

# System Entry Guide: Eligibility

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**Purpose:**

This guide provides hands-on learning of system entries for eligibility.

**Learning Objective:**

- Use policy to determine eligibility given case scenarios.
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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

You completed a request for assistance for Carmen and Haylee in Client Registration. Now, you are ready to complete Eligibility on your cases to determine if they are eligible for W-2. This guide leads you through the eligibility part of the application process.

Throughout this course, you enter cases into the CARES Worker Web (CWW) training environment. Eligibility is completed in CWW to gather and enter eligibility information, run eligibility determination, and confirm eligibility.

For Carmen's case, we provide specific, detailed entry instructions. These instructions are intended to provide foundational knowledge of CWW. For Haylee's case, instructions are less detailed, allowing you to apply the knowledge, information, and instruction you receive.

## Instructions for Using this Entry Guide

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1. Print a copy of this System Entry Guide: Eligibility.
2. Log on to the CWW Training environment: <https://trn.cares.wisconsin.gov/>
3. Enter Carmen's application first, then Haylee's application. The feedback on the Carmen case is helpful to complete the Haylee case, which is more difficult.
  - a. Most of the needed information is provided in this System Entry Guide: Eligibility.
  - b. If any information is not provided in the scenario, make it up.
4. Use CWW System Help any time you have a question about a page. Simply click the Help button on the top right of the page to access the Help for that page.
5. Access the DCF Forms at <https://dcf.wisconsin.gov/forms>.

Contact [PTTrainingSupp@wisconsin.gov](mailto:PTTrainingSupp@wisconsin.gov) immediately with any problems, or if something does not work on your case as shown in the instructions.

## Symbols and Icons

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Remember that all cases in the Training Environment are registered in Eau Claire County, office 5518. The Work Programs office is 1111.

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### System Icons



CARES Worker Web (CWW)

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### Training Icons



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



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

# Eligibility

As a reminder, you need the following to complete the W-2 Program Eligibility 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>Eligibility</b> <input type="checkbox"/> W-2 Program Eligibility <input type="checkbox"/> W-2 Job Access Loans <input type="checkbox"/> Data Exchange for W-2 Workers <input type="checkbox"/> Child Support Concepts for W-2 Workers	<b>System Entry Guide: Eligibility</b> <input type="checkbox"/> Entry Guide: Eligibility  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Case Name</b></td> <td style="width: 50%; text-align: right;"><b>PIN</b></td> </tr> <tr> <td>Carmen</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Haylee</td> <td style="text-align: right;">_____</td> </tr> </table>	<b>Case Name</b>	<b>PIN</b>	Carmen	_____	Haylee	_____	<b>W-2 Eligibility for FEPs Activities</b> <input type="checkbox"/> W-2 Non-Financial Eligibility Questions <input type="checkbox"/> W-2 Financial Eligibility Questions <input type="checkbox"/> Submit responses to "FEP Observations" <input type="checkbox"/> Quiz: W-2 Program Eligibility
<b>Case Name</b>	<b>PIN</b>							
Carmen	_____							
Haylee	_____							

Use this System Entry Guide as you complete Eligibility.



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

# Carmen

## Carmen's Case

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Carmen lives with Lucia, her six-year-old daughter. Both were born in Wisconsin, and Carmen has their birth certificates with her at the appointment. She also provides you with their Social Security numbers. Carmen has legal custody of Lucia.

Carmen has lived in Wisconsin her entire life. Her friends and family are here, and she never had a reason to leave. She would like to get her notices in the mail. Carmen does have an email address but worries about not always having access to the Internet.

Carmen does not have any authorized representatives and is in charge of her own finances. She does not indicate any vendor to which she would like to have a portion of her W-2 payment go.

Carmen identifies English as her primary language for this program. She is a citizen and was born in Wisconsin. You already have her birth certificate, so you use that to verify citizenship. Carmen identifies as Hispanic (Mexican American) and white (Other). You also have Lucia's birth certificate to verify that she is a citizen. Carmen chooses not to disclose Lucia's race or ethnicity.

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

Carmen reported that neither she nor her daughter receive benefits of any kind.

Carmen left school at the start of 12<sup>th</sup> grade. She is not currently enrolled in school, but she is interested in attending school. Lucia completed Kindergarten last year, and Carmen reports that she did very well. She's enrolled in 1<sup>st</sup> grade this year. Carmen will bring in a copy of Lucia's most recent progress report later today.

Carmen is not pregnant and has no drug felonies.

Lucia's father's name is Damien. He is not involved with Lucia and is not paying any child support. Legal Parentage has been established, and Damien is listed on Lucia's birth certificate. You review the Child Support cooperation and Good Cause policies with Carmen. Carmen would like Damien to be more involved financially with Lucia's life. At this time, all Carmen has is a phone number for Damien. She does want to work with the Child Support Agency and does not have a reason to request Good Cause at this time.

Carmen has a checking account and brings a printout of her account information. You review Carmen'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 is looking forward to gaining employment so she can potentially add a savings account. She also owns a vehicle that she can use to get to activities. It runs, and Carmen is confident in its reliability. Carmen brought her vehicle title with her. She owns a 2009 Ford Explorer; nothing is owed on the vehicle. Together, you review the NADA Guide to get the trade-in value based on the condition and miles of the vehicle.

Carmen currently is not employed and is not gaining any income from employment. She reports that no one in the household has any source of income available at this time.







Carmen was not assigned to up-front activities as a condition of eligibility.

## Entries




You'll start Carmen's entries by logging on to the CWW Training environment.

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

### CARES Worker Web Home

Recent Cases/RFAs/ACCESS Applications/Change Reports/PINs				
Type	Number	Primary Person/Individual	Accessed	
Case	[REDACTED]	[REDACTED]	05/14/2020	
Case	[REDACTED]	[REDACTED]	04/21/2020	
PIN	[REDACTED]	[REDACTED]	04/21/2020	
Case	[REDACTED]	[REDACTED]	04/21/2020	
RFA	[REDACTED]	[REDACTED]	04/21/2020	
PIN	[REDACTED]	[REDACTED]	04/21/2020	

Or

User ID: DCFD67 User Name: K CHAPPA **Quick Select:** CASE/RFA   

### CARES Worker Web Home

- Step 2:** Locate your Carmen case on the Recent Cases list. **Quick Select** at the top of the page is another way to search using CASE/RFA, PIN, SSN, etc., and the corresponding number; then click Go.
- Step 3:** Select your Carmen case by clicking on the magnifying glass icon in the row to navigate to her **RFA Summary** page.

## RFA Summary

**Update Agency Information**

\* Eligibility Office:

Worker ID:

**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:

Eligibility Office:

Enter Begin Month for New Data:  /

Cancel

**Step 1:** Ensure your valid 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.

- o This designates the Begin MMY for non-financial data pages created in CWW, saving you time so you do not have to enter it on each page.
- o **NOTE:** It is important that the month entered in this field is the month you entered the request for assistance (RFA), regardless of when these entries are being completed. CWW determines eligibility based on the month of the RFA.

**Step 4:** Click Next.

## Review Basic Information

**Review Basic Information** Cancel

**Primary Person Information**

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

**Alias Information**

Delete  First Name  MI  Last Name  Suffix  Alias Name Type

First Name	Middle Initial	Last Name	Suffix	Alias Name Type	Deleted

Cancel



- 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: 9104158997							

◀ 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. If you have any problems with Clearance, contact a trainer immediately at [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov)
- Step 2:** Record Carmen'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
Comment:	Current Size = 0 characters (1000 characters max.)				Flag as Important? <input type="checkbox"/>
Add					
Review Comments (Past 90 Days)					
Flag	Date Entered	Entered Time	Entered By	Type	Comments
	04/07/2020	1:04 PM	DCFD67	Client	..... is applying for W-2 for assistance in obtaining employment. She Registration has one daughter, ....., age 6.

**Step 1:** You are now on the **Case Comments** page. Click Next.

## Household Members

**Current Household Members**

24F PP

**Effective Period**

▪ Last Updated: **05/14/2020**

Delete:  Delete Reason:

**Individual Name**

\*First Name  MI  \*Last Name  Suffix

**Additional Information**

\*Gender:

SSN:  SSA Verification:

\*Birth Date:  \*Verification:

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

**Alias SSN Information**

Delete  SSN

SSN  Deleted

Individual 
Updated on or before

**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.

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"/>
Additional Information			
* Gender:	<input type="text" value="FEMALE"/>	SSA Verification:	<input type="text" value="C - COMPLETED REQUIREMENTS"/>
SSN:	<input type="text" value="111-11-1111"/>	Verification:	<input type="text" value="BC - BIRTH CERTIFICATE"/>
Birth Date:	<input type="text" value="01/24/2014"/>		
Estimates for Relevance Determination			
* Age Category:	<input type="text" value="Less than 18 years old"/>	* Serves as Alien Sponsor:	<input type="text" value="No"/>

- Step 1:** Enter LUCIA in the **First Name** field and <CARMEN'S LAST NAME> in the **Last Name** field.
- Step 2:** Select FEMALE as Lucia's **Gender**.
- Step 3:** Carmen provides Lucia's **SSN**. Select C – COMPLETED REQUIREMENTS as the **SSA Verification**.
  - o **NOTE:** do not use sequential numbers (111-11-1111) or patterns (232-32-3232); use random numbers.
- Step 4:** Enter a **Birth Date** that makes Lucia 6 years old. **Verification** is BC – BIRTH CERTIFICATE.
- Step 5:** Click Next.

## Program Requests

- Step 1:** There is a separate **Program Request** page for each program of assistance. All IM program requests are protected, except for Medicare Premium Assistance. Click Next on the **Health Care Request** page.

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

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**Effective Period**

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

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**Request Details**

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

How far back do you want the Medicare Savings Program?

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**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.
  - Detailed instructions for the **W-2 Request** page follow.

## W-2 Request

**W-2 Request** Cancel  Reset

**W-2 Program Request**

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

**Request Details**  
 \* W-2 Request Date: 04 / 07 / 2020 \* Requesting this Program / Subprogram of Assistance? Yes   
 Target Type:  Target Individual:

**Financial Employment Planner Information**  
 \* Assigned FEP ID: dcf67 FEP Name:   
 Supervisor ID: Supervisor Name:

**W-2 Work Program Referral For Assessment**  
 Individual: 24F PP Refer Selected Individual

**Subsidized Housing Information**  
 Last Updated:  
 \* Effective Month: 04 / 2020 \* Low Income Subsidized Housing Status: 3 - NO HOUSING SUBSIDY

Updated on or before  
 /  /  Go


Enter Begin Month for New Data: 04 / 2020

Add Case Comment Cancel  Previous Next

- 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 for all individuals 18 years or older. You can make only one referral for one individual at a time. Select CARMEN <LAST NAME> 24 PP for **Individual**. Enter the **Low Income Subsidized Housing Status** as 3 - NO HOUSING SUBSIDY.
- Step 3:** Click the Refer Selected Individual button.
  - You should see a system message at the top of the screen informing you that the referral was successfully sent. We will enroll Carmen in WWP later.

**W-2 Request** Cancel  Reset

**The following events have occurred:**

 **XE122:** Referral successfully sent, please enroll via WWP (6205455871).

**Step 5:** Click Next.

## Interview Details

**Interview Details** Cancel  **Reset**

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

From Date: MM/DD/YYYY  To Date: MM/DD/YYYY  **Go**

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

**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: <input type="text" value=""/>	24F PP Last Updated: <input type="text" value=""/>
6F	
* <input type="text" value=""/> is the:	DAU - DAUGHTER of Mariana, *Effective: 05 / 2020
* Verification:	BC - BIRTH CERTIFICATE
Sage also:	
* Purchases & Prepares Meals with Mariana	Yes <input type="text" value=""/>
* Has Legal Custody of Mariana	No <input type="text" value=""/>
* Is an Essential Person for Mariana	No <input type="text" value=""/>
* Is Caring for Mariana	No <input type="text" value=""/>
* Is Filling Parental Role for Mariana	No <input type="text" value=""/>
* Is LTC Tax Dependent of Mariana	No <input type="text" value=""/>

Individual  Updated on or before MM/DD/YYYY **Go**

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

**Step 1:** Indicate that Lucia is the DAU - DAUGHTER of Carmen.

**Step 2:** Use BC – BIRTH CERTIFICATE as **Verification** and click Next.

- Step 3:** Lucia is now the Reference Person.
  - The fields for Carmen have auto filled based on the responses to the household relationships already entered. Because you entered that Lucia is the daughter of Carmen on the previous page, CWW now knows that Carmen is the mother of Lucia and enters this information.
  - CWW also assumes that Carmen has legal custody of Lucia because Lucia is her daughter, and this is a custodial parent case. This field is entered accordingly.
- Step 4:** Review all the information CWW entered for Lucia as the Reference Person to ensure it is accurate.
- Step 5:** Click Next.

## 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	
					11/04/1995	Female	Yes	Yes		
					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.
  - Only Lucia appears now because Carmen 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:						02/24/2014	Female	
Result:	<b>Pass</b>							

Add Case Comment

Previous Next

- Step 1:** Review Lucia's results to be sure they are correct and what was expected.
  - You should not have a match. If you have a match, update Lucia's SSN or birth date so there is no match.
- Step 2:** 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 3:** Click Next.

## General Case Information

WI Residency Information	
* Have you resided in WI all your life?	<input type="checkbox"/>
Are you a previous WI resident?	<input type="checkbox"/>
Date Moved From WI:	MM / DD / YYYY
Date Moved To WI:	MM / DD / YYYY
State Moved From:	<input type="text"/>

- 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: EAU CLAIRE      \*State: WI - WISCONSIN      \*ZIP: 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: EAU CLAIRE      State: WI - WISCONSIN      ZIP: 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** field, select **Override Post Office Suggested Address**.
- Step 2:** Click **Next**.

## Electronic Contact Information

**Electronic Contact Information** Cancel  **Reset**

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**Electronic Contact Information Required for the Following Individuals**

24F PP

**Effective Period**

Delete Reason:  Last Updated:

**Email Address**

\* Individual:  24F PP

Email Address:

Get letters online with email notifications instead of by regular mail?

Get emails from health care partners?

◀ ▶

---

Individual  Updated on or before MM / DD / YYYY  **Go**

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

- 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

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

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**Effective Period**

Last Updated: 05/14/2020

**Representatives**

\* Does your household have a legal guardian/power of attorney?  N - No

\* Does your household have an authorized representative?  N - No

Will your household have an alternate payee?  N - No

\* Will your household have a protective payee?  N - No

Will your household have an authorized buyer?  N - No

**W-2 Vendor Payment**

\* Will your household have a W-2 vendor payment?  N - No

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

Individual Demographic Information	
<b>Effective Period</b>	
Last Updated:	05/14/2020
<b>Individual Details</b>	
* Individual:	24F PP
* Language:	E - ENGLISH
* Are you a US citizen:	Yes
US Citizenship Verification:	BC - BIRTH CERTIFICATE
* US Citizenship MA Verification:	
State File Number:	Birth Query
Birth Place:	WI - WISCONSIN
Date Of Death:	MM / DD / YYYY
Alert Flag 1:	
Alert Flag 2:	
* Refutation Due Date:	
<b>SSN Information</b>	
SSN:	631-89-7897
SSA Verification:	V - VERIFIED
SSN Exemption:	
W-2 Initial Exemption:	
W-2 Initial Exemption Date:	MM / DD / YYYY
SSN Application Date:	MM / DD / YYYY
SSN Override Verification:	

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

Ethnicity	
Hispanic or Latino/a:	Yes <input type="checkbox"/> <input type="checkbox"/>
<b>Hispanic or Latino/a Details:</b>	
<input type="checkbox"/> CH - Chicano/a	<input type="checkbox"/> CU - Cuban
<input type="checkbox"/> MX - Mexican	<input type="checkbox"/> PR - Puerto Rican
<input type="checkbox"/> UN - Unknown	<input type="checkbox"/> DA - Decline to Answer
<input checked="" type="checkbox"/> MA - Mexican American	<input type="checkbox"/> OT - Other
Race	
American Indian / Alaskan Native:	<input type="checkbox"/>
Asian:	<input type="checkbox"/>
Black / African American:	<input type="checkbox"/>
Native Hawaiian / Pacific Islander:	<input type="checkbox"/>
White:	Yes <input type="checkbox"/>
<b>White Details:</b>	
<input type="checkbox"/> EU - European	<input type="checkbox"/> ME - Middle Eastern
<input type="checkbox"/> NA - North African	<input type="checkbox"/> PR - Persian
<input checked="" type="checkbox"/> OT - Other	<input type="checkbox"/> UN - Unknown
<input type="checkbox"/> DA - Decline to Answer	
Other:	<input type="checkbox"/>
Unknown:	<input type="checkbox"/>
Decline to Answer:	<input type="checkbox"/>

- Step 4:** Carmen discloses her **Ethnicity** as Hispanic – Mexican American and **Race** as White - Other. Select these options for her.
- Step 5:** Click Next.

Individual Demographic Information	
<b>Effective Period</b>	
Last Updated:	05/14/2020
<b>Individual Details</b>	
* Individual:	6F DAU
* Language:	E - ENGLISH
* Are you a US citizen:	Yes
US Citizenship Verification:	BC - BIRTH CERTIFICATE
* US Citizenship MA Verification:	
Birth Place:	WI - WISCONSIN
Date Of Death:	MM / DD / YYYY
Alert Flag 1:	
Alert Flag 2:	
State File Number:	Birth Query
Source:	
* Refutation Due Date:	
<b>SSN Information</b>	
SSN:	131-32-1313
SSA Verification:	V - VERIFIED
SSN Exemption:	
W-2 Initial Exemption:	
W-2 Initial Exemption Date:	MM / DD / YYYY
SSN Application Date:	MM / DD / YYYY
SSN Override Verification:	
Verification:	
<b>Ethnicity</b>	
Hispanic or Latino/a:	Decline to Answer
<b>Race</b>	
American Indian / Alaskan Native:	
Asian:	
Black / African American:	
Native Hawaiian / Pacific Islander:	
White:	
Other:	
Unknown:	
Decline to Answer:	Yes

- Step 1:** Select E – ENGLISH for Lucia’s **Language**.
- Step 2:** Select YES to indicate that Lucia is a US citizen. Use BC – BIRTH CERTIFICATE to verify Lucia’s citizenship.
- Step 3:** Select WISCONSIN as Lucia’s **Birth Place**.
- Step 4:** Carmen chooses not to disclose Lucia’s ethnicity or race. Indicate DECLINE TO ANSWER in the **Ethnicity** and **Race** sections.
- Step 5:** Click Next.
- Step 6:** Click Next again.

## Current Demographics

### Current Demographics

Cancel  

Completed 0 of 2

Individual Demographic Information	
Effective Period	
* Begin Month:	06 / 2022 Last Updated:
Individual Details	
* 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:	
Physical Exam	
* Physical Exam Completed?	
* Good Cause:	
* Physical Exam Date:	MM / DD / YYYY
* Source:	
Obsolete Information	
* Offender Working Without Pay:	
* Verification:	

Enter New Begin Month MM / YYYY Go

- Step 1:** Choose DR - DRIVER'S LICENSE for Carmen's **Identity Verification**.
- Step 2:** Her **Marital Status** is SI – SINGLE-NEVER MARRIED. This does not need to be verified. **Verification** defaults to NQ – NOT QUESTIONABLE.
- Step 3:** YES, Carmen is **Currently living in WI** and verifies this with a piece of mail she received at her home. Use MA – MAIL RECEIVED AT ADDRESS.
  - Note: this needs to be verified only for the Primary Person.
- Step 4:** YES, she **Intends To Reside In WI**.
- Step 5:** NO, she is not a **Migrant Farm Worker**. This does not need to be verified.
- 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:** Carmen's **Living Arrangement Type** is 01 – INDEPENDENT (HOME/AP/TRLR). This does not need to be verified. It will default to NQ – NOT QUESTIONABLE.
- Step 8:** Click Next.
- Step 9:** Lucia's **Marital Status** is SI – SINGLE-NEVER MARRIED.
- Step 10:** YES, Lucia **Resides in WI**. This does not need to be verified (this is verified only for the Primary Person).
- Step 11:** YES, Lucia **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:** Lucia's **Living Arrangement Type** is 01 – INDEPENDENT (HOME/AP/TRLR). This does not need to be verified. CWW will default to NQ – NOT QUESTIONABLE.

**Step 14:** Click Next.

## Benefits Received

**Benefits Received** Cancel  **Reset**

**The following events have occurred:**

**DX007:** SSN verified, No benefits found.

Completed 0 of 2

---

**Benefits Received [1 of 2]**

**Effective Period**

\* Begin Month:  /  Last Updated:

**Additional Information**

\* Individual:  **24F PP**

Has the individual received any of the following benefits?

* Other State SNAP:	<input type="text" value="N - No"/>	* Verification:	<input type="text"/>
* Tribal Commodities:	<input type="text" value="N - No"/>	* Verification:	<input type="text"/>
* SSDI Payments:	<input type="text" value="No"/>	Verification:	<input type="text"/>
* SSI Payments:	<input type="text" value="No"/>	Verification:	<input type="text"/>
* SSI Letter:	<input type="text" value="No"/>	* Verification:	<input type="text"/>
* Foster Care/Subsidized Guardianship:	<input type="text" value="No"/>		
* Foster Care Court Order?:	<input type="text" value="No"/>	* Verification:	<input type="text"/>
* QDWI Referral:	<input type="text" value="No"/>	* Verification:	<input type="text"/>

**Obsolete Information**

\* Other State AFDC:

\* General Relief:  \* Verification:

Enter New Begin Month  /  **Go**

**Step 1:** Select NO to indicate that Carmen is not receiving **SSDI Payments, SSI Payments, or SSI 1619(b)**.

**Step 2:** Click Next.

**Step 3:** Select NO to indicate that Lucia is not receiving **SSDI Payments, SSI Payments, or SSI 1619(b)**.

**Step 4:** Click Next.



## School Enrollment

**School Enrollment** Cancel

**School Enrollment information required for following individuals**

**6F DAU**

**Effective Period**

\* Begin Month:  /  Last Updated:

**Individual Information**

\* Individual:

\* Highest Level of Education Completed:

\* High School Graduation Status:  Verification:

\* Enrollment Status:  Verification:

Type of Educational Institution:

\* Student FoodShare Eligibility Reason:  Verification:

\* School District:

School Name:

Expected Date of High School Graduation:  /  /  Verification:

\* Meets Caring for Dependent Children Requirement:

Comment:

Current Size = 0 characters (240 characters max.)

/

- Step 1:** Select LUCIA from the **Individual** drop-down menu.
- Step 2:** **Highest Level of Education Completed** for Lucia is XKG – KINDERGARTEN COMPLETED.
- Step 3:** **High School Graduation Status** is NOT – NOT GRADUATED. This does not need to be verified.
- Step 4:** Her **Enrollment Status** is FU – FULL TIME. Carmen did not provide any verification documents for Lucia’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: [dropdown] Last Updated:

**Learnfare Details**  
 \* Learnfare Status: WST - STUDENT IN GOOD STANDING [dropdown] Verification: ? - NOT YET VERIFIED [dropdown]  
 Penalty Code: [dropdown]  
 Issuance Month: 11/2023  
 Participation Period: 09/16/2023 - 10/15/2023

**Step 6** Lucia’s **Learnfare Status** is WST – STUDENT IN GOOD STANDING. The **Verification** is ? – NOT YET VERIFIED.

**Step 7:** Click Next.

## Individual Non-Financial Gatepost

**Individual Non Financial Gatepost** Cancel [checkbox] Reset

**Effective Period**  
Last Updated: 05/14/2020

**Questions**

- \* Is anyone in your household pregnant? [N - No dropdown]
- Is anyone in your household disabled, blind, or unable to work due to illness or injury? [dropdown]
- Is anyone in your household requesting Long Term Care services? [dropdown]
- Is there anyone in your household who was an SSI recipient in the past who is not an SSI recipient now? [dropdown]
- Is anyone in your household under age 13 months? [dropdown]
- \* Has anyone in the household applying for FS or W-2 been convicted of a drug felony in the past 5 years? [N - No dropdown]
- Does anyone in your household pay anyone else for room and meals? [dropdown]
- Is there anyone in your household under 26 who was receiving out of home care when s/he turned 18? [dropdown]

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

Add Case Comment Cancel [checkbox] 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

**Absent Parent** Cancel

**Information For The Following Absent Parent(s) is Required**

**Absent Parent (1 of 1) of [REDACTED] 6F DAU (Mother in the home)**

**Absent Parent Information**

**Effective Period**  
 Last Updated: \_\_\_\_\_  
 Delete Month: MM / YYYY      Delete Reason: \_\_\_\_\_

**Absent Parent Information**

Check if Absent Parent Known      Sequence: \_\_\_\_\_

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

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      M - MALE      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      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.
  - o **Note:** Make up a 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.
  - o First, CWW will search for Absent Parent Search Within Case, and
  - o Second, CWW will search for Absent Parent Search by Individual.
  
- 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?**

- Step 10:** Select LUCIA 06 DAU as the **Individual** and Y – LEGAL PARENTAGE ESTABLISHED FOR THIS CHILD as **Legal Parentage Status**.
- Step 11:** Click Add.

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

## Asset Gatepost

### Asset Gatepost

Cancel  

Effective Period	
Last Updated:	05/14/2020
ACP Asset Information	
Has the asset information from the latest ACP application PDF been processed?	<input type="text"/>
Liquid Asset	
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"/>
Vehicle Asset	
* 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:** All other fields can be indicated as NO.
- Step 4:** Click Next.

## Liquid Assets

**Liquid Assets**

**Selected Assets To Be Entered**

CH

---

**Effective Period**

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

Delete Reason:

---

**Additional Information**

\* Individual:       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 CARMEN 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

**Vehicle Assets**
Cancel

---

**Effective Period**

\* Begin Month: 05 / 2020      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 #:

\* Usage:

Usage:

Usage:

\* Fair Market Value: \$ 3500 . 00 [KBB Value Look-Up](#)      \* Source: ND - NADA GUIDE

[NADA Value Look-Up](#)

Amount Owed: \$  .

Equity Value: \$  .       Verification:

- Step 1:** Select CARMEN 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 \$3500.00, and the **Source** is ND – NADA GUIDE.
- Step 7:** Click Next.

## Employment/Unemployment Queries


### ☰ 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:** Use the shortcut to answer N – NO to all the questions.
- Step 2:** Click Next.

## Unearned Income Gatepost

Unearned Income Gatepost
Cancel

---

**Effective Period**

Last Updated: **05/15/2020**

**Unearned Income**

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

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

**Educational Aid**

\* Does anyone in your household receive educational aid?

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

Cancel

**Step 1:** Use the shortcut to answer N – NO to all the questions.

**Step 2:** Click Next.

## Child Support Income

For training cases, no information will be displayed.

### Child Support Income

Individual Information			
Last Updated:			
Recipient:			
Custodial Parent:			
Court Order Information			
Absent Parent:		KIDS PIN:	
Court Order Number:			
Pay Frequency:			
CARES Process Date	Current Amount	Arrears Amount	Child Support Excess Amount
No data found.			
Last Three Months Payments:			
Payment Month	Current Amount	Arrears Amount	Child Support Excess Amount
No data found.			
Average:	N/A	N/A	N/A

Individual
Updated on or before
MM/DD/YYYY

Go

Add Case Comment
◀ Previous
Next ▶

**Step 1:** Click Next.

## Expense Gatepost

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

### Expense Gatepost

Cancel  Reset

Effective Period	
Last Updated:	05/15/2020
Dependent Care Obligations/ Payments	
<input type="checkbox"/> 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 style="background-color: #f0f0f0;" type="text"/>
Support Obligations/ Payments	
<input type="checkbox"/> 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 style="background-color: #f0f0f0;" type="text"/>
Medical Expenses	

**Step 1:** Click Next.

## W-2 Up-Front Activity Requirements

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

Effective Period			
* Begin Month:	<input type="text" value="11"/> / <input type="text" value="2020"/>	End Month:	<input type="text" value="MM"/> / <input type="text" value="YYYY"/>
Delete Reason:		<input type="text" value="Last Updated: 11/05/2020"/>	
<input type="text" value="Delete Reason"/>			
Additional Information			
Sequence:	<input type="text" value="1"/>		
FEP Interview Date:	<input type="text" value="11/05/2020"/>		
* Are there any up-front activity requirements?	<input type="text" value="No"/>	Have the up-front activity requirements been met?	<input type="text" value=""/>

---

Cancel

- Step 1:** Ensure the **Begin Month** is the same month the RFA was created.
- 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

**Generate Summary** Cancel  **Reset**

---

**Effective Period**

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

---

**Summary**

W-2 Signature: Y - Signature Received

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

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

---

Updated on or before: MM DD YYYY **Go**

---

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

- 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?**
  - This is used only in Training.
- Step 3:** Click Next.

## Eligibility Determination

### Initiate Eligibility

**Initiate Eligibility** Cancel  **Reset**

---

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

---

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

- Step 1:** Ensure the Run Eligibility button is selected.
- Step 2:** Click Next.
  - CWW runs eligibility, looking at all the data entered for this case.

## Eligibility Run Results

### Eligibility Run Results

The following event has occurred:

**GL314:** 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>
1	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>
1	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>
1	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:** Carmen's case should display a Pend for W-2
  - o If not, contact [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov)

- Step 2:** Click the Magnifying Glass to the right of the W-2 results.

## 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
24F PP	ELIGIBLE ADULT	ELIGIBLE ADULT		
6F DAU	ELIGIBLE CHILD	ELIGIBLE CHILD		Yes

Assistance Group

WW C - W-2 FOR OLDEST MINOR CHIL

Sequence

Updated on or before

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  
   **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	LUCIA CHAPPA 6F DAU	School Enrollment	- Enrollment Status	WW C 01
			- Learnfare Status	WW C 01

Individual:  Assistance Group:  Updated on or before:    **Go**

**Add Case Comment**

Cancel  **Previous** **Next**

**Step 1:** Ensure Carmen'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	LUCIA CHAPPA 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: ALL  Assistance Group: ALL  **Go**

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

- Step 1:** Click Next.

# Confirm Eligibility

Confirm Eligibility

Cancel  Reset

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="checkbox"/>
		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	Confirm?
No confirmed record found.								

Add Case Comment

Cancel  ◀ Previous Next ▶

- Step 1:** Review the **Confirm Eligibility** page for accuracy. Carmen’s case should show as PENDING and PENDING for **WW C – W-2**.
- Step 2:** You are unable to do anything on this page. Click the Cancel checkbox.

## Case Comments

- Step 1:** From the **Navigation Menu**, navigate to the **Case Comments** page.
  
- Step 2:** Enter appropriate comments regarding the completion of this application.
  - Example: *Carmen attended her eligibility appointment today. She reports that her household consists only of herself and her daughter, Lucia. She provided SSNs for herself and Lucia. She provided birth certificates for herself and Lucia to verify birth date, U.S. citizenship, and household relationships. Carmen provided a driver's license to verify her identity, and mail received at her current address to verify WI residency. Carmen reports no employment, no earned income, and no unearned income for the entire household. Carmen reports the only assets for the household are her 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. No up-front activities were assigned as a condition of eligibility due to agency policy. Carmen did not have proof of Lucia's school enrollment and attendance. Case is pending for Enrollment Status and Learnfare Status.*
  
- Step 3:** Choose I - INTAKE as the **Comment Type**.
  
- Step 4:** Click Add.

## Congratulations!

This completes initial Eligibility for Carmen. You can go back and review any of the pages in CWW using the **Navigation Menu**. You will return to Carmen’s case to finish her eligibility in a future entry.



**Send** an email with Carmen’s case number to the Partner Training Team at [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov) with the subject line “**Initial Eligibility-Carmen.**” Your entries will be reviewed, and feedback will be provided. Use the feedback to help you move forward.

You have one more case to enter and a lot more to learn about Eligibility. You can feel more confident with CWW now that you have entered your first case! The next case will be a little more difficult and add some additional pages, but with what you’ve learned so far, you’ll be able to continue working your way through this course.

# Haylee

Now that you have entered correct verifications for non-financial and financial information and determined eligibility for Carmen, it's time to take what you learned and apply that knowledge to Haylee's case entries. There are fewer instructional prompts in this section. Refer to previous pages and instructions in this System Entry Guide: Eligibility for help and reminders as you make Haylee's entries.

Log on to the CWW Training Environment, and from the CARES Worker Web Home page, locate your Haylee case on the Recent Cases list. **Select** your Haylee case to navigate to her **RFA Summary** page.

## Haylee's Case

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Haylee lives with her son, Parker, who is nine years old, and her daughter, Sophia, who is three weeks old. She provides you with Social Security numbers for her and Parker, and birth certificates for everyone. Sophia has not yet received her Social Security number.

Haylee has legal custody of both children. Parker and Sophia do not have the same father.

Haylee would like to get her notifications by email, and provides you with her email address, [Haylee@emailservice.com](mailto:Haylee@emailservice.com). She has not lived in Wisconsin her whole life. About three years ago, she moved to Minnesota with Parker's father. After their relationship ended, she moved back to Wisconsin to be closer to her family. That was about one year ago.

Haylee manages her own finances and does not request her W-2 payment to go to any vendor.

Everyone in the household speaks English and was born in Wisconsin. Birth certificates are provided for everyone. She also provides hospital records showing Sophia's Social Security application date. Haylee identifies none of them as Hispanic. She identifies her race as White (European), Parker's race as White (European) and Black (Unknown), and Sophia's race as White (European).

Haylee has her driver's license with her, and you use that to verify her identity. Everyone in the household is cooperating with SSN. All of them reside in Wisconsin, and Haylee plans to stay here. Haylee has never been married, although she does inform you that she is in a relationship with Sophia's father. She provides a bill with her address on it. No one in the household is a migrant farm worker or a fleeing felon. Haylee lives in her own apartment, which she pays for.

Parker receives SSI due to his diagnosis of Autism. Haylee provides documentation of this.

Haylee has her high school diploma and attended one year of post-secondary education. She currently is not in school. Parker completed third grade last year and currently is in fourth grade. He has an Individualized Education Plan (IEP) and seems to do well with that plan. Haylee provides you with Parker's school records and attendance report.

Haylee is not pregnant and has no drug felonies.

Haylee provides you the phone number for Parker's other parent, Simon. Legal parentage has been established for Parker. Haylee and Simon were never married and get along amicably. You review with Haylee policy on cooperation with child support and good cause. Haylee is cooperating and does not claim good cause. There is a child support order in place. She also provides you the contact information for Sophia's other parent, Luka. Haylee and Luka are not married, and legal parentage for Sophia has not yet been established. You refer the case to child support, and Haylee is cooperating. She does want to get legal parentage established.

Haylee has a pre-paid debt card and savings account. She provides a printout of her account information, which you review. Haylee's current pre-paid debit card balance is \$12.00 and her savings account balance is \$120.00. She chooses not to use either account for Electronic Funds Transfer (EFT).

## Entries

### RFA Summary

Just like with Carmen, you left the case after Client Registration. The **RFA Summary** page is the first page to display.

- Step 1:** Confirm your worker ID is entered.
- Step 2:** Enter Haylee's RFA month (MM) and year (YYYY) in the **Enter Begin Month for New Data** field at the bottom of the page.
- Step 3:** Select Begin Intake Interview.
- Step 4:** Click Next.
- Step 5:** Progress through the following pages:
  - **Review Basic Information**
  - **Individual/Case Clearance Results**
  - **Case Comments**

## Household Members

- Step 1:** Enter Haylee's **Birth Date Verification**.
- Step 2:** Click the Add New Information button.
- Step 3:** Add Parker, verifying all required information.
- Step 4:** Click the Add New Information button again to add Sophia. Verify all required information.
  - Remember, Sophia does not have an SSN yet. Leave that field blank.
- Step 5:** Click Next.
- Step 6:** Proceed through **Program Request** pages.
  - All Program Requests should be NO, except for the W-2 Request.

## W-2 Request

- Step 1:** Enter your worker ID as the **Assigned FEP ID**.
- Step 2:** Haylee does not receive a housing subsidy.
- Step 3:** Refer Haylee to W-2 Work Program Referral for Assessment.
- Step 4:** Click Next.

## Interview Details

- Step 1:** Haylee is meeting with you face to face.

## Household Relationships

- Step 1:** Record the relationships of the household members.
- Step 2:** Haylee has legal custody of both children.
- Step 3:** Click Next after your entries for each person to move forward to the next person.
- Step 4:** After all household relationships are entered, the driver flow proceeds to the next page.

## Relevance Results

CWW shows all individuals in the household as relevant to the W-2 case.

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## Individual/Case Clearance Results

- Step 1:** All **individuals** should pass **Clearance**. Review the **Individual Clearance** and the **Case Clearance** results to ensure they are correct. If you have a match, contact [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov) for help. Click Next to proceed to the results for the next individual until all household members have gone through clearance.

## General Case Information

- Step 1:** Haylee has not lived in Wisconsin her whole life. Indicate that she moved to Minnesota three years ago and moved back to Wisconsin one year ago.
- Step 2:** She does not have an **Alternate Mailing Address**. Click Next.
- Step 3:** Click the radio button **Override Post Office Suggested Address – Keep address listed in Original Address section**.
- Step 4:** Click Next.

## Electronic Contact Information

- Step 1:** Answer YES to **Get letters online with email notification instead of by regular mail?**
- Step 2:** Enter Haylee's email address.

## Representatives/W-2 Vendor Gatepost

- Step 1:** Answer NO to these questions.
- Step 2:** Click Next.

## Permanent Demographics

- Step 1:** Enter the required fields for all individuals in the household. This includes: **Language, Citizenship, Ethnicity, and Race**.
- Step 2:** Enter Sophia's birth date for her **SSN Application Date**.
- Step 3:** Click Next to proceed through all individuals in the household.



## Current Demographics

- Step 1:** Enter the **Identity Verification** field for Haylee.
- Step 2:** Everyone is **Currently living in WI** (verify for Haylee), **Intends to Reside in WI**, and is not a **Migrant Farm Worker**.
- Step 3:** All members of the household are SINGLE-NEVER MARRIED.
- Step 4:** No one is **Fleeing Felon Or In Violation of Probation/Parole**.
- Step 5:** Their **Living Arrangement** is independent.

## Benefits Received

**Benefits Received [1 of 2]**

**Effective Period**

\* Begin Month:  /  Last Updated:

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**Additional Information**

\* Individual:

Has the individual received any of the following benefits?

* Other State SNAP: <input type="text"/>	* Verification: <input type="text"/>
* Tribal Commodities: <input type="text"/>	* Verification: <input type="text"/>
* SSDI Payments: <input type="text" value="No"/>	Verification: <input type="text"/>
* SSI Payments: <input type="text" value="Yes"/>	Verification: <input type="text" value="SC - SSA OR SSI RECORDS OR CHECK"/>
* SSI Letter: <input type="text"/>	* Verification: <input type="text"/>
* Foster Care/Subsized Guardianship: <input type="text"/>	* Verification: <input type="text"/>
* Foster Care Court Order?: <input type="text"/>	* Verification: <input type="text"/>
* QDWI Referral: <input type="text"/>	* Verification: <input type="text"/>

---

**Obsolete Information**

\* Other State AFDC:

\* General Relief:  \* Verification:

MM / YYYY

- Step 1:** Enter YES for Parker's receipt of **SSI Payments**.
- Step 2:** Verify this by SC – SSA OR SSI RECORDS OR CHECKS.
- Step 3:** Enter NO for SSI 1619(b).

---

## School Enrollment

- Step 1:** Record information for Parker.
- Step 2:** Verify Parker's enrollment with SR – SCHOOL RECORD.
- Step 3:** He is a student in good standing. Verify this with AR – ATTENDANCE REPORT.

## Individual Non-Financial Gatepost

- Step 1:** Answer N - NO to each of these questions.

## Absent Parent

- Step 1:** Enter Simon's information, including phone number.
- Step 2:** Select YES to **Refer to IV-D?** and include the absence reason.
- Step 3:** PARKER 9M SON is the **Individual**, and legal parentage has been established.
- Step 4:** Haylee is Parker's caretaker relative.
- Step 5:** Click Next.
- Step 6:** Enter Luka's information.
- Step 7:** Refer to child support and indicate that legal parentage has not yet been established.
- Step 8:** Haylee is Sophia's caretaker relative.
- Step 9:** Click Next.

## Asset Gatepost

- Step 1:** Enter YES for **Prepaid Debit Card** and **Savings Account**.
- Step 2:** Click Next.

## Liquid Assets

- Step 1:** Enter Haylee's Savings Account information, including account balance (\$120), account number, and bank name.
- Step 2:** This is not being used for EFT.

- Step 3:** Click Next twice.
- Step 4:** Enter Haylee’s Prepaid Debit Card, including account balance (\$12), account number, and bank name.
- Step 5:** This is not being used for EFT.
- Step 6:** Click Next twice.

## Employment Queries

- Step 1:** Click Next.

## Employment Gatepost

- Step 1:** Answer all questions as no, then click Next.

## Unearned Income Gatepost

**Unearned Income Gatepost** Cancel  Reset

**Effective Period**  
Last Updated: 06/09/2020

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

* AA - Adoption Assistance:	<input type="checkbox"/>	* AN - Annuities:	<input type="checkbox"/>
* CH - Charitable Contributions:	<input type="checkbox"/>	* CS - Child Support / Maintenance / Alimony:	Y - Yes
* DI - Sick / Disability Benefits:	<input type="checkbox"/>	* DV - Dividends:	<input type="checkbox"/>
* FO - Foster Care:	<input type="checkbox"/>	* GR - General Relief:	<input type="checkbox"/>
* IN - Interest:	<input type="checkbox"/>	* KC - Kinship Care:	N - No
* MA - Military Allotment:	<input type="checkbox"/>	MN - Maintenance / Alimony:	N - No
* MO - Money From Other Person:	<input type="checkbox"/>	* NA - National Refugee Relief:	<input type="checkbox"/>
* OT - Other:	<input type="checkbox"/>	* PA - Assistance In Another State:	<input type="checkbox"/>
* PC - Personal Capital Gains:	<input type="checkbox"/>	* PE - Other Pension / Retirement:	<input type="checkbox"/>
* PS - Payments From Property Sold:	<input type="checkbox"/>	RE - RNIP:	N - No
* RR - Railroad Retirement:	<input type="checkbox"/>	* SI - Supplemental Security Income:	? - Doesn't know or questionable
* SS - Social Security:	<input type="checkbox"/>	* TC - Tribal Per Capita Income:	F - Failed to provide information
* TR - Trust Fund:	<input type="checkbox"/>	* TT - Tribal TANF:	N - No
* UN - Unemployment Insurance:	<input type="checkbox"/>	* VE - Veteran Benefits:	O - Fail W-2 and/or CC
* WC - Workers Compensation:	<input type="checkbox"/>		Y - Yes

**Educational Aid**  
\* Does anyone in your household receive educational aid?

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

- Step 1:** Enter Y – YES for **SI – Supplemental Security Income** and for **CS – Child Support / Maintenance / Alimony**.
- Step 2:** Click Next.

## Child Support Income

### Unearned Income

Selected Incomes To Be Entered

CS	SI
<b>Effective Period</b>	
* Begin Month: 06 / 2020	End Month: MM / YYYY
Delete Reason: <input type="text"/>	
<b>Income Information</b>	
* Individual: 9M SON	SSN: <input type="text"/> Sequence: 0
* Income Type: CSCC - CHILD SUPP-CURRENT,NOT RTND	
* Verification: DE - DATA EXCHANGE	
Claim SSN Number: N/A	
* Income Begin Date: 06 / 09 / 2019	Income End Date: MM / DD / YYYY
* Income Discontinued? No	Date Loss Of Income Reported: MM / DD / YYYY
* Frequency Period: M - MONTHLY	Number of Pays: 0
* Income Available? Yes	Monthly Converted Amount: \$ <input type="text"/>
Monthly MA Amount: \$ <input type="text"/>	
* Monthly BC+ Taxable Amount: \$ <input type="text"/>	

**Details**

Delete	Gross Income Amount	Verification	
<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>	
	* BC+ Taxable Amount	* Verification	
	\$ <input type="text"/>	<input type="text"/>	

Gross Income Amount	Verification	BC+ Taxable Amount	Verification	Delete
200.00	DE - DATA EXCHANGE			<input type="button" value="Delete"/>

- Step 1:** Select PARKER as the individual and CSCC as the **Income Type**. Choose DE – DATA EXCHANGE for the **Verification**.
- Step 2:** Use a date a year ago for the **Income Begin Date**. This income is not discontinued; it is monthly, and it is available.
- Step 3:** Enter the **Gross Income Amount** of \$200 with a **Verification** of DE – DATA EXCHANGE.
- Step 4:** Click Add to add this information to the dynalist.

- Step 5:** Click Calculate.
- Step 6:** Click Next.

**Unearned Income**
Cancel

Selected Incomes To Be Entered

SI

**Effective Period**

\* Begin Month:  /  End Month:  /  Last Updated:

Delete Reason:

**Income Information**

\* Individual:  SSN:  Sequence:

\* Income Type:

\* Verification:

Claim SSN Number:

\* Income Begin Date:  /  /   Income End Date:  /  /

\* Income Discontinued?  Date Loss Of Income Reported:  /  /

\* Frequency Period:

\* Income Available?  Number of Pays:

Monthly MA Amount: \$  .

Monthly BC+ Taxable Amount: \$  .

Monthly Converted Amount: \$  .

**Details**

Delete	Gross Income Amount	Verification	
<input type="checkbox"/>	\$ <input type="text" value="623"/> . <input type="text" value="00"/>	<input type="text" value="SA - SSA DOCUMENT"/>	
	BC+ Taxable Amount	Verification	
	\$ <input type="text"/> . <input type="text"/>	<input type="text"/>	

Gross Income Amount	Verification	BC+ Taxable Amount	Verification	Delete

Comments:

- Step 1:** Select PARKER as the individual and select SI – SUPPLEMENTAL SECURITY INCOME as the **Income Type**. Enter SA - SSA DOCUMENT and the **Verification**.
- Step 2:** Enter a date four years ago as the **Income Begin Date**. This income is not discontinued; it is monthly, and it is available.
- Step 3:** Skip the **Disregards and Expenses** section.

- Step 4:** Enter Parker's Federal SSI income with a **Gross Income Amount** of \$623 in the **Details** section using SA—SSA DOCUMENT for the **Verification**.
- Step 5:** Click Add to add this income to the dynalist.
- Step 6:** Click Calculate.

### Unearned Income

Cancel  

Effective Period			
* Begin Month:	06 / 2020	End Month:	MM / YYYY
Delete Reason:			
Income Information			
* Individual:	9M SON	SSN:	Sequence: 0
* Income Type:	SISS - STATE SUPPL SECURITY INCOME		
* Verification:	SC - SSA OR SSI RECORDS OR CHECKS		
Claim SSN Number:	N/A		
* Income Begin Date:	06 / 01 / 2014	Income End Date:	MM / DD / YYYY
* Income Discontinued?	No	Date Loss Of Income Reported:	MM / DD / YYYY
* Frequency Period:	M - MONTHLY	Number of Pays:	0
* Income Available?	Yes	Monthly Converted Amount:	\$ 83 . 78
Monthly MA Amount:	\$ 83 . 78		
* Monthly BC+ Taxable Amount:	\$ .		

- Step 1:** Click the Add New Information button to add the state amount of SSI income.
- Step 2:** Select PARKER as the individual and select SISS – STATE SUPPL SECURITY INCOME as the **Income Type**.
- Step 3:** Enter SC—SSA OR SSI RECORDS OR CHECKS as the **Verification**.
- Step 4:** Use the same date as the SI begin date as the **Income Begin Date**.
- Step 5:** This income is not discontinued, and it is available.
- Step 6:** Skip the **Disregards and Expenses** section.
- Step 7:** Enter Parker's State SSI **Gross Income Amount** of \$83.78 in the **Details** section using SC—SSA OR SSI RECORDS OR CHECKS for the **Verification**.

- Step 8:** Click Add to add this income to the dynalist.
- Step 9:** Click Calculate.
- Step 10:** Click Next.

### **Expense Gatepost**

- Step 1:** Click Next.

### **W-2 Up-Front Activity Requirements**

- Step 1:** Haylee was not assigned up-front activities. Select NO and then click Next.

### **Generate Summary**

- Step 1:** Select Y – SIGNATURE RECEIVED for the **W-2 Signature** field.
- Step 2:** Select NA – DO NOT GENERATE SUMMARY.
  - We use this option in the Training environment.
- Step 3:** Click Next.

### **Initiate Eligibility**

You now have collected all the necessary information to determine eligibility; this page begins the eligibility determination process.

- Step 1:** Ensure the Run Eligibility button is selected.
- Step 2:** Click Next.
  - CWW runs eligibility, looking at all the data entered for this case.

### **Eligibility Run Results**

- Step 1:** Haylee's case should display a Pass for W-2. If the case does not pass, contact [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov)
- Step 2:** Click the Magnifying Glass to the right of the W-2 results.

### **Assistance Group Composition Details**

- Step 1:** Click Next.

## Eligibility Summary

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	06/01/2020		N/A	OPEN	PASS		<input type="button" value="Yes"/>
		05/14/2020	05/31/2020	N/A	OPEN	PASS		

Confirmed Assistance Group Eligibility Summary								
Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons	Confirm?
No confirmed record found.								

Cancel

- Step 1:** Review the **Confirm Eligibility** page for accuracy. Haylee's case should show as OPEN and PASS for **WW C – W-2**.
  - If the case is not passing, do not confirm the case. Instead, contact [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov).
- Step 2:** Select YES in the **Confirm?** field for **W-2 Results**.
- Step 3:** Click Next.



## Work Program Referral/Action

### Work Programs Referral/Action

Cancel  

Work Programs Referral Information				
Name	Confirmed Eligibility Result	Enrollment Status	Send Referral	Action Needed
	WWC - OPEN - ELIGIBLE ADULT	OPEN IN WORK PROGRAM OFFICE 1111	SENT FOR OFFICE 1111	ENROLL VIA WWP

Add Work Program PIN Comment

Cancel   

- Step 1:** Review the referral status. Haylee should be displayed as **WWC – Open Eligible Adult**.
- Step 2:** Click Next

### Case Comments

- Step 1:** Navigate to the **Case Comments** page.
- Step 2:** Enter comments regarding the completion of this application.

### Congratulations!

This completes Eligibility entries for Haylee. You can go back and review any of the pages in CWW using the **Navigation Menu**.



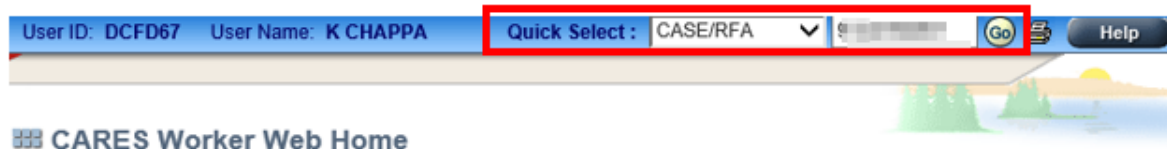
**Send** an email with Haylee's case number to the Partner Training Team at [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov) with the subject line "**Eligibility-Haylee**." A trainer will review your entries and provide feedback.

# Carmen

## Carmen's Case – Verifications Provided

Carmen drops off a copy of Lucia's most recent school progress report and a printout of her attendance. They show Lucia is enrolled full-time and is in good standing.

### Entries



- Step 1:** Access Carmen's case.
- Step 2:** Using the **Navigation** menu, click **Benefits/School, School Enrollment**.

### School Enrollment

- Step 1:** Update Lucia's **Enrollment Status Verification** to SR – SCHOOL RECORD.
- Step 2:** Update her **Learnfare Status Verification** to AR – ATTENDANCE REPORT.
- Step 3:** Click Next.

### Generate Summary

- Step 1:** Select Y – SIGNATURE RECEIVED for the **W-2 Signature** field.
- Step 2:** Select NA – DO NOT GENERATE SUMMARY.
  - We use this option in the Training environment.
- Step 3:** Click Next.

## Initiate Eligibility

- Step 1:** Ensure the Run Eligibility button is selected.
- Step 2:** Click Next.

## Eligibility Run Results

- Step 1:** Carmen's case should display a Pass for W-2. If the case does not pass, contact [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov).
- Step 2:** Click Next.

## Assistance Group Composition Details

- Step 1:** Click Next.

## Eligibility Summary

- Step 1:** Click Next.

## Confirm Eligibility

- Step 1:** Carmen's case should show as OPEN and PASS for **WW C – W-2**.
  - If the case is not passing, do not confirm the case. Instead, contact [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov).
- Step 2:** Select YES in the **Confirm?** field for **W-2 Results**.
- Step 3:** Click Next.

## Work Program Referral/Action

- Step 1:** Review the referral status.
- Step 2:** Click Next

## Case Comments

- Step 1:** Navigate to the **Case Comments** page.
- Step 2:** Enter comments regarding the provided verifications and that the case is now open and passing.

## Congratulations!

This completes Eligibility entries for Carmen. You can go back and review any of the pages in CWW using the **Navigation Menu**.



**Send** an email with Carmen’s case number to the Partner Training Team at [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov) with the subject line “**Eligibility Verifications-Carmen.**” A trainer will review your entries and provide feedback.

Great work on completing two W-2 applications. You’ve learned a lot about applying W-2 non-financial and financial eligibility policy.