**W-2 Case Management Documentation**

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

**Instructions:** This form is intended for Wisconsin Works (W-2) Youth Education Navigators to document case management that can not otherwise be documented in the WWP system.

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| --- | --- | --- |
| W-2 Youth Name | Case Number | Youth PIN |

| **Date** | **Comment** | **Comment Type (check all that apply)** | **Worker Name** |
| --- | --- | --- | --- |
|  |  | Appointment  Phone Contact  Email  Attempted Contact  Referral  Supportive Service  Education Attainment  Other: |  |
|  |  | Appointment  Phone Contact  Email  Attempted Contact  Referral  Supportive Service  Education Attainment  Other: |  |
|  |  | Appointment  Phone Contact  Email  Attempted Contact  Referral  Supportive Service  Education Attainment  Other: |  |
|  |  | Appointment  Phone Contact  Email  Attempted Contact  Referral  Supportive Service  Education Attainment  Other: |  |
|  |  | Appointment  Phone Contact  Email  Attempted Contact  Referral  Supportive Service  Education Attainment  Other: |  |
|  |  | Appointment  Phone Contact  Email  Attempted Contact  Referral  Supportive Service  Education Attainment  Other: |  |