

# CWW Troubleshooting:

## How To Get The System To Work For You

This webinar is unique in that you have the power to choose what we discuss. We will discuss three of the six common problem-solving areas below. Keep in mind, we may not discuss each page in each section. To learn more about anything we do not discuss, check out resources provided, or sign up for the next webinar!

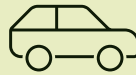
Click on the topic name to navigate to the topic page.



### Non-Financial

Includes a rundown of the pages that collect non-financial information.

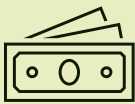
Pages 2-4



### Assets

Includes what to examine when there is an issue with the asset limit test.

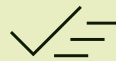
Pages 5-7



### Income

Includes useful tips to help you make sense of some of those tricky income issues.

Pages 8-10



### Eligibility

Includes a more in-depth look at how CWW thinks and functions when determining eligibility.

Page 11



### W-2 Group

Includes where to look to see who's included in the W-2 group.

Page 12



### Pending Cases

Includes tips on where to look when a case is unexpectedly pending.

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# Non-Financial

## Household Members

*First Name	MI	*Last Name	Suffix
PARTICIPANT		TROUBLESHOOTING	▼
<b>Additional Information</b>			
*Gender:	FEMALE ▼		
SSN:	687 - 84 - 4790	SSA Verification:	V - VERIFIED ▼
*Birth Date:	05 / 24 / 1994	*Verification:	BC - BIRTH CERTIFICATE ▼

## Household Relationships

Individual:	<b>CHILD TROUBLESHOOTING 10M SON</b>	Last Updated:	<b>11/04/2022</b>
<b>PARTICIPANT TROUBLESHOOTING 28F PP</b>			
* Participant is the:	MTR - MOTHER ▼	of Child, *Effective:	11 / 2022
*Verification:	NQ - NOT QUESTIONABLE ▼		
Participant also:			
<input type="checkbox"/> Purchases & Prepares Meals with Child	Yes ▼	<input type="checkbox"/> Is Caring for Child	No ▼
<input checked="" type="checkbox"/> Has Legal Custody of Child	Yes ▼	<input type="checkbox"/> Is Filling Parental Role for Child	No ▼
<input type="checkbox"/> Is an Essential person for Child	No ▼	<input type="checkbox"/> Is LTC Tax Dependent of Child	No ▼

# Non-Financial

## Permanent Demographics

**\*Individual:** PARTICIPANT TROUBLESHOOTING 28F PP

**\*Language:** E - ENGLISH

**\*Are you a US citizen:** Yes

**US Citizenship Verification:** BC - BIRTH CERTIFICATE

**US Citizenship MA Verification:**

**Birth Place:** WI - WISCONSIN

**State File Number:** Birth Query

**Date Of Death:** MM / DD / YYYY

**Source:**

**Alert Flag 1:**

**Alert Flag 2:**

**\*Refutation Due Date:**

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**SSN Information**

**SSN:** 687-84-4790

**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:**

## Current Demographics

**\*Individual:** PARTICIPANT TROUBLESHOOTING 28F 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:** BI - BILLS

**\*Is a temporarily absent WI resident for HC:**

**\*Is a temporarily absent WI:**

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**Living Arrangements**

**\*Living Arrangement Type:** 01 - INDEPENDENT (HOME/API)

**\*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?**

# Non-Financial

## School Enrollment

* Individual:	CHILD TROUBLESHOOTING 10M SON		
* Highest Level of Education Completed:	004 - GRADE 4 COMPLETED		
* High School Graduation Status:	NOT - NOT GRADUATED	Verification:	NQ - NOT QUESTIONA
* Enrollment Status:	FU - FULL TIME	Verification:	SR - SCHOOL RECORI
Type of Educational Institution:	EL - ELEMENTARY		
<b>Learnfare Details</b>			
* Learnfare Status:	WST - STUDENT IN GOOD STANDING	Verification:	AR - ATTENDANCE RE
Penalty Code:			
Issuance Month:	12/2022		
Participation Period:	10/16/2022 - 11/15/2022		

## Absent Parent

* Individual:	PARTICIPANT TROUBLESHOO1		
<b>Child Support Information</b>			
* Cooperation:	Yes	Non-Cooperation Instance Count:	0
Good Cause Claimed:		Good Cause Reason:	
Good Cause Claim Date:	MM / DD / YYYY		
Good Cause Approved:		Good Cause Result:	

## Check out these resources:

### W-2 Manual

- 2.2.1 List of Criteria
- 2.4.2 Qualified Non-citizens
- 2.7.1 Providing SSNs
- 2.5.1 Cooperation with Child Support
- 15.3.1 Cooperation with the CSA
- 16.2 School Enrollment and Attendance

### Learning Center

- Training on Demand: Adding a Person
- Training on Demand: Temporary Absence of a Child
- Training on Demand: Temporary Absence of an Adult
- Learnfare Automation and Policy Frequently Asked Questions
- Child Support Alert - Desk Aid

# Assets

## Liquid Assets

* Individual:	<b>PARTICIPANT TROUBLESHOOTING 28F PP</b>	Sequence:	<b>1</b>
* Type:	<b>CH - CHECKING ACCOUNT</b>	* Verification:	BS - BANK STATEMENT
* Jointly Owned?	N - No	* Available?	Y - Yes
* Burial?		* Verification:	BS - BANK STATEMENT
* Self-Reported Amount:	\$ 50 . 00	Is the owner an EBD MA Applicant/Recipient?	
* Balance Date:	MM / DD / YYYY		

## Vehicle Assets

* Fair Market Value:	\$ 1600 . 00	<a href="#">KBB Value Look-Up</a>	* Source:	ND - NADA GUIDE
Amount Owed:	\$ .	<a href="#">NADA Value Look-Up</a>	Verification:	
Equity Value:	\$ 1600 . 00			

## Real Property Assets

* Individual:	<b>PARTICIPANT TROUBLESHOOTING 28F PP</b>	Sequence:	<b>1</b>
* Type:	<b>HO - HOUSE</b>	* Verification:	TX - TAX RECORDS
* Residence?	Y - Yes	* Jointly Owned?	N - No
* Available?	Y - Yes		
<b>Property Information</b>			
Fair Market Value:	\$ 150000 . 00	Verification:	TX - TAX RECORDS
Amount Owed:	\$ 145000 . 00	Verification:	BS - BANK STATEMENT
Equity Value:	\$ 5000 . 00		
Life Estate Value:	\$ .	Verification:	

# Assets

## Personal Property Assets

* Individual:	<b>PARTICIPANT TROUBLESHOOTING 28F PP</b>	Sequence:	<b>1</b>
* Type:	<b>PP - PERSONAL PROPERTY OF UNUSUAL V</b>	* Verification:	AP - APPRAISAL
* Jointly Owned?	N - No	* Available?	Y - Yes
* Amount:	\$ 500 . 00	* Verification:	AP - APPRAISAL

## Burial Assets

* Individual:	<b>PARTICIPANT TROUBLESHOOTING 28F PP</b>	Sequence:	<b>1</b>
* Type:	<b>BP - BURIAL PLOT</b>	* Verification:	OW - OTHER ACCEPTABLE WRITTEN STATEMEN
* Jointly Owned:	N - No	* Available:	N - No
* Amount:	\$ 2000 . 00	* Verification:	OW - OTHER ACCEPTABLE WRITTEN STATEMEN
* For Individual:	PARTICIPANT TROUBLESHOO1	Relation:	

## Life Insurance Assets

* Individual:	<b>PARTICIPANT TROUBLESHOOTING 28F PP</b>	Sequence:	<b>1</b>
* Type:	<b>WL - WHOLE LIFE</b>	* Verification:	IP - INSURANCE POLICY RECORDS
* Jointly Owned?	N - No	* Available?	Y - Yes
* Face Value:	\$ 25000 . 00	Verification:	IP - INSURANCE POLICY RECORDS
Cash Surrender Value:	\$ 5 . 00		

# Assets

## Lump Sum Received

\* Individual: **PARTICIPANT TROUBLESHOOTING 28F PP** Sequence: **1**  
 \* Penalty Begin Month:  /   
 \* Type: **LW - LAWSUIT SETTLEMENT**   
 \* Jointly Owned?    
 \* Date Received:  /  /    
 \* Recurring?    
 \* Gross Amount: \$  .   
 \* Discontinuous?

\* Verification:    
 \* Available?    
 \* Earned?    
 \* Verification:

### Offsetting Expenses

Delete  Amount \$  .  Type  Verification

Amount	Type	Verification	Delete
3500.00	LE - LEGAL FEES	LW	
5000.00	MB - MEDICAL BILLS	OW	

## Check out these resources:

W-2 Manual

3.3.2 Asset Availability

3.3.4 Counting Assets

Learning Center

Income or Asset - Desk Aid

Training on Demand: Electronic Funds Transfer (EFT)

# Income

## Employment Page

Information

### Pay Frequency

\*Pay Frequency:

### Detailed Wage Information

Rate Per Hour: \$  .

Wage Type:

Average Hours Per Pay Period:

Verification:

Total Amount Per Pay Period: \$  .

Delete:

Rate Per Hour	Wage Type	Average Hours Per Pay Period	Verification	Total Amount Per Pay Period	Delete
11.25	REG - REGULAR PAY	30.00	AF - AGENCY FORM	337.50	
	TIP - CASH TIPS		AF - AGENCY FORM	300.00	

### Totals and Comments

Monthly In-Kind Amount: \$  .

Verification:

Total Amount Per Pay Period: \$  .

Monthly MA Gross Amount: \$  .

\*Override MA Gross Amount: \$  .

\*Verification:

Monthly BC+ Pre-Tax Deductions Amount: \$  .

Monthly BC+ Taxable Amount: \$  .

\*Override BC+ Taxable Amount: \$  .

\*Verification:

Monthly Converted Amount: \$  .

Override Converted Amount: \$  .

Verification:

Monthly Total Hours:

Monthly Override Hours:

Subsidized Employment Subsidy: \$  .

Comment:

Current Size = 0 characters (240 characters max.)

Enter New Begin Month  /



# Income

## Self-Employment Page

**Information**

**Effective Period**

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

Delete Reason:

**Additional Information**

\* Individual:  Sequence:

Business Name:  \* Business Tax ID:

\* Business Ownership Type:

\* Business Type:

\* When did this business begin?  /

\* Has this business filed taxes?

Most Recent Tax Year Filed for Business:

\* Has a significant change in business occurred?

Significant Change Month:  /

Actively engaged in managing this business?

\* Monthly Hours:  \* Verification:

**Tax/SEIRF Verification Details**

Tax/SEIRF Form:  Tax/SEIRF Form Verification:

Number of Months for Average:

Number of SEIRF Months:

SEIRF Begin Month:  /  SEIRF End Month:  /

**Self-Employment Income Report Forms**

▶ SEIRF

**Details and Summary**

**Monthly Income Details**

		Override Amounts	Override Reason
* Gross Income:	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="text"/>
* Gross Expenses:	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="text"/>
<b>Disallowed Expenses:</b>			
FS:	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="text"/>
MAGI:	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="text"/>
EBD:	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="text"/>
CTS:	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="text"/>
CC:	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="text"/>
W-2:	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="text"/>

# Income

## Unearned Income Page

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

### Income Information

\* Individual:  SSN: Sequence: **0**  
\* Income Type:   
\* Verification:   
Claim SSN Number: **N/A**  
\* Income Begin Date:  /  /  Income End Date:  /  /   
\* Income Discontinued?  Date Loss Of Income Reported:  /  /   
\* Frequency Period:  Number of Pays: **0**  
\* Income Available?  Monthly Converted Amount: \$  .   
Monthly MA Amount: \$  .   
Monthly BC+ Taxable Amount: \$  .   
\* Agreement Date:  /  /  \* Verification:

## Check out these resources:

### W-2 Manual

- 3.2.2 Prospective Income Eligibility
- 3.2.3 Estimating Income
- 3.2.4 Income Availability
- 3.2.8.2 Farm & Self-Employment Income
- 3.2.9 Disregarding Income

### Learning Center

- Average Hours Per Pay Period - Desk Aid
- Entering Self Employment in CWW - Desk Aid
- Employment Reporting - Desk Aid
- Income or Asset - Desk Aid
- Processing Third Party Verified Unearned Income - Desk Aid
- Prospective Budgeting
- Training on Demand: Employment Page in CWW
- Training on Demand: Entering \$0 Income
- Training on Demand Ending Employment in CWW
- Training on Demand: Multiple Rates of Pay


# Eligibility

## Initiate Eligibility Page

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 


## W-2 Placement Page

### Information

[Check for Non-CMF/+ Placement Eligibility](#)


Individual:  EFT on file:  Account Holder:



Placement:  Account Type:

Placement Begin Date: MM / DD / YYYY  Account Number:

Routing Number:

[Reset](#) [Add](#)



Individual	Placement	Begin Date	End Date	Invalid	
PARTICIPANT TROUBLESHOOTING 28F PP	CMF - CASE MGMT FOLLOW UP	11/07/2022			 

## Check out these resources:

[CWW Process Help](#)  
[10.2 Eligibility](#)

[Learning Center](#)  
[Training on Demand: Eligibility Determination](#)  
[Training on Demand: W-2 Placement Page](#)

# W-2 Group

Assistance  
Group  
Composition  
Details Page

Assistance Group Overview			
Assistance Group: <b>WW C - W-2 FOR OLDEST MINOR CHILD WITH CUSTODIAL PARENT</b>		Sequence: 1	
Run:	1		
Benefit Begin Month	Benefit End Month	Eligibility Status	Reasons
12/01/2022		PASS	

Assistance Group Composition Details				
Benefit Month: 12/01/2022				
Individual	Original Participation Status	Final Participation Status	Reason	Target
PARTICIPANT TROUBLESHOOTING 28F PP	ELIGIBLE ADULT	ELIGIBLE ADULT	<input type="checkbox"/>	
CHILD TROUBLESHOOTING 10M SON	ELIGIBLE CHILD	ELIGIBLE CHILD	<input type="checkbox"/>	Yes

W-2 Budget  
Page

Assistance Group Overview			
Assistance Group:	<b>WW C - W-2 FOR OLDEST MINOR CHILD WITH CUSTODIAL PARENT</b>	Sequence:	1
Eligibility Begin Date:	12/01/2022	Eligibility End Date:	
Determination Date:	11/07/2022		
Result			
Assistance Group Status:	O - OPEN	Eligibility Status:	PASS
W-2 Gross Income Test:	PASS	W-2 Asset Eligibility Test:	PASS
Income/Asset Test Skipped:	NO		
Gross Income Test			
Gross Earned Income:	\$ 1,370.62		
Alien Sponsor Deemed Income: +	—		
Unearned Income: +	—		
Assigned Child Support: + \$	—		
Countable Gross Income:	<u>\$ 1,370.62</u>		
Assistance Group Size:	2		
Gross Income Limit:	\$ 1,755.00		

## Check out these resources:

CWW Process Help

10.2.2 Assistance Group Composition Details

# Pending Cases

## Verification Checklist Page

Section	Individual	Type	Pending Information / Verification	Assistance Group / Sequence
Individual Demographics	PARTICIPANT TROUBLESHOOTING 28F PP	Permanent Demographics	- Citizenship Verification	WW C 01

## Verification Due Dates Page

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	11/16/2022	MM / DD / YYYY		MM / DD / YYYY	

## Pending/Not Verified Information Page

Pending Information - Last Eligibility Run as of 11/07/2022							Show All
Application Entry Section	Individual	Type	Pending Verification	Assistance Group / Sequence	Due Date	Verif	<input type="checkbox"/>
Individual Demographics	PARTICIPANT TROUBLESHOOTING 28F PP	Permanent Demographics	Citizenship Verification	WW C 01	11/16/2022	?	<input checked="" type="checkbox"/>

Not Verified Information - Last Eligibility Run as of 11/07/2022							Show All
Application Entry Section	Individual	Type	Not Verified	Assistance Group / Sequence	Verif	<input type="checkbox"/>	
No data found							

## Check out these resources:

W-2 Manual

Learning Center

4.1.3 Requesting Verification from W-2 Participants

Documentation and Verification

4.1.4 Frequency of Verification