**Wisconsin Works (W-2) Case Transfer Checklist**

**Instructions:** This form is intended for use by Wisconsin Works (W-2) FEPs and W-2 Agency Transfer Coordinators (TCs) when transferring a W-2 case from one geographical region to another geographical region due to participant relocation. The sending W-2 agency must complete this form prior to transferring the case to the receiving W-2 agency. The completed form must be scanned into ECF under WMSC so the receiving agency can review if needed. For additional information, please see the W-2 Statewide Transfer Process Guide in the appendix of the W-2 Manual.

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

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| **Transfer Details** |
| Participant Name      | Case Number      | PIN      |
| Transfer From (Agency Name and County)            | Transfer To (Agency Name and County)            |
| Participant Relocation Date      | Date Agency is Aware of Participant’s Relocation      | Mailing Date for W-2 Participant Transfer Notice      |
| **Case Status Checklist (to be completed by FEP)** |
| Case Review Requirements | Yes | No | N/A | FEP Comments for “No” responses | TC Initial |
| The case is open and passing in CWW for W-2 during this review. | [ ]  | [ ]  |  |       |     |
| At the time of this case review, the case is in good standing and anticipated to remain in good standing during the transfer period.***NOTE:*** *If any of the following situations apply to the case, it should not be transferred until the participant is contacted and the case standing is resolved:* * *Employability Plan (EP) set to expire within the transfer period;*
* *Placement set to end within the transfer period;*
* *Non-cooperation rectification (NWNC letter) in progress;*
* *Time limit set to expire within the transfer period and CMD placement has not been discussed or offered;*
* *W-2 six-month review not completed and case set to close at the end of the month; and/or*
* *Upcoming verification due date set to expire within the transfer period.*
 | [ ]  | [ ]  | [ ]  |       |     |
| A transfer discussion occurred with the participant, or, if a discussion did not occur, details of the FEPs varied contact attempts are documented in PIN comments.  | [ ]  | [ ]  | [ ]  |       |     |
| EP is current, signed, scanned into the Electronic Case File (ECF), and will not expire within 30 days from the transfer date. | [ ]  | [ ]  | [ ]  |       |     |
| All participation tracking has been entered into WWP up to the date of the transfer. | [ ]  | [ ]  | [ ]  |       |     |
| Participation discussion occurred with the participant and non-participation addressed. | [ ]  | [ ]  | [ ]  |       |     |
| All attendance logs have been scanned into ECF up to the date of the transfer. | [ ]  | [ ]  | [ ]  |       |     |
| If applicable, the time limit discussion was completed with the participant and documented in PIN comments. | [ ]  | [ ]  | [ ]  |       |     |
| If applicable, the time limit extension decision was entered into WWP and actions documented in PIN comments. | [ ]  | [ ]  | [ ]  |       |     |
| If applicable, the Formal Assessment is scanned into ECF. | [ ]  | [ ]  | [ ]  |       |     |
| If applicable, the Family Stabilization Payment has been processed and PIN comments document the receipt of the payment. | [ ]  | [ ]  | [ ]  |       |     |
|  Case Status is in Good Standing | [ ]  | [ ]  |  |       |     |
| If case was not in good standing at the time of initial review for transfer, enter date that circumstances were resolved, and case obtained good standing. |       |
| FEP Signature (type name if completing electronically)      | FEP Worker ID      | Date Signed      |
| **Case Transfer Summary WWP PIN Comment Checklist (to be completed by TC)** |
| PIN Comment Requirements | Yes | No | N/A | TC Comments for “No” and “N/A” responses |
| Includes the areas mentioned in the above Case Status Checklist. | [ ]  | [ ]  | [ ]  |       |
| Includes all outstanding actions. Example: *Formal Assessment: Pending for formal assessment. The agency discussed the status of a completed Formal Assessment with the participant on 10/14/24, 10/30/24, and 11/12/24. The participant reports that they will be reaching out to their mental health care provider to secure a completed Formal Assessment.* | [ ]  | [ ]  | [ ]  |       |
| TC Signature (type name if completing electronically)      | TC Worker ID      | Date Signed      | Date of Transfer      |