

Requesting W-2 Entry Guide

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W-2 Contact Information

Questions regarding this training material should be directed via your local agency process to the Partner Training Team,

Email: PTTTrainingSupp@wisconsin.gov

A contact person is available to answer e-mailed questions related to this training material, assist you in completing any activity that you are having difficulty with, and/or provide explanation of anything else about this training material.

Questions regarding W-2 production cases and systems should be directed via your local agency process to the BWF Work Programs Help Desk at:

Email: bwfworkprogramshd@wisconsin.gov

Telephone: (608) 422-7900.

W-2 Policy questions should be directed to your Regional Office staff.

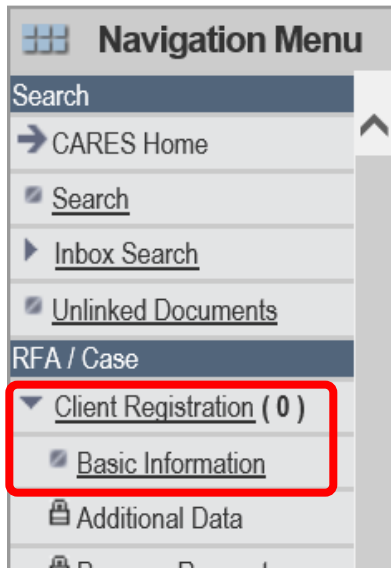
DCF is an equal opportunity employer and service provider. If you have a disability and need information in an alternate format, or need it translated to another language, please contact (608) 535-3665 or the Wisconsin Relay Service (WRS) – 711.

For civil rights questions call (608) 422-6889 or the Wisconsin Relay Service (WRS) – 711.

Ana

Ana is applying for W-2 because she wants help finding a job. Ana (age 24) has one child, Elena (age 6). She lives in an apartment with her daughter, does not provide any contact information, and does not have an alternate mailing address.

CWW Home Page



CARES Worker Web Home

Recent Cases/RFAs/ACCESS Applications/Change F	
Type	Number
Case	9104136098
Case	2104144221
Case	0104154501
Case	8104152289
Case	2104155720
PIN	8205266263

- ☐ **Step 1:** From the CWW Home Page, click on the Client Registration tab in the **Navigation Menu**.
- ☐ **Step 2:** Click on **Basic Information**.

Basic Information

Basic Information Cancel ☐ Reset



Primary Person Information



*First Name MI *Last Name Suffix Gender SSN Birth Date

Chosen Name

Primary Person Alias Information


Delete ☐ First Name MI Last Name Suffix Alias Name Type

Primary Person Spouse Information

Primary Person Spouse Alias Information

Cancel ☐ **Next** 

- ☐ **Step 1:** Enter Ana's **First Name** and **Last Name**.
 - **Note:** Make up a last name for Ana; don't use a common last name such as Smith, Jones, etc.
- ☐ **Step 2:** Select FEMALE for **Gender**.
- ☐ **Step 3:** Enter Ana's **SSN**. Enter a unique sequence of numbers.
- ☐ **Step 4:** Enter Ana's **Birth Date**. Remember, Ana is 24 years old.
- ☐ **Step 5:** Click Next.

Potential Individual Matches

Potential Individual Matches

[Reset](#)

Primary Person Individual Matches											
	Match	SSN	First Name	MI	Last Name	Suffix	Birth Date	Gender	Alias/ Name Type	Cleared	Where?
							01/15/1996	Female			
No data found.											
There are no matches for this individual in CARES. Please select an option below:											
<input type="radio"/> Enter page one of FoodShare Mail-in application											
<input type="radio"/> Enter page one of Family Medicaid Mail-in application											
<input checked="" type="radio"/> Create new RFA using entered Basic Information											

[Previous](#)
[Next](#)

- ☐ **Step 1:** Select Create New RFA using entered Basic Information.
- ☐ **Step 2:** Click Next.

Additional Data

Additional Data

Cancel ☐ Reset

The following events have occurred:

AE786: Read this to the individual when you ask about ethnicity and race:

"I'm going to ask some questions about your ethnicity and race. These questions help us understand who is accessing our programs and help us make sure they are working for everyone who is eligible, no matter what race or ethnicity they are. I will give you some words and I want you to tell me which ones best describe you. Your answers will not be used to decide anything about your programs or benefits. You do not have to answer these questions if you don't want to."

RFA Information			
*RFA Type ES - ECONOMIC SUPPORT (ES)	*Contact Date 06 / 28 / 2022	*Contact Method W - Walk-in	*Language E - ENGLISH
*County / Tribe 18 - EAU CLAIRE COUNTY	*Eligibility Office 5518	Assigned Worker ID dcf792	Assigned Worker Name
*Application Source LA - Local Agency Office			
Ethnicity			
Hispanic or Latino/a: <input type="text"/>			
Race			
American Indian / Alaskan Native: <input type="text"/>			
Asian: <input type="text"/>			
Black / African American: <input type="text"/>			

- ☐ **Step 1:** Select ES – ECONOMIC SUPPORT (ES) as the **RFA Type**. Enter today as the **Contact Date** and select W – WALK-IN as the **Contact Method**. Select E - ENGLISH as the primary language from the **Language** drop-down menu.
- ☐ **Step 2:** The **County/Tribe** office is 18 – EAU CLAIRE COUNTY, and the **Eligibility Office** number is 5518.
- ☐ **Step 3:** Enter your CARES ID as the **Assigned Worker ID**.
- ☐ **Step 4:** Do not enter ethnicity and race information for Ana. You will be asked for this information again during Eligibility.
 - **Note:** Yellow banners are informational. You don't need to take any action at this time.

Household Address							
County of Residence							
18 - EAU CLAIRE COUNTY							
<input type="checkbox"/> Homeless <input type="checkbox"/> Populate with office address (for homeless Primary Persons)							
Number	Unit	Direction	*St / Rural Rt / Box Number	Suffix	Quadrant	Apt	
W6631		N - NORTH	Norway Hills	LN - LANE			
Additional Address Info							
*City		*State		*ZIP		Phone	
Wautoma		WI - WISCONSIN		54982 -			
Census Tract		Region Number					
Contact Information							
Work Phone:				Message Phone:			
Cell Phone:				Email Address:			
Preferred Contact Method:				Preferred Contact Time:			
Preferred Contact Method if Deaf or Hard of Hearing:							
Alternate Address							
<input type="checkbox"/> Household has an alternate mailing address:							
Number	Unit	Direction	St / Rural Rt / Box Number	Suffix	Quadrant	Apt	
Additional Address Info							
City		State		ZIP		Phone	
Information Provider							
<input type="checkbox"/> Information Provider is different from Primary Person:							
First Name		MI	Last Name		Suffix		
<input type="checkbox"/> Information Provider lives in different household than Primary Person:							
Number	Unit	Direction	St / Rural Rt / Box Number	Suffix	Quadrant	Apt	
Additional Address Info							
City		State		ZIP		Phone	

Cancel ☐ [Previous](#) [Next](#)

- ☐ **Step 5:** Enter Ana's address in the **Household Address** section.
 - **Note:** Because this is a fictional case, enter your W-2 agency address, city, and zip code.
- ☐ **Step 6:** Ana does not provide you with any **Contact Information**, and she does not have an **Alternate Address**.
- ☐ **Step 7:** Click Next. You will see an informational banner.
- ☐ **Step 8:** Click Next, again.

Program Requests

Program Requests

Cancel ☐ Reset

Programs	
* Health Care (Including Medicare Savings Programs):	No ▼
* Family Planning Waiver:	No ▼
* Caretaker Supplement:	No ▼
* FoodShare:	No ▼
DSNAP:	N/A
* Child Care:	No ▼
* Wisconsin Works (W-2):	Yes ▼

Cancel ☐ Previous Next

☐ **Step 1:** Select YES for **Wisconsin Works (W-2)**.

☐ **Step 2:** Click Next.

Print Application Registration

Print Application Registration

Cancel ☐ Reset

Print Options

Language:

E - ENGLISH ▼

Would you like to Collect a Telephonic Signature for FoodShare, Health Care, Child Care or Family Planning Waiver?

No ▼

Select the "View" button to preview and/or print the CARES application registration

View

Cancel ☐

◀ Previous

Next ▶

- ☐ **Step 1:** On the **Print Application Registration** page, select the View button to view the application. After viewing the application click on the X to close out the application.
- ☐ **Step 2:** Click Next.

Complete Request for Assistance

Complete Request for Assistance

Cancel ☐ Reset

RFA Dates	
Contact Date:	03 / 10 / 2025
Registration Filing Date:	03 / 10 / 2025
Program Filing Dates	
Make all blank Program Filing dates the same as Registration filing date	
Health Care (Including Medicare Savings Programs):	Not Requested
Katie Beckett Medicaid:	Not Requested
Family Planning Waiver:	Not Requested
Caretaker Supplement:	Not Requested
FoodShare:	Not Requested
DSNAP:	Not Requested
Child Care:	Not Requested
Wisconsin Works (W-2):	03 / 10 / 2025
Extension	
Extension Date:	MM / DD / YYYY
Extension Reason:	
Withdraw	
Withdraw RFA?	No
Withdraw Reason:	

Cancel ☐ Previous Next

- ☐ **Step 1:** Enter today's date for the **Registration Filing Date** and the **Program Filing Date**. Do not enter any information for **Extension** or **Withdraw**.
- ☐ **Step 2:** Click Next.

RFA Comments

RFA Comments Cancel Reset

Add/Edit Comments

Date Entered: **04/07/2020** Entered By: **DCFD67** Flag as Important? ☐

Comment:

is applying for W-2 for assistance in obtaining employment. She has one daughter, , age 6.

Current Size = 102 characters (1000 characters max.)

Add

Review Comments (Past 90 Days)

Flag	Date Entered	Entered Time	Entered By	Comments
No data found.				

From Date To Date

Cancel Previous Next

- ☐ **Step 1:** Enter the following **RFA Comments:** *Ana is applying for W-2 for assistance in obtaining employment. She has one daughter, Elena, age 6.*
- ☐ **Step 2:** Click Add.
- ☐ **Step 3:** Click Next.

RFA Summary

CARES Worker Web User ID: DCFD67 User Name: K CHAPPA Quick Select: CASE/RFA Go Help Logout

Primary Person: RFA: Status: CR Complete 04/07/2020

RFA Summary Cancel [X] Reset

Primary Person Information			
Name:	[REDACTED]		
Birth Date:	[REDACTED]	Gender:	FEMALE
SSN:	[REDACTED]	Ethnicity:	
Race:			

RFA Information			
RFA Type:	ECONOMIC SUPPORT (ES)	RFA Filing Date:	04/07/2020
Contact Method:	Walk-in	Contact Date:	04/07/2020
Language:	ENGLISH	Resulting Case:	N/A
Attached Mail-in Application:	None	Mail-in Application Status:	
Application Source:	Local Agency Office		

RFA Status			
RFA Status:	PENDING (CR COMPLETED)	Withdraw Reason:	
Extension Date:		Extension Reason:	
RFA Web Status:	WEB		

- ☐ **Step 1:** Write down Ana's RFA number from the top of the page.
RFA: _____
- ☐ **Step 2:** The status on the top right of the page should read "CR Complete."
- ☐ **Step 3:** Click the Cancel box, and then click on **CARES Home** in the **Navigation Menu** to leave this case.

You are at the end of Ana's entries for Requesting W-2.



Do not continue processing this case. You will make further CWW entries in a later course.

- Send an email to PTTTrainingSupp@wisconsin.gov.
- Subject Line: **Requesting W-2 – Ana** and Ana's RFA number.

A trainer will review your entries and provide feedback. **Do not** start making entries for Brittany until a trainer has confirmed Ana's entries are complete.

Brittany

Brittany (age 34) is the mother of two children, Mason (age 9), and Ella (age 3 weeks). She lives in an apartment with her children. Brittany does not provide any contact information. She does not have an alternate mailing address. She is applying for W-2 for financial assistance and help with finding work.

- ☐ **Step 1:** In CWW, click on the Client Registration tab in the **Navigation Menu**.
- ☐ **Step 2:** Click on **Basic Information** page. Complete the **Basic Information** page. (You might need to click the New RFA button to get a blank screen.)

- ☐ **Step 3:** On the **Potential Individual Matches** page, select Create a New RFA.
- ☐ **Step 4:** Complete the **Additional Data** and **Program Requests** pages.
- ☐ **Step 5:** On the **Print Application Registration** page, select the View button to view the application.
- ☐ **Step 6:** Complete the **Complete Request for Assistance** page.
- ☐ **Step 7:** Enter **RFA Comments**.
- ☐ **Step 8:** You are now on the **RFA Summary** page.

Write down Brittany's RFA number.

RFA: _____

You are at the end of Brittany's entries for Requesting W-2.



Do not continue processing this case. You will make further CWW entries in a later course.

- Send an email to PTTTrainingSupp@wisconsin.gov.
- Subject Line ***Requesting W-2 – Brittany*** and Brittany's RFA number.

A trainer will review your entries and provide feedback. **Do not** start making entries for Chantelle until a trainer has confirmed Brittany's entries are complete.

Chantelle

Chantelle (age 38) is the mother of Anthony (age 14). She lives in an apartment with her son. Chantelle does not provide any contact information. She does not have an alternate mailing address. She is applying for W-2 for financial assistance and to help her find a job.

Key reminders for Chantelle entries:

- Create the RFA for Chantelle.
 - Refer back to the instructions for Ana and Britany, if needed.
- The status on top right is “CR Complete”.

Write down Chantelle’s RFA number.

RFA: _____

You are at the end of Chantelle’s entries for Requesting W-2.



Do not continue processing this case. You will make further CWW entries in a later course.

- Send an email to PTTTrainingSupp@wisconsin.gov.
- Subject Line **Requesting W-2 – Chantelle** and Chantelle’s RFA number.