

Practical Applications in CWW

Purpose

The purpose of this course is to develop a clear awareness of specific CWW processes.

Learning Objectives

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

- Accurately verify and track Social Security Number applications.
 - Complete absent parent information to assist with Child Support collections.
 - Correctly enter employment information based on various circumstances.
 - Define CWW logic, including Begin Month/End Month and prospective eligibility determination.
 - Describe W-2 Placement processes, including episodes, future dating, and CMF/+ logic.
-

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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.

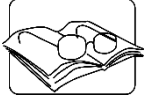
DCF is an equal opportunity employer and service provider. If you have a disability and need information in an alternate format, or need it translated to another language, please contact (608) 535-3665 or the Wisconsin Relay Service (WRS) – 711.

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

Course Overview

General CWW Desk Aids and Training on Demand

PTT Learning Center:

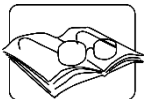


- CARES Worker Web (CWW) Application Entry
- W-2 Eligibility: Troubleshooting in CARES Worker Web (CWW)
- W-2 Systems – Desk Aid
- Training on Demand: Eligibility Determination

CWW Training Environment

Go to CWW Training Environment by accessing the Training Systems Gatepost page:
<https://trn.cares.wisconsin.gov/>

Proper Use of Dates



- CWW Process Help 3.5 Proper Use of Dates
- PTT Learning Center: Person/Add Delete – Desk Aid

| Associated RFA Information / ACCESS Application Information | | | | | | | |
|---|--------|----------------|-----------------------|--------------|------------|------------|---------|
| Number | Agency | Contact Method | RFA Status | Contact Date | ACCESS App | ACP Status | Summary |
| 7103980870 | 18 | Walk-in | INDIVIDUALS PROCESSED | 01/28/2019 | | | |

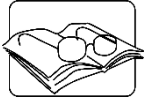
What would you like to do?

| Workflow Options | Case Maintenance |
|---|---|
| <input checked="" type="radio"/> Continue with Driver / Navigate Through Completed Pages <input 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:

Social Security Numbers



W-2 Manual 2.7.1 Providing Social Security Numbers
 BWF Operations Memo 12-61 Reminders Regarding Data Exchange and Eligibility Documentation Policies for Wisconsin Works (W-2)

Household Members

| Current Household Members | | | |
|---------------------------|--|----------------------|---|
| BRENDA ACAI 28F PP | | | |
| Effective Period | | | |
| *Last Updated: | 10/16/2019 | | |
| Delete: | <input type="checkbox"/> | Delete Reason: | <input type="text"/> <input type="button" value="v"/> <input type="button" value="list"/> |
| Individual Name | | | |
| *First Name | MI | *Last Name | Suffix |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="v"/> |
| Additional Information | | | |
| *Gender: | <input type="button" value="v"/> <input type="button" value="list"/> | | |
| SSN: | <input type="text"/> - <input type="text"/> - <input type="text"/> | SSA Verification: | <input type="text"/> <input type="button" value="v"/> <input type="button" value="list"/> |
| *Birth Date: | <input type="text"/> / | * Verification: | <input type="text"/> <input type="button" value="v"/> <input type="button" value="list"/> |

Always enter _____ when entering an SSN to allow CWW to perform a cross check with Social Security Administration (SSA).

The SSA Verification field will update to _____ after the cross check happens and is valid.

You do not enter an SSN on the Household Members page when the person is:

-
-

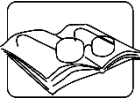
Notes:

Permanent Demographics

| Individual Demographic Information | |
|------------------------------------|--|
| Effective Period | |
| Last Updated: | 10/16/2019 |
| Individual Details | |
| * Individual: | BRENDA ACAI 28F PP |
| * Language: | <input type="text" value=""/> |
| * Are you a US citizen: | Yes <input type="text" value=""/> |
| | US Citizenship Verification: <input type="text" value=""/> |
| | * US Citizenship MA Verification: <input type="text" value=""/> |
| Birth Place: | <input type="text" value=""/> <input type="button" value="Birth Query"/> |
| Date Of Death: | MM / DD / YYYY <input type="text" value=""/> |
| Alert Flag 1: | <input type="text" value=""/> |
| Alert Flag 2: | <input type="text" value=""/> |
| | * Refutation Due Date: <input type="text" value=""/> |
| SSN Information | |
| SSN: | 165-98-1351 |
| SSA Verification: | C - COMPLETED REQUIREMENTS |
| SSN Exemption: | <input type="text" value=""/> |
| W-2 Initial Exemption: | <input type="text" value=""/> |
| W-2 Initial Exemption Date: | MM / DD / YYYY <input type="text" value=""/> |
| SSN Application Date: | MM / DD / YYYY <input type="text" value=""/> |
| SSN Override Verification: | <input type="text" value=""/> |
| Verification: | <input type="text" value=""/> |

Notes:

Absent Parent Page



W-2 Manual 15.2.1 Referral to the CSA, 15.4.1 W-2 Agency's Follow-up After the CSA's Determination of Non-cooperation, 15.6 Good Cause for Claiming Non-Cooperation with the CSA

Absent Parent Information

| Absent Parent Information | | | | | | | |
|---|------------------------|---------------------------|----------------------------|----------------------|----------------------|----------------|--|
| Effective Period | | | | | | | |
| Last Updated: | | | | | | | |
| Delete Month: MM / YYYY | | Delete Reason: [Dropdown] | | | | | |
| Absent Parent Information | | | | | | | |
| <input checked="" type="checkbox"/> Check if Absent Parent Known | | Sequence: | | [Search] | | | |
| *First Name | MI | *Last Name | Suffix | *Gender | SSN | Birth Date | |
| [Text] | [Text] | [Text] | [Dropdown] | [Dropdown] | [Text]-[Text]-[Text] | MM / DD / YYYY | |
| Absent Parent Address | | | | | | | |
| Number | Unit | Direction | St / Rural Rt / Box Number | Suffix | Quadrant | Apt | |
| [Text] | [Text] | [Dropdown] | [Text] | [Dropdown] | [Dropdown] | [Text] | |
| Additional Address Info | | | | | | | |
| [Text] | | | | | | | |
| City | | State | ZIP | Phone | | | |
| [Text] | | [Dropdown] | [Text]-[Text] | [Text]-[Text]-[Text] | | | |
| Absent Parent Additional Information | | | | | | | |
| Absent Parent KIDS PIN: | | [Text] | | | | | |
| * Absence Begin Date: | MM / DD / YYYY | * Absence Reason: | | [Dropdown] | | | |
| * Refer to IV-D? | [Dropdown] | Reason for Not Referring: | | [Dropdown] | | | |
| Maiden Name: | | Marriage Date: | | MM / DD / YYYY | | | |
| [Text] | | [Text] | | [Text] | | | |
| Children of this Absent Parent / If Child is Unborn, Enter Child's Mother. | | | | | | | |
| Individual | Legal Parentage Status | Delete | Delete Reason | | | | |
| [Dropdown] | [Dropdown] | <input type="checkbox"/> | [Dropdown] | | | | |
| | | [Reset] | [Add] | | | | |
| Individual | Legal Parentage Status | Delete Reason | | | | | |

Notes:

Who Must Be Referred to Child Support?

According to the W-2 Manual, you must send a referral to child support in the following instances:

_____ pregnant women, including minors;

Families where the natural or adoptive parent is _____ from the home (but _____ when the absence is because of military service); and

_____ co-parent cases (families where the parents either are not married to each other or were not married to each other when the child was born), and where _____ has not been established.

Households with fathers in the home with children for whom paternity has been established should not be referred to the CSA. This would include:

_____ fathers, conclusive: voluntary acknowledgment with an effect of a judgment of paternity; or

_____ fathers: paternity established through a court order.

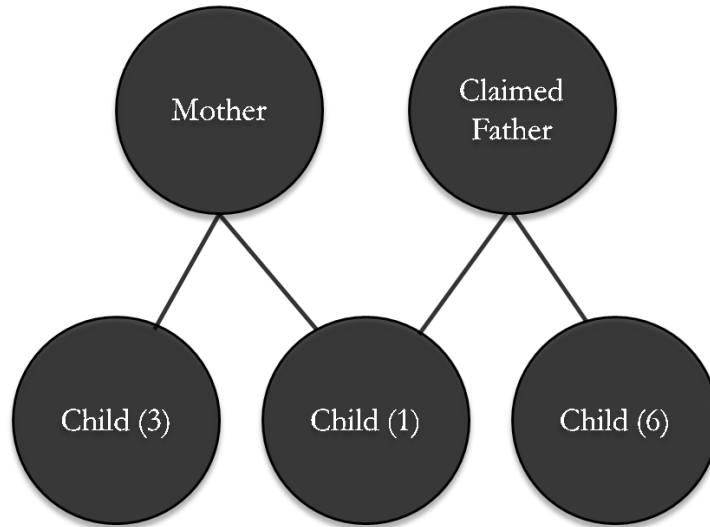
Caretaker Relative Cooperation Information

| Caretaker Relative Cooperation Information | |
|--|---|
| Effective Period | |
| * Begin Month: <input type="text"/> / <input type="text"/> | Last Updated: 10/16/2019 |
| Caretaker Relative | |
| * Individual: <input type="text"/> | |
| 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 / DD / 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 / DD / YYYY"/> | * Good Cause Result: <input type="text"/> |
| * Good Cause Granted: <input type="text"/> | |

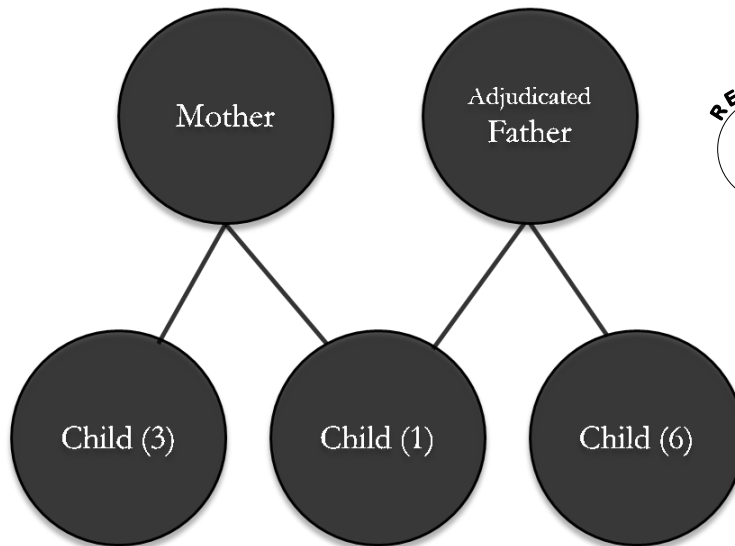
Notes:

Building Absent Parent Pages

Based on the graphics below, determine how many **Absent Parent** pages you need to build in CWW for each family.

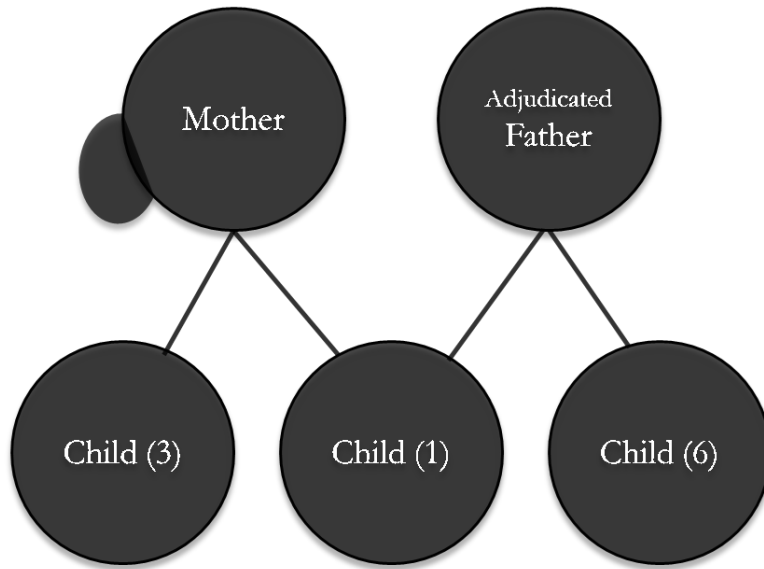


_____ **Absent Parent** page(s) needed.

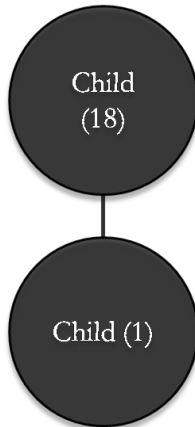


An adjudicated father has paternity established through a court order.

_____ **Absent Parent** page(s) needed.

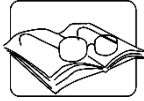


_____ **Absent Parent** page(s) needed.



_____ **Absent Parent** page(s) needed.

Employment



CWW Process Help 16.1 Earned Income
 PTT Learning Center: Employment Reporting – Desk Aid
 Training on Demand: Employment Page in CWW

Employment Information

| Employment Information | | | |
|-------------------------------|--|--|---|
| Effective Period | | | |
| * Begin Month: | <input type="text" value="MM"/> / <input type="text" value="YYYY"/> | End Month: | <input type="text" value="MM"/> / <input type="text" value="YYYY"/> |
| Delete Reason: | | <input type="text" value=""/> <input type="button" value="v"/> | |
| Employer Information | | | |
| * Individual: | <input type="text" value=""/> | Sequence: | 0 |
| SSN: | 0 | WI Employer Number: | <input type="text" value=""/> |
| * Employer Name: | <input type="text" value=""/> | FEIN: | <input type="text" value=""/> <input type="button" value="Q"/> |
| Address: | | * FDSH Wage Lookup: | <input type="text" value=""/> <input type="button" value="Q"/> |
| City: | <input type="text" value=""/> | State: | <input type="text" value=""/> <input type="button" value="v"/> |
| ZIP: | <input type="text" value=""/> - <input type="text" value=""/> | Phone: | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> |
| Fax: | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | | |
| Employment Description | | | |
| * Employee Type: | <input type="text" value=""/> <input type="button" value="v"/> | * Job Title for Health Insurance: | <input type="text" value=""/> <input type="button" value="v"/> |
| * Employment Type: | <input type="text" value=""/> <input type="button" value="v"/> | * Verification: | <input type="text" value=""/> <input type="button" value="v"/> |
| * Begin Date: | <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="button" value="Q"/> | * Verification: | <input type="text" value=""/> <input type="button" value="v"/> |
| First Pay Check Date: | <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="button" value="Q"/> | | |
| * Employment Ended? | <input type="text" value=""/> <input type="button" value="v"/> | Verification: | <input type="text" value=""/> <input type="button" value="v"/> |
| Employment End Date: | <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="button" value="Q"/> | Verification: | <input type="text" value=""/> <input type="button" value="v"/> |
| Date Of Last Paycheck: | <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="button" value="Q"/> | Verification: | <input type="text" value=""/> <input type="button" value="v"/> |
| Strike Information | | | |
| * On Strike? | <input type="text" value=""/> <input type="button" value="v"/> | | |
| Strike Begin Date: | <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="button" value="Q"/> | Verification: | <input type="text" value=""/> <input type="button" value="v"/> |
| Strike End Date: | <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="button" value="Q"/> | Verification: | <input type="text" value=""/> <input type="button" value="v"/> |

Notes:

Detailed Wage Information

Detailed Wage Information

Pay Frequency

* Pay Frequency: ▼

Notes:

Detailed Wage Information

| | | | |
|-------------------------------|--|---------------|---|
| Rate Per Hour: | \$ <input style="width: 60px;" type="text" value=""/> . <input style="width: 20px;" type="text" value=""/> | Wage Type: | <input style="width: 100%;" type="text" value=""/> ▼ |
| Average Hours Per Pay Period: | <input style="width: 60px;" type="text" value=""/> | Verification: | <input style="width: 100%;" type="text" value=""/> ▼ |
| Total Amount Per Pay Period: | \$ <input style="width: 60px;" type="text" value=""/> . <input style="width: 20px;" type="text" value=""/> | Delete: | <input type="checkbox"/> |

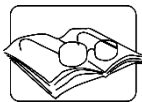
| Rate Per Hour | Wage Type | Average Hours Per Pay Period | Verification | Total Amount Per Pay Period | Delete | | |
|---------------|-----------|------------------------------|--------------|-----------------------------|--------|--|--|
| | | | | | | | |

Notes:

| Totals and Comments | | Calculate |
|--|---|--------------------------------------|
| Monthly In-kind Amount: | \$ <input type="text"/> . <input type="text"/> | Verification: <input type="text"/> |
| Total Amount Per Pay Period: | \$ <input type="text"/> . <input type="text"/> | |
| Monthly MA Gross Amount: | \$ <input type="text"/> . <input type="text"/> | |
| ▣ Override MA Gross Amount: | \$ <input type="text"/> . <input type="text"/> | ▣ Verification: <input type="text"/> |
| Monthly BC+ Pre-Tax Deductions Amount: | \$ <input type="text"/> . <input type="text"/> | |
| Monthly BC+ Taxable Amount: | \$ <input type="text"/> . <input type="text"/> | |
| ▣ Override BC+ Taxable Amount: | \$ <input type="text"/> . <input type="text"/> | ▣ Verification: <input type="text"/> |
| Monthly Converted Amount: | \$ <input type="text"/> . <input type="text"/> | |
| Override Converted Amount: | \$ <input type="text"/> . <input type="text"/> | Verification: <input type="text"/> |
| Monthly Total Hours: | <input type="text" value="0"/> | |
| 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:

\$0 Income



PTT Learning Center: Training on Demand: Entering \$0 Income

⏪ ⏩ Enter New Begin Month / Go ⏪ ⏩

Notes:

Calculating Hours Per Pay Period

In order for CWW to determine the correct income, take the applicant's or participant's hours per week and use the following multipliers to correctly determine what to enter.

| Pay Frequency | Multiply Weekly Hours By |
|---------------|--------------------------|
| Weekly | |
| Bi-Weekly | |
| Semi-Monthly | |
| Monthly | |

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

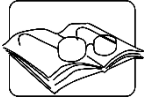
Frank is paid weekly and works 32 hours per week. What would you enter in the **Average Hours Per Pay Period** field?

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



PTT Learning Center: Running W-2 Eligibility with Dates – Desk Aid
 Training on Demand: Eligibility Determination

Initiate Eligibility

Initiate Eligibility
Cancel

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

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

What would you like to do?

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

Run Eligibility with Date
 Determine Potential FoodShare Supplement

Effective: / /

Notes:

Example:
 Maya's father passed away and left her a car as of February 10. Maya reports she plans to keep this car. The car's equity value is \$8,000. The FEP runs eligibility with today's date to include the vehicle in the asset budget for CWW in February. Then, the FEP must run eligibility again without dates to include the vehicle in the asset budget for March and beyond.

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 | CTS Z - CARETAKER SUPPLEMENT - DID NOT APPLY | 1 | 12/01/2019 | | DENIED | FAIL | 054 |
| | | | 11/01/2019 | 11/30/2019 | DENIED | FAIL | 054 |
| | | | 10/01/2019 | 10/31/2019 | DENIED | FAIL | 054 |
| 1 | MA Z - MEDICAL ASSISTANCE - DID NOT APPLY | 1 | 12/01/2019 | | DENIED | FAIL | 054 |
| | | | 11/01/2019 | 11/30/2019 | DENIED | FAIL | 054 |
| | | | 10/01/2019 | 10/31/2019 | DENIED | FAIL | 054 |

| 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 | 12/01/2019 | | DENIED | FAIL | 054 |
| | | | 11/01/2019 | 11/30/2019 | DENIED | FAIL | 054 |
| | | | 10/22/2019 | 10/31/2019 | DENIED | FAIL | 054 |
| 1 | CC Z - CHILD CARE-DID NOT APPLY | 1 | 12/01/2019 | | DENIED | FAIL | 054 |
| | | | 11/01/2019 | 11/30/2019 | DENIED | FAIL | 054 |
| | | | 10/01/2019 | 10/31/2019 | DENIED | FAIL | 054 |
| 1 | WW C - W-2 FOR OLDEST MINOR CHILD WITH CUSTODIAL PARENT | 1 | 12/01/2019 | | OPEN | PASS | |
| | | | 11/01/2019 | 11/30/2019 | OPEN | PASS | |
| | | | 10/22/2019 | 10/31/2019 | OPEN | PASS | |

Notes:

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 | 12/01/2019 | | N/A | OPEN | PASS | | No <input type="button" value="v"/> |

| Confirmed Assistance Group Eligibility Summary | | | | | | | | |
|---|----------|--------------------|------------------|----------------|-----------|--------------------|---------|--|
| Program | Sequence | Benefit Begin Date | Benefit End Date | Benefit Amount | AG Status | Eligibility Status | Reasons | |
| CTSZ - CARETAKER SUPPLEMENT - DID NOT APPLY | 1 | 12/01/2019 | 12/31/2019 | \$0.00 | DENIED | FAIL | 054 | |
| FS Z - FOODSHARE - DID NOT APPLY | 1 | 12/01/2019 | 12/31/2019 | \$0.00 | DENIED | FAIL | 054 | |
| CC Z - CHILD CARE-DID NOT APPLY | 1 | 12/01/2019 | 12/31/2019 | N/A | DENIED | FAIL | 054 | |
| WW C - W-2 FOR OLDEST MINOR CHILD WITH CUSTODIAL PARENT | 1 | 12/01/2019 | | N/A | OPEN | PASS | | |
| MA Z - MEDICAL ASSISTANCE - DID NOT APPLY | 1 | 12/01/2019 | 12/31/2019 | N/A | DENIED | FAIL | 054 | |

Notes:

Running Eligibility with Dates Examples

Today is March 3rd. Barb reports having a baby yesterday. She comes in and you add baby to the case right away.

How many times will you need to run eligibility? _____

Today is March 19th. Tamara reports she started a job two days ago and will receive her first paycheck next week.

How many times will you need to run eligibility? _____

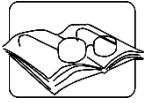
Today is March 10th. Eve is in your office to complete her eligibility appointment.

How many times will you need to run eligibility? _____

Today is March 31st. Jacqueline reports that her daughter's father, Ronald, moved into the household 3 weeks ago. They both come in today to see if they are still eligible for W-2.

How many times will you need to run eligibility? _____

Placement



PTT Learning Center: Changing a W-2 Placement – Desk Aid
 Training on Demand: W-2 Placement Page

W-2 Episode

| Record Management | |
|-----------------------------|---|
| Last Updated: | Episode Number: 0 |
| Delete Reason: | <input type="text"/> <input type="button" value="v"/> <input type="button" value="≡"/> |
| W-2 Episode | |
| W-2 Eligibility Begin Date: | |
| Episode Begin Date: | |
| Episode End Date: | Work Program End Reason 1: <input type="text"/> <input type="button" value="v"/> <input type="button" value="≡"/> |
| | Work Program End Reason 2: <input type="text"/> <input type="button" value="v"/> <input type="button" value="≡"/> |

Some placements automatically close at certain time frames without you having 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 |

Notes:

Individual Placement Information

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 | |
|------------|-----------|------------|----------|---------|--|
|------------|-----------|------------|----------|---------|--|

| 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:

Back Dating

You can back date a placement for a maximum of _____ days from the current date or the program request date, whichever is later.

Notes:

Failing Case - Teresa Gomez

Case Number: 7104067671

Failure Reason:

Incorrect Entry:



Returning to Employment

Verification Details

Verification Checklist

Cancel

| Application Entry Section | Individual | Type | Pending Information / Verification | Assistance Group / Sequence | |
|---------------------------|-------------------------|--------------------------|--|-----------------------------|--|
| Employment | ANGELA COPSEY 34F PP | Employment : PICK N SAVE | - Average Hours Per Pay Period, Rate Per hour, Wage Type | WW C 01 | |

Notes:

Pending / Not Verified Information

Cancel Reset

Pending Information - Last Eligibility Run as of 10/22/2019

Show All

| Application Entry Section | Individual | Type | Pending Verification | Assistance Group / Sequence | Due Date | Verif | <input type="checkbox"/> |
|---------------------------|-------------------------|----------------------------|---|-----------------------------|------------|-------|-------------------------------------|
| Employment | ANGELA COPSEY 34F PP | Employment: PICK N SAVE | Average Hours Per Pay Period, Rate Per hour, Wage Type | WW C 01 | 10/31/2019 | ? | <input checked="" type="checkbox"/> |

Not Verified Information - Last Eligibility Run as of 10/22/2019

Show All

| Application Entry Section | Individual | Type | Not Verified | Assistance Group / Sequence | Verif | <input type="checkbox"/> |
|---------------------------|------------|------|--------------|-----------------------------|-------|--------------------------|
|---------------------------|------------|------|--------------|-----------------------------|-------|--------------------------|

No data found

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 | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------|-------------------|------------------------------|----------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| 9.50 | REG - REGULAR PAY | 28.00 | ? - NOT YET VERIFIED | 266.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |


Notes:

Future Placements

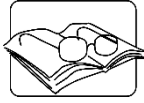
You are able to future date placements for a maximum of _____ days from the current date.

| Future Placement Information | | Clear |
|------------------------------|--|-------|
| Individual: | ANGELA COPSEY 34F PP | |
| Placement: | <input type="text"/> ▼ | |
| Placement Begin Date: | MM / DD / YYYY  | |

Notes:

| | |
|--|---|
| <p>Failing Case - Jessica Kilburn</p> <p>Case Number: 2104067120</p> <p>Failure Reason:</p> <p>Incorrect Entry:</p> |  |
|--|---|

Ending Employment



PTT Learning Center: Training on Demand: Ending Employment in CWW

When ending employment, you first must determine that the job has _____ and that the participant will receive no additional _____ from that job.

Enter an **Employment End Date**, but not an **End Month**, when:

-
-
-

Notes:

Failing Case - Regina Marshall

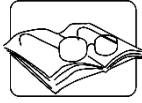
Case Number: 1104067714

Failure Reason:

Incorrect Entry:



Multiple Rates of Pay



PTT Learning Center: Training on Demand: Multiple Rates of Pay

You can add up to _____ types of pay in the Detailed Wage Information section.

Notes:

Group Entry

Angela attends today’s ongoing appointment. She also provides you with a document showing that paternity has been established for Julia. She reports she started a full-time cashier position with Menards this morning. With Angela in the office, you call Menards and they fax over a completed EVF form. You run through an informal assessment with Angela and determine she is appropriate for a CMF+ placement. Angela declines this placement, but agrees to a CMF placement.

See Appendix C for a copy of the EVF.

Make the appropriate updates in CWW.

CWW Logic for CMF/+ Placements

W-2 Placement Page

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

Individual: ▼

Placement: ▼

Placement Begin Date:

EFT on file: Account Holder: **ANGELA UECKER**

Account Type: **CHECKING**

Account Number: **365245**

Routing Number: **258745641**

| Individual | Placement | Begin Date | End Date | Invalid | |
|----------------------|---------------------------------|------------|----------|---------|---|
| ANGELA UECKER 37F PP | CMF+ - CASE MGMT FOLLOW-UP PLUS | 11/08/2019 | | | ⓧ |

Notes:

W-2 Budget Page

| W-2 Budget | | Cancel | Reset |
|----------------------------------|---|-----------------------------|-------|
| Gross Income | | | |
| Assistance Group Overview | | | |
| Assistance Group: | WW C - W-2 FOR OLDEST MINOR CHILD WITH CUSTODIAL PARENT | Sequence: | 1 |
| Eligibility Begin Date: | 12/01/2019 | Eligibility End Date: | |
| Determination Date: | 10/30/2019 | | |
| Result | | | |
| Assistance Group Status: | O - OPEN | Eligibility Status: | PASS |
| W-2 Gross Income Test: | FAIL | W-2 Asset Eligibility Test: | PASS |
| Income/Asset Test Skipped: | YES | | |
| Gross Income Test | | | |
| Gross Earned Income: | \$ 2,475.72 | | |
| Alien Sponsor Deemed Income: + | — | | |
| Unearned Income: + | — | | |
| Assigned Child Support: + \$ | — | | |
| Countable Gross Income: | \$ 2,475.72 | | |
| Assistance Group Size: | 4 | | |
| Gross Income Limit: | \$ 2,468.00 | | |
| Asset Eligibility Test | | | |
| Liquid Assets: | \$ 150.00 | | |
| Other Assets: + | — | | |
| Countable Vehicle Assets: + | — | | |
| Total Counted Assets: | \$ 150.00 | | |
| Asset Limit: | \$ 2,500.00 | | |
| Amount Over Limit: | \$ — | | |

Notes:

Independent Entry

Angela attends an appointment with you. She states that she loves her job at Menards, and her supervisor asked if she would be interested in becoming a manager. Angela states she is unsure if she wants to apply for a management position. She says she would like the opportunity to lead a team but is worried that she is not ready for the extra responsibility. Angela provides you with her last three paystubs, and states you will be her first call if she does decide to apply for the position. See Appendix D for a copy of her paystubs. She provides Julia's Social Security Number (make up a number). She reports no other changes to her case.

See Appendix D for a copy of the paystubs.

Make the appropriate updates in CWW.

Appendix

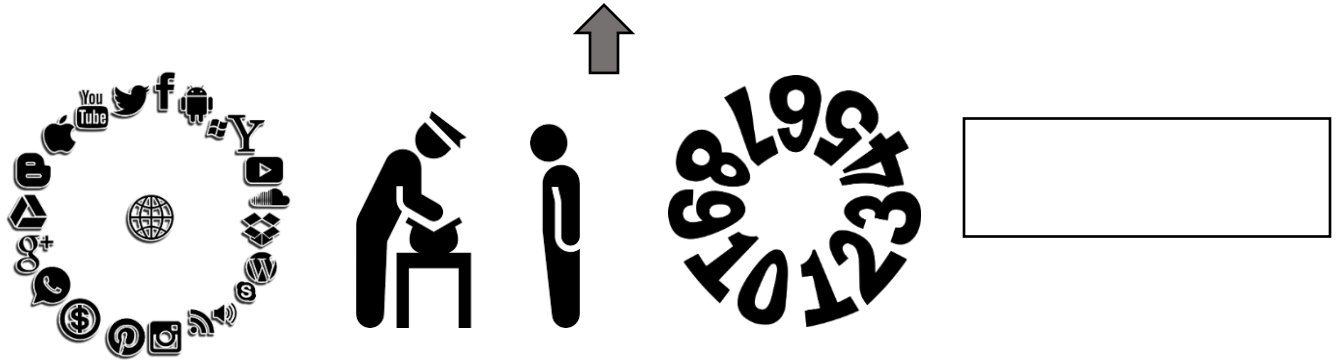
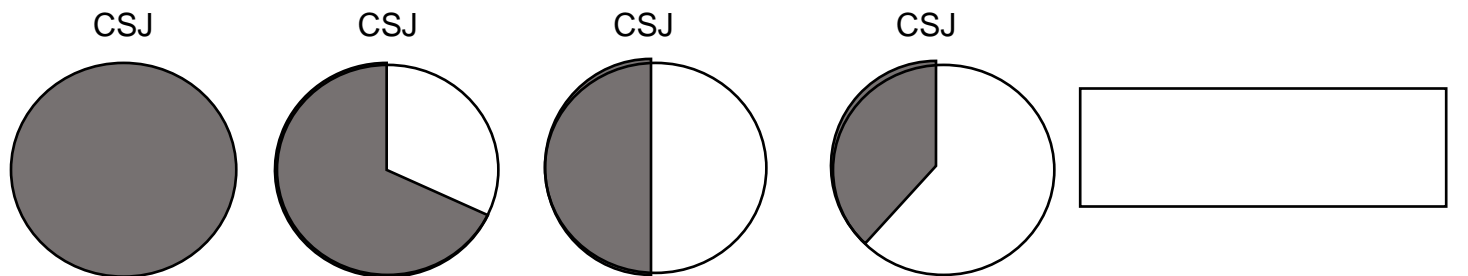
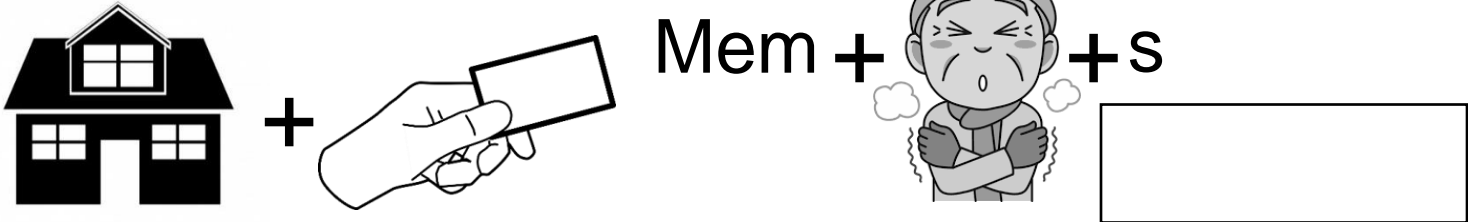
Appendix A: Network With Someone Who...



Put your name in one box that you can answer. 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 \$0 income would be used.</p> |
| <p>Can define Adverse Action and when a FEP needs to run with dates.</p> | <p>Can name two resources available for workers 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 a FEP must enter C-COMPLETED REQUIREMENTS as the verification code when an SSN is provided by an individual.</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> |

Appendix B: Rebus Puzzles



Appendix C: Angela's EVF for Menards

WISCONSIN DEPARTMENT OF HEALTH SERVICES
 Division of Medicaid Services
 F-10146 (06/2020)

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 type, 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 3619 S Hastings Way Eau Claire, WI 54701 | Employee Name Angela |
| | 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.

| | |
|---------------------|--|
| Employment 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 Start 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 pay period. 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 Pay Period | Rate of Pay | Regular Work Hours (for example, Monday-Friday, 8:00 a.m.–4:30 p.m.) |
|--------------------------------|-----------------------------------|-------------|--|
| Regular | 64 | \$16.30 | Weekday schedule varies, ust work every other weekend, overtime hours vary depending on availability |
| Overtime | 10 | \$24.95 | |
| Other shift pay | | \$ | |
| Weekend/shift differential pay | 16 | \$19.30 | |
| Other | | \$ | |

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

SECTION 5 Signature and Date



| | |
|---|---|
|  SIGNATURE – Employer/Desianee <i>John Menard</i> | Date Signed Yesterday's Date |
| | Print Name – First, Last, and Middle Initial John Menard |
| Title Manager | Fax Number (if available) 715-885-6122 |

USDA Nondiscrimination Statement

This institution is an equal opportunity provider.

Appendix D: Angela's Paystubs

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 | | 1221.60 | 8613.50 | Total Withholding | | 208.20 | 1722.20 |

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 |

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 |