

# **Applying for W-2 Entry Guide – Part One**

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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](mailto: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](mailto: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

You're meeting in person with Ana for the application appointment. Before you can start making entries, you'll log into the CWW Training Environment and pull up Ana's RFA.




- ☐ **Step 1:** Log on to CWW Training. The **CARES Worker Web Home** page displays.

## CARES Worker Web Home

Recent Cases/RFAs/ACCESS Applications/Change Reports/PINs				
Type	Number	Primary Person/Individual	Accessed	
Case	10	MARCO CHEN	05/14/2020	
Case	11	LYN ASS	04/21/2020	
PIN	12	DM EES	04/21/2020	
Case	13	LYN OND	04/21/2020	
RFA	14	LYN S 34F	04/21/2020	
PIN	15	LYN OND	04/21/2020	

Or

User ID: DCFD67 User Name: K CHAPPA

Quick Select : CASE/RFA   

## CARES Worker Web Home

- ☐ **Step 2:** Locate your Ana case on the Recent Cases list. Select your Ana case by clicking on the magnifying glass icon in the row to navigate to her **RFA Summary** page.

Or

Use the **Quick Select** field at the top of the page. Select CASE/RFA, enter Ana's RFA Number, and click Go.

## RFA Summary

**Update Agency Information**

\* Eligibility Office: 5518

Worker ID: DCFD67

**What would you like to do?**

☒ Begin Intake Interview

☐ Begin, continue, or view Data Entry of FoodShare Mail-in Application (With or without the Family Medicaid Addendum)

☐ Begin, continue, or view Data Entry of Family Medicaid Mail-in Application Form

☐ Transfer RFA

County / Tribe: 18 - EAU CLAIRE COUNTY

Eligibility Office: 5518

Enter Begin Month for New Data: MM / YYYY

Cancel ☐ [Previous](#) [Next](#)

- ☐ **Step 1:** Check that your worker ID is entered near the bottom of the page.
- ☐ **Step 2:** To begin the interactive interview, click the Begin Intake Interview radio button at the bottom of the page.
- ☐ **Step 3:** Enter the RFA Month (MM) and Year (YYYY) in the **Enter Begin Month for New Data** field. This is the month you entered the request for W-2. CWW determines eligibility based on the month of the RFA.
  - **Note:** This enters Begin Months for you on all new pages, saving you time.
- ☐ **Step 4:** Click Next.

## Review Basic Information

**Review Basic Information** Cancel Reset

**Primary Person Information**

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

Chosen Name

**Alias Information**

Delete First Name MI Last Name Suffix Alias Name Type

Reset Add

	First Name	Middle Initial	Last Name	Suffix	Alias Name Type	Deleted

Cancel Previous Next

☐ **Step 1:** Review the information.

☐ **Step 2:** Click Next.

# Individual/Case Clearance Results

## Individual / Case Clearance Results

Individual Clearance							
First Name	MI	Last Name	Suffix	SSN	Birth Date	Gender	PIN
					01/15/1996	Female	
Result: A new individual has been created in CARES and has passed clearance.							
Case Clearance							
Result: A new Case has been established for this individual.							
Case: 5 5							

◀ Previous    Next ▶

- ☐ **Step 1:** Review the **Individual Clearance** and the **Case Clearance** results to be sure they are correct. Your case should pass Clearance, and a new case should be established.
  - **Note:** If your case does not pass Clearance contact a trainer immediately at [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov).
- ☐ **Step 2:** Record Ana's PIN: \_\_\_\_\_
- ☐ **Step 3:** Click Next.

# Case Comments

 Case Comments

Cancel ☐ Reset





## Add/Edit Comments

Date Entered: **05/04/2020** Entered By: **DCFD67** Comment Type: **G - General**   Flag as Important? ☐

Comment:

Current Size = 0 characters (1000 characters max.)

## Review Comments (Past 90 Days)

<a href="#">Flag</a>	<a href="#">Date Entered</a>	<a href="#">Entered Time</a>	<a href="#">Entered By</a>	<a href="#">Type</a>	Comments		
	04/07/2020	1:04 PM	DCFD67	Client Registration	Client  applying for W-2 for assistance in obtaining employment. She has one daughter,  age 6.		



**Step 1:** You are now on the **Case Comments** page. You should see only the RFA comment. You do not need to add any comments at this time. Click Next.




## Household Members

Ana lives with Elena, her six-year-old daughter. Ana has their birth certificates with her at the appointment. She also provides you with their Social Security numbers.

### Household Members

Cancel ☐ 


Total: 1

Current Household Members			
24F PP			
Effective Period			
*Last Updated:			
Delete:	<input type="checkbox"/>	Delete Reason:	<input type="text"/>
Individual Name			
*First Name	MI	*Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chosen Name:			SSN Matches: 
Additional Information			
*Gender:	<input type="text"/>	SSA Verification:	C - COMPLETED REQUIREMENTS
SSN:	<input type="text"/>	Verification:	BC - BIRTH CERTIFICATE
Birth Date:	MM/DD/YYYY		



**Step 1:** Enter **Verification** of Ana's **Birth Date**. Use BC – BIRTH CERTIFICATE

Alias SSN Information	
Delete	SSN
<input type="checkbox"/>	<input type="text"/>
<input type="button" value="Reset"/> <input type="button" value="Add"/>	
SSN	Deleted

Individual	Updated on or before	Go	
<input type="text"/>	MM/DD/YYYY		



**Step 2:** Click the Add New Information button located in the **Record Navigator** at the bottom of the page to get a blank **Household Members** page.



**Step 3:** Enter ELENA in the **First Name** field and <ANA'S LAST NAME> in the **Last Name** field.



**Step 4:** Select FEMALE as Elena's **Gender**.

- ☐ **Step 5:** Ana provides Elena's **SSN**. Select C – COMPLETED REQUIREMENTS as the **SSA Verification**.
  - **Note:** *Do not use sequential numbers (111-11-1111) or patterns (232-32-3232); use random numbers.*
- ☐ **Step 6:** Enter a **Birth Date** that makes Elena 6 years old. **Verification** is BC – BIRTH CERTIFICATE.
- ☐ **Step 7:** Click Next.

## Program Requests

- ☐ **Step 1:** There is a separate **Program Request** page for each program of assistance. Click Next on the **Health Care Request** and **Katie Beckett Medicaid Request** pages.

**Medicare Savings Program (QMB/SLMB/SLMB+) Request** Cancel ☐


---

**Effective Period**

\* Begin Month:  /  Last Updated: **05/04/2020**

---

**Request Details**




\* Program Filing Date:  /  /   \* Requesting this Program / Subprogram of Assistance?



How far back do you want the Medicare Savings Program?

---

**MARIANA WINCHESTER 24F PP**

\* Individual Request:

Reason for Not Requesting:    MSP Contact Date:  /  /  

Enter New Begin Month:  /    

---

Updated on or before  
 /  /

Enter Begin Month for New Data:  /

Cancel ☐

- ☐ **Step 2:** On the **Medicare Savings Program (QMB/SLMB/SLMB+)** page, for the question “Requesting this Program/Subprogram of Assistance?”, Select NO. Click Next.
- ☐ **Step 3:** Click Next on the **Family Planning Waiver Request**, **Caretaker Supplement Request**, **FoodShare Request**, and **Child Care Request** pages.
- ☐ **Step 4:** Stop at the **W-2 Request** page.

# W-2 Request

**W-2 Request** Cancel ☐ Reset

---

**W-2 Program Request**

**Effective Period**

\* Begin Month:  /  Last Updated: **05/04/2020**

---

**Request Details**

\* W-2 Request Date:  /  /  \* Requesting this Program / Subprogram of Assistance?

Target Type:  Target Individual:

Enter New Begin Month  /  Go

---

**Financial Employment Planner Information**

\* Assigned FEP ID:  FEP Name:

Supervisor ID:  Supervisor Name:

---

**W-2 Work Program Referral For Assessment**

Individual:

---

**Subsidized Housing Information**

Last Updated:

\* Effective Month:  /  \* Low Income Subsidized Housing Status:

Enter New Begin Month:  /  Go

---

Updated on or before  /  /  Go

Enter Begin Month for New Data:  /

Cancel ☐

- ☐ **Step 1:** Enter your worker ID in the **Assigned FEP ID** field.
- ☐ **Step 2:** The **W-2 Work Program Referral for Assessment** section displays for the primary person as well as all individuals 18 years or older. You can make only one referral for one individual at a time. Select ANA <LAST NAME> 24 PP for **Individual**.
- ☐ **Step 3:** For **Low Income Subsidized Housing Status**, select 3 - NO HOUSING SUBSIDY.
- ☐ **Step 4:** Click the Refer Selected Individual button.
  - **Note:** You should see a system message at the top of the screen informing you that the referral was successfully sent.
- ☐ **Step 5:** Click Next.

## Interview Details

### Interview Details

Cancel ☐ 

Request / Renewal / Review Date	Program	Mode	*Interview Type	Last Updated
05/14/2020	WW - W-2	Program Request	<input type="text" value=""/>	

From Date	To Date
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>

Cancel ☐

**Step 1:** Select F - FACE TO FACE from the **Interview Type** drop-down menu and click Next.

# Household Relationships

## Household Relationships

Cancel ☐ Reset

Completed 0 of 2

Reference Person

Individual: 24F PP Last Updated:

6F

\* is the: DAU - DAUGHTER of \*Effective: 05 / 2020

\* Verification: BC - BIRTH CERTIFICATE

Sage also:

Purchases & Prepares Meals with

Yes

Is Caring for

No

\* Has Legal Custody of

No

Is Filling Parental Role for

No

Is an Essential Person for

No

Is LTC Tax Dependent of

No

Individual

Updated on or before

MM / DD / YYYY

Go

Add Case Comment

Cancel ☐

Previous

Next

- ☐ **Step 1:** Indicate that Elena is the DAU - DAUGHTER of Ana.
- ☐ **Step 2:** Use BC – BIRTH CERTIFICATE as **Verification** and click Next.
- ☐ **Step 3:** Confirm that Elena is now the Reference Person.
  - **Note:** The fields for Ana have auto filled based on the responses to the household relationships you've already entered. Because you entered that Elena is the daughter of Ana on the previous page, CWW now knows that Ana is the mother of Elena and enters this information.
  - CWW also assumes that Ana has legal custody of Elena because Elena is her daughter, and this is a custodial parent case.
- ☐ **Step 4:** Review all the information CWW entered for Elena as the Reference Person to ensure it is accurate.
- ☐ **Step 5:** Click Next.

DFES/Partner Training Team  
 S:\...\New\_Worker\_Training\Guides\Entries\03\_ApplyingW2\_EntryGuide\_PartOne\_101625

14

10/16/25

# Relevance Results

## Relevance Results

Relevant Individuals for Current Case										
Please make sure the information below is correct. Individuals who are applying for assistance should provide an SSN or apply for an SSN. Individuals not applying for assistance may choose to not provide an SSN.										
First Name	MI	Last Name	Suffix	SSN	Birth Date	Gender	Applying	Cleared	Make Not Relevant	
ANA		VILLAS			11/04/1995	Female	Yes	Yes		
ELIANA		VILLAS			02/24/2014	Female	Yes	No		
Individuals Not Relevant for Current Case										
Based on the information provided, it will not be necessary to collect any additional information about the following individuals. The individual information below will be stored as part of this case and can be viewed by visiting the 'Select Other Household Members' page. If any of these individuals wish to apply for assistance at a later time or if there is a change in circumstance, it may be necessary to collect additional information at that time.										
First Name	MI	Last Name	Suffix	SSN	Birth Date	Gender	Make Relevant			
No data found.										

Cancel ☐

- ☐ **Step 1:** Click Next. A message appears in the Event Panel that you are about to begin Clearance.
- ☐ **Step 2:** Click Next. A separate **Clearance** page appears for each individual on the case.
  - **Note:** Only Elena appears now because Ana already went through Clearance during Client Registration.

# Individual/Case Clearance Results

## Individual Clearance Results

Individual Clearance								
	First Name	MI	Last Name	Suffix	SSN	Birth Date	Gender	PIN
Entered:							Female	
Result:	<b>Pass</b>							

Add Case Comment

◀ Previous    Next ▶

- ☐ **Step 1:** Review Elena's results to be sure they are correct and what you expected.
- You should not have a match. If you have a match, click the Previous button and change Elena's SSN or birth date so there is no match.
  - **Note:** The clearance result must be **Pass**. If the result does not show Pass, or if you have any other problems with Clearance, contact [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov) for assistance.
- ☐ **Step 2:** Click Next.



## General Case Information

Ana has lived in Wisconsin her entire life. Her friends and family are here, and she never had a reason to leave.

The screenshot shows a form titled "WI Residency Information". It contains several questions and input fields:

- Have you resided in WI all your life?** (Dropdown menu)
- Are you a previous WI resident?** (Dropdown menu)
- Date Moved From WI:** (MM/DD/YYYY format)
- Date Moved To WI:** (MM/DD/YYYY format)
- State Moved From:** (Dropdown menu)
- Have you lived in WI longer than the last 3 months?** (Dropdown menu)
- When did you start living in WI?** (MM/DD/YYYY format)
- Do you plan to live in WI in the future?** (Dropdown menu)
- When will you start living in WI?** (MM/DD/YYYY format)

Navigation arrows are visible at the bottom right of the form.

- ☐ **Step 1:** In the **WI Residency Information** section, select YES to answer the question, "Have you resided in WI all your life?"
- ☐ **Step 2:** Click Next.

# Address Verification

**Address Verification**
Cancel ☐
Reset

---

**Original Address (HouseHold)**

\* County of Residence

18 - EAU CLAIRE COUNTY

Number	Unit	Direction	*St / Rural Rt / Box Number	Suffix	Quadrant	Apt
1212		S - SOUTH	JEFFERSON			

Additional Address Info

\*City      \*State      \*ZIP

EAU CLAIRE      WI - WISCONSIN      54701 -

---

**Post Office Suggested Address**

County of Residence

18 - EAU CLAIRE COUNTY

Number	Unit	Direction	St / Rural Rt / Box Number	Suffix	Quadrant	Apt
1212		S - SOUTH	JEFFERSON			

Additional Address Info

City      State      ZIP

EAU CLAIRE      WI - WISCONSIN      54701 -

---

**What Would You Like To Do**

☐ Accept Post Office Suggested Address - Use the address listed in the 'Post Office Suggested Address' section when there are no error messages displayed.

☒ Override Post Office Suggested Address - Keep address listed in 'Original Address' section.

☐ Resubmit Original Address - After making changes, re-verify the modified address with the Address Verification web service.

Add Case Comment
Cancel ☐
Previous
Next

- ☐ **Step 1:** In the **What Would You Like To Do** section, select Override Post Office Suggested Address.
- ☐ **Step 2:** Click Next.



## Electronic Contact Information


She would like to get her notices in the mail. Ana does have an email address but worries about not always having access to the Internet.

### Electronic Contact Information

Cancel ☐ 



Electronic Contact Information Required for the Following Individuals	
[Redacted] 24F PP	
<b>Effective Period</b>	
Delete Reason: <input type="text"/>	Last Updated:
<b>Email Address</b>	
* Individual: [Redacted] 24F PP	
Email Address: <input type="text"/>	
Get letters online with email notifications instead of by regular mail?	<input type="text"/>
* Get emails from health care partners?	<input type="text"/>



Individual

Updated on or before MM / DD / YYYY





Cancel ☐


- ☐ **Step 1:** Answer NO to “Get letters online with email notifications instead of by regular mail?”
- ☐ **Step 2:** Click Next.

## Representatives/W-2 Vendor Gatepost

Ana does not have any authorized representatives and is in charge of her own finances. She does not indicate that she wants part of her W-2 payment to go to a vendor.


**Representatives / W-2 Vendor Gatepost**
Cancel ☐
Reset

Effective Period	
Last Updated:	05/14/2020
Representatives	
* Does your household have a legal guardian/power of attorney?	N - No <input type="button" value="v"/>
* Does your household have an authorized representative?	N - No <input type="button" value="v"/>
■ Will your household have an alternate payee?	N - No <input type="button" value="v"/>
* Will your household have a protective payee?	N - No <input type="button" value="v"/>
■ Will your household have an authorized buyer?	N - No <input type="button" value="v"/>
W-2 Vendor Payment	
* Will your household have a W-2 vendor payment?	N - No <input type="button" value="v"/>

 Based on client's response, populate blank fields as N

Add Case Comment
Cancel ☐
Previous
Next

☐ **Step 1:** Answer N – NO to all the questions on this page.

☐ **Step 2:** Click Next.

## Permanent Demographics

Ana's primary language is English. She is a citizen and was born in Wisconsin. You already have her birth certificate, so you use that to verify citizenship. Ana identifies as Hispanic (Mexican American) and white (Other).

Individual Demographic Information			
<b>Effective Period</b>			
Last Updated:		05/14/2020	
<b>Individual Details</b>			
* Individual:		[REDACTED] 24F PP	
* Language:		E - ENGLISH	
* Are you a US citizen:		Yes	
Birth Place:		WI - WISCONSIN	
Date Of Death:		MM / DD / YYYY	
Alert Flag 1:			
Alert Flag 2:			
US Citizenship Verification:		BC - BIRTH CERTIFICATE	
US Citizenship MA Verification:			
State File Number:			
Source:			
Refutation Due Date:			

- ☐ **Step 1:** Select E – ENGLISH for Ana's **Language**.
- ☐ **Step 2:** Select YES to indicate that Ana is a US citizen. Use BC – BIRTH CERTIFICATE to verify Ana's citizenship.
- ☐ **Step 3:** Select WI - WISCONSIN as Ana's **Birth Place**.

Ethnicity	
Hispanic or Latino/a:	Yes
<b>Hispanic or Latino/a Details:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> CH - Chicano/a <input type="checkbox"/> CU - Cuban <input checked="" type="checkbox"/> MA - Mexican American</li> <li><input type="checkbox"/> MX - Mexican <input type="checkbox"/> PR - Puerto Rican <input type="checkbox"/> OT - Other</li> <li><input type="checkbox"/> UN - Unknown <input type="checkbox"/> DA - Decline to Answer</li> </ul>	
<b>Race</b>	
American Indian / Alaskan Native:	
Asian:	
Black / African American:	
Native Hawaiian / Pacific Islander:	
White:	Yes
<b>White Details:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> EU - European <input type="checkbox"/> ME - Middle Eastern</li> <li><input type="checkbox"/> NA - North African <input type="checkbox"/> PR - Persian</li> <li><input checked="" type="checkbox"/> OT - Other <input type="checkbox"/> UN - Unknown</li> <li><input type="checkbox"/> DA - Decline to Answer</li> </ul>	

- ☐ **Step 4:** Ana's **Ethnicity** is Hispanic – Mexican American and her **Race** is White - Other. Select these options for her.
- ☐ **Step 5:** Click Next.

Ana also provides Elena's birth certificate to verify citizenship and chooses not to disclose Elena's race or ethnicity.

- ☐ **Step 6:** Select E – ENGLISH for Elena's **Language**.
- ☐ **Step 7:** Select YES to indicate that Elena is a US citizen. Use BC – BIRTH CERTIFICATE to verify Elena's citizenship.
- ☐ **Step 8:** Select WISCONSIN as Elena's **Birth Place**.
- ☐ **Step 9:** Since Ana chooses not to disclose Elena's ethnicity or race, indicate DECLINE TO ANSWER in the **Ethnicity** and **Race** sections.
- ☐ **Step 10:** Click Next.

## Current Demographics

Ana has her driver's license with her to prove her identity. She has never been married and is currently living in Wisconsin with no plans to move. Ana has never had any legal issues and lives in her own apartment, which she pays for herself. Ana provides a piece of mail for Wisconsin residency verification.

### Current Demographics

Cancel ☐ Reset

Completed 0 of 2

Individual Demographic Information			
<b>Effective Period</b>			
* Begin Month:	06 / 2022	Last Updated:	
<b>Individual Details</b>			
* Individual:	24F PP		
* Identity Verification:	DR - DRIVER'S LICENSE		
* Identity MA Verification:			
* SSN Cooperation:			
* Marital Status:	SI - SINGLE-NEVER MARRIED	* Verification:	NQ - NOT QUESTIONABLE
* Currently living in WI:	Yes	* Verification:	MA - MAIL RECEIVED AT ADDRESS
* Is a temporarily absent WI resident for HC:			
* Is a temporarily absent WI resident for FS:			
* Intent To Reside In WI:	Yes		
* Migrant Farm Worker:	No	Verification:	NQ - NOT QUESTIONABLE
* CC Need Age 13-18:		* Verification:	
* Fleeing Felon Or In Violation Of Probation / Parole:	No	Source:	
<b>Physical Exam</b>			
* Physical Exam Completed?		* Good Cause:	
* Physical Exam Date:	MM / DD / YYYY	* Source:	
<b>Obsolete Information</b>			
* Offender Working Without Pay:		* Verification:	

- ☐ **Step 1:** Choose DR - DRIVER'S LICENSE for Ana's **Identity Verification**.
- ☐ **Step 2:** Her **Marital Status** is SI – SINGLE-NEVER MARRIED. You do not need to verify this. Check that the **Verification** defaults to NQ – NOT QUESTIONABLE.
- ☐ **Step 3:** YES, Ana is **Currently living in WI**. Use MA – MAIL RECEIVED AT ADDRESS.
- ☐ **Step 4:** YES, she **Intends To Reside In WI**.

- ☐ **Step 5:** NO, she is not a **Migrant Farm Worker**. You do not need to verify this.
- ☐ **Step 6:** NO, she is not a **Fleeing Felon Or In Violation Of Probation/Parole**.

**Living Arrangement Information**

Effective Period  
 \* Begin Month: MM / YYYY Last Updated:

Living Arrangements  
 \* Living Arrangement Type: 01 - INDEPENDENT (HOME/AP Verification: NQ - NOT QUESTIONABLE  
 \* Living Arrangement Date: MM / DD / YYYY DOC Record Query  
 \* Minor Parent Living Arrangement:  
 \* Is this person considered part of the health care household? Yes

Residential SUD Information Details

Homelessness Information  
 \* Expects to have a regular nighttime residence in the next 30 days?  
 \* Has this individual experienced homelessness in the past 12 months?

Child Out of Home Details  
 \* Is this a child living outside this home and in Foster Care or court-ordered Kinship Care?  
 \* Are the parents / caretakers cooperating to re-unite with this child? \* Verification:

Tax Dependent / Tax Co-Filer Out of Home Details  
 \* Is this individual a tax dependent or tax co-filer living outside of the household? No

W-2 Temporary Absence Information  
 \* Is this Child Temporarily Absent from the home?: Temporary Absence Verification:  
 \* Absence Begin Date: MM / DD / YYYY \* Expected Return Date: MM / DD / YYYY

CLA Exemption Information  
 \* Exemption Reasons:

Huber Program Participant Details

Incarceration Information

Enter New Begin Month: MM / YYYY Go

- ☐ **Step 7:** Ana's **Living Arrangement Type** is 01 – INDEPENDENT (HOME/AP/TRLR). You do not need to verify this. It will default to NQ – NOT QUESTIONABLE.
- ☐ **Step 8:** Click Next.
- ☐ **Step 9:** Elena's **Marital Status** is SI – SINGLE-NEVER MARRIED.
- ☐ **Step 10:** YES, Elena is **Currently living in WI**. Check that the **Verification** defaults to NQ – NOT QUESTIONABLE.
- ☐ **Step 11:** YES, Elena **Intends To Reside In WI**.



- ☐ **Step 12:** NO, she is not a **Migrant Farm Worker** or a **Fleeing Felon Or In Violation Of Probation/Parole**.
- ☐ **Step 13:** Elena's **Living Arrangement Type** is 01 – INDEPENDENT (HOME/APT/TRLR). You do not need to verify this. It will default to NQ – NOT QUESTIONABLE.
- ☐ **Step 14:** Click Next.

## Benefits Received

Ana reports that neither she nor her daughter receive benefits of any kind.


### Benefits Received

Cancel ☐ Reset

The following events have occurred:

 DX007: SSN verified, No benefits found.

Completed 0 of 1

Benefits Received [1 of 2]			
<b>Effective Period</b>			
*Begin Month:	03 / 2025	*Last Updated:	
<b>Additional Information</b>			
*Individual:  PP			
Has the individual received any of the following benefits?			
*Other State SNAP:	N - No	*Verification:	
*Tribal Commodities:	N - No	*Verification:	
*SSDI Payments:	No	*Verification:	
*SSI Payments:	No	*Verification:	
*SSI Letter:	No	*Verification:	
*Foster Care/Subsidized Guardianship:	No	*Verification:	
*Foster Care Court Order?:	No	*Verification:	
*QDWI Referral:	No	*Verification:	
<b>Obsolete Information</b>			
*Other State AFDC:	No	*Verification:	
*General Relief:	No	*Verification:	

Enter New Begin Month MM / YYYY Go

**Benefits Received [2 of 2]**

**Effective Period**  
 \*Begin Month: 03 / 2025 Last Updated:

**Additional Information**  
 Has the individual received any of the following benefits?

\*Kinship Relationship: No ▾

\*Kinship Care Payment: No ▾

\*Kinship Court Order?: No ▾

\*TANF Services: Yes ▾

\*SSI 1619(b): No ▾

\*Retirement Confirmed by SSA?: No ▾

\*Inpatient / Outpatient Drug or Alcohol Treatment: No ▾

\*Non-gaming Tribal Income: No ▾

\*Medicaid Programs Not Determined in CARES: ▾

\*Verification: ▾

\*TANF Type: BB - Broad Based Categorical Eligibility ▾

\*Verification: ▾

Enter New Begin Month: MM / YYYY Go

Individual Updated on or before MM / DD / YYYY Go

Based on client's response, populate blank fields as N

Add Case Comment Cancel ☐ Previous Next

- ☐ **Step 1:** Select NO to indicate that Ana is not receiving **SSDI Payments**, **SSI Payments**, or **SSI 1619(b)**.
- ☐ **Step 2:** Click Next.
- ☐ **Step 3:** Select NO to indicate that Elena is not receiving **SSDI Payments**, **SSI Payments**, or **SSI 1619(b)**.
- ☐ **Step 4:** Click Next

# School Enrollment

Elena completed Kindergarten last year and is enrolled in first grade this year. Ana will bring in a copy of Elena's most recent progress report later today.

**School Enrollment** Cancel Reset

School Enrollment information required for following individuals

**6F DAU**

**Effective Period**

\*Begin Month: 09 / 2023 Last Updated:

**Individual Information**

\*Individual: 6F DAU

\*Highest Level of Education Completed: XKG - KINDERGARTEN COMPLETED

\*High School Graduation Status: NOT - NOT GRADUATED Verification: NQ - NOT QUESTIONABLE

\*Enrollment Status: FU - FULL TIME Verification: ? - NOT YET VERIFIED

Type of Educational Institution: EL - ELEMENTARY

\*Student FoodShare Eligibility Reason: Verification:

\*School District: School Name: Expected Date of High School Graduation: MM / DD / YYYY Verification: NQ - NOT QUESTIONABLE

\*Meets Caring for Dependent Children Requirement: Comment:

Current Size = 0 characters (240 characters max.)

Enter New Begin Month MM / YYYY Go


- ☐ **Step 1:** Select ELENA from the **Individual** drop-down menu.
- ☐ **Step 2:** **Highest Level of Education Completed** for Elena is XKG – KINDERGARTEN COMPLETED.
- ☐ **Step 3:** **High School Graduation Status** is NOT – NOT GRADUATED. You do not need to verify this. It will default to NQ – NOT QUESTIONABLE.
- ☐ **Step 4:** Her **Enrollment Status** is FU – FULL TIME. Ana did not provide any verification documents for Elena's school enrollment. Select ? – NOT YET VERIFIED for **Verification**.
- ☐ **Step 5:** Indicate **Type of Educational Institution** with EL – ELEMENTARY.

W-2 Learnfare Monitoring	
Effective Period	
Delete Reason:	Last Updated:
Learnfare Details	
* Learnfare Status:	Verification:
Penalty Code:	
Issuance Month:	
Participation Period:	

- ☐ **Step 6:** Elena's **Learnfare Status** is WST – STUDENT IN GOOD STANDING. The **Verification** is ? – NOT YET VERIFIED.
- ☐ **Step 7:** Click Next.

## Individual Non-Financial Gatepost

Ana is not pregnant and has no drug felonies.

 **Individual Non Financial Gatepost**
Cancel ☐ Reset

---

**Effective Period**

Last Updated: **03/10/2025**

---

**Questions**

★ Is anyone in your household pregnant? N - No

■ Is anyone in your household disabled, blind, or unable to work due to illness or injury? N - No

■ Is anyone in your household requesting Long Term Care services? N - No

■ Is there anyone in your household who was an SSI recipient in the past who is not an SSI recipient now? N - No


■ Is anyone in your household under age 13 months? N - No

★ Has anyone in the household applying for FS or W-2 been convicted of a drug felony in the past 5 years? N - No

■ Does anyone in your household pay anyone else for room and meals? N - No

■ Is there anyone in your household under 26 who was receiving out of home care when s/he turned 18? N - No

■ Is any child in your household in a shared placement? N - No

 Based on client's response, populate blank fields as N

Add Case Comment
Cancel ☐
Previous
Next

- ☐ **Step 1:** Answer N – NO to the question, “Is anyone in your household pregnant?”
- ☐ **Step 2:** Answer N – NO to the question, “Has anyone in the household applying for FS or W-2 been convicted of a drug felony in the past 5 years?”
- ☐ **Step 3:** Click Next.

## Absent Parent

Elena's father's name is Damien. He's not involved with Elena and is not paying any child support. Elena's birth certificate lists Damien as her father. You review the Notice of Assignment and Good Cause Notice publications with Ana. Ana would like Damien to help out financially with Elena. All Ana has is a phone number for Damien. She wants to work with the Child Support Agency and does not have a reason to request Good Cause at this time.

**Absent Parent** Cancel ☐ Reset

Information For The Following Absent Parent(s) is Required

**Absent Parent (1 of 1) of :** 16 **6F DAU (Mother in the home)**

**Absent Parent Information**

**Effective Period**

Last Updated: MM / YYYY

Delete Month: MM / YYYY Delete Reason:  

**Absent Parent Information**

☒ Check if Absent Parent Known Sequence:  

\*First Name   MI   \*Last Name   Suffix   \*Gender M - MALE  SSN   -   -   Birth Date MM / DD / YYYY

**Absent Parent Address**

Number   Unit   Direction    St / Rural Rt / Box Number   Suffix    Quadrant    Apt  

Additional Address Info  

City   State    ZIP   -   Phone 920 555 1212

**Absent Parent Additional Information**

Absent Parent KIDS PIN:  

\*Absence Begin Date: 05 / 14 / 2020

\*Absence Reason: NM - NEVER MARRIED

\*Refer to IV-D? Yes

Reason for Not Referring:  

Maiden Name:   Marriage Date: MM / DD / YYYY


- ☐ **Step 1:** Check the Check if Absent Parent Known box.
- ☐ **Step 2:** Enter DAMIEN in **First Name** field and < LAST NAME> in **Last Name** field.
  - **Note:** Make up a unique last name for Damien.
- ☐ **Step 3:** Select M – MALE as Damien's **Gender**.
- ☐ **Step 4:** Click Search.

- ☐ **Step 5:** Click Next twice. CWW will search for the absent parent twice.
  - The first click searches for any Absent Parent that is already part of the case, and
  - The second click searches for an Absent Parent that may be already known to CWW.
- ☐ **Step 6:** In the **Absent Parent Address** section, enter 920-555-1212 in the **Phone** field.
- ☐ **Step 7:** Enter <TODAY'S DATE> as **Absence Begin Date**.
- ☐ **Step 8:** Select NM – NEVER MARRIED as the **Absence Reason**.
- ☐ **Step 9:** Indicate YES for **Refer to IV-D?**
  - **Note:** IV-D is Child Support.

Children of this Absent Parent / If Child is Unborn, Enter Child's Mother.

Individual	Legal Parentage Status	Delete	Delete Reason
6F DAU ▼	Y - Legal parentage established ▼	<input type="checkbox"/>	▼

Reset Add



Individual	Legal Parentage Status	Delete Reason

- ☐ **Step 10:** Select ELENA 06 DAU as the **Individual**. Based on Elena's birth certificate, we know legal parentage is established. Select Y – LEGAL PARENTAGE ESTABLISHED FOR THIS CHILD as **Legal Parentage Status**.
- ☐ **Step 11:** Click Add.



Caretaker Relative Cooperation Information			
<b>Effective Period</b>			
* Begin Month:	05 / 2020	Last Updated:	
<b>Caretaker Relative</b>			
* Individual:	24F P ▼		
<b>Child Support Information</b>			
* Cooperation:	Yes ▼	Non-Cooperation Instance Count:	
Good Cause Claimed:	▼	Good Cause Reason:	▼
Good Cause Claim Date:	MM / DD / YYYY	Good Cause Result:	▼
Good Cause Approved:	▼		
<b>Medical Support Liability Information</b>			
* Cooperation:	▼		
* Good Cause Claimed:	▼	* Good Cause Reason:	▼
* Good Cause Claim Date:	MM / DD / YYYY	* Good Cause Result:	▼
* Good Cause Granted:	▼		
Enter New Begin Month: MM / YYYY Go			
Sequence Updated on or before MM / DD / YYYY Go			
Add Case Comment		Cancel	<input type="button" value="Previous"/> <input type="button" value="Next"/>

- ☐ **Step 12:** For **Caretaker Relative**, Select ANA 24F PP as the **Individual**.
  - Notice **Cooperation** defaults to Yes.
- ☐ **Step 13:** Click Next.

# Asset Gatepost

Ana owns a vehicle and has a checking account. Elena does not have any assets.

## Asset Gatepost

Cancel ☐ Reset

<b>Effective Period</b>	
Last Updated:	05/14/2020
<b>ACP Asset Information</b>	
Has the asset information from the latest ACP application PDF been processed? <input type="text"/>	
<b>Liquid Asset</b>	
Does anyone in your household have any of the following Liquid assets?	
* Cash:	<input type="text" value="N - No"/>
* Savings Account:	<input type="text" value="N - No"/>
* Savings Certificate:	<input type="text" value="N - No"/>
* Checking Account:	<input type="text" value="Y - Yes"/>
* Prepaid Debit Card:	<input type="text" value="N - No"/>
* Trust Funds:	<input type="text" value="N - No"/>
* Stocks and Bonds:	<input type="text" value="N - No"/>
* EBD Medicaid Annuity:	<input type="text" value="N - No"/>
* US Savings Bond:	<input type="text" value="N - No"/>
* Money Market:	<input type="text" value="N - No"/>
* Monthly Excess Over Grant:	<input type="text" value="N - No"/>
* Special Resource:	<input type="text" value="N - No"/>
* Tax Shelter Account:	<input type="text" value="N - No"/>
* Christmas Club:	<input type="text" value="N - No"/>
* IRA Account:	<input type="text" value="N - No"/>
* Keogh Plan:	<input type="text" value="N - No"/>
* Credit Union:	<input type="text" value="N - No"/>
* Tax Refund:	<input type="text" value="N - No"/>
* Escrow Account for Home Sale:	<input type="text" value="N - No"/>
* Money Owed:	<input type="text" value="N - No"/>
* Child Support DEFRA Disregard:	<input type="text" value="N - No"/>
* Excess Over Life of Grant:	<input type="text" value="N - No"/>
* Other:	<input type="text" value="N - No"/>
<b>Vehicle Asset</b>	
* Does anyone in your household own or is anyone buying a Vehicle (car, truck, boat, snowmobile, other)? <input type="text" value="Y - Yes"/>	

- ☐ **Step 1:** Select Y - YES for **Checking Account** in the **Liquid Asset** section.
- ☐ **Step 2:** Select Y - YES for the question in the **Vehicle Asset** section.
- ☐ **Step 3:** Indicate NO for all other fields.
- ☐ **Step 4:** Click Next.

## Liquid Assets

Ana brings a printout of her account information. You review Ana's bank statement with her. Her current account balance is \$25.00. She chooses not to use this account for Electronic Funds Transfer (EFT). She's looking forward to gaining employment so she can potentially add a savings account.

**Liquid Assets**
Cancel Reset

**Selected Assets To Be Entered**

CH

**Effective Period**

\* Begin Month: 05 / 2020      End Month: MM / YYYY      Last Updated:

Delete Reason:

**Additional Information**

\* Individual: 24F P      Sequence: 0

\* Type: CH - CHECKING ACCOUNT      \* Verification: BS - BANK STATEMENT

\* Jointly Owned? N - No      \* Available? Y - Yes

\* Burial?

\* Self-Reported Amount: \$ 25 . 00      \* Verification: BS - BANK STATEMENT

\* Balance Date: MM / DD / YYYY

\* AVS Amount: \$      Is the owner an EBD MA Applicant/Recipient?

**Independence Account Information**

\* Independence Account?       \* Registration Date: MM / DD / YYYY

\* Pre-independence Account Balance Amount: \$  .

**Financial Institution Name And Address Information**

Account Number: 123456789

Name: First Federal Bank

Address:

City:       State:

ZIP:  -

**W-2 EFT Information**

\* Use for W-2 EFT? N - No      Routing Number:

- ☐ **Step 1:** Select ANA 24F PP as the **Individual** who owns this asset.
- ☐ **Step 2:** **Type** is CH – CHECKING ACCOUNT verified by BS – BANK STATEMENT.
- ☐ **Step 3:** N – NO it is not **Jointly Owned**, and Y – YES, it is **Available**.
- ☐ **Step 4:** In the **Self-Reported Amount** field, enter 25.00. **Verification** is BS – BANK STATEMENT.

- ☐ **Step 5:** Enter 123456789 as the **Account Number** and FIRST FEDERAL BANK as the name of the institution.
- ☐ **Step 6:** N – NO this account is not **“Used for W-2 EFT?”**
- ☐ **Step 7:** Click Next. You’ll see a warning message about EFT. Click Next again.

## Vehicle Assets

Ana's vehicle runs, and she's confident in its reliability. Ana brought her vehicle title with her. She owns a 2009 Ford Explorer and doesn't owe anything on the vehicle. Together, you review the NADA Guide to get the trade-in value based on the condition and miles of the vehicle.

**Vehicle Assets** Cancel Reset

---

**Effective Period**

\*Begin Month: 03 / 2025      End Month: MM / YYYY      Last Updated:

Delete Reason:

---

**Additional Information**

\*Individual:       Sequence: 0

\*Type: AU - AUTOMOBILE      \*Verification: VT - VEHICLE TITLE OR REGIS\*

\*Jointly Owned? N - No      \*Available? Y - Yes

---

**Description And Usage**

Year: 2009      Make: Ford

Model: Explorer      Vehicle ID:

\*Required To Be Registered?

License Plate #:

State:

\*Usage:

Usage:

Usage:

\*Fair Market Value: \$ 2800 . 00 [KBB Value Look-Up](#)      \*Source: ND - NADA GUIDE

[NADA Value Look-Up](#)

Amount Owed: \$  .

Equity Value: \$ 2800 . 00      Verification:

- ☐ **Step 1:** Select ANA 24F PP as the **Individual**.
- ☐ **Step 2:** **Type** is AU – AUTOMOBILE, and the **Verification** is VT – VEHICLE TITLE OR REGISTRATION.
- ☐ **Step 3:** N – NO it is not **Jointly Owned?** and Y – YES, it is **Available?**
- ☐ **Step 4:** Enter 2009 in the **Year** and FORD in the **Make** fields.
- ☐ **Step 5:** Enter EXPLORER as the **Model**.
- ☐ **Step 6:** **Fair Market Value** is \$2800.00, and the **Source** is ND – NADA GUIDE.
- ☐ **Step 7:** Click Next.

## Employment/Unemployment Queries

Ana is currently unemployed. She reports that no one in the household has any source of income at this time.

### Employment Queries

State Data Matches					
New Hire					
Name	Hire Date	Employer Name	Work Location Address		
24F PP	No Match Found				
6F DAU	Request Not Allowed				
SWICA Wage Match					
Name	File Date	Wage Amount	Year	Quarter	Employer Number
24F PP	No Match Found				
6F DAU	Request Not Allowed				
Federal Data Matches					
National Directory of New Hires (W-4)					
Name	Match Date	Hire Date	Employer Name	Work Location Address	
No data found.					
FDSH Wage Match					
Name	Match Date	Employer Name	Employer FEIN	Recent Pay Date	Gross Amount
24F PP	Request Not Allowed				
6F DAU	Request Not Allowed				



**Step 1:** Click Next.

# Employment Gatepost

## Employment Gatepost

Cancel ☐ 

### Effective Period

Last Updated: 05/15/2020

### Questions

- ★ Is anyone in your household currently employed or on strike or anyone recently been employed (including goods / free rent in return for work (inkind income), OJT, etc)? N - No ▼
- Has anyone in your household recently refused employment, lost employment, or voluntarily reduced work hours? N - No ▼
- ★ Is anyone in your household currently self-employed, (such as farming, babysitting, etc) or has anyone had self-employment in the last 4 months? N - No ▼
- Does anyone have impairment related work expenses? N - No ▼
- Does anyone in your household receive money for room and / or meals? N - No ▼
- Has anyone in the household been previously sanctioned for FoodShare Employment and Training (FSET) and now requesting FoodShare benefits? N - No ▼
- ★ Has anyone failed to cooperate with a W-2 agency, refused / quit a job or refused to apply for other benefits (W-2)? N - No ▼



Based on client's response, populate blank fields as N

Cancel ☐**Step 1:** Click on the shortcut button to answer N – NO to all the questions.**Step 2:** Click Next.

# Unearned Income Gatepost

## Unearned Income Summary

Cancel ☐ Reset

### KIDS Data Exchange / Child Support Income

Individual	Last Payment Date
No data found.	

### Unearned Income

Row	Individual	Begin Month	End Month	Last Updated	Delete Reason	Income Type	Seq	Monthly MA Amount	Monthly BC+ Taxable Amount	Monthly Converted Amount		
No data found.												

### Educational Aid

Row	Individual	Last Updated	Delete Reason	Semester Begin Month	Semester End Month	Sem Seq Num	Income Discontinuous		
No data found.									

Individual	Begin Month	Updated on or before	
ALL	MM / YYYY	MM / DD / YYYY	Go

Add Case Comment

Cancel ☐ [Previous](#) [Next](#)
☐ **Step 1:** Click Next.



## Unearned Income Gatepost

 Cancel ☐ Reset

### Effective Period

Last Updated: 05/15/2020

### Unearned Income

Does anyone in your household receive income from any of these sources?

* AA - Adoption Assistance:	<input type="text" value="N - No"/>	* AN - Annuities:	<input type="text" value="N - No"/>
* CH - Charitable Contributions:	<input type="text" value="N - No"/>	* CS - Child Support / Maintenance / Alimony:	<input type="text" value="N - No"/>
* DI - Sick / Disability Benefits:	<input type="text" value="N - No"/>	* DV - Dividends:	<input type="text" value="N - No"/>
* FO - Foster Care:	<input type="text" value="N - No"/>	* GR - General Relief:	<input type="text" value="N - No"/>
* IN - Interest:	<input type="text" value="N - No"/>	* KC - Kinship Care:	<input type="text" value="N - No"/>
* MA - Military Allotment:	<input type="text" value="N - No"/>	MN - Maintenance / Alimony:	N - No
* MO - Money From Other Person:	<input type="text" value="N - No"/>	* NA - National Refugee Relief:	<input type="text" value="N - No"/>
* OT - Other:	<input type="text" value="N - No"/>	* PA - Assistance In Another State:	<input type="text" value="N - No"/>
* PC - Personal Capital Gains:	<input type="text" value="N - No"/>	* PE - Other Pension / Retirement:	<input type="text" value="N - No"/>
* PS - Payments From Property Sold:	<input type="text" value="N - No"/>	RE - RNIP:	N - No
* RR - Railroad Retirement:	<input type="text" value="N - No"/>	* SI - Supplemental Security Income:	<input type="text" value="N - No"/>
* SS - Social Security:	<input type="text" value="N - No"/>	* TC - Tribal Per Capita Income:	<input type="text" value="N - No"/>
* TR - Trust Fund:	<input type="text" value="N - No"/>	* TT - Tribal TANF:	<input type="text" value="N - No"/>
* UN - Unemployment Insurance:	<input type="text" value="N - No"/>	* VE - Veteran Benefits:	<input type="text" value="N - No"/>
* WC - Workers Compensation:	<input type="text" value="N - No"/>		

### Educational Aid

 \* Does anyone in your household receive educational aid? 


Based on client's response, populate blank fields as N

Add Case Comment

 Cancel ☐

Previous

Next

- ☐ **Step 2:** Click on the shortcut button to answer N – NO to all the questions.
- ☐ **Step 3:** Click Next.


### Child Support Income

□

DFES/Partner Training Team	42
S:...\New_Worker_Training\Guides\Entries\03_ApplyingW2_EntryGuide_PartOne_101625	

## Expense Gatepost

All fields on this page are gray because expenses are not relevant for W-2 eligibility.

 Expense Gatepost		Cancel <input type="checkbox"/>	Reset
<b>Effective Period</b>			
Last Updated:		05/15/2020	
<b>Dependent Care Obligations/ Payments</b>			
■ Does anyone in your household pay for someone to care for a dependent child or disabled / incapacitated adult so that a household member can get to work or training / school or look for a job?		<input type="text"/>	
<b>Support Obligations/ Payments</b>			
■ Does anyone in your household make any support payments to / for persons living in another household (Child Support, Maintenance, etc.)? OR Is any person required by the court to pay guardian or attorney's fees?		<input type="text"/>	



**Step 1:** Click Next.

## W-2 Up-Front Activity Requirements

You are not assigning Ana up-front activities as a condition of eligibility.

**W-2 Up-Front Activity Requirements**
Cancel ☐
Reset

---

**Effective Period**

\* Begin Month:  / 
 End Month:  / 
 Last Updated: **11/05/2020**

Delete Reason:

---

**Additional Information**

Sequence: **1**

FEP Interview Date: **11/05/2020**

\* Are there any up-front activity requirements? 
 Have the up-front activity requirements been met?


/  /

Cancel ☐
Previous
Next

- ☐ **Step 1:** Ensure the **Begin Month** is the same month you created the RFA.
- ☐ **Step 2:** In the **FEP Interview Date** field, enter <TODAY'S DATE>.
- ☐ **Step 3:** Answer NO for **Are there any up-front activity requirements?**
- ☐ **Step 4:** Click Next.

## Generate Summary

Before printing the Application Summary, you go over all required forms with Ana.

 **Generate Summary** Cancel ☐


---

**Effective Period**


Effective Date: **09/20/2023** Worker: **K CHAPPA (DCFD67)**



---

**Summary**

W-2 Signature: Y - Signature Received 


\*View Summary: **E - English**

\*What would you like to do? NA - Do not generate summary 

---

Updated on or before:

MM
DD
YYYY
Go


---

Cancel ☐

- ☐ **Step 1:** Select Y – SIGNATURE RECEIVED for the **W-2 Signature**.
- ☐ **Step 2:** Select NA – DO NOT GENERATE SUMMARY for **What would you like to do?**
  - **Note:** You do not need to generate the summary for training cases.
- ☐ **Step 3:** Click Next.

## Eligibility Determination

### Initiate Eligibility

Cancel ☐ 

Page Completion Status: All pages are complete, you may proceed to eligibility by clicking the 'Next' button.

Eligibility Status: Based on the changes to the case, you should run eligibility.

#### What would you like to do?

☒ Run Eligibility

☐ Ignore W-2 income and asset tests to allow CMF/+ Placements to begin

☐ Run Eligibility with Date

☐ Determine Potential FoodShare Supplement

Effective: MM/DD/YYYY 

Cancel ☐☐

**Step 1:** Make sure the Run Eligibility button is selected.

☐


**Step 2:** Click Next.

- CWW runs eligibility, looking at the data you entered for this case.

# Eligibility Run Results

## Eligibility Run Results

The following event has occurred:

 **GL 314:** No Potential Errors detected.

Health Care / CTS Program Results

Run	Assistance Group	Sequence	Benefit Begin Date	Benefit End Date	AG Status	Eligibility Status	Reasons	
1	CTSZ - CARETAKER SUPPLEMENT - DID NOT APPLY	1	11/01/2023		DENIED	FAIL	<a href="#">054</a>	
			10/01/2023	10/31/2023	DENIED	FAIL	<a href="#">054</a>	
			09/01/2023	09/30/2023	DENIED	FAIL	<a href="#">054</a>	
	MA Z - MEDICAL ASSISTANCE - DID NOT APPLY	1	11/01/2023		DENIED	FAIL	<a href="#">054</a>	
			10/01/2023	10/31/2023	DENIED	FAIL	<a href="#">054</a>	
			09/01/2023	09/30/2023	DENIED	FAIL	<a href="#">054</a>	

Other Program Results

Run	Assistance Group	Sequence	Benefit Begin Date	Benefit End Date	AG Status	Eligibility Status	Reasons	
1	FS Z - FOODSHARE - DID NOT APPLY	1	11/01/2023		DENIED	FAIL	<a href="#">054</a>	
			10/01/2023	10/31/2023	DENIED	FAIL	<a href="#">054</a>	
			09/19/2023	09/30/2023	DENIED	FAIL	<a href="#">054</a>	
	CC Z - CHILD CARE-DID NOT APPLY	1	11/01/2023		DENIED	FAIL	<a href="#">054</a>	
			10/01/2023	10/31/2023	DENIED	FAIL	<a href="#">054</a>	
			09/01/2023	09/30/2023	DENIED	FAIL	<a href="#">054</a>	
	WW C - W-2 FOR OLDEST MINOR CHILD WITH CUSTODIAL PARENT	1	11/01/2023		PEND	PENDING		
			10/01/2023	10/31/2023	PEND	PENDING		
			09/19/2023	09/30/2023	PEND	PENDING		

Add Case Comment

Previous

Next

- ☐ **Step 1:** Ana's case should display a PEND for W-2
  - **Note:** If it does not say *PEND*, contact [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov).
- ☐ **Step 2:** Click the Magnifying Glass to the right of the W-2 results.
  - **Note:** This will take you to the Assistance Group Composition Details page.

# Assistance Group Composition Details

## Assistance Group Composition Details

Cancel ☐ Reset

### Assistance Group Overview

Assistance Group: **WW C - W-2 FOR OLDEST MINOR CHILD WITH CUSTODIAL PARENT** Sequence: 1





Run: 1

Benefit Begin Month	Benefit End Month	Eligibility Status	Reasons
06/01/2020		PASS	

### Assistance Group Composition Details

Benefit Month: 06/01/2020

Individual	Original Participation Status	Final Participation Status	Reason	Target
M... 24F PP	ELIGIBLE ADULT	ELIGIBLE ADULT		
S... 6F DAU	ELIGIBLE CHILD	ELIGIBLE CHILD		Yes

	Assistance Group	Sequence	Updated on or before			
	WW C - W-2 FOR OLDEST MINOR CHILD		MM / DD / YYYY	Go		

Add Case Comment

Cancel ☐

Previous

Next



**Step 1:** Click Next.



# Eligibility Summary

## Eligibility Summary

Cancel ☐

Reset

Assistance Group	Sequence	Benefit Begin Date	Benefit End Date	Assistance Group Status	Non-Financial Result	Asset Result	Income Result	Benefit Amount
CTSZ - CARETAKER SUPPLEMENT - DID NOT APPLY	1	11/01/2023		DENIED	<input type="checkbox"/> FAIL			
		10/01/2023	10/31/2023	DENIED	<input type="checkbox"/> FAIL			
		09/01/2023	09/30/2023	DENIED	<input type="checkbox"/> FAIL			
FS Z - FOODSHARE - DID NOT APPLY	1	11/01/2023		DENIED	<input type="checkbox"/> FAIL			
		10/01/2023	10/31/2023	DENIED	<input type="checkbox"/> FAIL			
		09/19/2023	09/30/2023	DENIED	<input type="checkbox"/> FAIL			
CC Z - CHILD CARE-DID NOT APPLY	1	11/01/2023		DENIED	<input type="checkbox"/> FAIL			
		10/01/2023	10/31/2023	DENIED	<input type="checkbox"/> FAIL			
		09/01/2023	09/30/2023	DENIED	<input type="checkbox"/> FAIL			
WW C - W-2 FOR OLDEST MINOR CHILD WITH CUSTODIAL PARENT	1	11/01/2023		PEND	<input type="checkbox"/> PEND	<input type="checkbox"/> PASS	<input type="checkbox"/> PASS	
		10/01/2023	10/31/2023	PEND	<input type="checkbox"/> PEND	<input type="checkbox"/> PASS	<input type="checkbox"/> PASS	
		09/19/2023	09/30/2023	PEND	<input type="checkbox"/> PEND	<input type="checkbox"/> PASS	<input type="checkbox"/> PASS	
MA Z - MEDICAL ASSISTANCE - DID NOT APPLY	1	11/01/2023		DENIED	<input type="checkbox"/> FAIL			
		10/01/2023	10/31/2023	DENIED	<input type="checkbox"/> FAIL			
		09/01/2023	09/30/2023	DENIED	<input type="checkbox"/> FAIL			

Updated on or before

MM/DD/YYYY Go

Add Case Comment

Cancel ☐

Previous

Next




**Step 1:** Click Next.

# Verification Checklist

## Verification Checklist

Cancel ☐ **Reset**

Application Entry Section	Individual	Type	Pending Information / Verification	Assistance Group / Sequence	
Benefits/School	6F DAU	School Enrollment	- Enrollment Status - Learnfare Status	WW C 01 WW C 01	

Individual	Assistance Group	Updated on or before		
ALL	ALL	MM	DD	YYYY
		<b>Go</b>		

Add Case Comment Cancel ☐ **Previous** **Next**

- ☐ **Step 1:** Ensure Ana's case is pending for Enrollment Status and Learnfare Status.
- ☐ **Step 2:** Click Next.

## Verification Due Dates


**Verification Due Dates** Cancel ☐ Reset

Assistance Group	Sequence	Verification Due Date	Verification Extended Due Date	Verification Extended Due Date Reason	Application/Renewal Due Date	Application/Renewal Reason
W-2 FOR OLDEST MINOR CHILD WITH CUSTODIAL PARENT	01	09/28/2023	MM / DD / YYYY		MM / DD / YYYY	

**Employments Pending Verification**

Individual	Employer	Pending Information / Verification	Assistance Group / Sequence	Suppress EVFE?	Reason to Suppress EVFE
No data found.					

Preview Verification Checklist Correspondence 

Add Case Comment Cancel ☐ Previous Next

- ☐ **Step 1:** Review the **Verification Due Date**. Do not enter any information on this page.
- ☐ **Step 2:** Click Next.

# Pending/Not Verified Information

☐ Pending / Not Verified Information

Cancel ☐

Reset

Pending Information - Last Eligibility Run as of 09/20/2023

Show All

Application Entry Section	Individual	Type	Pending Verification	Assistance Group / Sequence	Due Date	Verif	
Benefits/School	6F DAU	School Enrollment	Learnfare Status	WW C 01	09/28/2023	?	<input type="checkbox"/>
		School Enrollment	Enrollment Status	WW C 01	09/28/2023	?	<input type="checkbox"/>

Not Verified Information - Last Eligibility Run as of 09/20/2023

Show All

Application Entry Section	Individual	Type	Not Verified	Assistance Group / Sequence	Verif	
No data found						

Individual	Assistance Group	Go
ALL	ALL	

Add Case Comment

Cancel ☐

◀ Previous

Next ▶



**Step 1:** Click Next.

# Confirm Eligibility

## Confirm Eligibility

☐ Cancel 

### Health Care / CTS Results

Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons	Confirm?
Program either not requested or already confirmed.								

### FoodShare Results

Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons	Confirm?
Program either not requested or already confirmed.								

### Child Care Results

Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons	Confirm?
Program either not requested or already confirmed.								

### W-2 Results

Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons	Confirm?
WW C - W-2 FOR OLDEST MINOR CHILD WITH CUSTODIAL PARENT	1	11/01/2023		N/A	PEND	PENDING		No <input type="button" value="v"/>
		10/01/2023	10/31/2023	N/A	PEND	PENDING		
		09/19/2023	09/30/2023	N/A	PEND	PENDING		

### Confirmed Assistance Group Eligibility Summary

Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons
No confirmed record found.							

☐ Cancel



- ☐ **Step 1:** Review the **Confirm Eligibility** page for accuracy. Ana's case should show as PEND and PENDING for **WW C – W-2**.
- ☐ **Step 2:** You should not be able to do anything on this page. Click the Cancel checkbox.

## Case Comments

**Navigation Menu**

- Search
  - CARES Home
  - Search
  - Inbox Search
  - Unlinked Documents
- RFA / Case
  - Client Registration (0)
  - Case Summary
  - Case Comments**
  - Expected Changes
- Application Entry (5)
  - Case Information
  - Individual Demographics
  - Benefits/School
  - Individual Non Financial
  - Other Health Care Programs
  - Asset Information
  - Employment Queries
  - Employment
  - Unearned Income
  - BC+ Tax Deductions
  - Expenses
  - Medical

**Case Comments** Cancel Reset

**Add/Edit Comments**

Date Entered: 03/10/2025 Entered By: DCFF83 Comment Type: G - General Flag as Important? ☐

Comment:

Current Size = 0 characters (1000 characters max.)

Add

**Search Comments**

Search text:

Comment Type:

Date Range: From MM/DD/YYYY To MM/DD/YYYY

Hide System Generated: ☐

Search

**Review Comments (Past 180 Days)**

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

Add Expected Change(s) Cancel Previous Next

- ☐ **Step 1:** From the **Navigation Menu**, navigate to the **Case Comments** page.
- ☐ **Step 2:** For **Comment Type**, choose I – INTAKE.
- ☐ **Step 3:** Enter appropriate comments about the completion of this application.
  - **Note:** Below is an example of case comments. CWW allows up to 1000 characters. If your comments are longer, split them into two entries to include all relevant information.
  - **Example:** *Ana attended her eligibility appointment today. She reports that her household consists of herself and her daughter, Elena. She provided SSNs for herself and Elena. She verified birth date, U.S. citizenship, and household relationships with birth certificates for herself and Elena. Ana provided her driver's license to verify her identity, and mail received at her current address to verify WI residency. Ana reports no employment, no earned income, and no unearned income for the entire household. The only assets for the household are Ana's checking account and a vehicle. She provided a bank statement to verify her checking account information and the vehicle title to verify her vehicle information. The vehicle value was verified with NADA. I reviewed with and provided to Ana the Notice of Assignment Child Support, Family Medical*

*Support, Maintenance, and Medical Support, Good Cause Notice, W-2 Participation Agreement, TANF Electronic Benefit Transfer Transaction Restriction flyer, Your Guide to W-2 Services, Case Benefits Programs, and Child Support, and the W-2 Rights and Responsibilities publications. No up-front activities were assigned as a condition of eligibility due to agency policy. Ana did not provide proof of Elena's school enrollment and attendance. Case is pending for School Enrollment Status and Learnfare Status.*



**Step 4:** Click Add.



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

- Send an email to [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov).
- Subject Line: ***Applying for W-2 – Ana*** and Ana's Case number.

A trainer will review your entries and provide feedback.