

# **System Entry Guide: Client Registration**

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**Purpose:**

This guide provides hands-on learning of system entries for the Client Registration process in CARES Worker Web (CWW).

**Learning Objective:**

- Record a Request for Assistance in CWW.
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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.

# Introduction

Welcome to the first System Entry Guide: Client Registration. In this and subsequent System Entry Guides, you complete system entries for two cases: Carmen and Haylee. For Carmen's case, specific detailed case entry instructions are provided. These instructions are intended to provide foundational knowledge of W-2 policy, process, and systems. For Haylee's case, instructions are less detailed, allowing you to apply the knowledge, information, and instruction you received during Carmen's entries.

The Partner Training Team is here to provide assistance. You can contact us any time at [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov). We encourage you to have fun along the way!

## Instructions for Using this Entry Guide

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1. Print a copy of this System Entry Guide: Client Registration.
2. Log on to the CWW Training environment: <https://trn.cares.wisconsin.gov>
  - a. [Click on CWW](#)
  - b. [Enter WAMS ID](#)
3. Follow the instructions in this Guide step-by-step.
4. Enter the Carmen case first, then the Haylee case.
  - a. The System Entry Guide: Client Registration provides the details for completing your entries.
  - b. If any information is not provided in the scenario, make it up (e.g., addresses, SSNs, last names, etc.).
5. Use CWW System Help any time you have a question about a page. Simply click the Help button on the top right of a page to access the Help for that page.

Contact [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov) immediately with any problems, or if something does not work as explained in the instructions.

## Symbols and Icons

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All cases in the Training Environment are registered in Eau Claire County. The Eligibility office is 5518. The Work Programs office is 1111.

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### System Icons



CARES Worker Web (CWW)



Wisconsin Work Programs (WWP)

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### Training Icons



Access the **CWW Help** resources for specific questions. On any CWW page, clicking the **Help** button will open **System Help** for that page in a new window.



Contact PTT with any questions or concerns at [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov)



**STOP** in the system entry process to review other materials, or to submit activities to PTT.

# Client Registration

As a reminder, the following is needed to complete the Client Registration portion of Initial New Worker Training.

<b>Complete in the Learning Center:</b>	<b>Make Entries in CWW:</b>	<b>Submit via Quia:</b>						
<b>Client Registration</b> <input type="checkbox"/> Introduction to Systems <input type="checkbox"/> Client Registration for W-2 <input type="checkbox"/> System Entry Guide: Client Registration <input type="checkbox"/> Case Management within the W-2 Program	<b>Client Registration for W-2</b> <input type="checkbox"/> System Entry Guide: Client Registration  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Case Name</td> <td style="width: 50%;">RFA Number</td> </tr> <tr> <td>Carmen</td> <td>_____</td> </tr> <tr> <td>Haylee</td> <td>_____</td> </tr> </table>	Case Name	RFA Number	Carmen	_____	Haylee	_____	<input type="checkbox"/> RS Observations <input type="checkbox"/> Quiz: W-2 Client Registration
Case Name	RFA Number							
Carmen	_____							
Haylee	_____							

Use this System Entry Guide to complete Client Registration.



Contact the Partner Training Team with any questions or concerns at [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov).

## Carmen

### Request for Assistance

Carmen (age 24) has one child, Lucia (age 6). She lives in an apartment (your W-2 agency street address, city, and zip code) with her daughter. Carmen does not provide any contact information. She does not have an alternate mailing address. Carmen is applying for W-2 only because she says she wants help finding a job.

# Entries

## CWW Home Page

**Navigation Menu**

- Search
- CARES Home
- ☑ Search
- ▶ Inbox Search
- ☑ Unlinked Documents
- RFA / Case**
- ▼ Client Registration ( 0 )
- ☑ Basic Information
- 🔒 Additional Data
- 🔒 Document Documents

## 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

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**Primary Person Information**

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

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**Primary Person Alias Information**

Delete	First Name	MI	Last Name	Suffix	Alias Name Type
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="OTHER"/>

First Name	Middle Initial	Last Name	Suffix	Alias Name Type	Deleted
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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▶ **Primary Person Spouse Information**

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▶ **Primary Person Spouse Alias Information**

Cancel

- Step 1:** Enter Carmen’s **First Name** and **Last Name**. *Make up a last name for Carmen.*
- Step 2:** Select FEMALE for **Gender**.
- Step 3:** Enter Carmen’s **SSN**. *Enter a unique sequence of numbers.*
- Step 4:** Enter Carmen’s **Birth Date**. *Remember, Carmen is 24 years old.*
- Step 5:** Click Next.

## Potential Individual Matches

**Potential Individual Matches**

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**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:

- Enter page one of FoodShare Mail-in application
- Enter page one of Family Medicaid Mail-in application
- Create new RFA using entered Basic Information

- 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	*Contact Date	*Contact Method	*Language
ES - ECONOMIC SUPPORT (ES)	06 / 28 / 2022	W - Walk-in	E - ENGLISH
*County / Tribe	*Eligibility Office	Assigned Worker ID	Assigned Worker Name
18 - EAU CLAIRE COUNTY	5518	dcf792	
*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"/>		
Native Hawaiian / Pacific Islander:	<input type="text"/>		
White:	<input type="text"/>		
Other:	<input type="text"/>		
Unknown:	<input type="text"/>		
Decline to Answer:	<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. *Use these offices in the training environment no matter what your agency or office location is.*
- Step 3:** Enter your CARES ID as the **Assigned Worker ID**.
- Step 4:** Do not enter ethnicity and race information for Carmen. You will be asked for this information again during Eligibility. *Please note: A yellow informational banner displays that contains an intended use statement that must be read to the applicant when gathering information regarding ethnicity or race.*



## Additional Data (continued)

**Household Address**

County of Residence  
18 - EAU CLAIRE COUNTY

Homeless  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:	[ ] [ ] [ ] X [ ]	Message Phone:	[ ] [ ] [ ] X [ ]
Cell Phone:	[ ] [ ] [ ]	Email Address:	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Preferred Contact Method:	[ ]	Preferred Contact Time:	[ ]
Preferred Contact Method if Deaf or Hard of Hearing:	[ ]		

**Alternate Address**

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**

Information Provider is different from Primary Person:

First Name	MI	Last Name	Suffix
[ ]	[ ]	[ ]	[ ]

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 Carmen's address in the **Household Address** section. *Because this is a fictional case, enter your W-2 agency address, city, and zip code.*
- Step 6:** Carmen 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 <input type="button" value="v"/>
* Family Planning Waiver:	No <input type="button" value="v"/>
* Caretaker Supplement:	No <input type="button" value="v"/>
* FoodShare:	No <input type="button" value="v"/>
DSNAP:	N/A
* Child Care:	No <input type="button" value="v"/>
* Wisconsin Works (W-2):	<b>Yes <input type="button" value="v"/></b>

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

- Step 1:** Select YES for **Wisconsin Works (W-2)**. *Note: all other requests are protected.*
- Step 2:** Click Next.

## Print Application Registration

**Print Application Registration** Cancel  [Reset](#)

Print Options	
Language:	E - ENGLISH <input type="button" value="v"/>
Would you like to Collect a Telephonic Signature for FoodShare, Health Care, Child Care or Family Planning Waiver?	No <input type="button" value="v"/>
Select the "View" button to preview and/or print the CARES application registration	<a href="#">View</a>

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. *In production select the View button to also print the document for the applicant's signature.*
- Step 2:** Click Next.

## Complete Request for Assistance

**Complete Request for Assistance** Cancel  **Reset**

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**RFA Dates**

Contact Date:  /  /

**Registration Filing Date:**  /  /

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**Program Filing Dates**

Make all blank Program Filing dates the same as Registration filing date

Health Care (Including Medicare Savings Programs):	<b>Not Requested</b>
Family Planning Waiver:	<b>Not Requested</b>
Caretaker Supplement:	<b>Not Requested</b>
FoodShare:	<b>Not Requested</b>
DSNAP:	<b>Not Requested</b>
Child Care:	<b>Not Requested</b>
Wisconsin Works (W-2):	<input type="text" value="03"/> / <input type="text" value="25"/> / <input style="border: 2px solid red;" type="text" value="2021"/>

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**Extension**

Extension Date:  /  /   Extension Reason:

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**Withdraw**

Withdraw RFA?   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**

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**Add/Edit Comments**

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

Comment:   
Current Size = 102 characters (1000 characters max.)

**Add**

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**Review Comments (Past 90 Days)**

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

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From Date:  To Date:  **Go**

Cancel  **Previous** **Next**

- Step 1:** Enter the following RFA Comments: *Carmen is applying for W-2, for assistance in obtaining employment. She has one daughter, Lucia, 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 04/07/2020

Primary Person: RFA: Status: CR Complete

Navigation Menu: CARES Home, Search, Inbox Search, Unlinked Documents, RFA / Case, Client Registration (1), Basic Information, Additional Data, Program Requests, Priority Service Determination, Print Application Registration, Complete Request, RFA Comments, RFA Summary, Case Summary

RFA Summary Cancel [X] Reset

Primary Person Information			
Name:		Alias(es):	
Birth Date:	01/15/1996	Gender:	FEMALE
SSN:		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 Carmen's RFA number.

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 have completed Client Registration for Carmen. **Do not continue processing this case.** Further CWW entries are made in a later course.

Send an email to [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov) with:

- the subject line "**CR Carmen**," and
- Carmen's RFA number

Feedback on the Carmen RFA is helpful to apply to Haylee's RFA.

# Haylee

Now you have an opportunity to enter a Request for Assistance and complete Client Registration on your own. You receive fewer prompts with your second case, Haylee. Repeat the process you used for Carmen to create Haylee's RFA. Remember, you can contact [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov) at any time. Good luck!

## Request for Assistance

Haylee (age 34) is the mother of two children, Parker (age 9) and Sophia (age 3 weeks). She lives in an apartment (in your city) with her children. Haylee 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.

### Entries

- 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. (It may be necessary to click the New RFA button to get a blank screen.)

**Basic Information** Cancel  Reset

**Primary Person Information**

*First Name	MI	*Last Name	Suffix	Gender	SSN	Birth Date
				FEMALE		02/02

**Primary Person Alias Information**

Delete	First Name	MI	Last Name	Suffix	Alias Name Type
<input type="checkbox"/>					OTHER

Reset Add

First Name	Middle Initial	Last Name	Suffix	Alias Name Type	Deleted

Primary Person Spouse Information

Primary Person Spouse Alias Information

Cancel  **New RFA** Next

- 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** and enter RFA comments.
- Step 7:** Enter **RFA Comments**.
- Step 8:** You are now on the **RFA Summary** page. Record Haylee's RFA number. RFA: \_\_\_\_\_



You have completed Client Registration for Haylee. **Do not continue processing this case.** Further CWW entries are made in a later course.



Send an email to [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov) with:

- the subject line "**CR Haylee,**" and
- Haylee's RFA number

## Conclusion

Congratulations on completing the first step of the W-2 application process! As NWT progresses, you build on what you learned through this System Entry Guide. After everything in this curriculum is complete, a trainer will send you your next steps.