

W2-ECF CASE REVIEW MONITORING TOOL: (MAR2008)
 (Y is Yes; N is No; U is Unknown; X is Not Applicable)

Number Cover Page

1	W-2 Contract Agency Name:	
2	W-2 Contract Agency Number:	
3	Participant's First Name:	
4	Participant's Last Name:	
5	PIN:	
6	Case Number:	
7	JDPA Name:	
8	WDA Number:	
9	W-2 Eligibility Office Number:	
10	Placement Type at time of pull:	
10a	Placement Type at time of review: XXX (if closed) or CSJ, W2T, CMS, CMF, CMU, CMD, CMC	
11	Placement Date or Date Case Closed (mm/dd/yy):	
12	60 Months or More? Y/N/U/X	
13	CSJ Months Used:	
14	W2T Months Used:	
15	Race/Ethnicity:	
16	Review Date (mm/dd/yy):	
17	Reviewer's DWD Username:	

W-2 CARES ONLINE QUERY

W-2 ASSESSMENT

1	<i>WPED (Assessment – Education)</i>	
1a	What is the last Assessment Date? (mm/dd/yy)	
1b	Have any reading or math assessments been completed? Y/N/U/X	
1c	Were any aptitude, interest or life skills tests administered? Y/N/U/X	
2	<i>WPAW (Assessment – Employment)</i>	
2a	What is the date information was last updated? (mm/dd/yy)	
2b	Are any of the optional information fields completed? Y/N/U/X	
3	<i>WPJR (Assessment - Participation Readiness)</i>	
3a	What is the date information was last updated? (mm/dd/yy)	
3b	Are any of the optional information fields completed? Y/N/U/X	
3c	What was the answer to "Are there barriers to employment?" Y/N/U/X	
4	<i>WPRU (Assessment - Employment & Screening Results)</i>	
4a	What is the date information was last updated? (mm/dd/yy)	
4b	What was the answer to "Is participant ready for unsubsidized employment?" Y/N/U/X	
4c	Was the Barrier Screening Tool completed? Y/N/U/X Go to link at: http://www.dwd.state.wi.us/dws/w2/bst/default.htm	
4d	If (4c) is Y, did the participant complete the screening, partially complete the screening or decline the screening? A if completed; B if partially completed; C if declined	

5 WPEL (*Employment History List*)

5a	Does the participant have any past employment? Y/N/U/X	
6	WPBD (Barrier Detail)	
6a	What is the date information was last updated? (mm/dd/yy)	
6b	Was a referral for a formal assessment(s) necessary? Y/N/U/X	
6c	If (6b) is Y, was it completed? Y/N/U/X	
6d	List types of formal assessments and completion dates (up to three):	
6d1a	Formal assessment 1:	
6d1b	Completion date 1 (mm/dd/yy):	
6d2a	Formal assessment 2:	
6d2b	Completion date 2 (mm/dd/yy):	
6d3a	Formal assessment 3:	
6d3b	Completion date 3 (mm/dd/yy):	
6e	What, if any, accommodations were recommended as a result of the formal assessments?	
7	During the application process, were up-front job search activities assigned on WPCH? Y/N/U/X	
8	Based on the above screens does it appear that an adequate informal assessment was conducted? Y/N/U/X	

GENERAL W-2 CASE INFORMATION

1	Have case comments (CMCC) related to W-2 been entered within the last month? Y/N/U/X	
1a	If (1) is N, what appears to be the reason for this?	
2	Are case comments appropriate, e.g., no personal medical information, regular contact, etc.? Y/N/U/X	
3	Is the W-2 placement type on WPWW (<i>Wisconsin Works Information</i>) appropriate for the customer, e.g., does it reflect the results of the informal assessment? Y/N/U/X	
4	Do case comments support the W-2 placement type? Y/N/U/X	
5	Does WPPS (W-2 Placement Summary) show a logical progression in W-2 placement types? Y/N/U/X	
6	Is this case in the 18th month or greater or 54th month or greater on AIWC (Wisconsin Works [W2] Clocks)? Y/N/U/X	
6a	If (6) is Y, has an extension discussion been initiated? Y/N/U/X	
6b	If (6) is Y, has an extension decision been entered on AIWE? Y/N/U/X	

TWO-PARENT PARTICIPATION

1	Does this section apply? Y/N (If no, skip to the next section)	
2	Are there 2 eligible adult parents with a child in common present in the W-2 AG? (Question #1 - WPTP) Y/N	
3	Is a parent a disabled adult for W-2? Y/N	
3a	If Yes, is there documentation in CARES (CMCC, ANDI, ANIC, WPBD, AFUI) indicating that a formal assessment has been completed by a qualifying agency or person? Y/N	
4	Is a parent caring for a severely disabled child in the W-2 AG? Y/N	
4a	If Yes, is there documentation in CARES (CMCC, ANDI, ANIC, WPBD, AFUI) indicating that a formal assessment was completed by a qualifying agency or person? Y/N	

5	Is this a Two-Parent Household? (Answer on WPTP - Question 4) Y/N (If N, skip to the next section)	
6	What are the Required Family Participation Hours? 35 or 55?	
7	Is the second adult parent participating in allowable work activities (WPCH)? Y/N.	
7a	If Yes, does the second parent have a current employability plan? Y/N	
8	Is the family assigned enough hours of allowable activities to meet the required family participation in Question #6? Y/N	

W-2 EMPLOYABILITY PLAN/CAREER DEVELOPMENT

1	Is the Employability Plan current or has it expired? A if current; B if expired; C if not required	
2	Does the Employability Plan indicate specific days of the week and specific hours on each day for each activity when possible? Y/N	
3	Do case comments indicate that the participant was actively involved in the employability plan development? Y/N/U/X	
4	Are the assigned activities on WPCH consistent with the assigned activities on the WPAS? Y/N/U/X	
5	Do the hours for the assigned activities on WPCH match the hours on WPAS? Y/N/U/X	
6	CSJ ONLY - Do the assigned activities on WPAS (Employability Service Plan – 2) reflect the results of the employability screening and informal and formal assessment information? Y/N/U/X	
7	W2-T ONLY - Are activities on WPCH (Component/Status History) consistent with informal assessment, the formal assessment information and identified barriers (WPBD)? Y/N/U/X	

W-2 PROGRAM PARTICIPATION

1	Have non-participation hours been entered on WPNP for the current placement? Y/N/U/X (If N, skip to the next section)	
2	Do case comments support the entries on WPNP? Y/N/U/X	
3	Do the sanctioned hours appear appropriate? Y/N/U/X	
4	Has the agency given good cause for any of the non-participation hours? Y/N/U/X	
5	If the agency has NOT given good cause, is the agency providing on-going assessments to determine appropriate accommodations, uncover hidden barriers, or identify cultural differences that may be contributing to the nonparticipation? Y/N/U/X	
6	Is the agency meeting face-to-face with the participant to make these determinations related to the ongoing assessments? Y/N/U/X	
7	Are any of the payment reductions 20% or greater? Y/N/U/X	
8	If (7) is Y, does CNHS reflect that the <i>W-2 20% Payment Reduction Letter</i> (NWSN) was issued? Y/N/U/X	
9	If (7) is Y, does CMCC document the oral notification or at least two attempts at oral notification? Y/N/U/X	
10	Do the payment reductions appear reasonable and appropriate? Y/N/U/X	

Non Participation Strikes

1	Have any W-2 participation strikes been entered on CARES screen AISA ? If no, skip to the next section. Y/N/U/X	
2	Has the agency documented in case comments an appropriate reason for the strike? Y/N/U/X	
3	Did the agency document nonparticipation without good cause prior to applying the strike? Y/N/U/X	

COMMUNITY SERVICE JOB (CSJ)

1	Is this section applicable? Y/N (If N, skip to the W-2 Transition [W2T] section below)	
2	Is the participant engaged for as close to 40 hours per week using a combination of 30 hours of work activities and 10 hours of Educational activities, as possible? Y/N/U/X	
3	If the current CSJ placement exceeds 180 days, has the agency reviewed the placement and the assigned activities? Y/N/U/X	
5	Does IQAF (AFDC/W-2 Issuance History – Disbursement) reflect appropriate payment for W-2 placement? Y/N/U/X	
6	Are you able to determine the type of CSJ this is? Y/N (If you are unable to make that determination, you must include this issue on your follow-up sheet.)	

*****Complete the appropriate section below based on the type of CSJ this is. If you are unable to determine the type of placement, you must make note of that on the follow-up sheet.*****

Job Search CSJ

1	Is CJ a component assigned on WPCH? Y/N	
2	Does assessment information support this placement? Y/N/U/X	
3	If appropriate, has child care been secured? Y/N/U/X	
4	Is the participant attending structured job search activities? Y/N/U/X	
5	Has the agency been providing job leads? Y/N/U/X	
6	Is the participant meeting face to face with their FEP weekly? Y/N/U/X	
7	Was the participant assigned upfront job search? Y/N/U/X	
8	Was the participant assigned 40 hours per week intensive job search for the first two weeks only, and 30 hours after? Y/N	
9	If this participant has been in CSJ-Job Search for more then 60 days, has the agency completed an assessment of the appropriateness of this type of CSJ? Y/N	

Work Experience CSJ/Soft Skills CSJ

1	Is participant assigned to work experience (WE)? Y/N/U/X	
1a	If (1) is N, is it apparent why not? Y/N/U/X	
2	Is the assigned CSJ work training site consistent with the employment goals identified on WPJS? Y/N/U/X	
3	Is the focus of this placement mainly on strengthening the day-to-day behaviors necessary to find and retain employment, e.g., time management skills, interpersonal skills, etc? Y/N/U	
4	Has the participant made progress? Y/N/U	

Job Skills Training CSJ

1	Are the start and end dates of the training clear? Y/N/U	
2	Is the agency in contact with the training site and the participant to identify needs of the training site and/or the participant, related to ensuring a higher completion of the training? Y/N/U	
3	Is the training related to the employment goals identified on WPJS? Y/N/U	
4	Does CMCC reflect a plan for employment after completion of the Job Skills Training? Y/N/U	

W-2 TRANSITION (W2T)

1	W-2 Transition (W2T) - Is this section applicable? Y/N (If N, skip to the Next Section)	
2	Did the agency complete a formal assessment for this participant? Y/N/U/X	
3	Is the participant engaged for as close to 40 hours per week using a combination of 28 hours of work activities and 12 hours of Educational activities, as possible? Y/N/U/X	
4	Does IQAF (<i>AFDC/W-2 Issuance History – Disbursement</i>) reflect appropriate payment for W-2 placement? Y/N/U/X	
5	Are you able to determine if this participant is on an Employment Track or on an SSI Track? Y/N/U (If you are you unable to make that determination, you must include this issue on your follow-up sheet.)	

SSI Track

1	Has a SSI/SSDI application been submitted? Y/N/U/X	
2	What is the status of the application? A if Initial Application; B if Reconsideration; C if ALJ Hearing; D if Appeals Council; E if District Court; U if Unknown	
3	Do the informal assessment screen entries and CMCC support this track? Y/N/U/X	
4	Is participant engaged in SSI advocacy according to WPCH? Y/N	
5	Do case comments indicate the agency is providing ongoing advocacy for this participant? Y/N	
6	Does there appear to be a backup plan in the event SSI/SSDI is denied? Y/N/U	

Employment Track

1	Are the hours assigned consistent with any participation limitations identified on WPBD? Y/N/U/X	
2	Are the activities on WPAS (Employability Service Plan - 2) consistent with employment goals (WPJS) and identified barriers (WPBD)? Y/N/U/X	
3	If Caring for Child, or Family Member, is it clear what steps the agency is taking to prepare this participant for future employment? Y/N	

W-2 CASE MANAGEMENT

1	Do case comments support the information entered on other CARES screens? Y/N/U/X	
---	--	--

2	Is there evidence that the supportive services needs of the family are being addressed, e.g., transportation, child care, housing, etc.? Y/N/U/X	
3	Has the W-2 Contract Agency used CARES to reflect quality case Management? Y/N/U/X	
4	Does the agency have an overall individualized plan for this participant? Y/N/U/X	

WORK PARTICIPATION RATE

If this is an open payment case, complete this section based on what the CARES screens show on the day that you are completing the review.*

1	According to ANID, what is the age of the youngest member of the family?	
2	Identify the Family Type and Core/Non-Core requirements for this household: A if C<12 - 0 Hours Required; B if 18-19 yr old with no HSD/GED - in GE, HE or RS activity; C if C1-5 - 20 hours Core Activity; D if C6-18 - 20 hours Core Activity + 10 hours Core/Non-Core; E if 2-Parent Federal Funded Child Care - 55 hours (50 Core); F if 2-Parent No Child Care - 35 hours (30 Core)	
3	Can this case be excluded from WPR based on a CD or CF activity? Y/N	
4	How many hours of Core Activities are assigned according to WPCH?	
5	How many hours of Non-Core Activities are assigned according to WPCH?	
6	How many hours of Non-Countable Activities are assigned according to WPCH?	
7	Is this case scheduled to meet their requirements for the Work Participation Rate? Y/N (If Y, move to the next section)	
8	If this participant is not scheduled to meet WPR, based on your case review do you consider this appropriate? Y/N (If this participant is not scheduled to meet WPR, and you believe he/she could be assigned activities that would allow this participant to meet WPR, you must include suggestions on the Follow-up sheet.)	

CASE MANAGEMENT FOLLOW-UP (CMF)/CASE MANAGEMENT UNDEREMPLOYED (CMU)

1	Is this section applicable? Y/N (If N, skip to the next section)	
2	Is the participant still employed? Y/N	
3	How many hours per week is the participant working?	
4	If less than 30 hours, has there been a discussion related to a partial CSJ Placement? Y/N/U	
5	Is the agency providing individualized services that focus on easing the transition to work through, e.g., job counseling and support, supportive service referrals, career development, job search assistance, rapid reattachment services, etc.? Y/N/U/X	
6	Is the agency continuing to work with the participant to explore future employment opportunities? Y/N/U/X	
7	Is the agency providing support to assist the participant in balancing life and work? Y/N/U/X	

8	If Basic Education was part of the EP prior to obtaining employment, is the agency continuing to make this service available to the participant? Y/N/X	
---	---	--

CASE CLOSURES

1	Is this section applicable? Y/N (If N, skip this section)	
2	What was the reason for the case closure?	
3	Is this case closure reason appropriate? Y/N/U/X	
4	Did the agency take the steps to uncover why the participant has not complied with program cooperation requirements in the event barriers exist? Y/N/U/X	
5	Did the agency take steps to address any barriers that might exist? Y/N/U/X	
6	Did the agency apply payment reductions or strikes appropriately prior to determining ineligibility? Y/N/U/X	
7	Does CWW or CNHS indicate that the appropriate case closure notice was mailed to the participant? Y/N/U/X	

ECF VERIFICATION REVIEW

SIZE OF W-2 ASSISTANCE GROUP

1	Number of adults in the AG:	
2	Number of minors in the AG:	

ELIGIBILITY VERIFICATION

Is the following information documented or verified once for all members of the AG?

1	Were Social Security Numbers documented or verified once for all members of the AG? Y/N	
---	---	--

2	Is the identity of the primary participant documented once? Y/N	
---	---	--

Is the following information documented once for all adult members of the AG?

3	Age Y/N	
4	US Citizenship Y/N/X	
5	Alien Status Y/N/X	

Is the following information documented at the most recent review or when a change was last reported for appropriate members of the AG?

6	WI Residence Y/N	
7	Earned Income Y/N/X	
8	Unearned Income Y/N/X	
9	Assets Y/N/X	

A signed CAF will meet the requirement of verification for the following.

10	Marital Status Y/N	
11	Custody of Children Y/N	

(Y is Yes; N is No; X is Not Applicable; G is Good Cause)

12	Child Support Cooperation verification Y/N/X/G	
12a	If good cause is claimed, is there DWSP-2019 and the supporting documentation in ECF? Y/N	

REQUIRED FORMS

*****Are the following forms signed by the participant and found in ECF?*****

1	Combined Application Form (CAF) within the last six months or DWSP-2471 for new applicants Y/N	
2	W-2 Participation Agreement (DWSP-10755) Y/N	
3	W-2 Barrier Screening Agreement (DWSP-13578) Y/N	
4	Current Signed Employability Plan Y/N	
5	Good Cause Notice (DWSP-2018) Y/N	

*****If appropriate, are the following forms signed by the participant and found in ECF?*****

6	W-2 Agency Time Limit Extension Record (DWSW-11661) Y/N/U/X	
7	W-2 Supportive Services Plan (DWSW-12956) Y/N/U/X	
8	CARES registration form or DWSP-14880 Y/N/X	
9	Learnfare School Attendance Y/N/X	