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| **DEPARTMENT OF CHILDREN AND FAMILIES**Division of Family and Economic Security – **W-2** | **WFF** |

**Fact Finding Review Summary and Decision**

**Use of form:** The Fact Finder must complete this form or its equivalent following the Fact Finding Review appointment. The Fact Finder may either use this form to issue a summary and decision or may write a separate document that includes each of the items provided for in this form. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| Name – Petitioner      | Case Number      |
| PIN      | Date – Fact Finding Meeting      |
| Appearance: [ ]  In Person [ ]  Represented [ ]  No Appearance / Abandoned |
| Names – Attendees      |
| Program(s) Affected: (Check all that apply) [ ]  W-2 [ ]  Emergency Assistance [ ]  Job Access Loan |
| Reason for the Fact Finding      |
| Brief Summary of Statements      |
| Fact Finding Decision (Cite Policy Manual, Operations Memos, Statutes, etc.)      |
| **Fact Finding Decision** |
| [ ]  | **Fact Finding Abandoned** |
|  | You did not come to your Fact Finding Review appointment. You have 7 working days from the date of your scheduled Fact Finding Review appointment to provide a good cause reason for not attending the Fact Finding. If the W-2 agency agrees with your good cause reason, the Fact Finding will be rescheduled. If you do not agree with the agency’s decision about your good cause, you may request a Departmental Review of that decision. You must request a Departmental Review within 21 days of the date of the Fact Finding decision. To ask for a Departmental Review, send a written request to: Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875.  |
| [ ]  | **W-2 Agency Action Upheld** |
|  | The Fact Finder decided that the W-2 agency made a right decision. If you do not agree with the Fact Finder’s decision, you may ask for a Departmental Review. You must request a Departmental Review of W-2 and Job Access Loan issues within 21 days of the Decision Date shown below. For Emergency Assistance issues, you must request a Departmental Review within 14 days of the Decision Date shown below. Late requests will not be accepted. To ask for a Departmental Review, send a written request to: Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875. |
| [ ]  | **W-2 Agency Action Overturned** |
|  | The Fact Finder decided that the W-2 agency made a wrong decision. If the W-2 agency has not fixed its decision within 10 days of the Decision Date shown below, you may call the Bureau of Working Families at 608-535-3665 for help.  |
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| **SIGNATURE** – Fact Finder | Telephone Number – W-2 Agency      | Decision Date      |
| Name – W-2 Agency      |
| Address – W-2 Agency Street      | City      | State   | Zip Code      |
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| **FAIR HEARING**The Fact Finding process applies only to W-2, Job Access Loans and Emergency Assistance. You may request a separate Fair Hearing on a denial or reduction of FoodShare, BadgerCare Plus, Medicaid and / or Child Care. A Fair Hearing must be requested within 45 days of the action’s effective date for BadgerCare Plus, Medicaid and Child Care and within 90 days of the action’s effective date for FoodShare or at any time while you are getting benefits if you do not agree with the benefit amount. To ask for a Fair Hearing, send a written request to: Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875.  |