

Practical Applications in CWW

Purpose

To strengthen W-2 workers' understanding of specific CWW processes.

Objectives

Upon completion of this course, you will be able to:

- Describe how CWW makes eligibility decisions based on the information you enter,
 - Recognize how your CWW entries impact families, and
 - Accurately record employment information when a parent's job changes.
-

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W-2 Contact Information

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

Email: PTTTrainingSupp@wisconsin.gov

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

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

Email: bwfworkprogramshd@wisconsin.gov

Telephone: (608) 422-7900.

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

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

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

Network with Someone Who...

Put your name in one box that relates to you. Then, meet and greet with your peers. Record the name of someone who...

<p>Is excited to attend this training course and will share one thing they are especially excited to learn more about.</p>	<p>Can describe a situation where you would enter \$0 income.</p>
<p>Can define Adverse Action and when you need to run with dates.</p>	<p>Can name two resources you can use to get more information on CWW processes.</p>
<p>Will share one CWW tip or trick that they have learned.</p>	<p>Can explain the difference between the Monthly Converted Amount field and the Override Converted Amount field.</p>
<p>Can explain why you must enter C – Completed Requirements as the verification code when a parent provides an SSN.</p>	<p>Will share an area of CWW that is a trouble spot for them.</p>
<p>Can describe how CWW determines who needs an Absent Parent page.</p>	<p>Can explain what the term Begin Month means in CWW.</p>

Birth Query

Birth Query Details

Birth Query Search Criteria			
State File Number:	2010000057	State File Date:	01/15/1990
Legacy State File Number:			
BIRTH FACTS CERTIFIED BY STATE REGISTRAR FOR PUBLIC ASSISTANCE APPLICATIONS ONLY. BIRTH QUERY ARTIFACTS CANNOT BE USED FOR ANY OTHER PURPOSES.			
Individual Information			
Name:	LISA PRACTICE	Date of Birth:	01/15/1990
Gender:	FEMALE		
City/Village/Township of Birth:	EAU CLAIRE	County of Birth:	EAU CLAIRE
Deceased?	No		
Parent Information			
Mother's Maiden Name:	JOYCE RUPPERT	Mother's Name at Child's Birth:	JOYCE PRACTICE
Father's Maiden Name:		Father's Name at Child's Birth:	
Other Information			
Mother's Residence County:	EAU CLAIRE	Marital/Paternity Status:	UNKNOWN
Last Paternity Action:		Date of Last Paternity:	

Notes:

Proper Use of Dates

What would you like to do?

Workflow Options	Case Maintenance
<input type="radio"/> Continue with Driver / Navigate Through Completed Pages <input checked="" type="radio"/> Add Person <input type="radio"/> Process Renewal / Review <input type="radio"/> Record New Group Level Program Request <input type="radio"/> Process Group Level Program Request <input type="radio"/> Process Six-Month Report Form <input type="radio"/> Process linked ACCESS application	<input type="radio"/> Reactivate Case <input type="radio"/> Transition Mainframe Case to Web Case <input type="radio"/> Initiate, Resume, or Terminate Simulation <input type="radio"/> Change Primary Person <input type="radio"/> Make Case Confidential <input type="radio"/> Transfer Case <input type="radio"/> Begin Intake Interview for Asset Assessment Case

Enter Begin Month for New Data: /

Notes:

Household Members

Household Members

Cancel

Total: 2

Current Household Members

LISA PARTICIPANT 37F PP	ALEX PARTICIPANT 8M SON
-------------------------	-------------------------

Effective Period

*Last Updated:

Delete: Delete Reason:

Individual Name

*First Name MI *Last Name Suffix

SSN Matches:

Chosen Name:

Additional Information

*Gender:

SSN: --

SSA Verification:

*Birth Date: MM DD / YYYY

*Verification: NQ - NOT QUESTIONABLE

Notes:

Household Relationships

CWW uses what you enter on this page to determine who is part of the W-2 Group and about many **Absent Parent** pages you need to create.

Household Relationships

Cancel

Completed 2 of 3

Reference Person			
Individual:	PHILLIP PARTICIPANT 0M SON		Last Updated: 10/21/2025
LISA PARTICIPANT 37F PP			
* Lisa is the:	MTR - MOTHER	of Phillip, *Effective:	10 / 2025
* Verification:	NQ - NOT QUESTIONABLE		
Lisa also:			
▪ Purchases & Prepares Meals with Phillip	Yes	▪ Is Caring for Phillip	No
▪ Has Legal Custody of Phillip	Yes	▪ Is Filling Parental Role for Phillip	No
▪ Is an Essential Person for Phillip	No	▪ Is LTC Tax Dependent of Phillip	No
ALEX PARTICIPANT 8M SON			
* Alex is the:	HBR - HALF-BROTHER	of Phillip, *Effective:	10 / 2025
* Verification:	NQ - NOT QUESTIONABLE		
Alex also:			
▪ Purchases & Prepares Meals with Phillip	Yes	▪ Is Caring for Phillip	No
▪ Has Legal Custody of Phillip	No	▪ Is Filling Parental Role for Phillip	No
▪ Is an Essential Person for Phillip	No	▪ Is LTC Tax Dependent of Phillip	No

Notes:

Demographic Information

Permanent Demographics

Cancel

Completed 2 of 3

Individual Demographic Information	
Effective Period	
Last Updated:	10/21/2025
Individual Details	
* Individual:	PHILLIP PARTICIPANT 0M SON
* Language:	<input type="text"/>
* Are you a US citizen:	<input type="text"/>
	US Citizenship Verification: <input type="text"/>
	* US Citizenship MA Verification: <input type="text"/>
Birth Place:	<input type="text"/> <input type="button" value="Birth Query"/>
Date Of Death:	<input type="text"/> MM / <input type="text"/> DD / <input type="text"/> YYYY <input type="button" value="📅"/>
Alert Flag 1:	<input type="text"/>
Alert Flag 2:	<input type="text"/>
	Source: <input type="text"/>
	* Refutation Due Date:
SSN Information	
SSN:	Not Provided
SSA Verification:	<input type="text"/>
SSN Exemption:	<input type="text"/>
W-2 Initial Exemption:	<input type="text"/>
W-2 Initial Exemption Date:	<input type="text"/> MM / <input type="text"/> DD / <input type="text"/> YYYY <input type="button" value="📅"/>
SSN Application Date:	<input type="text"/> MM / <input type="text"/> DD / <input type="text"/> YYYY <input type="button" value="📅"/>
SSN Override Verification:	<input type="text"/>
	Verification: <input type="text"/>

Notes:

Absent Parent

Absent Parent

Cancel

Completed 0 of 2

Information For The Following Absent Parent(s) is Required

Absent Parent (1 of 1) of PHILLIP PARTICIPANT 0M SON (Mother in the home)

Absent Parent Information

Effective Period
 Last Updated: **10/20/2025**
 Delete Month: / Delete Reason:

Absent Parent Information
 Check if Absent Parent Known Sequence: **2**

*First Name	MI	*Last Name	Suffix	*Gender	SSN	Birth Date
<input type="text" value="DUKE"/>	<input type="text"/>	<input type="text" value="FATHER"/>	<input type="text"/>	<input type="text" value="M - MALE"/>	<input type="text"/>	<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>

Absent Parent Address

Number	Unit	Direction	St / Rural Rt / Box Number	Suffix	Quadrant	Apt
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Additional Address Info

 City State ZIP Phone
 -

Absent Parent Additional Information
 Absent Parent KIDS PIN:
 *Absence Begin Date: / / *Absence Reason:
 *Refer to IV-D? Reason for Not Referring:
 Maiden Name: Marriage Date: / /

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

Individual	Legal Parentage Status	Delete	Delete Reason
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

Individual	Legal Parentage Status	Delete Reason
LISA PARTICIPANT 37F PP	M - MATERNITY INDICATOR FOR NON-MARRIED PREGNANT WOMAN	<input type="button" value="edit"/> <input type="button" value="delete"/>

Comments
 Comments:
 Current Size = 0 characters (120 characters max.)

Notes:

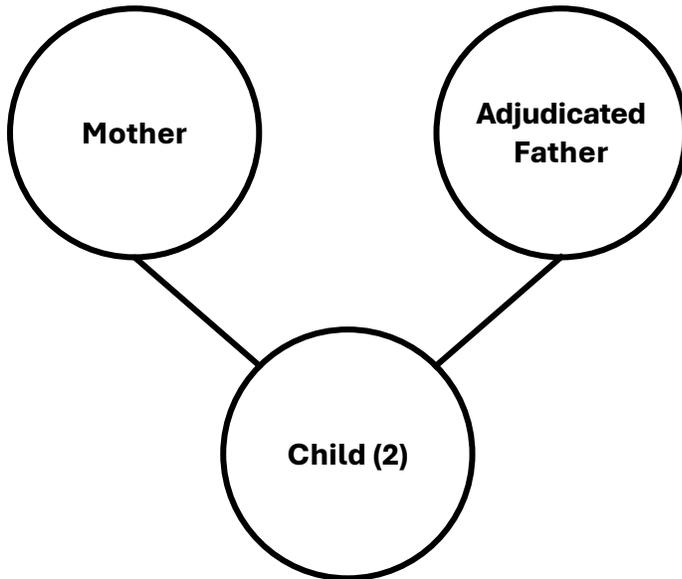
When a father is in the home, the relationship you entered on the **Household Relationships** page helps you determine if you must refer to Child Support.

Relationship Type	Description	Refer to Child Support?
Alleged Father	An individual who the parent says is likely the father.	
Adjudicated Father	An individual who a court order says is the father.	
Claimed Father	An individual who lives in the household and says they're the father, but doesn't have paternity established.	
Acknowledged Father	An individual who voluntarily acknowledges that they're the father.	

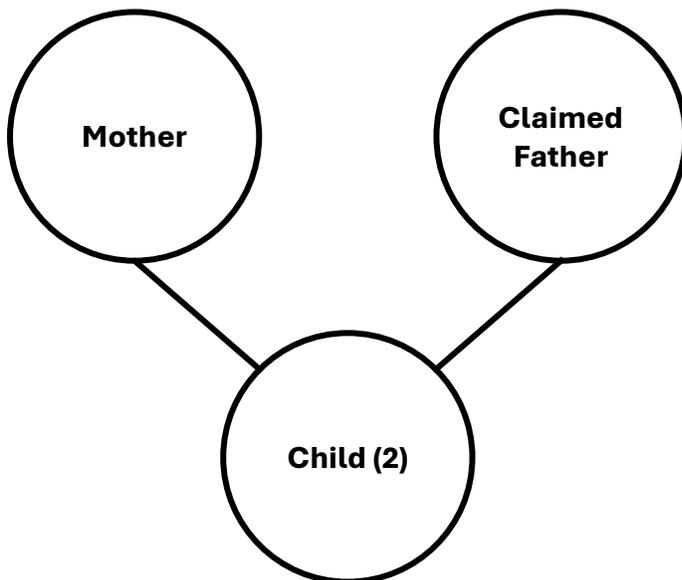
Caretaker Relative Cooperation Information			
Effective Period			
*Begin Month:	<input type="text" value="10"/> <input type="text" value="2025"/>	Last Updated:	10/20/2025
Caretaker Relative			
*Individual:	<input type="text" value="LISA PARTICIPANT 37F PP"/>		
Child Support Information			
*Cooperation:	<input type="text" value="Yes"/>	Non-Cooperation Instance Count:	0
Good Cause Claimed:	<input type="text"/>	Good Cause Reason:	<input type="text"/>
Good Cause Claim Date:	<input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YYYY"/>	Good Cause Result:	<input type="text"/>
Good Cause Approved:	<input type="text"/>		
Medical Support Liability Information			
*Cooperation:	<input type="text"/>		
*Good Cause Claimed:	<input type="text"/>	*Good Cause Reason:	<input type="text"/>
*Good Cause Claim Date:	<input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YYYY"/>	*Good Cause Result:	<input type="text"/>
*Good Cause Granted:	<input type="text"/>		

Notes:

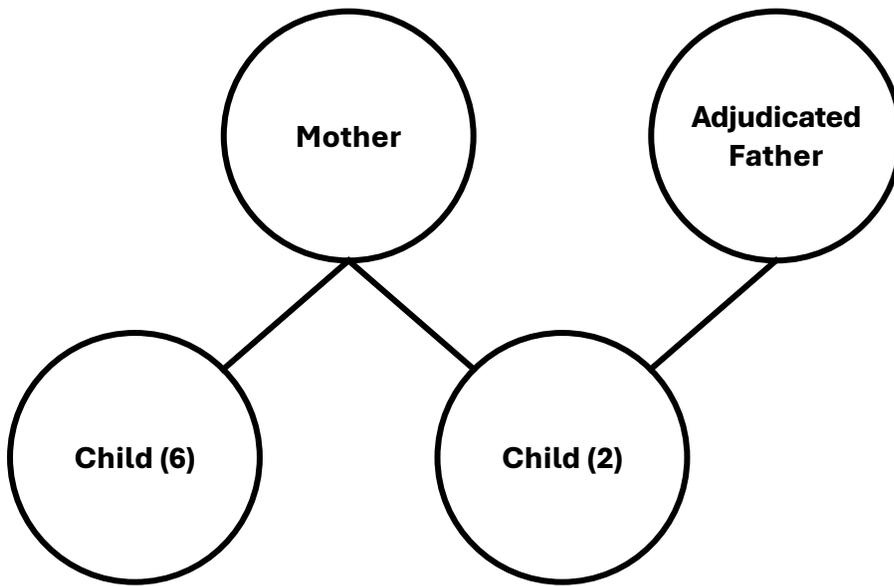
Building Absent Parent Pages



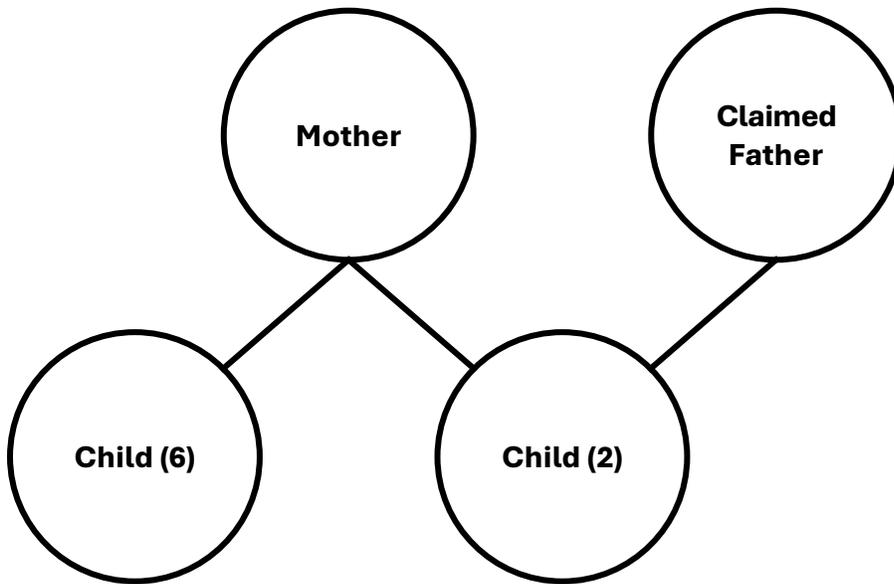
How many **Absent Parent** pages must you create for this family?



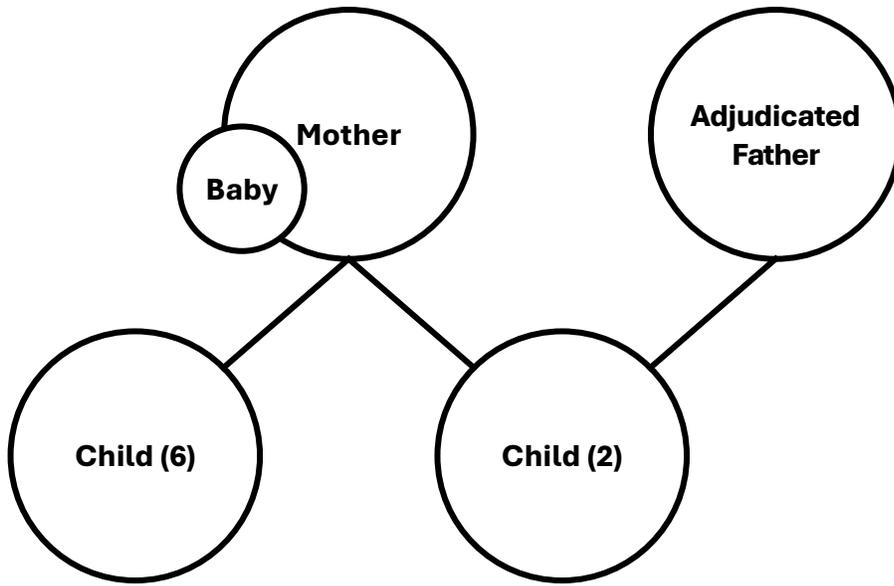
How many **Absent Parent** pages must you create for this family?



How many **Absent Parent** pages must you create for this family?



How many **Absent Parent** pages must you create for this family?



How many **Absent Parent** pages must you create for this family?

Employment

Employment
Cancel

Employment Information

Effective Period

*Begin Month: End Month: Last Updated:

Delete Reason:

Employer Information

*Individual: Sequence:

SSN:

WI Employer Number: FEIN:

*Employer Name: FDSH Wage Lookup:

Address:

City: State:

ZIP: - Phone:

Fax:

Notes:

Employment Description

*Employee Type: *Job Title for Health Insurance:

*Employment Type: *Verification:

*Begin Date: *Verification:

First Pay Check Date:

*Employment Ended?:

Employment End Date: Verification:

Date Of Last Paycheck: Verification:

Strike Information

*On Strike?:

Strike Begin Date: Verification:

Strike End Date: Verification:

Notes:

Detailed Wage 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		

BC+ Pre-Tax Deductions

Pre-Tax Deduction Type: Frequency:

Pre-Tax Deduction Amount: \$. Verification:

Delete:

Pre-Tax Deduction Type	Frequency	Pre-Tax Deduction Amount	Verification	Delete		

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.)

MM / YYYY

Notes:

Calculating Average Hours Per Pay Period

To help CWW determine the correct income, you need to do some math based on the parent's weekly hours. Use the following multipliers to determine what to enter in the Average Hours Per Pay Period field.

Pay Frequency	Multiply Weekly Hours By
Weekly	x 1
Bi-Weekly	x 2
Semi-Monthly	x 2.15
Monthly	x 4.3

LaToya is paid semi-monthly and works 20 hours per week. What would you enter in the **Average Hours Per Pay Period** field?

Frank is paid weekly and works 32 hours per week. What would you enter in the **Average Hours Per Pay Period** field?

Belle is paid bi-weekly and works 8 hours per week. What would you enter in the **Average Hours Per Pay Period** field?

Kara is paid monthly and works 35 hours per week. What would you enter in the **Average Hours Per Pay Period** field?

Notes:

Eligibility Determination

CWW determines eligibility monthly by looking at least one month ahead. After Adverse Action, it starts looking two months ahead.

Whenever you want CWW to count new information right away, you must run eligibility with a date. If it's after Adverse Action, you must run eligibility with a date twice.

Initiate Eligibility
Cancel

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

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

What would you like to do?

Run Eligibility

Run Eligibility with Date

Effective: / /

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

Determine Potential FoodShare Supplement

Reevaluate continuous coverage

Notes:

Running Eligibility with Adverse Action in Mind

March's Adverse Action date: _____

Today is March 10. Eve is in your office to complete her initial eligibility appointment.
How many times would you need to run eligibility?

Today is March 19. Tamara reports she started a job two days ago and will receive her first paycheck next week. You verify this with an employment verification form.
How many times would you need to run eligibility?

Today is March 3. Barb is an ongoing parent and reports having a baby yesterday. She comes in today and you add her baby to the case.
How many times would you need to run eligibility?

Today is March 31. Jacqueline, an ongoing parent, reports her daughter's legal father, Ronald, moved into the household three weeks ago. They both come in today to see if they're still eligible for W-2.

How many times would you need to run eligibility?

Placement

You can back date a placement date up to **10** days from either the current date or the program request date, whichever comes later.

W-2 Placement

Cancel

Total: 1

Record Management

Last Updated: **10/20/2025** Episode Number: **1**

Delete Reason:

W-2 Episode

W-2 Eligibility Begin Date: **10/17/2025**

Episode Begin Date: **10/17/2025**

Episode End Date:

Work Program End Reason 1:

Work Program End Reason 2:

Individual Placement Information

Individual: **EFT on file:** Account Holder:

Placement: Account Type:

Placement Begin Date: Account Number:

Routing Number:

Individual	Placement	Begin Date	End Date	Invalid	
LISA PARTICIPANT 37F PP	CS2 - 1/2 COMMUNITY SERVICE JOB	10/17/2025			<input type="button" value="🔄"/> <input type="button" value="🗑️"/>

Future Placement Information

Individual: **LISA PARTICIPANT 37F PP**

Placement:

Placement Begin Date:

Some placements automatically close after certain periods without you needing to enter an Episode End Date. These include:

Placement	Time Frame for Auto-Close
CMF/CMF+	12 months
CMC	56 days from date of child's birth
TMP/TNP	9 months
TSP	17 weeks

Target Type	Placement
Non-Custodial Parent (WWN)	CMN, TNP, TSP
Minor Parent (WWM)	CMM
Pregnant Women (WWP)	ARP, CMP
Custodial Parent (WWC)	CMC, W2T, CSJ, CS1, CS2, CS3, CMU, CMD, CMF, CMF+, CMJ, TMP
Non-Custodial Job Access Loan (WWL)	No placement allowed
Job Access Loan (WWJ)	No placement allowed

Notes:

Failing Cases – Part One

Sometimes a family's case fails eligibility when you expect it to pass. These families' cases should have passed eligibility. Help the FEP troubleshoot what went wrong.

Teresa Morano

Case Number: 1104833018

Why did the case fail?

What error did the FEP accidentally make?

Jessica Howell

Case Number: 3104833036

Why did the case fail?

What error did the FEP accidentally make?

Resources

Use Desk Aids and Training on Demand videos to make your work easier and faster. These tools give you clear steps and quick answers when you need them.

Available Resources Include:

- Desk Aids
 - W-2 Eligibility Troubleshooting in CWW – Desk Aid
 - Changing A W-2 Placement – Desk Aid
 - Person Add/Delete – Desk Aid
 - Running W-2 Eligibility with Dates – Desk Aid
 - Employment Reporting – Desk Aid
 - Average Hours Per Pay Period – Desk Aid

- Training on Demand
 - Training on Demand: Entering \$0 Income
 - Training on Demand: Employment Page in Cares Worker Web (CWW)
 - Training on Demand: Eligibility Determination

- Additional Resources:
 - CWW Process Help 3.5: Proper Use of Dates
 - CWW Process Help 16.1: Earned Income

Why Use These Tools?

- Accuracy: Reduce errors and ensure compliance
- Efficiency: Save time with clear, concise instructions
- Flexibility: Learn at your own pace with TOD modules

Take advantage of these resources today. They're here to make your job easier and help you provide the best possible service to the families you support.

Self-Employment

Record self-employment information, such as when a parent has their own business or is an independent contract for a company like DoorDash or Uber, on the **Self-Employment** page.

Self-Employment
Cancel

Self-Employment Information

Effective Period

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

Delete Reason:

Additional Information

*Individual:	<input type="text"/>	Sequence:	<input type="text"/>
Business Name:	<input type="text"/>	*Business Tax ID:	<input type="text"/> <input type="button" value="Q"/>
*Business Ownership Type:	<input type="text"/> <input type="button" value="v"/> <input type="button" value="list"/>		
*Business Type:	<input type="text"/> <input type="button" value="v"/> <input type="button" value="list"/>		
*When did this business begin?	<input type="text" value="MM"/> / <input type="text" value="YYYY"/>		
*Has this business filed taxes?	<input type="text"/>	*Business Tax Form Verification:	<input type="text"/> <input type="button" value="v"/> <input type="button" value="list"/>
Most Recent Tax Year Filed for Business:	<input type="text"/>		
*Has a significant change in business occurred?	<input type="text"/>	Significant Change Month:	<input type="text"/> / <input type="text"/>
Actively engaged in managing this business?	<input type="text"/>		
*Monthly Hours:	<input type="text"/>	*Verification:	<input type="text"/> <input type="button" value="v"/> <input type="button" value="list"/>

Tax/SEIRF Verification Details

Tax/SEIRF Form:	<input type="text"/>	Tax/SEIRF Form Verification:	<input type="text"/> <input type="button" value="v"/> <input type="button" value="list"/>
Number of Months for Average:	<input type="text"/>		
Number of SEIRF Months:	<input type="text"/>		
SEIRF Begin Month:	<input type="text" value="MM"/> / <input type="text" value="YYYY"/>	SEIRF End Month:	<input type="text" value="MM"/> / <input type="text" value="YYYY"/>

Notes:

Self-Employment Income Report Form (SEIRF):
<https://www.dhs.wisconsin.gov/forms/f0/f00107.pdf>

Self-Employment Income Report Instructions:
<https://www.dhs.wisconsin.gov/forms/f0/f00107a.pdf>

Lisa's Updates

Pending Verification

When a case is pending, CWW automatically brings you to the Verification Details pages in the driver flow.

Verification Checklist

Cancel Reset

Application Entry Section	Individual	Type	Pending Information / Verification	Assistance Group / Sequence
Employment	LISA PARTICIPANT 37F PP	Employment : FESTIVAL FOODS	- Override Converted Amount	WW C 01

Notes:

Verification Due Dates

Cancel Reset

Verification Due Dates						
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	11/21/2025	MM / DD / YYYY		MM / DD / YYYY	
Employments Pending Verification						
Individual	Employer	Pending Information / Verification	Assistance Group / Sequence	Suppress EVFE?	Reason to Suppress EVFE	
LISA PARTICIPANT 37F PP	FESTIVAL FOODS	- Override Converted Amount	WW C 01	<input type="checkbox"/>		
Preview Verification Checklist Correspondence						

Notes:

Pending / Not Verified Information

Cancel Reset

Pending Information - Last Eligibility Run as of 11/12/2025

Show All

Application Entry Section	Individual	Type	Pending Verification	Assistance Group / Sequence	Due Date	Verif
Employment	LISA PARTICIPANT 37F PP	Employment: FESTIVAL FOODS	Override Converted Amount	WW C 01	11/21/2025	? <input checked="" type="checkbox"/>

Not Verified Information - Last Eligibility Run as of 11/12/2025

Show All

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

Totals and Comments

Calculate

Monthly In-Kind Amount:	\$	<input type="text"/>	.	<input type="text"/>	Verification:	<input type="text"/>	<input type="checkbox"/>
Total Amount Per Pay Period:	\$	<input type="text" value="532"/>	.	<input type="text" value="00"/>			
Monthly MA Gross Amount:	\$	<input type="text" value="1064"/>	.	<input type="text" value="00"/>			
Override MA Gross Amount:	\$	<input type="text"/>	.	<input type="text"/>	Verification:	<input type="text"/>	<input type="checkbox"/>
Monthly BC+ Pre-Tax Deductions Amount:	\$	<input type="text"/>	.	<input type="text"/>			
Monthly BC+ Taxable Amount:	\$	<input type="text" value="1064"/>	.	<input type="text" value="00"/>			
Override BC+ Taxable Amount:	\$	<input type="text"/>	.	<input type="text"/>	Verification:	<input type="text"/>	<input type="checkbox"/>
Monthly Converted Amount:	\$	<input type="text" value="1143"/>	.	<input type="text" value="80"/>			
Override Converted Amount:	\$	<input type="text" value="1143"/>	.	<input type="text" value="80"/>	Verification:	? - NOT YET VERIFIED	<input type="checkbox"/>
Monthly Total Hours:		<input type="text" value="82"/>					
Monthly Override Hours:		<input type="text"/>					
Subsidized Employment Subsidy:	\$	<input type="text"/>	.	<input type="text"/>			
Comment:	<input type="text"/>						
	Current Size = 0 characters (240 characters max.)						

Notes:

Future Placements

You can enter future placements for a maximum of **10** days from the current date.

Future Placement Information		Clear
Individual:	LISA PARTICIPANT 37F PP	
Placement:	<input type="text" value=""/>  	
Placement Begin Date:	<input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YYYY"/> 	

Notes:

Ending Employment

Before ending employment, we must make sure the job has really ended and the parent won't receive any more income from it.

Do not enter an End Month if you haven't confirmed the job has ended, the parent has not received their last paycheck, or the parent may go back to that employer.

Enter the End Month after you've confirmed the employment has ended and no more income will come from that employer.

Notes:

Additional CWW Information

Multiple Rates of Pay

Detailed Wage Information

Pay Frequency

*Pay Frequency: W - WEEKLY ▼ ☰

Detailed Wage Information

Rate Per Hour: \$. Wage Type: ▼ ☰

Average Hours Per Pay Period: Verification: ▼ ☰

Total Amount Per Pay Period: \$. Delete:

Reset
Add

Rate Per Hour	Wage Type	Average Hours Per Pay Period	Verification	Total Amount Per Pay Period	Delete		
15.75	REG - REGULAR PAY	32.00	AF - AGENCY FORM	504.00			
17.75	WKD - WEEK END PAY	8.00	AF - AGENCY FORM	142.00			
23.63	OTP - OVER TIME PAY	10.00	AF - AGENCY FORM	236.30			
16.25	OSP - OTHER SHIFT PAY	5.00	AF - AGENCY FORM	81.25			

Notes:

CWW Logic for CMF/+ Placements

Remember, checking the Ignore W-2 income and assets test to allow CMF/+ Placements to begin box is an important step only when you plan to place a parent in the CMF or CMF+ placement.

W-2 Placement Page

Individual Placement Information
Check for Non-CMF/+ Placement Eligibility

Individual:

Placement:

Placement Begin Date:

EFT on file: Account Holder:

Account Type:

Account Number:

Routing Number:

Individual	Placement	Begin Date	End Date	Invalid	
LISA PARTICIPANT 37F PP	CM+ - CASE MGMT FOLLOW-UP PLUS	11/17/2025		❌	🗑️
LISA PARTICIPANT 37F PP	CS2 - 1/2 COMMUNITY SERVICE JOB	10/17/2025		❌	🗑️

Notes:

W-2 Budget Page

W-2 Budget

Cancel

Gross Income			
Assistance Group Overview			
Assistance Group:	WW C - W-2 FOR OLDEST MINOR CHILD WITH CUSTODIAL PARENT	Sequence:	1
Eligibility Begin Date:	12/01/2025	Eligibility End Date:	
Determination Date:	11/17/2025		
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:	YES		
Gross Income Test			
Gross Earned Income:	\$ 1,143.80		
Alien Sponsor Deemed Income: +	—		
Unearned Income: +	—		
Assigned Child Support: + \$	—		
Countable Gross Income:	\$ 1,143.80		
Assistance Group Size:	3		
Gross Income Limit:	\$ 2,554.00		
Asset Eligibility Test			
Liquid Assets:	\$ 485.00		
Other Assets: +	—		
Countable Vehicle Assets: +	—		
Total Counted Assets:	\$ 485.00		
Asset Limit:	\$ 2,500.00		
Amount Over Limit:	\$ —		

Individual Income	
<input type="button" value="Expand All"/> <input type="button" value="Collapse All"/>	
▶ LISA PARTICIPANT 37F PP (EA - ELIGIBLE ADULT)	
Countable Gross Income:	\$ 1,143.80
▶ ALEX PARTICIPANT 8M SON (EC - ELIGIBLE CHILD)	
Countable Gross Income:	\$ —
▶ PHILLIP PARTICIPANT 0M SON (EC - ELIGIBLE CHILD)	
Countable Gross Income:	\$ —

Notes:

Group Entry

Lisa attends today's ongoing appointment. She provides Phillip's SSN and states she was able to get Phillip into a daycare near where she lives. She also reports that she starts a full-time position with Menards later today.

With Lisa in the office, you call Menards, and they email you a completed Employer Verification of Earnings form. You run through the WWP Informal Assessment driver flow and determine she's appropriate for a CMF or CMF+ placement. You and Lisa discuss the placements, and Lisa decides the CMF placement would work best for her and her family.

Make the appropriate updates in CWW. You can make up Phillip's SSN. You have a copy of Lisa's completed Employer Verification of Earnings form in the Appendix.

Paystubs

Paystub #1

Menards, 3619 S Hastings Way, Eau Claire, WI 54701, 715-885-6126

Angela	Fed. Filing Status	S/0	Check Date	5/8/XX
	Number of Allowances	0/0	Period Beginning	4/18/XX
Eau Claire, WI 54701	Federal Taxable Income	1221.60	Period Ending	5/1/XX
	Net Pay	1013.40		

Earnings	Hours/Rate	Amount	YTD Amount	Taxes/Deds	Taxable	Amount	YTD Amount
Regular	56/16.30	912.80	5785.60	Fed Income Tax	1221.60	116.70	975.80
Weekend	16/19.30	308.80	1830.40	Social Security	1221.60	56.02	456.96
Overtime	0/24.95	0.00	997.50	Medicare	1221.60	12.14	99.04
				State Income Tax	1221.60	23.34	190.40
Total Gross		1,221.60	8613.50	Total Withholding		208.20	1722.20

Paystub #2

Menards, 3619 S Hastings Way, Eau Claire, WI 54701, 715-885-6126

Angela	Fed. Filing Status	S/0	Check Date	5/22/XX
	Number of Allowances	0/0	Period Beginning	5/2/XX
Eau Claire, WI 54701	Federal Taxable Income	1476.75	Period Ending	5/15/XX
	Net Pay	1224.37		

Earnings	Hours/Rate	Amount	YTD Amount	Taxes/Deds	Taxable	Amount	YTD Amount
Regular	64/16.30	1043.20	6828.80	Fed Income Tax	1476.75	141.47	1117.27
Weekend	16/19.30	308.80	2139.20	Social Security	1476.75	67.91	524.87
Overtime	5/24.95	124.75	1122.25	Medicare	1476.75	14.71	113.75
				State Income Tax	1476.75	28.29	219.29
Total Gross		1476.75	10090.25	Total Withholding		252.38	1975.18

Paystub #3

Menards, 3619 S Hastings Way, Eau Claire, WI 54701, 715-885-6126

Angela	Fed. Filing Status	S/0	Check Date	6/5/XX
	Number of Allowances	0/0	Period Beginning	5/16/XX
Eau Claire, WI 54701	Federal Taxable Income	1526.65	Period Ending	5/29/XX
	Net Pay	1268.94		

Earnings	Hours/Rate	Amount	YTD Amount	Taxes/Deds	Taxable	Amount	YTD Amount
Regular	64/16.30	1043.20	7872.00	Fed Income Tax	1526.65	144.46	1261.73
Weekend	16/19.30	308.80	2448.00	Social Security	1526.65	69.34	594.21
Overtime	7/24.95	174.65	1296.90	Medicare	1526.65	15.02	128.77
				State Income Tax	1526.65	28.89	248.18
Total Gross		1526.65	11616.90	Total Withholding		257.71	2232.89

Failing Cases – Part Two

Sometimes a family's case fails eligibility when you expect it to pass. These families' cases should have passed eligibility. Help the FEP troubleshoot what went wrong.

Regina Sherman

Case Number: 4104833045

Why did the case fail?

What error did the FEP accidentally make?

Keisha Campos

Case Number: 7104833072

Why did the case fail?

What error did the FEP accidentally make?

Resources

You have more tools to help you handle complex situations in CWW. These resources give you step-by-step guidance and flexible learning options so you can work confidently and accurately.

Resources Include:

- Entering Self Employment in CWW – Desk Aid
- CWW Process Help 16.2: Self Employment Income

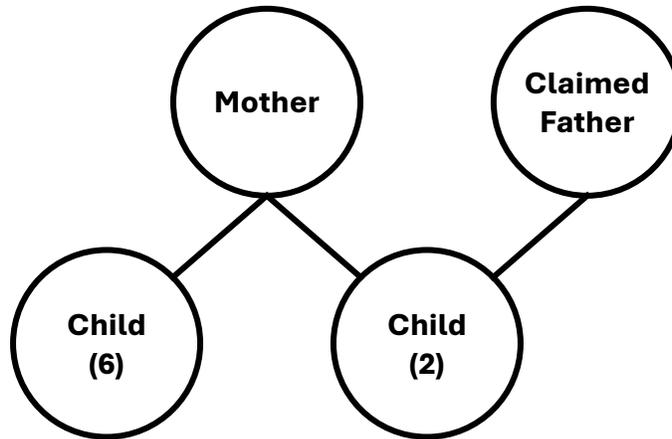
Why use these tools?

- Avoid mistakes when entering self-employment or ending employment that may impact the families
- Handle tricky pay situations like multiple rates with confidence
- Stay compliant by following official process help and manuals
- Save time with clear instructions and on-demand training

Start using these resources today to make your work easier and ensure accuracy.

The Key to Remember

1. On which day in May is Adverse Action?
2. How many **Absent Parent** pages would you need to create for this family?



3. Mia calls you on Monday, May 4. She states Mateo, her boyfriend and adjudicated father of her children, moved into the household on April 29.
What Begin Month would you enter when adding Mateo to her case?
4. Kayla works 40 hours a week and gets paid semi-monthly.
What would you enter as her Average Hours Per Pay Period?
5. Zuri works 15 hours a week and gets paid bi-weekly.
What would you enter as her Average Hours Per Pay Period?
6. Faith is on maternity leave and won't get paid next month.
What would you enter as her Override Converted Amount next month?

7. James recently lost his job at Cenex. He earned \$14.42 an hour and will get one paycheck this month, with a total of 16 hours on it.

What would you enter in his Override Converted Amount this month?

8. Evelyn started a new job at Meyer. She earns \$18.89 an hour and will get one check this month, with a total of 12 hours on it.

What would you enter in her Override Converted Amount this month?

9. Today is June 28. Ollie reports they started getting Unemployment Benefits this month and provides verification. You update CWW right away.

How many times do you need to run eligibility?

10. How many days can you future date a placement in CWW?

When you k CWW n ,

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Appendix

Appendix A: Lisa's Employer Verification of Earnings form

WISCONSIN DEPARTMENT OF HEALTH SERVICES
 Division of Medicaid Services
 F-10146 (02/2022)

EVFE

EMPLOYER VERIFICATION OF EARNINGS FORM

This form is to verify employment and wage information for the employee listed below. You are required by law to complete and return this form by the due date indicated below. This form will be scanned so write clearly using blue or black ink. Write any additional comments in Section 4, the Employer Comments section. **Only employers can sign and complete this form. Printouts or paystubs can be submitted in lieu of this form. Include all of the requested information on the printouts.**

Section 1-Complete the employment status information by checking whether or not the employee is currently employed. If not, fill out the end date, final paycheck, gross pay, and reason employment ended.

Section 2-If the employee listed is employed by your company, provide the start date and date of the first paycheck received below. Include the employee’s position title, employment title, and pay frequency.

Section 3-If the employee has any pre-tax deductions, fill out the information including type of deduction, how much the deduction is, and how often the deduction occurs.

Section 4-Use the section below to add any comments concerning the employee’s employment.

Section 5-By signing this form, you are saying that the information you provided is correct and complete to the best of your knowledge. This form **must be completed, signed, and dated** by the employer or designee. Please provide the title of the person completing the form, a telephone number, and/or fax number if available.

Submission Options

Submit your completed form by: ()

You can either return the completed form to the local agency or give the form to the employee to return. To return to the local agency, fax or mail the completed form to:

Make sure you complete and return the form to the employee or local agency as soon as possible so that the local agency receives it by the indicated due date.

Employer Name Menards	Employee Name Lisa
Federal Employer Identification Number (FEIN) 3988985	Employee Case Number

SECTION 1 Employment Status Information

Is the employee listed above currently employed by your company?

Yes No

If yes, go to Section 2. If no, complete the rest of this section and then go to Section 4 to sign and date the form.

Employed End Date	Reason Employment Ended <input type="checkbox"/> Never Employed <input type="checkbox"/> Quit <input type="checkbox"/> Strike <input type="checkbox"/> Fired <input type="checkbox"/> Other
Date of Final Paycheck	Gross Pay (before deductions) for Final Month \$

SECTION 2

Employment Information

Employment State Date Use today's date	Date First Paycheck Received Use 3 weeks from today
Position Title Cashier	Job Type <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Non-Manager
Employment Type <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> On Call <input type="checkbox"/> Seasonal	Months worked (for example, Sept. to Dec.) Started today
Pay Frequency <input type="checkbox"/> Paid Weekly <input checked="" type="checkbox"/> Paid every Two Weeks <input type="checkbox"/> Paid Twice a Month <input type="checkbox"/> Paid Monthly <input type="checkbox"/> Paid Irregular	

Please provide an estimate for the next 30 days of the hours the employee is expected to work for each week. If the type of pay is regular, holiday, other shift, overtime, weekend, or other type of pay, write in the rate of pay the employee earns per hour.

Type of Pay	Hours to be Worked Per Week	Rate of Pay	Regular Work Hours (for example, Monday-Friday, 8:00 a.m. – 4:30 p.m.)
Regular	32	\$16.30	Schedule varies; must work every other weekend, overtime hours vary depending on availability
Overtime	10	\$24.95	
Other shift pay		\$	
Weekend/shift differential pay	8	\$19.30	
Other		\$	

Salary Pay Details	Salary Per Week	
Salary:	\$	
Will the employee receive any of the following?	How Much:	How Often:
Tips (including cash) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	
Bonuses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	
Commissions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	

SECTION 3

Pre-Tax Deduction Information

Does this employee have any of the following pre-tax or other deductions?

Type:	How much is the deduction?	How often?
Health Insurance Premiums	\$	

Health Care Savings Account	\$	
Parking and Transit Cost	\$	
Group Life Insurance Premiums	\$	
Retirement Contributions	\$	
Flex Savings Account for Child Care or Other Dependent Care	\$	
Other Deductions	\$	

SECTION 4	Employer Comments
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SECTION 5	Signature and Date
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SIGNATURE – Employer/Designee <i>John Menard</i>	Date Signed Today's date
Print Name – First, Last, and Middle Initial John Menard	Phone Number 715-555-6126
Title Manager	Fax Number (If available)

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