

**WISCONSIN DEPARTMENT OF HEALTH SERVICES**

Division of Medicaid Services

F-00136 (03/2019)

7 CFR pts. 271 and 273

**FOODSHARE EMPLOYMENT AND TRAINING (FSET)  
PROGRAM PARTICIPATION AGREEMENT**

**FSET Program Rules and Responsibilities**

You must meet the following program rules to take part in the FSET Program:

- Be getting FoodShare benefits.
- Be at least 16 years old.
- Work with your FSET worker to create an employment plan that includes your employment goals, action steps, and activities.
- Talk with your FSET worker at least once a month about taking part in the FSET program.
- Attend and take part in scheduled, assigned appointments. If you are unable to keep an appointment or may be late, notify your FSET worker before the appointment. If you are unable to contact your FSET worker before the appointment, do so as soon as you are able.
- Turn in your attendance information for assigned activities. For some activities, the FSET worker will do this for you. Work with your FSET worker to determine the types of proof that you must submit for each assigned activity.
- Inform your FSET worker if you are no longer interested in taking part in the FSET program.
- Use FSET support services, such as help with transportation, for FSET activities only.

**File a Complaint, Concern, or Fair Hearing Request**

If you have complaints or concerns about FSET services, you can speak with your FSET worker about your concerns and the process for filing a grievance (complaint). If your grievance cannot be resolved with the local FSET agency, you have the right to file for a fair hearing. You can ask for a fair hearing by writing or calling:

Division of Hearing and Appeals, P.O. Box 7875, Madison, WI 53707-7875

Phone: 608-266-7709 • Fax: 608-264-9885

You can get the Request for Fair Hearing form at [www.dhs.wisconsin.gov/forwardhealth/resources/htm](http://www.dhs.wisconsin.gov/forwardhealth/resources/htm). The Division of hearing and Appeals must get your request no more than 90 days from the date of the action.

You can also contact your local agency by phone, in person, or in writing to ask for a fair hearing. To find your local agency, visit [www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm](http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm) or call Member Services at 1-800-363-3002.

**USDA NONDISCRIMINATION STATEMENT**

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

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

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: <https://www.ascr.usda.gov/how-file-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: Office of the Assistant Secretary for Civil Rights (2) Fax: (202) 690-7442 (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

This institution is an equal opportunity provider.

**I have read and I understand the contents of this document. My questions have been answered, and a copy of this form was provided to me.**

Participant Name	CASE	PIN	
SIGNATURE – FSET Participant			Date Signed
SIGNATURE – FSET Worker			Date Signed