

MILWAUKEE
AMERICA WORKS W-2 PROGRAM
SUITE 300E
310 W WISCONSIN S AVE
MILWAUKEE WI 53203

Mailing Date: 06/30/2023

000098

NATALIE KEELER
LOWER
134 E CONCORDIA AVE
MILWAUKEE WI 53212 2009

State of Wisconsin



Case #: 3114753639



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 Benefits

Dear NATALIE KEELER:

We have enclosed a summary of the information you gave us.

If you see anything in this summary that is not correct, you must contact us.

For the programs listed in this table below, you must only contact us if you see anything in the summary that is not correct. If the information is correct, you do not need to contact us.

Program(s)	Action Required	Contact Information
FoodShare / Health Care	To report incorrect information, contact by Jul. 10, 2023	Milwaukee Enrollment Services Phone: 888-947-6583 Fax: 414-438-4580 Online at access.wisconsin.gov

For FoodShare, Health Care or Caretaker Supplement (CTS), an "Enrollment and Benefits" booklet with additional detail will be mailed to you. Please be sure to read this information carefully.

NATALIE KEELER, your summary was generated on June 29, 2023 at 06:12 PM

This is a summary of the information we used to determine your eligibility.

Basic Information

Person	Gender	Language	County or Tribe
NATALIE R KEELER	FEMALE	ENGLISH	MILWAUKEE COUNTY
Where You Live		Mailing Address	
134 E CONCORDIA AVE LOWER MILWAUKEE, WI, 53212-2009			
FoodShare Break in Service Requirements Met Date		08/03/2018	
Homeless?		No	
Contact Information			
Home Phone		(414) 246-7835	
Work Phone			
Cell Phone		(414) 246-7835	
If text messaging is available at your W-2, JAL or EA agency, do you want to get text messages about your program information?			
Message Phone			
Best way to get in touch with you		CELL PHONE	
Phone Type			
Best time to get in touch with you		Late Afternoon	

Email Information

Person	Email Address	Get Email from Health Care Partners?	Get Letters Online?
NATALIE	NXXXXXXXXXXXXX0@GMAIL.COM		Yes

People In Your Home

Person	Gender	Marital Status	Language
NATALIE R KEELER Age: 38	FEMALE	SINGLE-NEVER MARRIED	ENGLISH
Programs Requested			
FoodShare Health Care			
SSN Application Date	SSN Cooperation	US Citizen	
	Yes	Yes	
Currently living in WI?		Meets rules for temporary absence for Health Care?	Meets rules for temporary absence for FoodShare?
Yes			
Intends to reside in WI?		Migrant Farm Worker	
Yes		No	
Homeless in the last 12 months?			
CC Need Age 13-18		Where does he/she live?	
No		INDEPENDENT (HOME/APT/TRLR)	
Ethnicity	Race		
Not Hispanic or Latino/a	Black / African American		
Ethnicity Details	Race Details		

Person	Gender	Marital Status	Language
TYRAN L KEELER Age: 16	MALE	SINGLE-NEVER MARRIED	ENGLISH
Programs Requested			
FoodShare Health Care			
SSN Application Date	SSN Cooperation	US Citizen	
	Yes	Yes	
Currently living in WI?		Meets rules for temporary absence for Health Care?	Meets rules for temporary absence for FoodShare?
Yes			
Intends to reside in WI?		Migrant Farm Worker	
Yes		No	
Homeless in the last 12 months?			
CC Need Age 13-18		Where does he/she live?	
No		INDEPENDENT (HOME/APT/TRLR)	
Ethnicity	Race		
Not Hispanic or Latino/a	Black / African American		
Ethnicity Details	Race Details		

Person	Gender	Marital Status	Language
LAPAUL D SOMERVILLE Age: 15	MALE	SINGLE-NEVER MARRIED	ENGLISH
	Programs Requested		
	FoodShare Health Care		
	SSN Application Date	SSN Cooperation	US Citizen
		Yes	Yes
	Currently living in WI?	Meets rules for temporary absence for Health Care?	Meets rules for temporary absence for FoodShare?
	Yes		
	Intends to reside in WI?	Migrant Farm Worker	
	Yes	No	
	Homeless in the last 12 months?		
	CC Need Age 13-18	Where does he/she live?	
	No	INDEPENDENT (HOME/APT/TRLR)	
	Ethnicity	Race	
	Not Hispanic or Latino/a		
	Ethnicity Details	Race Details	

Person	Gender	Marital Status	Language
TANILLA D SOMERVILLE Age: 14	FEMALE	SINGLE-NEVER MARRIED	ENGLISH
	Programs Requested		
	FoodShare Health Care		
	SSN Application Date	SSN Cooperation	US Citizen
		Yes	Yes
	Currently living in WI?	Meets rules for temporary absence for Health Care?	Meets rules for temporary absence for FoodShare?
	Yes		
	Intends to reside in WI?	Migrant Farm Worker	
	Yes	No	
	Homeless in the last 12 months?		
	CC Need Age 13-18	Where does he/she live?	
	No	INDEPENDENT (HOME/APT/TRLR)	
	Ethnicity	Race	
	Not Hispanic or Latino/a		
	Ethnicity Details	Race Details	

Person	Gender	Marital Status	Language
DAYVARIUS R KEELER Age: 12	MALE	SINGLE-NEVER MARRIED	ENGLISH
	Programs Requested		
	FoodShare Health Care		
	SSN Application Date	SSN Cooperation	US Citizen
		Yes	Yes
	Currently living in WI?	Meets rules for temporary absence for Health Care?	Meets rules for temporary absence for FoodShare?
	Yes		
	Intends to reside in WI?	Migrant Farm Worker	
	Yes	No	
	Homeless in the last 12 months?		
	CC Need Age 13-18	Where does he/she live?	
	No	INDEPENDENT (HOME/APT/TRLR)	
	Ethnicity	Race	
	Not Hispanic or Latino/a		
	Ethnicity Details	Race Details	

Person	Gender	Marital Status	Language
ANIYAH R SOMERVILLE Age: 10	FEMALE	SINGLE-NEVER MARRIED	ENGLISH
	Programs Requested		
	FoodShare Health Care		
	SSN Application Date	SSN Cooperation	US Citizen
		Yes	Yes
	Currently living in WI?	Meets rules for temporary absence for Health Care?	Meets rules for temporary absence for FoodShare?
	Yes		
	Intends to reside in WI?	Migrant Farm Worker	
	Yes	No	
	Homeless in the last 12 months?		
	CC Need Age 13-18	Where does he/she live?	
	No	INDEPENDENT (HOME/APT/TRLR)	
	Ethnicity	Race	
	Not Hispanic or Latino/a		
	Ethnicity Details	Race Details	

Pregnancy Information

You told us no one in your home is pregnant.

Relationship Information

Person	Relationships	Do they buy food and eat meals together?	Caring for Reference Person?	Filling Parental Role	Legal Custody
NATALIE Age: 38	is the mother of Tyran	Yes	Yes	No	Yes
	is the mother of Lapaul	Yes	Yes	No	Yes
	is the mother of Tanilla	Yes	No	No	Yes
	is the mother of Dayvarius	Yes	Yes	No	Yes
	is the mother of Aniyah	Yes	Yes	No	Yes

Absent Parent Information

Name of Parent	Name of Child	Date Of Absence	Absence Reason	Claim for Good Cause
ANTONIO SOMERVILLE	ANIYAH	03/07/2013	OTHER	No
DEMOND COLEMAN	DAYVARIUS	10/01/2010	NEVER MARRIED	No
ANTONIO SOMERVILLE	TANILLA	04/01/2009	NEVER MARRIED	No
ANTONIO SOMERVILLE	TYRAN	04/01/2009	NEVER MARRIED	No
RAYMOND WORD	NATALIE	04/13/2003	OTHER	No
BECKY KEELER	NATALIE	11/25/2000	DECEASED	No
ANTONIO SOMERVILLE	LAPAU	03/07/2013	OTHER	No

Long-term Care Services

You told us no one in your home has requested long-term care services. These are services for people who need help with activities of daily living through in-home care, a nursing home or other medical facility.

Questions About the People In Your Home

Person	Blind or Disabled?	Medicare Part A or Part B?	Convicted of a Drug Felony?	Getting FS From Another State?	In Drug or Alcohol treatment?	Youth Exiting Out of Care?
TYRAN Age: 16	No	No	No	No	No	No

LAPAU Age: 15	No	No	No	No	No	No
TANILLA Age: 14	No	No	No	No	No	No
DAYVARIUS Age: 12	No	No	No	No	No	No
ANIYAH Age: 10	No	No	No	No	No	No
NATALIE Age: 38	No	No	No	No	No	No

You told us no one in your home has current or pending settlements related to being in any type of accident that requires medical care.

Other Benefits Questions

Person	Previous SSI Benefits?	Has SSI Approval Letter?	Receiving SSI Payments?	Getting SSI 1619(b)?	Getting Tribal Commodities?	Kinship Court Order?	Foster Care Court Order?
NATALIE Age: 38	No	No	No	No	No	No	No
TYRAN Age: 16	No	No	No	No	No	No	No
LAPAU Age: 15	No	No	No	No	No	No	No
TANILLA Age: 14	No	No	No	No	No	No	No
DAYVARIUS Age: 12	No	No	No	No	No	No	No
ANIYAH Age: 10	No	No	No	No	No	No	No

Tribal Member Information

Person	Tribal Member or Child or Grandchild of Tribal Member?	Member of Federally Recognized Tribe?	Tribe Name	Eligible for Indian Health Services?	Received Indian Health Services?	Receives Non-Gaming Tribal Income?
NATALIE Age: 38	No			No		No
TYRAN Age: 16	No			No		No
LAPAU Age: 15	No			No		No
TANILLA Age: 14	No			No		No
DAYVARIUS Age: 12	No			No		No
ANIYAH Age: 10	No			No		No

School Enrollment Information

Person	Graduation Status	Date of Graduation	Enrollment Status	Type of School
NATALIE Age: 38	GRADUATE		NOT ENROLLED	HIGH SCHOOL
TYRAN Age: 16	NOT GRADUATED	06/01/2025	FULL TIME	MIDDLE SCHOOL
LAPAU Age: 15	NOT GRADUATED		FULL TIME	MIDDLE SCHOOL
TANILLA Age: 14	NOT GRADUATED		FULL TIME	ELEMENTARY
DAYVARIUS Age: 12	NOT GRADUATED		FULL TIME	ELEMENTARY
ANIYAH Age: 10	NOT GRADUATED		FULL TIME	ELEMENTARY

Information about FoodShare Basic Work Rules and FoodShare Work Requirement

Person	Taking part in an allowable work program?	Primary caretaker of a child under age 6 who does not live in the home?	Primary caretaker of another person who cannot care for himself or herself?
NATALIE Age: 38	No	No	No
TYRAN Age: 16	No	No	No

Out-of-State FoodShare Benefits Received Information

You told us no one in the FoodShare household ages 18 to 49 has received SNAP benefits from another state during the current Wisconsin FoodShare time limit period.

Health Care Coverage Information

You told us no one in your home has Health Care coverage from a source other than BadgerCare Plus, Medicaid or Medicare, either now or in the last three months.

Job Income Information

You told us no one in your home has a job.

Loss of Employment Information

Person	Lost Employment
NATALIE Age: 38	No

Self-Employment Information

The self-employment listed below is the only self-employment we have on file for the people in your home.

Person	Business Name	Business Type		
NATALIE Age: 38		SALON, SPA, OR BARBERSHOP		
	Date Business Started	Tax Year Business Last Filed Taxes		
	01/2020	2022		
	Average Monthly Income	Average Monthly Expenses	Average Hours Worked Per Month	
	\$108.75	\$311.00	36	

In-Kind Income and Volunteer Information

You told us no one in your home provided In-Kind and Volunteer Services.

Room and Meals Income Information

You told us no one in your home makes money by providing room and/or meals to someone living in your home.

Other Income Information

This is the only income we have on file for the people in your home from a source other than a job or self-employment (for example, Social Security, Supplemental Security Income, unemployment insurance, or child support).

Person	Type of Income	Start Date of Income	How Often Received	Amount Received
LAPPAUL Age: 15	CHILD SUPPORT	11/30/2014	MONTHLY	

Person	Type of Income	Start Date of Income	How Often Received	Amount Received
TANILLA Age: 14	CHILD SUPPORT	11/30/2014	MONTHLY	

Person	Type of Income	Start Date of Income	How Often Received	Amount Received
ANIYAH Age: 10	CHILD SUPPORT	11/30/2014	MONTHLY	

Educational Aid Information

You told us no one in your home has grants, scholarship or other aid for education or training.

Shelter Information

Person	Type of Shelter Expense	Amount This Person Pays Per Month	Month Expense Ended
NATALIE Age: 38	RENT/LOT RENT	\$825.00	

Utility Information

Person	Type of Utility	Used for Heating?	Month Expense Ended
NATALIE Age: 38	TELEPHONE	N	

Heating Assistance Information

You told us no one in your home has gotten help from the Wisconsin Home Energy Assistance Program (WHEAP) either this month or in the past 12 months.

Other Bills Questions

You told us no one in your home makes payments to someone living in another household, such as child support, maintenance, alimony, guardian fees, or attorney's fees.

You told us no one in your home has had medical bills in the last four months or has unpaid medical bills.

Dependent Care Bills

You told us no one in your home pays someone to provide care for a child or adult who lives in your home.

BC+ Tax Deductions

You told us no one in your home has deductions listed on page one of the IRS Form 1040. The most common types are student loan interest, alimony paid, higher education expenses, or the deduction for self-employment tax.

Tax Filing Information

Tax Year				
2023				
Person	Filing Status	Claimed as tax dependent by someone outside the home	Dependents	Claimed for this year only

NATALIE Age: 38	SINGLE/HEAD OF HOUSEHOLD	No	TYRAN KEELER	No
			LAPAU SOMERVILLE	No
			TANILLA SOMERVILLE	No
			DAYVARIUS KEELER	No
			ANIYAH SOMERVILLE	No

FoodShare/Health Care Electronic/Telephonic/Written Signature

I have agreed to submit this application electronically/by telephone/written. My signature, whether telephonic, electronic, or written certifies that, under penalty of perjury and false swearing, my answers are correct and complete to the best of my knowledge. I also certify that:

- I understand the questions and statements on this application form.
- I have read and understand my Rights and Responsibilities.
- I understand the penalties for giving false information or breaking the rules.
- I understand the agency may contact other persons or organizations to obtain needed proof of my eligibility and level of benefits and I authorize third parties to provide this proof.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.
- I understand the FoodShare program basic work rules and work requirement.

Signed electronically/telephonically/written: NATALIE R KEELER

June 29, 2023 at 06:12 PM

