2 pages)



The Work Requirement for Adults Ages 18 Through 49

What is the work requirement for adults ages 18 through 49?

It is a federal requirement that some FoodShare members need to meet in order to keep getting FoodShare benefits. It applies to adults ages 18 through 49 who do not have any children under age 18 living in their home and who do not have an exemption.

How can I meet the work requirement?

There are three ways to meet the work requirement:

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

If I am an adult who needs to meet the work requirement, when do I need to start meeting it?

You need to start meeting the work requirement in the first full month of getting FoodShare benefits. When a FoodShare application is approved, anyone on the application who needs to meet the work requirement is referred to the FSET program.

Which adults ages 18 through 49 are exempt from the work requirement?

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

- You are living with a child under age 18 who is part of the same FoodShare household.

- You are the primary caretaker for a person who cannot care for himself or herself.
- You are the primary caretaker for a dependent child under age 6.
- You are physically or mentally unable to work. This includes being homeless long term. Being homeless long term means you will not have a regular place to stay for the next 30 nights.
- 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 or rehabilitation program.
- You are enrolled in an institution of higher learning at least half-time.
- You are age 18 or older attending high school at least half-time.
- You are enrolled in W-2 and complying with W-2 requirements.
- You are working 30 or more hours per week or are earning wages equal to 30 or more hours per week at the federal minimum wage.
- You are living in an area with high unemployment that is exempt, or are a tribal member living on tribal land or a reservation that has high unemployment and is exempt. For a list of these high unemployment areas that are exempt, go to www.dhs.wisconsin.gov/fset/exemptions.htm.

Note: You may need to provide proof that you have an exemption.

What if I do not meet the work requirement?

If you need to meet the work requirement and do not meet it, you may be limited to three months of FoodShare benefits in a 36-month (three-year) period. To keep getting FoodShare benefits after the three months, you must meet the work

requirement, have an exemption, or wait until your 36-month period has passed.

How do I get help meeting the work requirement?

You will be referred to the FSET program when you renew or apply for FoodShare benefits if you need to meet the work requirement and are not already working or participating in a work program for at least 80 hours each month, or a combination of both.

FSET can help you meet the work requirement. FSET offers free services to help you build job skills and find employment.

For more information on FoodShare or the FSET program:

- Go to www.dhs.wisconsin.gov/foodshare/index.htm.
- Contact your local agency.

To find your agency, go to www.dhs.wisconsin.gov/forwardhealth/resources.htm, see page 2 of this fact sheet, or call Member Services at 800-362-3002 (TTY and translation services are available).



Wisconsin Department of Health Services
Division of Medicaid Services

P-00710 (10/2020)

Letter 4 – FSET Initial Appointment (2 pages)

MILWAUKEE
MILWAUKEE FSET OFFICE 27TH ST
4201 N 27TH ST
MILWAUKEE WI 53216

Mailing Date: 04/1/2023

JANE DOE
SUITE # 3
999 W VLIET AVE
MILWAUKEE WI 53212



State of Wisconsin

PIN #: 2009788877

Worker: JOE BOYLE



This letter contains information about the FoodShare Employment and Training (FSET) program. 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 the telephone number shown above. These services are free.

Action Required: FSET Initial Appointment Scheduled

You have been referred to the FoodShare Employment and Training (FSET) program. An appointment has been scheduled for you to enroll in FSET and begin planning your FSET activities. See your appointment details below.

Note: If you are an adult age 18 through 49 and have no minor children living in the home and need to meet the work requirement, taking part in FSET will meet your work requirement. If you do not meet your work requirement, you may only be able to get three months of FoodShare benefits in a three-year period.

At your appointment, you will get more information about FSET including the benefits of participating in the program. You will begin to set your employment goals and start working on a plan to achieve them. You will be asked about your past jobs and training. It will be helpful to bring information such as dates, addresses and employer names about your past jobs and training.

Appointment Details

Date and Time	Agency Address
04/01/23 06:45 AM	433 W WASHINGTON AVE MADISON WI 53703

Things you need to know:

- Call the FSET worker at the number listed in the upper right corner if:

- You cannot make this appointment because of a conflict or emergency. You may be able to reschedule the appointment.
- You need help with childcare or transportation to attend this appointment.
- You no longer want job assistance and do not want to be enrolled in FSET.
- You have questions about the information in this letter.
- If you miss this appointment, you **MUST** call your FSET worker to make another appointment.
- Some activities, such as FSET enrollment, orientation and Job Club, may be in a group setting.



Online Letters

You can see letters and information about your benefits online through the ACCESS website. To sign up to get letters online instead of by regular mail, log into your account at access.wi.gov, and click Manage My Email.

Letter 5 – FSET Appointment Final Notice (2 pages)

I

MILWAUKEE
MILWAUKEE ENROLLMENT SERVICES
SUITE # 3
999 W VLIET AVE
MILWAUKEE WI 53212

Mailing Date: 04/15/2023

ADAM SMITH 3515
N PALMER ST
MILWAUKEE WI 53212 1544



State of Wisconsin

PIN #: 2007832496

Worker: MUKESH KUMAR
Phone : (608) 807-9999



This letter contains information about the FoodShare Employment and Training (FSET) program. 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 the telephone number shown above. These services are free.

Action Required: FSET Appointment – Final Notice

You did not keep your first appointment to enroll in the FoodShare Employment & Training (FSET) program. Another appointment has been scheduled for you. If you do not keep this appointment, we will assume you do not want to take part in FSET.

Note: If you are an adult age 18 through 49 and have no minor children living in the home and need to meet the work requirement, taking part in FSET will meet your work requirement. If you do not meet your work requirement, you may only be able to get three months of FoodShare benefits in a three-year period.

At your appointment, you will get more information about FSET including the benefits of participating in the program. You will begin to set your employment goals and start working on a plan to achieve them. You will be asked about your past jobs and training. It will be helpful to bring information such as dates, addresses and employer names about your past jobs and training.

Appointment Details

Date and Time	Agency Address
04/15/23 07:00 AM	SUITE # 3 999 W VLIET AVE MILWAUKEE WI 53212

Things you need to know:

- Call the FSET worker at the number listed in the upper right corner if:
 - You cannot make this appointment because of a conflict or emergency. You may be able to reschedule the appointment.
 - You need help with child care or transportation to attend this appointment.
 - You no longer want job assistance and do not want to be enrolled in FSET.
 - You have questions about the information in this letter.
- If you miss this appointment, you **MUST** call your FSET worker to make another appointment.
- Some activities, such as FSET enrollment, orientation and Job Club, may be in a group setting.