

CARES screen :	Wisconsin Works (W-2) Case Review Tool	
Section 1	Demographics	Responses/Comments
CMCC ANID	Prior to the case review, refer to Client Assistance for Reemployment and Economic Support (CARES) screens CMCC and ANID	Y=Yes N=No U=Unknown X=Not Applicable G=Good Cause
	Participant Name	
	Case Number	
	PIN	
	W-2 Begin Date (mm/dd/yy)	
	W-2 Placement Begin Date (mm/dd/yy)	
	60 Months or more? Y/N	
	Household Members (List)	
	Review Date (mm/dd/yy)	
	Reviewer Name	
Section 2	Application Processing Time Frame	
	Date of signed Request for Assistance (refer to CARES Registration form in CWW or DWSP-14880 in Electronic Case File (ECF)): (mm/dd/yy)	
	Date of Resource Specialist Appointment (must be the same day of the signed request or the next business day): (mm/dd/yy)	
	Date of Financial and Employment Planner (FEP) Appointment (must be within 5 business days of signed request) (mm/dd/yy).	
WPWW	Did the FEP determine the most appropriate W-2 placement within 7 business days of the first FEP appointment? Y/ N	
	Based on the information above, did the W-2 agency process the W-2 application timely? Y/ N	
	Document any concerns identified within the Application Processing Time Frame Section that warrant a discussion with the agency.	
Section 3	W2 Screening/Assessment Results	
	Did the participant declare an immediate need (i.e., housing, domestic violence (DV) issue, lack of food, childcare, etc.)? Y/N If yes, document the needs identified.	
	Did the agency make a referral to address the applicant's immediate needs? Y/N	
	Was the Barrier Screening Tool (BST) offered and recorded? Y/N/U/X Go to link below:	
	https://www.dwd.state.wi.us/dwsbarriers/	
	Was the BST completed prior to placement? Y/N	
WPED PIN	Based upon the last assessment date, does it appear that the informal assessment results and case comments reflect that the new information has been gathered and used to make case management decisions? Y/N	

CARES screen :	Wisconsin Works (W-2) Case Review Tool	
	Has an educational needs assessment been completed? Y/N If yes, list the type . Were the assessment results used to develop the employment goals? Y/N	
	Were any aptitude, interest or life skills tests administered? Y/N If yes, were the results used to develop employment goals? Y/N	
WPJR PIN WPAS PIN	Has the agency documented if the participant is engaged in other agency/program participation? Y/N If yes, does the Employability Plan (EP) reflect his/her participation with the other agency/program? Y/N	
WPRU PIN	If the participant initially declined the BST, has the agency offered it again within 6 months? Y/N (Refer to W-2 Manual Section 5.4.1.1)	
	If the BST was completed within the last 6 months, does the Follow Up Summary page reflect that referrals were completed? Y/N	
	Based upon your review of the BST Follow Up Summary Page, were there recommended actions? Y/N If yes, did the agency make a referral for a formal assessment or has a formal assessment been completed? Y/N If yes, can you determine if the agency used the results to reassess the W-2 placement and assign activities? Y/N	
WPAW	Is the participant currently employed? Y/N	
WPEL	Has the participant been employed before? Y/N	
WPRU PIN	What is the answer to "Is the participant ready for unsubsidized employment?" Y/N	
WPJR PIN WPBD PIN	Does WPBD reflect barriers to employment (per WPJR) and/or the results of the BST? Y/N If yes, review the screen for its compliance with Operations Memo (OM) 10-50. Document your concerns.	
WPBD	When was the date information last updated? mm/dd/yy	
WPBD	Was a referral for a formal assessment(s) necessary? Y/N If yes, was it completed? Y/N	
WPBD	List up to three of the types of formal assessments and completion dates (mm/dd/yy)	
WPBD	What, if any, accommodations were recommended as a result of the formal assessments? (None/List)	
	Are screenings and formal/informal assessment results being used in case management decisions, e.g., determining placement, assigning activities, developing the EP, addressing service needs, etc.? Y/N	
	Document any concerns identified within the W-2 Screening/Assessment Section that warrant a discussion with the agency.	
Section 4	Applicants Appropriate for Up-Front Activities	
	Prior to completing this section, review informal screens e.g., WPED, WPAW, WPJR, WPJS, WPBD, WPRU	

CARES screen :	Wisconsin Works (W-2) Case Review Tool	
	Based on the review of the informal screens, does it appear that the applicant is appropriate for up-front activities? Y/N If no, complete Section 5.	
	Is the rationale/decision to assign or not assign up-front activities documented in CARES ? Y/N	
WPCH CMCC	Compare CWW Pre-eligibility screen to WPCH and CMCC. Is the applicant assigned to up-front job search activities (UC, UR, or UE)? Y/N	
	Was an initial EP developed based on applicant's assessment and screening results? Y/N	
CMCC	Did the agency document in CARES the applicant's participation in up-front activities ? Y/N Review non-participation and CMCC.	
	Do case comments document that agency staff provided job leads or other job related assistance to the applicant? Y/ N	
	<i>Document any concerns identified within the Applicants Appropriate for Up-Front Activities Section that warrant a discussion with the agency.</i>	
Section 5	Applicants Not Appropriate for Up-Front Activities	
	<i>An immediate appointment with the FEP should occur for consideration for placement and activities. The following applicants should be considered for placement before the 12th day: applicants with barriers discovered during the assessment process, e.g., high risk pregnancy, 18 and 19 year old enrolled in school, JAL only applicants, and CMC.</i>	
	Is the rationale/decision to not assign up-front activities documented in CARES? Y/N	
	Refer to the examples above. Were severe barriers or supportive service needs identified that warrant the FEP to immediately determine the appropriate placement and assigned activities? Y/ N List.	
	If the agency has verified the non-financial and financial requirements for W-2 eligibility determination, did the FEP make the placement decision prior to the 12 th day? Y/N If no, is it evident why the placement decision did not occur prior to the 12th day? Y /N Explain.	
	<i>Document any concerns identified within the Applicants Not Appropriate for Up-Front Activities Section that warrant a discussion with the agency.</i>	
Section 6	Two-Parent Household	
WPTP ANID ANLA case #	Refer to OM 06-46. Is this a two-parent household? Y/N If no, skip the remaining questions in this section. If yes, was the second parent assessed per W2 policy? Y/N	

CARES screen :	Wisconsin Works (W-2) Case Review Tool	
	Was the most employable parent placed into the appropriate placement? Y/N	
WPCH	Refer to W-2 Manual Section 2.2.5.1 If the family is receiving federally funded child care, is the second adult parent participating in allowable work activities (WPCH)? Y/N If Yes, does the second parent have a current EP? Y/N Note: per OM 06-46, an EP is required of the second parent even if his/her participation is voluntary.	
	If the family is not receiving federally funded child care, can you determine if the agency provided the opportunity to participate in allowable activities? Y/N	
	Document any concerns identified within the Two-Parent Household Section that warrant a discussion with the agency.	
Section 7	Employability Plan	
WPAS PIN	Is the EP current or has it expired? Y/N/X Record if current or expired.	
WPAS WPCH	Do the activities on WPAS match with those on WPCH? Y/N	
	Can you determine if the assessment results are reflected in the development of the participant's employment goals, activities, supportive services, etc.? Y/N	
WPES PIN	Review the last three EP's. Can you determine if the agency is continually evaluating the EP based upon the participant's progress, participation, circumstances, etc.? Y/N	
	Can you determine if the EP was developed jointly by the participant and the FEP? Y/N	
	Review OM 09-62 for CSJ and W-2T policy. Is the participant assigned up to 40 hours of activity which may include a combination of work training and education and training activities? Y/N	
	Does the EP identify specific days and times of the scheduled activities? Y/N	
	Document any concerns identified within the Employability Plan Section that warrant a discussion with the agency.	
Section 8	Payment Reduction	
WPNP PIN IQAF case #	Refer to OM 5-54 and OM 10-63. Have non-participation hours, without good cause, been entered? Y/N If yes, has the FEP made an attempt to uncover or address the hidden barriers that are affecting non-participation? Y/N Note: review the last three pay periods in IQAF if necessary.	

CARES screen :	Wisconsin Works (W-2) Case Review Tool	
CMCC	If the participant has notified the FEP of good cause, has the agency documented the basis for granting or denying the good cause? Y/N Note: when documenting in CMCC the reasons for approving or denying good cause, the FEP should begin the comment with "GCD" for Good Cause Determination.	
IQAF case #	If payment reductions have occurred, were they 20% or greater? Y/N If yes, has the agency provided written notification (CNHS) per OM 11.52? Y/N	
	Does it appear that the agency allowed the participant seven working days to rectify the deficiency, failure or other behavior? Y/N	
	Document any concerns identified within the Payment Reduction Section that warrant a discussion with the agency.	
Section 9	Placement Decision	
	What was the placement decision? Explain.	
	Based upon the review of the previous sections are you able to determine if the agency used the assessment results to make appropriate placement? Y/N	
	Did the FEP document the rationale for the placement decision? Y/N	
	Complete the appropriate following section based upon placement decision	
	Case Management for Pregnant Women (CMP)	
CMCC	Refer to OM 10-33. Did the FEP document in CARES case comments when the plan was printed and given to the participant? Y/N	
	What supportive services were provided during placement? List	
CMCC	Is information recorded that would indicate that the pregnant women is a potentially appropriate for ARP placement? Y/N	
	At Risk Pregnancy (ARP)	
	Review medical information in ECF to ensure compliance with OPS memo 09-77. Was the medical information date stamped upon receipt by the agency? Y/N	
WPHP	Compare WPHP to the medical information. Explain any concerns.	
	Custodial Parent of an Infant (CMC)	
ANID case # ACWI case #	Is the placement begin date based on date of birth (DOB)? Y/N Is the placement begin date base upon the W-2 begin date? Y/N If neither, has the agency documented why? Y/N	
CMCC	Do case comments reflect that a discussion was held regarding establishing paternity and cooperating with child support? Y/N	

CARES screen :	Wisconsin Works (W-2) Case Review Tool	
	Does it appear that the agency encouraged the participant to volunteer for appropriate services such as parenting classes, budgeting classes, family planning services and one appropriate job search? Y/N	
CMCC CNHS	If the CMC end date is approaching, is there a scheduled appointment noted in case comments? Y/N Does the appointment date in CNHS match? Y/N	
ACWI case #	Refer to OM 09-18. Is the case closed? Y/N If yes, has the agency make several attempts using various methods to contact the participant prior to the CMC end date to assess for proper W-2 placement after the CMC placement? Y/N Note: the written appointment notice may count as one attempt.	
ACWI case #	If the CMC case is closed, did the case close on the 84th day? Y/N If no, identify the date and determine if the participant received the correct final payment .	
	If the CMC case has closed, did the participant receive the appropriate closure notice in CWW (closure code #645)? Y/N	
	Did the CMC case close appropriately as defined by OM 09-18? Y/N	
	Community Service Job (CSJ)	
	Can you determine the type of CSJ this is, e.g., Job Search CSJ, Work Experience/Soft Skills CSJ, Job Skill Training CSJ? Y/N If no, complete the WorkExperience/Soft Skills CSJ Section below.	
	Job Search CSJ	
WPCH PIN	Does WPCH reflect the Job Search component "CJ"? Y/N	
	Do the informal assessment results support this placement? Y/N	
	Review OM 07-48. Does the agency provide the required job search services including facilitated job search? Y/N	
	If the participant was unable to find unsubsidized employment within 60 days, has the FEP reassessed the appropriateness of the placement, including the job search services provided by the agency? Y/N	
	Work Experience/Soft Skills CSJ	
WPAS WPCH WPJS PIN	Is the participant assigned to work experience? Y/N If no, has the agency documented why? Y/N If yes, is the work site consistent with the employment goals identified on WPJS? Y/N	
	If the participant has been assigned to the work experience site for three months or more, has the agency documented the participant's progress? Y/N	
	Job Skills Training CSJ	
WPJS pin	Is the training related to the employment goals? Y/N	
	Can you determine if employment is attached to the training upon completion or if the agency has employment opportunities in place upon completion? Y/N	

CARES screen :	Wisconsin Works (W-2) Case Review Tool	
	Has the agency documented a plan of action for employment after completion of the training? Y/N	
	Has the participant secured employment in the area of training? Y/N	
	W-2 Transition Placement (W-2T)	
	Review W-2 Manual Section 7.4.2.1. and OM 10-50. How was the W2-T placement decision determined, e.g., self disclosure, medical documentation, screening, formal/informal assessment results? List	
WPBD pin WPCH	Review barriers identified on WPBD. Were accommodations recommended? Y/N If yes, do the assigned activities reflect the accommodations? Y/N For example, an assignment of 28 hours of on-going medical/personal care (MP) is not an appropriate activity for an individual who needs ASG accommodations.	
	Is the participant on an Employment Track or SSI Track? Identify/U	
	<i>Document any concerns identified within the Placement Decision Section that warrant a discussion with the agency.</i>	
Section 10	W-2 Closures	
	<i>Prior to completing this section, review OM 05-54, OM 10-63 and OM 09-18, the process for closing W-2.</i>	
	Identify the closure reason as per the notice of decision in CWW.	
CMCC	Review case comments to identify the intent of the closure. If case comments reflect a closure reason different from the notice of decision, a conversation with the agency is warranted. Did the agency issue the correct notice of decision regarding the termination of W-2 eligibility? Y/N	
	Did the agency explore potential barriers that may be interfering with the participant's ability to cooperate? Y/N	
	Did the agency take steps to address the barriers that may have caused the noncooperation? Y/N	
	Did the agency apply payment reductions as appropriate prior to determining ineligibility? Y/N Note: written and oral notification is required.	
	If the closure resulted from noncooperation with program requirements, did the agency provide oral notification as defined in OM 11-52? Y/N	
	Review OM 02-12. Did the agency offer assistance in developing a Supportive Service Plan? Y/N	
	<i>Document any concerns identified within the W-2 Closures Section that warrant a discussion with the agency.</i>	

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Section 11	General Observations	
CMCC	Are case comments current within the last month? Y/N	
CMCC	Are case comments (pin and case #) used regularly (monthly) to document a story with actions taken, rationale for actions, agency plan of action, next scheduled appointment, and quality of case management? Y/N	
CMCC	Do case comments support information on other CARES screens? Y/N	
WPPS case #	Does WPPS show a logical progression in W-2? Y/N If no, why? Explain. What actions has the agency taken to move the participant to the next higher rung of the W-2 ladder? Explain.	
AIWC case #	Is this case in the 54th month or greater? Y/N If yes, has an extension discussion been initiated and documented in case comments? Y/N Note: AIWC case # would reflect that 53 months have been used, thus at the time of the review, the participant would be in the 54th month.	
AIWE case # AIWC case # CMCC	If this case is in the 56th month, is the extension decision entered on AIWE or documented in case comments? Y/N/X Note: AIWC case # would reflect that 55 months have been used, thus at the time of the review, the participant would be in the 56th month.	
	Review the case. If the extension decision is a denial, is the agency rationale justifiable? Y/N	
	Is there a plan of action as the participant approaches his/her 60th month time limit? Y/N	
	If this case has 100 months or more on the lifetime clock, can you identify what the current plan of action is for the participant/family? Y/N	
ACCH AIWO	Has the participant resided in another state prior to applying for W-2? Y/N If yes, did the agency take the necessary steps to verify receipt of TANF cash assistance in another state, including updating AIWO? Y/N	
	<i>Document any concerns identified within the General Observations Section that warrant a discussion with the agency.</i>	
Section 12	Electronic Case File (ECF) Verification Review	
	<i>Y=Yes N=No U=Unknown X=Not Applicable G=Good Cause</i>	
	Number of adults in the AG:	
	Number of minors in the AG:	
	Eligibility Verification	
	Were Social Security Numbers documented or verified once for all members of the AG? Y/N	
	Is the identity of the primary participant documented once? Y/N	
	Is the following information documented once for all adult members of the AG?	
	Age Y/N	

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	US Citizenship Y/N/X	
	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?	
	WI Residence Y/N	
	Earned Income Y/N/X	
	Unearned Income Y/N/X	
	Assets Y/N/X	
	A signed Combined Application Form (CAF) will meet the requirement of verification for the following.	
	Marital Status Y/N	
	Custody of Children Y/N	
	Child Support Cooperation Verification Y/N/X/G	
	If good cause is claimed, are DWSP-2019 and the supporting documentation in ECF? Y/N	
	Required Forms	
	Are the following forms signed by the participant and found in ECF?	
	CAF within the last six months or DWSP-2471 for new applicants Y/N	
	W-2 Participation Agreement (DWSP-10755) Y/N	
	W-2 Barrier Screening Agreement (DWSP-13578) Y/N	
	Current Signed Employability Plan Y/N	
	Good Cause Notice (DWSP-2018) Y/N	
	Notice of Child Support Assignment (DWSP-2477) Y/N/X	
	If appropriate, are the following forms signed by the participant and found in ECF?	
	W-2 Agency Time Limit Extension Record (DWSW-11661) Y/N/U/X	
	W-2 Supportive Services Plan (DWSW-12956) Y/N/U/X	
	CARES registration form or DWSP-14880 Y/N/X	
	Learnfare School Attendance Y/N/X	
	Services and Accommodations To Help You Do Your W-2 Activities (DCF-F-E-2564) Y/N See OM 10-62.	
	Wisconsin Works (W-2) Formal Assessment Agreement (DCF-F-2565) Y/N See OM 10-62	
	<i>Document any concerns identified within the Required Forms Section that warrant a discussion with the agency.</i>	

TANF Participation Verification

Reviewer: _____ Agency: _____

Case Number: _____ PIN: _____

Review Period:								
For the week of:		Assigned Hours (WPCH)	Non-Participation Hours (WPNP)	Calculated Hours of Attendance	Documented Hours (ECF)		Good Cause (WPNP)	Comments
Activity:				0				
Activity:				0				
Activity:				0				
Activity:				0				
Activity:				0				

For the week of:		Assigned Hours (WPCH)	Non-Participation Hours (WPNP)	Calculated Hours of Attendance	Documented Hours (ECF)		Good Cause (WPNP)	Comments
Activity:				0				
Activity:				0				
Activity:				0				
Activity:				0				
Activity:				0				

For the week of:		Assigned Hours (WPCH)	Non-Participation Hours (WPNP)	Calculated Hours of Attendance	Documented Hours (ECF)		Good Cause (WPNP)	Comments
Activity:				0				
Activity:				0				
Activity:				0				
Activity:				0				
Activity:				0				