**Request for a Wisconsin Works (W-2) Fact Finding Review**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| Requestor Name | Case Number | Requestor Telephone Number |
| Requestor Address (Street, City, Zip Code) | W-2 Worker Name | |

A Fact Finding Review will go over a W-2 agency decision you do not agree with. You can ask your W-2 agency for a Fact Finding Review up to 45 days after the W-2 agency told you the decision. Please provide a copy of any decision notice you got when you return this form.

**Date(s) you found out about the decision(s):**

**Check the reason(s) for your Fact Finding Review request:**

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| **Wisconsin Works (W-2)**  My W-2 application was denied.  The W-2 agency did not give me an application decision in 12 working days, or 30 working days if I was given more time.  My W-2 placement is wrong.  My W-2 time limit extension was denied.  My W-2 case closed or my W-2 payment ended.  My W-2 payment was reduced wrong in the month(s):  An overpayment on my case is wrong.  A Learnfare penalty was incorrectly given to me.  My good cause request for non-cooperation with child support was denied.  Received an incorrect Intentional Program Violation. | **Emergency Assistance (EA)**  My EA application was denied.  The W-2 agency did not give me an application decision in 5 working days.  My EA payment is wrong.  Received an incorrect Intentional Program Violation.  **Job Access Loan (JAL)**  My JAL application was denied.  The W-2 agency did not give me an application decision in 12 working days, or 30 working days if I was given more time.  Received an incorrect Intentional Program Violation. |

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| **Explain why you think the W-2 agency’s decision is wrong:** | |
| The Fact Finding Review will not delay or prevent your right to request a Fair Hearing for FoodShare, BadgerCare Plus, Medicaid, and/or Child Care with the Department of Administration, Division of Hearings and Appeals. To request a Fair Hearing, ask your FoodShare, BadgerCare Plus, Medicaid or Child Care agency for form DHA–28. | |
| **Applicant / Participant SIGNATURE**  Telephone Request (no signature required) | **Date of Fact Finding Request**    /  / |

**Retain Completed Form in Case Record**