Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF MEDICAID SERVICES

1 WEST WILSON STREET
PO BOX 309
MADISON WI 53701-0309

Telephone: 608-266-8922
Fax: 608-266-1096
TTY: 711

Telephonic Signature Text
2026 - English

Prompt ID 1: Health Care Only

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.
Summary of Your Requests	You have requested the following programs: • Health Care You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 01
Use of Social Security Number	Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.
Telephonic Signature	• We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare, Health Care, and Caretaker Supplement. • We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application. • You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits. • There are penalties for giving false information or breaking the rules.

	• This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your benefits in a different format. • If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin Department of Health Services, up to the amount that was paid for your medical care. • You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits. • The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966. Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?
Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone? Please state your full legal name, today's date and the current time.

Prompt ID 2: FoodShare Only

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed..
Summary of Your Requests	You have requested the following programs: • FoodShare You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 02
Use of Social Security Number	Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.
Telephonic Signature	• We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare, Health Care, and Caretaker Supplement. • We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application. • You understand the FoodShare program basic work rules and work requirement. • You can participate in the FoodShare Employment and Training (FSET) program for help with barriers to work, education, training, and work experience. Participation in FSET is not required but does count to help people meet the work requirement. If FSET activities have costs, the program can help pay for things like gas, childcare, books, uniforms, and much more so that you can participate. • You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits. • There are penalties for giving false information or breaking the rules. For FoodShare you cannot give false information or hide information to continue getting FoodShare benefits. You cannot trade, sell, or alter FoodShare benefits. You cannot use FoodShare benefits to buy nonfood items, like alcohol or tobacco. You cannot use another

	person's FoodShare benefits, identification card, or other documentation. If you intentionally break any of these rules, you can be denied FoodShare for 12 months after your first violation, you can be denied FoodShare for 24 months after your second violation, and you can be made permanently ineligible for FoodShare after your third violation. Depending on the amount of FoodShare benefits you misuse, you can also be fined up to $250,000, imprisoned for up to 20 years, or both. A court can also remove you from FoodShare for an additional 18 months. You will be permanently ineligible for FoodShare if you are convicted of trafficking $500 or more of your benefits. You will not be allowed to get benefits for 10 years if you make a fraudulent statement about your identity or your residence so you can get more benefits than you qualify for. If you get benefits through the sale of any controlled substance or sell your benefits to buy a controlled substance you will be ineligible for FoodShare for 24 months after your first violation and you will be permanently ineligible for FoodShare after your second violation. If you get benefits through the sale of firearms, ammunition, or explosives, you will be permanently ineligible for FoodShare. The same applies if you sell your benefits to buy these items. • This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your benefits in a different format. • You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits. • The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966. Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?
Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone? Please state your full legal name, today's date and the current time.

Prompt ID 3: Child Care Only

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.
Summary of Your Requests	You have requested the following programs: • Child Care You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 03
Use of Social Security Number	You must provide the Social Security Number or proof that the SSN has been applied for only for the children for whom you are requesting Wisconsin Shares Child Care Subsidy Assistance. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.
Telephonic Signature	• We will provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application. • You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits. • There are penalties for giving false information or breaking the rules. • This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your benefits in a different format. • You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy. • By signing this application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services. • You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits.

	• The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966. Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?
Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone? Please state your full legal name, today's date and the current time.

Prompt ID 4: HealthCare and FoodShare

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.
Summary of Your Requests	You have requested the following programs: • Health Care • FoodShare You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 04
Use of Social Security Number	Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.
Telephonic Signature	• We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare, Health Care, and Caretaker Supplement. • We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application. • You understand the FoodShare program basic work rules and work requirement. • You can participate in the FoodShare Employment and Training (FSET) program for help with barriers to work, education, training, and work experience. Participation in FSET is not required but does count to help people meet the work requirement. If FSET activities have costs, the program can help pay for things like gas, childcare, books, uniforms, and much more so that you can participate. • You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits. • There are penalties for giving false information or breaking the rules. For FoodShare you cannot give false information or hide information to continue getting FoodShare benefits. You cannot trade, sell, or alter FoodShare benefits. You cannot use FoodShare benefits to buy

	nonfood items, like alcohol or tobacco. You cannot use another person's FoodShare benefits, identification card, or other documentation. If you intentionally break any of these rules, you can be denied FoodShare for 12 months after your first violation, you can be denied FoodShare for 24 months after your second violation, and you can be made permanently ineligible for FoodShare after your third violation. Depending on the amount of FoodShare benefits you misuse, you can also be fined up to $250,000, imprisoned for up to 20 years, or both. A court can also remove you from FoodShare for an additional 18 months. You will be permanently ineligible for FoodShare if you are convicted of trafficking $500 or more of your benefits. You will not be allowed to get benefits for 10 years if you make a fraudulent statement about your identity or your residence so you can get more benefits than you qualify for. If you get benefits through the sale of any controlled substance or sell your benefits to buy a controlled substance you will be ineligible for FoodShare for 24 months after your first violation and you will be permanently ineligible for FoodShare after your second violation. If you get benefits through the sale of firearms, ammunition, or explosives, you will be permanently ineligible for FoodShare. The same applies if you sell your benefits to buy these items. • This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your benefits in a different format. • If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin Department of Health Services, up to the amount that was paid for your medical care. • You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits. • The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966. Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?

Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone? Please state your full legal name, today's date and the current time.

Prompt ID 5: Health Care and Child Care

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.
Summary of Your Requests	You have requested the following programs: • Health Care • Child Care You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 05
Use of Social Security Number	Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. If you are applying for Wisconsin Shares Child Care assistance, this information is required for the children. Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.
Telephonic Signature	• We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare, Health Care, and Caretaker Supplement. • We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application. • You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits. • There are penalties for giving false information or breaking the rules. • This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your benefits in a different format. • If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin

	Department of Health Services, up to the amount that was paid for your medical care. • You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy. • By signing this application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services. • You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits. • The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966. Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?
Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone? Please state your full legal name, today's date and the current time.

Prompt ID 6: FoodShare and Child Care

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.
Summary of Your Requests	You have requested the following programs: • FoodShare • Child Care You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 06
Use of Social Security Number	Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. If you are applying for Wisconsin Shares Child Care assistance, this information is required for the children. Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.
Telephonic Signature	• We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare, Health Care, and Caretaker Supplement. • We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application. • You understand the FoodShare program basic work rules and work requirement. • You can participate in the FoodShare Employment and Training (FSET) program for help with barriers to work, education, training, and work experience. Participation in FSET is not required but does count to help people meet the work requirement. If FSET activities have costs, the program can help pay for things like gas, childcare, books, uniforms, and much more so that you can participate. • You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits. • There are penalties for giving false information or breaking the rules.

	For FoodShare you cannot give false information or hide information to continue getting FoodShare benefits. You cannot trade, sell, or alter FoodShare benefits. You cannot use FoodShare benefits to buy nonfood items, like alcohol or tobacco. You cannot use another person's FoodShare benefits, identification card, or other documentation. If you intentionally break any of these rules, you can be denied FoodShare for 12 months after your first violation, you can be denied FoodShare for 24 months after your second violation, and you can be made permanently ineligible for FoodShare after your third violation. Depending on the amount of FoodShare benefits you misuse, you can also be fined up to $250,000, imprisoned for up to 20 years, or both. A court can also remove you from FoodShare for an additional 18 months. You will be permanently ineligible for FoodShare if you are convicted of trafficking $500 or more of your benefits. You will not be allowed to get benefits for 10 years if you make a fraudulent statement about your identity or your residence so you can get more benefits than you qualify for. If you get benefits through the sale of any controlled substance or sell your benefits to buy a controlled substance you will be ineligible for FoodShare for 24 months after your first violation and you will be permanently ineligible for FoodShare after your second violation. If you get benefits through the sale of firearms, ammunition, or explosives, you will be permanently ineligible for FoodShare. The same applies if you sell your benefits to buy these items. • This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your benefits in a different format. • You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy. • By signing this application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services. • You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits. • The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966.

	Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?
Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone? Please state your full legal name, today's date and the current time.

Prompt ID 7: Health Care, FoodShare, and Child Care

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.
Summary of Your Requests	You have requested the following programs: • Health Care • FoodShare • Child Care You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 07
Use of Social Security Number	Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. If you are applying for Wisconsin Shares Child Care assistance, this information is required for the children. Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.
Telephonic Signature	• We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare, Health Care, and Caretaker Supplement. • We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application. • You understand the FoodShare program basic work rules and work requirement. • You can participate in the FoodShare Employment and Training (FSET) program for help with barriers to work, education, training, and work experience. Participation in FSET is not required but does count to help people meet the work requirement. If FSET activities have costs, the program can help pay for things like gas, childcare, books, uniforms, and much more so that you can participate. • You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits. • There are penalties for giving false information or breaking the rules.

	For FoodShare you cannot give false information or hide information to continue getting FoodShare benefits. You cannot trade, sell, or alter FoodShare benefits. You cannot use FoodShare benefits to buy nonfood items, like alcohol or tobacco. You cannot use another person's FoodShare benefits, identification card, or other documentation. If you intentionally break any of these rules, you can be denied FoodShare for 12 months after your first violation, you can be denied FoodShare for 24 months after your second violation, and you can be made permanently ineligible for FoodShare after your third violation. Depending on the amount of FoodShare benefits you misuse, you can also be fined up to $250,000, imprisoned for up to 20 years, or both. A court can also remove you from FoodShare for an additional 18 months. You will be permanently ineligible for FoodShare if you are convicted of trafficking $500 or more of your benefits. You will not be allowed to get benefits for 10 years if you make a fraudulent statement about your identity or your residence so you can get more benefits than you qualify for. If you get benefits through the sale of any controlled substance or sell your benefits to buy a controlled substance you will be ineligible for FoodShare for 24 months after your first violation and you will be permanently ineligible for FoodShare after your second violation. If you get benefits through the sale of firearms, ammunition, or explosives, you will be permanently ineligible for FoodShare. The same applies if you sell your benefits to buy these items. • This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your benefits in a different format. • If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin Department of Health Services, up to the amount that was paid for your medical care. • You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy. • You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits. • By signing this application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services.

	• The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966. Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?
Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone? Please state your full legal name, today's date and the current time.

Prompt ID 8: Print Application Registration – Registration Request for Assistance (RFA)

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.
Summary of Your Requests	You have requested the following programs: • Health Care • FoodShare • Child Care You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 08
Use of Social Security Number	Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. If you are applying for Wisconsin Shares Child Care assistance, you must provide the Social Security number for the child(ren) for whom the benefit is requested. Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.
Telephonic Signature	• We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare, Health Care, and Caretaker Supplement. • We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application. • You understand the FoodShare program basic work rules and work requirement. • You can participate in the FoodShare Employment and Training (FSET) program for help with barriers to work, education, training, and work experience. Participation in FSET is not required but does count to help people meet the work requirement. If FSET activities have costs, the program can help pay for things like gas, childcare, books, uniforms, and much more so that you can participate. • You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization

	to obtain needed information in order to determine if you can receive benefits. • There are penalties for giving false information or breaking the rules. For FoodShare you cannot give false information or hide information to continue getting FoodShare benefits. You cannot trade, sell, or alter FoodShare benefits. You cannot use FoodShare benefits to buy nonfood items, like alcohol or tobacco. You cannot use another person's FoodShare benefits, identification card, or other documentation. If you intentionally break any of these rules, you can be denied FoodShare for 12 months after your first violation, you can be denied FoodShare for 24 months after your second violation, and you can be made permanently ineligible for FoodShare after your third violation. Depending on the amount of FoodShare benefits you misuse, you can also be fined up to $250,000, imprisoned for up to 20 years, or both. A court can also remove you from FoodShare for an additional 18 months. You will be permanently ineligible for FoodShare if you are convicted of trafficking $500 or more of your benefits. You will not be allowed to get benefits for 10 years if you make a fraudulent statement about your identity or your residence so you can get more benefits than you qualify for. If you get benefits through the sale of any controlled substance or sell your benefits to buy a controlled substance you will be ineligible for FoodShare for 24 months after your first violation and you will be permanently ineligible for FoodShare after your second violation. If you get benefits through the sale of firearms, ammunition, or explosives, you will be permanently ineligible for FoodShare. The same applies if you sell your benefits to buy these items. • This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your benefits in a different format. • If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin Department of Health Services, up to the amount that was paid for your medical care. • You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy.

	• If you are signing an application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services. • You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits. • The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966. Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?
Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone? Please state your full legal name, today's date and the current time.

Prompt ID 9: Wisconsin Works (W-2) Only

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.
Summary of Your Requests	You have requested the following programs: • Wisconsin Works (W-2) I will now read you a list of statements. After I read these statements, I will ask you to confirm that you understand and agree to each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 09
Use of Social Security Number	You must give a Social Security number for each person in your family who receives assistance. You may need to provide proof that a person who does not have a Social Security number has applied for one. State law requires you to give a Social Security number or apply for a Social Security number to determine your family's eligibility for W-2. The number you give to the agency will be verified through a computer matching program to ensure compliance with program regulations and management.
Telephonic Signature	• We will provide you with a written summary of your eligibility review. You are required to review it and notify us within 10 days if you see anything that is not correct. If your child or children move out of your home, you must notify us within 5 working days. If you do not contact us, we will assume that you agree with everything recorded on the eligibility review. • You may need to provide proof of your answers. By telephonically signing this eligibility review, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive W-2 services. • There are penalties for giving false information or breaking the rules. • This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your W-2 services in a different format. • You will be required to cooperate with the Child Support agency in order to participate in Wisconsin Works. • By signing this eligibility review for Wisconsin Works, you are also applying for Child Support Services. • You have the right to request a Fact Finding if you disagree with the agency actions regarding your W-2 services.

	• The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966. Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?
Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone? Please state your full legal name, today's date and the current time.

Prompt ID 10: Caretaker Supplement Only

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.
Summary of Your Requests	You have requested the following programs: • Caretaker Supplement You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 10
Use of Social Security Number	Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.
Telephonic Signature	• We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare, Health Care, and Caretaker Supplement. • We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application. • You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits. • There are penalties for giving false information or breaking the rules. • This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your benefits in a different format. • You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits. • The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966.

	Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?
Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone? Please state your full legal name, today's date and the current time.

Prompt ID 11: Health Care and Caretaker Supplement

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.
Summary of Your Requests	You have requested the following programs: • Health Care • Caretaker Supplement You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 11
Use of Social Security Number	Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.
Telephonic Signature	• We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare, Health Care, and Caretaker Supplement. • We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application. • You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits. • There are penalties for giving false information or breaking the rules. • This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your benefits in a different format. • If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin Department of Health Services, up to the amount that was paid for your medical care.

	• You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits. • The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966. Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?
Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone? Please state your full legal name, today's date and the current time.

Prompt ID 12: FoodShare and Caretaker Supplement

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.
Summary of Your Requests	You have requested the following programs: • FoodShare • Caretaker Supplement You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 12
Use of Social Security Number	Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.
Telephonic Signature	• We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare, Health Care, and Caretaker Supplement. • We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application. • You understand the FoodShare program basic work rules and work requirement. • You can participate in the FoodShare Employment and Training (FSET) program for help with barriers to work, education, training, and work experience. Participation in FSET is not required but does count to help people meet the work requirement. If FSET activities have costs, the program can help pay for things like gas, childcare, books, uniforms, and much more so that you can participate. • You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits. • There are penalties for giving false information or breaking the rules. For FoodShare you cannot give false information or hide information to continue getting FoodShare benefits. You cannot trade, sell, or alter FoodShare benefits. You cannot use FoodShare benefits to buy

	nonfood items, like alcohol or tobacco. You cannot use another person's FoodShare benefits, identification card, or other documentation. If you intentionally break any of these rules, you can be denied FoodShare for 12 months after your first violation, you can be denied FoodShare for 24 months after your second violation, and you can be made permanently ineligible for FoodShare after your third violation. Depending on the amount of FoodShare benefits you misuse, you can also be fined up to $250,000, imprisoned for up to 20 years, or both. A court can also remove you from FoodShare for an additional 18 months. You will be permanently ineligible for FoodShare if you are convicted of trafficking $500 or more of your benefits. You will not be allowed to get benefits for 10 years if you make a fraudulent statement about your identity or your residence so you can get more benefits than you qualify for. If you get benefits through the sale of any controlled substance or sell your benefits to buy a controlled substance you will be ineligible for FoodShare for 24 months after your first violation and you will be permanently ineligible for FoodShare after your second violation. If you get benefits through the sale of firearms, ammunition, or explosives, you will be permanently ineligible for FoodShare. The same applies if you sell your benefits to buy these items. • This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your benefits in a different format. • You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits. • The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966. Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?
Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone?

	Please state your full legal name, today's date and the current time.

Prompt ID 13: Child Care and Caretaker Supplement

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.
Summary of Your Requests	You have requested the following programs: • Child Care • Caretaker Supplement You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 13
Use of Social Security Number	Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. If you are applying for Wisconsin Shares Child Care assistance, this information is required for the children. Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.
Telephonic Signature	• We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare, Health Care, and Caretaker Supplement. • We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application. • You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits. • There are penalties for giving false information or breaking the rules. • This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your benefits in a different format. • You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy.

	• By signing this application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services. • You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits. • The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966. Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?
Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone? Please state your full legal name, today's date and the current time.

Prompt ID 14: Health Care, FoodShare, and Caretaker Supplement

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.
Summary of Your Requests	You have requested the following programs: • Health Care • FoodShare • Caretaker Supplement You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 14
Use of Social Security Number	Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.
Telephonic Signature	• We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare, Health Care, and Caretaker Supplement. • We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application. • You understand the FoodShare program basic work rules and work requirement. • You can participate in the FoodShare Employment and Training (FSET) program for help with barriers to work, education, training, and work experience. Participation in FSET is not required but does count to help people meet the work requirement. If FSET activities have costs, the program can help pay for things like gas, childcare, books, uniforms, and much more so that you can participate. • You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits. • There are penalties for giving false information or breaking the rules. For FoodShare you cannot give false information or hide information to continue getting FoodShare benefits. You cannot trade, sell, or

	alter FoodShare benefits. You cannot use FoodShare benefits to buy nonfood items, like alcohol or tobacco. You cannot use another person's FoodShare benefits, identification card, or other documentation. If you intentionally break any of these rules, you can be denied FoodShare for 12 months after your first violation, you can be denied FoodShare for 24 months after your second violation, and you can be made permanently ineligible for FoodShare after your third violation. Depending on the amount of FoodShare benefits you misuse, you can also be fined up to $250,000, imprisoned for up to 20 years, or both. A court can also remove you from FoodShare for an additional 18 months. You will be permanently ineligible for FoodShare if you are convicted of trafficking $500 or more of your benefits. You will not be allowed to get benefits for 10 years if you make a fraudulent statement about your identity or your residence so you can get more benefits than you qualify for. If you get benefits through the sale of any controlled substance or sell your benefits to buy a controlled substance you will be ineligible for FoodShare for 24 months after your first violation and you will be permanently ineligible for FoodShare after your second violation. If you get benefits through the sale of firearms, ammunition, or explosives, you will be permanently ineligible for FoodShare. The same applies if you sell your benefits to buy these items. • This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your benefits in a different format. • If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin Department of Health Services, up to the amount that was paid for your medical care. • You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits. • The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966. Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?

Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone? Please state your full legal name, today's date and the current time.

Prompt ID 15: Health Care, Child Care, and Caretaker Supplement

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.
Summary of Your Requests	You have requested the following programs: • Health Care • Child Care • Caretaker Supplement You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 15
Use of Social Security Number	Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. If you are applying for Wisconsin Shares Child Care assistance, this information is required for the children. Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.
Telephonic Signature	• We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare, Health Care, and Caretaker Supplement. • We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application. • You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits. • There are penalties for giving false information or breaking the rules. • This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your benefits in a different format. • If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin

	Department of Health Services, up to the amount that was paid for your medical care. • You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy. • By signing this application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services. • You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits. • The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966. Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?
Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone? Please state your full legal name, today's date and the current time.

Prompt ID 16: FoodShare, Child Care, and Caretaker Supplement

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.
Summary of Your Requests	You have requested the following programs: • FoodShare • Child Care • Caretaker Supplement You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 16
Use of Social Security Number	Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. If you are applying for Wisconsin Shares Child Care assistance, this information is required for the children. Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.
Telephonic Signature	• We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare, Health Care, and Caretaker Supplement. • We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application. • You understand the FoodShare program basic work rules and work requirement. • You can participate in the FoodShare Employment and Training (FSET) program for help with barriers to work, education, training, and work experience. Participation in FSET is not required but does count to help people meet the work requirement. If FSET activities have costs, the program can help pay for things like gas, childcare, books, uniforms, and much more so that you can participate. • You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits. • There are penalties for giving false information or breaking the rules.

	For FoodShare you cannot give false information or hide information to continue getting FoodShare benefits. You cannot trade, sell, or alter FoodShare benefits. You cannot use FoodShare benefits to buy nonfood items, like alcohol or tobacco. You cannot use another person's FoodShare benefits, identification card, or other documentation. If you intentionally break any of these rules, you can be denied FoodShare for 12 months after your first violation, you can be denied FoodShare for 24 months after your second violation, and you can be made permanently ineligible for FoodShare after your third violation. Depending on the amount of FoodShare benefits you misuse, you can also be fined up to $250,000, imprisoned for up to 20 years, or both. A court can also remove you from FoodShare for an additional 18 months. You will be permanently ineligible for FoodShare if you are convicted of trafficking $500 or more of your benefits. You will not be allowed to get benefits for 10 years if you make a fraudulent statement about your identity or your residence so you can get more benefits than you qualify for. If you get benefits through the sale of any controlled substance or sell your benefits to buy a controlled substance you will be ineligible for FoodShare for 24 months after your first violation and you will be permanently ineligible for FoodShare after your second violation. If you get benefits through the sale of firearms, ammunition, or explosives, you will be permanently ineligible for FoodShare. The same applies if you sell your benefits to buy these items. • This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your benefits in a different format. • You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy. • By signing this application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services. • You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits. • The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966.

	Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?
Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone? Please state your full legal name, today's date and the current time.

Prompt ID 17: Health Care, FoodShare, Child Care, and Caretaker Supplement

Section	Text
Signing Your Application	I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.
Summary of Your Requests	You have requested the following programs: • Health Care • FoodShare • Child Care • Caretaker Supplement You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.
Automated Prompt	Prompt ID: 17
Use Social Security Number	Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. If you are applying for Wisconsin Shares Child Care assistance, this information is required for the children. Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.
Telephonic Signature	• We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare, Health Care, and Caretaker Supplement. • We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application. • You understand the FoodShare program basic work rules and work requirement. • You can participate in the FoodShare Employment and Training (FSET) program for help with barriers to work, education, training, and work experience. Participation in FSET is not required but does count to help people meet the work requirement. If FSET activities have costs, the program can help pay for things like gas, childcare, books, uniforms, and much more so that you can participate. • You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits.

	• There are penalties for giving false information or breaking the rules. For FoodShare you cannot give false information or hide information to continue getting FoodShare benefits. You cannot trade, sell, or alter FoodShare benefits. You cannot use FoodShare benefits to buy nonfood items, like alcohol or tobacco. You cannot use another person's FoodShare benefits, identification card, or other documentation. If you intentionally break any of these rules, you can be denied FoodShare for 12 months after your first violation, you can be denied FoodShare for 24 months after your second violation, and you can be made permanently ineligible for FoodShare after your third violation. Depending on the amount of FoodShare benefits you misuse, you can also be fined up to $250,000, imprisoned for up to 20 years, or both. A court can also remove you from FoodShare for an additional 18 months. You will be permanently ineligible for FoodShare if you are convicted of trafficking $500 or more of your benefits. You will not be allowed to get benefits for 10 years if you make a fraudulent statement about your identity or your residence so you can get more benefits than you qualify for. If you get benefits through the sale of any controlled substance or sell your benefits to buy a controlled substance you will be ineligible for FoodShare for 24 months after your first violation and you will be permanently ineligible for FoodShare after your second violation. If you get benefits through the sale of firearms, ammunition, or explosives, you will be permanently ineligible for FoodShare. The same applies if you sell your benefits to buy these items. • This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld. • Your private information will be treated confidentially. • If you have a disability, you may request information about your benefits in a different format. • If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin Department of Health Services, up to the amount that was paid for your medical care. • You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy. • By signing this application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services.

	• You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits. • The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966. Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?
Completing the Signature	A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone? Please state your full legal name, today's date and the current time.