

Mailing Date: 09/22/2023

000462  
DAVID TOMASCHEFSKI  
N5515 COUNTY ROAD C  
PRINCETON WI 54968 8349

## State of Wisconsin



**Case #:** 4117477242



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 1-888-256-4563. These services are free.

### Important Information about your Benefits

Dear DAVID TOMASCHEFSKI:

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 <b>Oct. 2, 2023</b> | <b>East Central IM Partnership</b><br>Phone Number: 1-888-256- 4563<br>Fax Number: 1-855-293-1822 |

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.



DAVID TOMASCHEFSKI, your summary was generated on September 21, 2023 at 04:10 PM

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

#### Basic Information

| Person   | Gender | Language        | County or Tribe   |
|--|--------|-----------------|-------------------|
| DAVID R TOMASCHEFSKI   | MALE   | ENGLISH         | GREEN LAKE COUNTY |
| Where You Live   |        | Mailing Address |                   |
| N5515 COUNTY ROAD C<br>PRINCETON, WI, 54968-8349   |        |                 |                   |
| FoodShare Break in Service Requirements Met Date   |        |                 |                   |
| Homeless?  |        | Yes             |                   |
| Contact Information  |        |                 |                   |
| Home Phone   |        |                 |                   |
| Work Phone   |        |                 |                   |
| Cell Phone   |        | (920) 473-0801  |                   |
| If text messaging is available at your W-2, JAL or EA agency, do you want to get text messages about your program information? |        | Yes             |                   |
| Message Phone  |        |                 |                   |
| Best way to get in touch with you  |        | CELL PHONE      |                   |
| Phone Type   |        |                 |                   |
| Best time to get in touch with you   |        | Late Morning    |                   |

#### Email Information

| Person | Email Address                 | Get Email from Health Care Partners? | Get Letters Online? |
|--------|-------------------------------|--------------------------------------|---------------------|
| DAVID  | TXXXXXXXXXXXXXXXXX8@GMAIL.COM | Yes                                  | Yes                 |

#### People In Your Home

|                                 |  |   |   |
|---------------------------------|--|---|---|
| <b>Person</b>                   | <b>Gender</b>                          | <b>Marital Status</b>                                     | <b>Language</b>   |
| DAVID R TOMASCHEFSKI<br>Age: 42 | MALE                                   | SINGLE-NEVER<br>MARRIED                                   | ENGLISH   |
|                                 | <b>Programs Requested</b>              |   |   |
|                                 | FoodShare<br>Health Care               |   |   |
|                                 | <b>SSN Application Date</b>            | <b>SSN Cooperation</b>                                    | <b>US Citizen</b>                                       |
|                                 |  | Yes   | Yes   |
|                                 | <b>Currently living in WI?</b>         | <b>Meets rules for temporary absence for Health Care?</b> | <b>Meets rules for temporary absence for FoodShare?</b> |
|                                 | Yes                                    |   |   |
|                                 | <b>Intends to reside in WI?</b>        | <b>Migrant Farm Worker</b>                                |   |
|                                 | Yes                                    | No  |   |
|                                 | <b>Homeless in the last 12 months?</b> |   |   |
|                                 | Yes                                    |   |   |
|                                 | <b>CC Need Age 13-18</b>               | <b>Where does he/she live?</b>                            |   |
|                                 | No                                     | HOMELESS  |   |
|                                 | <b>Ethnicity</b>                       | <b>Race</b>   |   |
|                                 | Not Hispanic or Latino/a               | White   |   |
|                                 | <b>Ethnicity Details</b>               | <b>Race Details</b>                                       |   |
|                                 |  |   |   |

  

|                             |  |   |   |
|-----------------------------|--|---|---|
| <b>Person</b>               | <b>Gender</b>                          | <b>Marital Status</b>                                     | <b>Language</b>   |
| GWEN G WARBURTON<br>Age: 63 | FEMALE                                 | MARRIED   | ENGLISH   |
|                             | <b>Programs Requested</b>              |   |   |
|                             | FoodShare<br>Health Care               |   |   |
|                             | <b>SSN Application Date</b>            | <b>SSN Cooperation</b>                                    | <b>US Citizen</b>                                       |
|                             |  | Yes   | Yes   |
|                             | <b>Currently living in WI?</b>         | <b>Meets rules for temporary absence for Health Care?</b> | <b>Meets rules for temporary absence for FoodShare?</b> |
|                             | Yes                                    |   |   |
|                             | <b>Intends to reside in WI?</b>        | <b>Migrant Farm Worker</b>                                |   |
|                             | Yes                                    | No  |   |
|                             | <b>Homeless in the last 12 months?</b> |   |   |
|                             |  |   |   |
|                             | <b>CC Need Age 13-18</b>               | <b>Where does he/she live?</b>                            |   |
|                             | No                                     | INDEPENDENT (HOME/APT/TRLR)                               |   |
|                             | <b>Ethnicity</b>                       | <b>Race</b>   |   |
|                             | Not Hispanic or Latino/a               | White   |   |
|                             | <b>Ethnicity Details</b>               | <b>Race Details</b>                                       |   |
|                             |  |   |   |

### Pregnancy Information

You told us no one in your home is pregnant.

### Treatment Needs Information

Below is information about who answered the treatment needs question. Each person will get a separate letter with more information about his or her response.

| Person           | Response Provided? |
|------------------|--------------------|
| DAVID<br>Age: 42 | Yes                |
| GWEN<br>Age: 63  | No                 |

### Relationship Information

| Person           | Relationships                       | Do they buy food and eat meals together? | Caring for Reference Person? | Filling Parental Role | Legal Custody |
|------------------|-------------------------------------|--|------------------------------|-----------------------|---------------|
| DAVID<br>Age: 42 | is the other qualified rel. of Gwen | Yes                                      | No                           | No                    | 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? |
|------------------|--------------------|----------------------------|-----------------------------|--------------------------------|-------------------------------|----------------------------|
| GWEN<br>Age: 63  | Yes                | No                         | No                          | No                             | No                            | No                         |
| DAVID<br>Age: 42 | Yes                | 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.

### Disability Summary

| Person | Unable to work? | Determined blind? | Determined disabled? | Has impairment related work expenses? | Disabled for FS? | Presumptive Disability? |
|--------|-----------------|-------------------|----------------------|---------------------------------------|------------------|-------------------------|
|--------|-----------------|-------------------|----------------------|---------------------------------------|------------------|-------------------------|

|                  |     |    |     |    |     |    |
|------------------|-----|----|-----|----|-----|----|
| DAVID<br>Age: 42 | Yes | No | No  | No | No  | No |
| GWEN<br>Age: 63  | Yes | No | Yes | No | Yes | No |

#### 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? |
|------------------|------------------------|--------------------------|-------------------------|----------------------|-----------------------------|----------------------|--------------------------|
| DAVID<br>Age: 42 | No                     | No                       | No                      | No                   | No                          | No                   | No                       |
| GWEN<br>Age: 63  | Yes                    | Yes                      | Yes                     | 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? |
|------------------|--|---------------------------------------|------------|--------------------------------------|----------------------------------|------------------------------------|
| DAVID<br>Age: 42 | No   |                                       |            | No                                   | No                               | No                                 |
| GWEN<br>Age: 63  | No   |                                       |            | No                                   |                                  | No                                 |

#### School Enrollment Information

| Person           | Graduation Status | Date of Graduation | Enrollment Status | Type of School |
|------------------|-------------------|--------------------|-------------------|----------------|
| DAVID<br>Age: 42 | NOT GRADUATED     |                    | NOT ENROLLED      |                |
| GWEN<br>Age: 63  | GRADUATE          |                    | NOT ENROLLED      |                |

#### 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? |
|------------------|---|---|---|
| DAVID<br>Age: 42 | No  | No  | No  |
| GWEN<br>Age: 63  | 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

The job(s) listed below are the only job(s) we have on file for the people in your home.

| Person           | Name of Employer               | Address of Employer  |                        |                      |
|------------------|--------------------------------|--|------------------------|----------------------|
| DAVID<br>Age: 42 | GENERAC POWER SYSTEMS INC      | S45W29290 HWY 59<br>WAUKESHA WI 531899071<br>Phone Number:(262) 544-4811 |                        |                      |
|                  | Job Start Date                 | Job End Date   | Date of Final Paycheck | How often paid       |
|                  | 07/01/2023                     | 09/11/2023   |                        | WEEKLY               |
|                  | Is this a temporary job?       |  | Position Type          |                      |
|                  | No                             |  | Staff                  |                      |
|                  | Type of Pay                    |  | Rate of Pay            | Hours Per Pay Period |
|                  | REGULAR PAY                    |  | \$22.00                | 40.0                 |
|                  | Type of Pre-Tax Deduction      |  | Amount                 | How Often            |
|                  |                                |  |                        |                      |
|                  | On Strike                      |  | Strike Begin Date      | Strike End Date      |
|                  | No                             |  |                        |                      |
|                  | Counted Income for FoodShare   |  | \$1705.00              |                      |
|                  | Counted Income for Health Care |  | \$1705.00              |                      |

### Loss of Employment Information

| Person           | Lost Employment |
|------------------|-----------------|
| GWEN<br>Age: 63  | No              |
| Person           | Lost Employment |
| DAVID<br>Age: 42 | Yes             |

### Self-Employment Information

You told us no one in your home is self-employed.

### 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 |
|-----------------|------------------------------|----------------------|--------------------|-----------------|
| GWEN<br>Age: 63 | SUPPLEMENTAL SECURITY INCOME | 07/27/1999           | MONTHLY            | \$83.78         |
|                 | SUPPLEMENTAL SECURITY INCOME | 07/27/1999           | MONTHLY            | \$914.00        |

### Educational Aid Information

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

### Shelter Information

You told us no one has housing bills, including rent, lot rent, property taxes or assessments, home insurance, mobile home payments, or payments for temporary housing.

### Utility Information

You told us no one has utility bills, such as gas, electricity, water, sewer or telephone.

### 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.



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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**

| <b>Tax Year</b>                                   |
|---|
| 2023  |
| NO ONE IN THE HOUSEHOLD IS PLANNING TO FILE TAXES |

### **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: DAVID R TOMASCHEFSKI**

September 21, 2023 at 04:10 PM