



FH  
[REDACTED]

**STATE OF WISCONSIN  
Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

FOO/156502

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**PRELIMINARY RECITALS**

Pursuant to a petition filed March 27, 2014, under Wis. Admin. Code § HA 3.03(1), to review a decision by the Sheboygan County Department of Human Services in regard to FoodShare benefits (FS), a hearing was held on May 08, 2014, at Sheboygan, Wisconsin.

The issue for determination is whether the agency properly terminated the Petitioner's FS benefits effective April 1, 2014.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: Kris Schmidt

Sheboygan County Department of Human Services  
3620 Wilgus Ave  
Sheboygan, WI 53081

**ADMINISTRATIVE LAW JUDGE:**

Debra Bursinger  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Sheboygan County.
2. On March 10, 2014, the agency issued a Notice of Decision to the Petitioner informing her that her FS benefits would end effective April 1, 2014 due to household income exceeding the program limit.

3. Petitioner receives \$370/week in unemployment compensation benefits. She receives child support of \$283/month for one child and \$460.53/month for another child. Total gross household income is \$2,223.53. The gross income limit for a household of three is \$1,628.
4. On April 27, 2014, the Petitioner filed an appeal with the Division of Hearings and Appeals.

### **DISCUSSION**

The gross income limit for a 3 person household is \$1,628. See, FoodShare Wisconsin Handbook, § 8.1.1.1. The Petitioner does not contest that the agency has correctly calculated her gross household income and permissible FS income deductions. Rather, she asked for consideration based on her current financial difficulties. However, I am bound to apply the regulations as they are written, as is the agency. I have no authority to grant the equitable relief that the Petitioner seeks. I note that the Petitioner indicated that her unemployment compensation benefits are ending soon. It was explained to the Petitioner that she should call to report that change when it occurs and her eligibility for FS benefits will be reviewed based on the change in circumstances.

### **CONCLUSIONS OF LAW**

The agency properly terminated the Petitioner's FS benefits effective April 1, 2014.

**THEREFORE, it is**

**ORDERED**

That the Petitioner's appeal is dismissed.

### **REQUEST FOR A REHEARING**

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

### **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 13th day of May, 2014

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\sDebra Bursinger  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on May 13, 2014.

Sheboygan County Department of Human Services  
Division of Health Care Access and Accountability