

CWW Application Entry Desk Aid

Purpose:

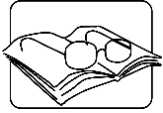
This desk aid covers processes for entering application information into CARES Worker Web (CWW).

Learning Objectives:

Upon completion of this desk aid, you will be able to:

- Describe the eligibility determination process.
- Define the verification documents for non-financial and financial eligibility.
- Follow the step-by-step processes for entering application information in CWW.
- Establish a case in W-2 Post Eligibility section of CWW.
- Identify issues that may occur during eligibility or confirmation.

Resources



- Request for Assistance (RFA)/Case Processes for W-2 – Desk Aid for instructions on establishing a new RFA in CWW for a W-2 case
- W-2 Geographical Area Lookup – Desk Aid
- W-2 Eligibility: Troubleshooting in Cares Worker Web (CWW) - Desk Aid
- W-2 Application Entry/Eligibility Determination – Desk Aid
- W-2 Manual 2.7.1 – Providing Social Security Numbers
- W-2 Policy Manual 4.1.2 – Information Requiring Eligibility Verification
- W-2 Policy Manual Chapter 16 – Learnfare
- BWF Operations Memo 10-59: Verification Notice Redesign
- BWF Operations Memo 18-J6: New Social Security Number Application Date Policy and Updates to CWW
- BWF Operations Memo 18-22: Wisconsin Works Nonfinancial Eligibility Verification Policy Updates and Changes to CARES Worker Web
- BWF Operations Memo 19 – J3: Enhancements to Citizenship, Identity, Social Security Number, and Immigration Verification
- BWF Operations Memo 19-08: Enhancements to Citizenship, Identity, Social Security Number, and Immigration Status Verification for Wisconsin Works

Eligibility Determination Model

Determining eligibility for an assistance program is a four-step process.

- ① The first step is for the FEP to gather **non-financial information**. Non-financial information answers the questions:
 - Who are you?
 - What are your characteristics?
 - What are your responsibilities?

Non-financial eligibility is based upon whether the individual applying for assistance possesses the characteristics that will allow him/her to receive this type of assistance. One of the most common characteristics for many programs is being a citizen or qualified non-citizen. If the individual is not a citizen or qualified non-citizen, then s/he is not eligible to receive assistance.

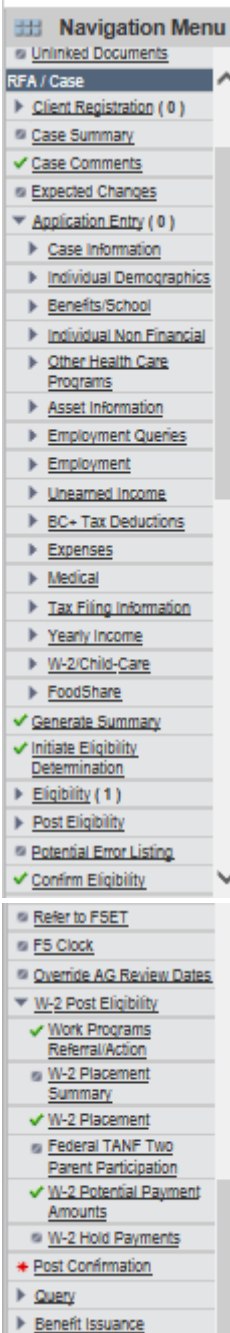
If an individual meets all characteristics, but is not performing the responsibilities mandated by the program, then the individual can be ineligible. Cooperating with the child support agency, providing information to determine eligibility, and being involved in up-front activities are examples of the duties mandated by W-2. If an individual does not meet all the non-financial conditions, then that individual is ineligible to receive the assistance.

- ② The second step is for the FEP to gather **financial information**. Financial information answers the question, “What do you have?” This includes assets and income. The worker collects information on all assets if applicable to the requested program (e.g., savings accounts, checking accounts, vehicles) and all income (including earned, unearned and self-employment income).
- ③ The third step is for the FEP to **determine eligibility**. After having gathered all the information, the worker compares the non-financial information to the non-financial requirements of the program, and the financial information to the asset and income limits as established by the program. This comparison determines whether the individual or group is eligible to receive assistance.
- ④ The final step is for the FEP to **determine W-2 placement**. After a completed informal assessment, determine the most appropriate placement for the W-2 applicant, the placement information is entered.

CARES Worker Web (CWW) Reflects this Model

CWW was designed to follow this model for eligibility determination. During the intake driver flow, CWW pages appear in the following order:

- Non-financial pages
- Financial pages
- Up-Front activities page
- Eligibility determination pages
- W-2 placement pages



Case Information - Information related to case members, program requests, household relationships, address, and referral for assessment

Individual Demographics - Information related to permanent and current demographics

Benefits/School - Information related to benefits received, school enrollment and Learnfare

Individual Non-Financial - Information related to pregnancy, disability, newborns, drug felons, and absent parents

Asset Information - Information related to assets (liquid, vehicle, real property, and personal property)

Employment - Information related to employment, both regular and self-employment

Unearned Income - Information related to unearned income (e.g., child support, SSI/SSDI, veteran's benefits, worker's compensation, etc.)

W-2/Child Care - Information related to up-front activity requirements and W-2 time limits

Generate Summary – View and print, or print a case summary

Initiate Eligibility Determination - Eligibility Determination

Confirm Eligibility - Case Confirmation

W-2 Post Eligibility – Information related to W-2 placement, two parent households, W-2 potential payments and benefit hold

Note - CWW pages may vary based on other programs of assistance the case is receiving. This Desk Aid covers the application entry process for an existing FS and MA case with a new W-2 Program Request. The instructions in this Desk Aid begin after the RFA has been established.

RFA Summary

Cancel Reset

Primary Person Information			
Name:	JESSICA TEST	Alias(es):	
Birth Date:	05/25/1983	Gender:	FEMALE
SSN:	482-81-5821	Ethnicity:	NON-HISPANIC
Race:	WHITE		
RFA Information			
RFA Type:	ECONOMIC SUPPORT (ES)	RFA Filing Date:	02/26/2019
Contact Method:	Walk-in	Contact Date:	02/26/2019
Language:	ENGLISH	Resulting Case:	N/A
Attached Mail-in Application:	None	Mail-in Application Status:	
Application Source:	Local Agency Office		
RFA Status			
RFA Status:	PENDING (CR COMPLETED)	Withdraw Reason:	
Extension Date:		Extension Reason:	
RFA Web Status:	WEB		
Office Information			
Eligibility Office:	EAU CLAIRE CO WISCONSIN WORKS PROGRAM (5518)	County / Tribe:	EAU CLAIRE COUNTY
Assigned Worker:	DCF698	IM Consortium:	GREAT RIVERS CONSORTIUM
Contact Information			
County of Residence:	EAU CLAIRE COUNTY	Homeless:	No
Household Address:	2701 S CHASE ST MILWAUKEE, WI 53211	Alternate Address:	N/A
Phone:		Phone:	N/A
Information Provider			
Information Provider:	JESSICA TEST	Information Provider Address:	N/A
		Information Provider Phone:	N/A
Programs		Filing Date	
Health Care (Including Medicare Savings Programs)		Not Requested	
Family Planning Waiver		Not Requested	
Caretaker Supplement		Not Requested	
FoodShare		Not Requested	
DSNAP		Not Requested	
Child Care		Not Requested	
W-2		02/26/2019	
Documents			
Document	Received Date	Scanned Date/Time	Channel
No data found.			
ACCESS Applications			
Application Number	Type	Filing Date	View Application
No data found.			
Update Agency Information			
Eligibility Office:	5518		
Worker ID:	DCF698		
What would you like to do?			
<input checked="" type="radio"/> Begin Intake Interview			
<input type="radio"/> Begin, continue, or view Data Entry of FoodShare Mail-in Application (With or without the Family Medicaid Addendum)			
<input type="radio"/> Begin, continue, or view Data Entry of Family Medicaid Mail-in Application Form			
<input type="radio"/> Transfer RFA			
County / Tribe:	18 - EAU CLAIRE COUNTY		
Eligibility Office:	5518		
Enter Begin Month for New Data: MM / YYYY			
Cancel <input type="checkbox"/> Previous <input type="button" value="Previous"/> Next <input type="button" value="Next"/>			

Use the < Begin Intake Interview> button to being the Intake driver flow.

Review Basic Information

Review Basic Information Cancel Reset

Primary Person Information

*First Name	MI	*Last Name	Suffix	*Gender	SSN	*Birth Date
JESSICA		TEST		FEMALE	482 -81 -5821	05 /25 / 1983

Alias Information

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

Reset Add

First Name	Middle Initial	Last Name	Suffix	Alias Name Type	Deleted

Cancel Previous Next

Enter a Social Security Number if one has not already been entered, the gender, and date of birth.

- Next, the **Individual/Case Clearance** page should display the individual. Select the matched individual.
- The Merge RFA with Case page displays the new and existing case information. Select Overwrite existing case information or Keep existing case information. If the information matches, there is no selection.

Beginning the Driver Flow

Case Summary

Case Summary Reset

Summary Information							
Primary Person:	KATHEN GOSIN 34F PP		W-2 Placed Participant:				
Contact Information							
County of Residence:	40 - MILWAUKEE COUNTY		Alternate Address:				
Household Address:	PO BOX 411 W3236 WOLF RIVER DRIVE KESHENA WI 54137		Phone:				
Phone:			Phone:				
Office / Worker Information							
Eligibility Office:	MILWAUKEE ENROLLMENT SERVICES (5040)		W-2 Work Program Office:				
County / Tribe:	40 - MILWAUKEE COUNTY		W-2 Geographical Area: 01 - MILWAUKEE NORTHERN				
IM Consortium:	STATE CONSORTIUM		FEP: LAKSHMI S POTTUMURTHY (XCTH45)				
Assigned Worker:	LAKSHMI S POTTUMURTHY (XCTH45)		Case Web Status: WEB				
Caseload:	3734						
Case Information							
Language:	E - ENGLISH		W-2 Placement:				
Last Review Date:			Next Review Date:		08/31/2016		
Case Closed Date:			Case Web Status:		WEB		
Associated RFA Information / ACCESS Application Information							
Number	Agency	Contact Method	RFA Status	Contact Date	ACCESS App	ACP Status	Summary
8003111889	40	Walk-in	INDIVIDUALS PROCESSED	03/17/2016			
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 Review or Renewal <input type="radio"/> Record New Group Level Program Request <input type="radio"/> Process Group Level Program Request <input type="radio"/> View / Record Six Month Report Actions <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			
Add Case Comment Next							

Enter Begin Month for New Data: MM / YYYY

Use the Contact Date to determine the correct Begin Month and Year.

Record the **Begin Month** and **Begin Year**.

- Select <Continue with the Driver/Navigate Through Completed Pages> button in the **Workflow Options** section.
- **Enter Begin Month for New Data** month and year, ensuring that it is the begin month and year for the when the RFA was established.

Note: When entering a Begin Month for New Data date, the date will prepopulate all CWW pages in the driver flow.

W-2 Request

W-2 Request Cancel Reset

W-2 Program Request

Effective Period

* Begin Month: / Last Updated: **02/26/2019**

Request Details

* W-2 Request Date: / / * Requesting this Program / Subprogram of Assistance?

Target Type: Target Individual:

Enter New Begin Month: /

Financial Employment Planner Information

* Assigned FEP ID: FEP Name:

Supervisor ID: Supervisor Name:

W-2 Work Program Referral For Assessment

Individual:

Subsidized Housing Information

Last Updated:

* Effective Month: / * Low Income Subsidized Housing Status:

Enter New Begin Month: /

Updated on or before / /

Enter Begin Month for New Data: /

Cancel

- Ensure that the **Begin Month** and **W-2 Request Date** are the same as the month in which you are processing the case (this is shown at the bottom of the page under **Enter Begin Month for New Data**).
- Ensure that **Yes** is entered for **Requesting this Program/Subprogram of Assistance?**
- If this is a Job Access Loan, Minor Parent, Pregnant Woman, or Non-Custodial Parent case, also enter the **Target Type** (group type) and the **Target Individual** (the individual who is targeted for this assistance type, typically the primary person).
- Enter the **Assigned FEP ID** in the **Financial Employment Planner Information** section.
- Enter the **Subsidized Housing Information** at the bottom of the page. The **Effective Month** will auto populate if the **Begin Month for New Data** date is entered on the **Case Summary** page.
- Select the individual that is being referred to Work Programs under the **W-2 Work Program Referral for Assessment**. If there is a two parent household, each individual must be referred one at a time.
- Once W-2 applicants are referred to Work Programs an informal assessment must be completed to determine if up-front activities are appropriate.

Application/Review Interview Details

Request / Review Date	Program	Mode	• Interview Type	Last Updated
01/16/2013	FS - FOODSHARE	Program Request	F - Face to Face	01/16/2013
04/10/2013	WW - W-2	Program Request	F - Face to Face	01/16/2013

From Date

To Date

- Select the **W-2 Interview Type**. A Face to Face interview is required for W-2.
- If completing a W-2 Review and the W-2 participant is in a CMF, CMF+, or CMU placement the review can be completed over the phone and should select that as the interview type.

Household Members

The screenshot shows a web form titled "Household Members" with a "Cancel" button and a "Reset" button. A progress bar indicates "Total: 2". The form is divided into several sections:

- Current Household Members:** A table with two entries: "JESSICA TEST 35F PP" and "JASON TEST 9M SON".
- Effective Period:** "Last Updated: 03/08/2019". A "Delete" checkbox is present, along with a "Delete Reason" dropdown menu.
- Individual Name:** Fields for "First Name" (JESSICA), "MI", "Last Name" (TEST), and "Suffix".
- Additional Information:**
 - "Gender": FEMALE (dropdown)
 - "SSN": 482-81-5821
 - "SSA Verification": C - COMPLETED REQUIREMENTS (dropdown)
 - "Birth Date": 05/25/1983
 - "Verification": BC - BIRTH CERTIFICATE (dropdown)
- Estimates for Relevance Determination:**
 - "Age Category": 22 and older (dropdown)
 - "Serves as Alien Sponsor": (dropdown)
 - "Does this individual meet any of the following criteria?": No (dropdown)
 - Criteria list:
 - Tax dependent of someone in the household
 - Tax co-filer with someone in the household
 - Claiming their adult child and both are living in the household
 - "Is this individual living outside of the household or deceased?": No (dropdown)
- Alias Name Information:** Fields for "Delete", "First Name", "MI", "Last Name", "Suffix", and "Alias Name Type" (OTHER dropdown).

- Confirm all household members and enter required verification before processing the application.
- Enter **C-Completed Requirements** from the **SSA Verification** drop-down menu so that CWW can run a match with the SSA database to verify the individual's name, SSN, and birth date.
- If the data exchange is successful, the **SSA Verification** field will populate with **V-Verified** after you navigate off the **Household Members** page. Therefore, the individual's birth date and SSN are verified. The default value, **NQ-Not Questionable**, is allowed in the **Birth Date** Verification field.
- If the data exchange is unsuccessful, you will receive an alert and a SOLQ-1 discrepancy will occur. You must resolve the discrepancy following the process described in Operations Memo 17-02. If the birth date is not verified through the data exchange, you must request verification of the birth date and enter the corresponding verification code.
- If an IM worker has entered either **NB-Continuously Eligible Newborn** or **MB-Medicaid Birth Claim** in the **Birth Date** Verification field, you need to do nothing further to verify the individual's birth date.

Verification - W-2 Policy Manual 4.1.2**SSN – Verify only once**

- Data Exchange verifying verbal statement of individual's SSN
- Social Security Card
- Pay stub displaying the Social Security Number
- W-2 Tax Form displaying the Social Security number
- Other reliable documents displaying both the name and SSN

Verification - W-2 Policy Manual 4.1.2**Birth Date – Verify only once**

- Certified copy of Birth Certificate (must be marked "For Administrative Use")
- Data Exchange from the SSA when the SSN verification is V- Verified
- Hospital Birth Record
- Driver's License
- US Passport
- State Issued ID Card
- Certificate of Naturalization
- Certificate of Citizenship
- Native American ID Card or other tribal membership issued by a Federally recognized tribe
- CARES birth query (Wisconsin births only)
- NB code (Continuously Eligible Newborn) entered by IM worker for US Citizenship Verification or US Citizenship MA Verification field
- NX code (Continuously Eligible Newborn) when entered by CARES in US Citizenship Verification field
- Any unexpired immigration document
- Any other reliable document that verifies birth date

Household Relationships

Reference Person	
Individual:	WYNONA WHITE 31F PP
Last Updated:	12/17/2013
WILLIE WHITE 1M SON	
* Willie is the:	SON - SON of Wynona, * Effective: 12 / 2013
* Verification:	NQ - NOT QUESTIONABLE
* Purchases & Prepares Meals with Wynona	Yes
* Is Caring for Wynona	No
* Has Legal Custody of Wynona	No
* Is Filling Parental Role for Wynona	No
* Is an Essential person for Wynona	No
* Is LTC Tax Dependent of Wynona	No

Individual: WYNONA WHITE 31F F Updated on or before MM / DD / YYYY Go

Review relationships.

Verify legal custody of children.

- Confirm the relationships between all household members. The verification field on the **Household Relationships** page will default to **NQ-Not Questionable**. If it is determined a claimed relationship is questionable, enter a Q? to put eligibility into a pending status and request verification (*Operations Memo 10-59*).
- If there is verification of the relationship such as a birth certificate, enter the verification document in the **Verification** field.
- Ensure that **Has Legal Custody of...** responses are correct and verified as needed.



NOTE: If the father is in the household where paternity was established use the FTR relationship code.

Verification - W-2 Policy Manual 4.1.2

- Self-declaration/signature on CAF is acceptable unless contradicted by another source of verification
- KIDS child support disbursement query

General Case Information

Case Information						
Effective Period						
Last Updated:	01/18/2013					
Case File Location						
* File Location	* File Location Date					
IN - INTAKE	01 / 16 / 2013					
Information Provider						
* First Name	MI	* Last Name	Suffix	* IP In Household		
ANGIE		APPLE		Yes		
Signature Details						
* Health Care Signature:	Y - Yes	* CTS Signature:				
* FoodShare Signature:	Y - Yes	* Child Care Signature:				
* BC+ Core Plan Signature:	Y - Yes					
Household Address						
* County of Residence:	Populate with office address (for homeless Primary Persons)					
18 - EAU CLAIRE COUNTY						
Number	Unit	Direction	* St / Rural Rt / Box Number	Suffix	Quadrant	Apt
123			MAIN	ST - STREET		
Additional Address Info						
* City	* State	* ZIP	Phone			
EAU CLAIRE	WI - WISCONSIN	54701				
* W-2 Geographical Area		Override W-2 Geographical Area				
BOS NORTHWEST						
* Address Verification		Post Office Suggested Address Verification				
MA - MAIL RECEIVED /		O				
Contact Information						
Work Phone:		X	Message Phone:		X	
Cell Phone:			E-Mail Address:			
Preferred Contact Method:			Preferred Contact Time:			
Preferred Contact Method if Deaf or Hard of Hearing:						
Household Information						
* Language:	E - ENGLISH	* Loss Of Contact:	N - No			
* Household Composition Verification:	NQ - NOT QUESTIONABLE					
WI Residency Information						
* Have you resided in WI all your life?	Yes					
Are you a previous WI resident?						
Date Moved From WI:	MM / DD / YYYY					
Date Moved To WI:	MM / DD / YYYY					
State Moved From:						

Enter the address and determine the **W-2 Geographical Area**.

Verify **Household Composition** if questionable.

Verify out of state TANF receipt if necessary.

- Enter the address. Determine and verify the **W-2 Geographical Area** (see *W-2 Geographical Area Lookup - Desk Aid*).
- Verify the **Household Composition** if it is questionable. Update to a ? or Q? to pend the case until verification is received if the information provided is deemed questionable.
- Enter a response to **Have you resided in WI all your life?** If NO, enter the remaining fields related to residency. If the individual received TANF in another state, TANF receipt must be verified.

Permanent Demographics

Verify
Citizenship
(only once)

Confirm that the entries are correct and verified for all case members.

- If there is not a verified SSN on the **Household Members** page, then the **SSN Application Date** and **Verification** are required.



NOTE: Some qualified non-citizens (see Operations Memo 16-14 and 19-J3) may not have documentation that they have applied for an SSN at the time of W-2 application. **The W-2 Initial Exemption** field and **W-2 Initial Exemption Date** field allow certain W-2 qualified non-citizen applicants to be initially exempt from providing an SSN or proof of having an SSN. FEPs must enter Yes if the applicant meets the conditions to be initially exempt. See Operations Memos 18-J6, and 19-J3 for more information on using the **SSN Override Verification** field.

The applicant or participant has six full calendar months from the date of the SSN application to provide the SSN. The FEP can collect the SSN beginning in the seventh full calendar month and must provide the SSN by the end of the 13th full calendar month after the SSN application date. CWW will prompt the FEP to collect the SSN anytime an intake interview, review, or a program add is completed.

The agency must assist the participant if the participant has met the 6-month mark and has made all reasonable attempts to obtain the information, and cannot close the case if the agency is unable to do so or if the information is not obtained.

Verification - W-2 Policy Manual 4.1.2

- Certified copy of Birth Certificate (must be marked “For Administrative Use”)
- U.S. Passport
- Baptismal Certificate that lists a U.S. place of birth
- Religious record that lists a U.S. place of birth
- Hospital Birth Record that lists a U.S. place of birth
- Medical birth record that lists a U.S. place of birth
- CARES birth query (Wisconsin births only)
- Enhanced driver’s license
- CARES Birth Query
- Native American ID Card or other tribal membership documentation issued by a Federally recognized tribe
- Citizenship documents issued by the U.S. Department of State to U.S. citizens born abroad
- Certificate of Naturalization (must be marked “For Administrative Use”)
- Certificate of Citizenship (must be marked “For Administrative Use”)
- SAVE database
- Final adoption decree that lists a U.S. place of birth
- U.S. Citizenship ID card or Northern Mariana card
- DE code when entered by an IM worker in the US Citizenship Verification or US Citizenship MA Verification field.
- NB code when entered by an IM worker in the US Citizenship Verification or US Citizenship MA Verification field.
- NX code when entered by CARES in the US Citizenship Verification field
- DX code (Data Exchange) when CARES obtained identity verification by an automatic data exchange
- MB code (Medicaid Birth Claim) when entered by an IM worker in the US Citizenship Verification or US Citizenship MA Verification fields

Current Demographics

Individual Demographic Information	
Effective Period	
* Begin Month: 01 / 2013	Last Updated: 01/16/2013
Individual Details	
* Individual:	ANGIE APPLE 29F PP
* Identification Verification:	DR - DRIVER'S LICENSE
Identification MA Verification:	DR - DRIVER'S LICENSE
* SSN Cooperation:	Yes
* Marital Status:	SI - SINGLE-NEVER MARRIED
* Verification:	NQ - NOT QUESTIONABLE
* Resides in WI:	Yes
* Verification:	MA - MAIL RECEIVED AT ADDRESS
* Intent To Reside In WI:	Yes
* Migrant Farm Worker:	No
Verification:	NQ - NOT QUESTIONABLE
* Special Needs Child:	
* Verification:	
* Fleeing Felon Or in Violation Of Probation/Parole:	No
Source:	
Physical Exam	
* Physical Exam Completed?	
* Good Cause:	
* Physical Exam Date:	MM / DD / YYYY
* Source:	
Obsolete Information	
* Offender Working Without Pay:	
* Verification:	
Living Arrangement Information	
Effective Period	
* Begin Month: 01 / 2013	Last Updated: 01/16/2013
Living Arrangements	
* Living Arrangement Type:	01 - INDEPENDENT (HOME/APT)
* Verification:	NQ - NOT QUESTIONABLE
* Living Arrangement Date:	MM / DD / YYYY
* Minor Parent Living Arrangement:	
Child Out of Home Details	
* Is this a child living outside this home and in Foster Care or court-ordered Kinship Care?	
Are the parents / caretakers cooperating to re-unite with this child?	
Verification:	

Verify identity (only once).

Ensure a correct entry for **Marital Status**.

Verify the primary person's WI residency.

Enter source if YES to **Fleeing Felon or In Violation Of Probation/ Parole**.

- Confirm **Living Arrangement**. This does not need to be verified unless questionable.
- Verify identity for all adults in the W-2 group.

Verification - W-2 Policy Manual 4.1.2

- Driver's License
- State Issued ID Card
- Enhanced driver's license
- Student ID Card
- US Government ID Card
- Military ID Card
- U.S. Passport
- Native American ID Card issued by a Federally recognized tribe
- Any photo ID document issued by USCIS

- Any unexpired immigration document
- SAVE database
- DE code when entered by an IM worker in the Identity Verification or Identity MA Verification field
- Any other reliable document that verifies identity
- SC when entered by IM worker
- DX code (Data Exchange) when CARES obtained identity verification by an automatic data exchange

- Confirm **Marital Status**. Verify only if questionable; otherwise, self-declaration is acceptable (use verification code NQ).

Verification - W-2 Policy Manual 4.1.2

- Certified copy of Marriage Certificate (must be marked “For Administrative Use”)
- Judgment of Divorce

- Verify WI residency at application and thereafter only if questionable. Verify residency only for the primary person in the W-2 group.

Verification - W-2 Policy Manual 4.1.2

- Landlord inquiry or current lease
- Utility bill for water, gas, electricity, or telephone that includes name and address
- Mortgage receipt
- Subsidized housing program approval
- Weatherization program approval
- Pay check stub including name, address, employer’s name, address and phone number
- Wisconsin Driver’s License
- Wisconsin ID card
- School registration record
- Signed statement from a shelter or individual providing temporary residence
- Wisconsin Motor Vehicle registration
- Any other reliable document that verifies Wisconsin residency

Special Note: Do not require residence verification for homeless or migrant assistance groups newly arrived to the area.

- If response to **Fleeing Felon Or In Violation of Probation/Parole** is YES, then enter the source of the information.

Benefits Received

Benefits Received [1 of 2]			
Effective Period			
* Begin Month:	01 / 2013	Last Updated:	01/16/2013
Additional Information			
* Individual:	ANGIE APPLE 29F PP		
Has the individual received any of the following benefits?			
* Other State SNAP:	N - No	Verification:	
* Tribal Commodities:	N - No	Verification:	
* SSDI Payments:	No	Verification:	
* SSI Payments:	No	Verification:	
* SSI Letter:	No	Verification:	
* Foster Care/Subsidized Guardianship:	No		
* Foster Care Court Order?:		* Verification:	
* QDWI Referral:	No	* Verification:	
Obsolete Information			
* Other State AFDC:			
* General Relief:		* Verification:	

- Confirm that the entries are correct and verified for all case members.
- Enter a response to the **SSDI Payments** field for all case members. Note that SSI and SSDI should be entered when the applicant/participant begins receiving payments.

School Enrollment

School Enrollment

Cancel

Total: 2

Effective Period	
* Begin Month:	05 / 2016 Last Updated: 05/31/2016
Individual Information	
* Individual:	CHILD NUMBER 6F DAU
* Highest Level of Education Completed:	001 - 1ST GRADE COMPLETED
* High School Graduation Status:	NOT - NOT GRADUATED Verification: NQ - NOT QUESTIONA
* Enrollment Status:	FU - FULL TIME Verification: NQ - NOT QUESTIONA
Type of Educational Institution:	EL - ELEMENTARY
Student FoodShare Eligibility Reason:	Verification:
▪ School District:	<input type="text"/>
School Name:	<input type="text"/>
Expected Date of High School Graduation:	MM / DD / YYYY Verification:
Meets Caring for Dependent Children Requirement:	<input type="checkbox"/>

Enter New Begin Month MM / YYYY Go

W-2 Learnfare Monitoring	
Effective Period	
Delete Reason:	Last Updated: 06/01/2016
Learnfare Details	
* Learnfare Status:	WNE - NOT ENROLLED Verification: AF - AGENCY FORM
Penalty Code:	CM - FAILURE TO COMPLY WITH CASE MANAGEMENT
Issuance Month:	LS - PENALTY ENTERED LATE - NOT DEDUCTED FROM PAYMENT
Participation Period:	05/16/2016 - 06/15/2016

Individual Updated on or before
 Go

Add Case Comment

Cancel

Previous

Next

- School enrollment must be verified for all children subject to Learnfare (ages 6-17). **Verification for Expected Date of High School Graduation** for Dependent 18 Year Old is required when the parent's eligibility is being determined based on that child.
- **Learnfare Status** must be completed for all children ages 6-17 along with the verification.
- A **Penalty Code** is required when the **Learnfare Status** indicates a penalty applies.

Individual Non-Financial Gatepost

Effective Period	
Last Updated:	04/10/2013
Questions	
• Is anyone in your household pregnant?	N - No
• Is anyone in your household disabled, blind, or unable to work due to illness or injury?	N - No
• Is anyone in your household requesting Long Term Care services?	N - No
• Is there anyone in your household who was an SSI recipient in the past who is not an SSI recipient now?	N - No
• Is anyone in your household under age 13 months?	N - No
• Has anyone in the household applying for FS or W-2 been convicted of a drug felony in the past 5 years?	N - No
• Does anyone in your household pay anyone else for room and meals?	N - No
• Is there anyone in your household under 21 who was receiving out of home care when s/he turned 18?	N - No

- **Gatepost page** - Enter a response for each question. Any YES response will schedule the related detail page in the driver flow. If there are NO answers to some of the gatepost questions, CWW will not ask for further data about that subject.

Valid responses are:

YES, NO, ? = The information provider doesn't know the answer, or the answer is questionable,

F = The information provider failed to answer the question,

O = The information provider failed to provide information within 7 days of the request. Entering an O will cause eligibility to fail for CC and W-2, but continue to pend FS and MA for up to 30 days.

Absent Parent

The screenshot shows a web-based form for entering absent parent information. On the left is a navigation menu with options like 'Search', 'Inbox Search', 'Unlinked Documents', 'FA / Case', 'Client Registration (0)', 'Case Summary', 'Case Comments', 'Expected Changes', 'Application Entry (10)', 'Case Information', 'Individual Demographics', 'Benefits/School', 'Individual Non-Financial', 'Summary', 'Gatepost', 'Pregnancy', 'Disability', 'MAPP', 'Prior SSI', 'Newborn', 'Drug Felon', 'CC IPV Penalty', 'FS IPV Sanction', 'W-2 IPV Penalty', 'Room and Board Paid', 'Youth Exiting Out-of-home Care', 'Absent Parent', and 'Child Support Non-'. The main form area is titled 'Absent Parent' and contains several sections: 'Information For The Following Absent Parent(s) is Required' (showing 'Absent Parent (1 of 1) of JOE JENNI 6M SON (Mother in the home)'), 'Absent Parent Information' (with fields for 'Effective Period', 'Last Updated', 'Delete Month', and 'Delete Reason'), 'Absent Parent Information' (with a 'Check if Absent Parent Known' checkbox and a 'Sequence' field), 'Absent Parent Address' (with fields for 'Number', 'Unit', 'Direction', 'St / Rural Rt / Box Number', 'Suffix', 'Quadrant', and 'Apt'), 'Additional Address Info' (with fields for 'City', 'State', 'ZIP', and 'Phone'), 'Absent Parent Additional Information' (with fields for 'Absent Parent KIDS PIN', 'Absence Begin Date', 'Absence Reason', 'Refer to IV-D?', 'Maiden Name', 'Reason for Not Referring', and 'Marriage Date'), and 'Children of this Absent Parent / If Child is Unborn, Enter Child's Mother.' (with a table for 'Individual', 'Legal Parentage Status', 'Delete', and 'Delete Reason'). A red arrow points to the 'Individual' column in the table, which contains the entry 'JOE JENNI 6M SON' with a 'Legal Parentage Status' of 'Y - LEGAL PARENTAGE ESTABLISHED FOR THIS CHILD'. At the bottom of the form is a 'Comments' section with a text area and a character count: 'Current Size = 0 characters (120 characters max.)'.

If the Absent Parent is known check the box then complete **Absent Parent Information** and **Absent Parent Address** if known.

- Enter the **Absence Begin Date**, **Reason for Absence** and **Refer to IV-D** should be YES unless there is a reason not to refer.
- Add the child(ren) to the section **Children of this Absent Parent/If child is Unborn, Enter Child's Mother**. Select YES if Legal Parentage Status has been established, and select NO If Legal Parentage Status has not been established.

Caretaker Relative Cooperation Information	
Effective Period	
* Begin Month:	02 / 2016 Last Updated:
Caretaker Relative	
* Individual:	CORINNE JENNI 35F PP
Child Support Information	
* Cooperation:	Yes Non-Cooperation Instance Count:
Good Cause Claimed:	Good Cause Reason:
Good Cause Claim Date:	MM / DD / YYYY
Good Cause Approved:	Good Cause Result:
Medical Support Liability Information	
* Cooperation:	
* Good Cause Claimed:	* Good Cause Reason:
* Good Cause Claim Date:	MM / DD / YYYY
* Good Cause Granted:	* Good Cause Result:
Enter New Begin Month: MM / YYYY Go	
Sequence Updated on or before MM / DD / YYYY Go	
Add Case Comment	
Cancel <input type="checkbox"/> Previous Next	

- Enter the **Caretaker Relative** information.
- Confirm that all information is correct.

Asset Gatepost

Asset Gatepost

 Cancel

Effective Period	
Last Updated:	03/28/2016
ACP Asset Information	
Has the asset information from the latest ACP application PDF been processed?	<input type="text" value=""/>
Liquid Asset	
Does anyone in your household have any of the following Liquid assets?	
* Cash:	<input type="text" value="N - No"/>
* Savings Account:	<input type="text" value="N - No"/>
* Savings Certificate:	<input type="text" value="N - No"/>
* Checking Account:	<input type="text" value="N - No"/>
* Prepaid Debit Card:	<input type="text" value=""/>
* Trust Funds:	<input type="text" value="N - No"/>
* Stocks and Bonds:	<input type="text" value="N - No"/>
▣ EBD Medicaid Annuity:	<input type="text" value=""/>
* US Savings Bond:	<input type="text" value="N - No"/>
* Money Market:	<input type="text" value="N - No"/>
▣ Monthly Excess Over Grant:	<input type="text" value=""/>
▣ Special Resource:	<input type="text" value=""/>
* Tax Shelter Account:	<input type="text" value="N - No"/>
* Christmas Club:	<input type="text" value="N - No"/>
* IRA Account:	<input type="text" value="N - No"/>
* Keogh Plan:	<input type="text" value="N - No"/>
* Credit Union:	<input type="text" value="N - No"/>
* Tax Refund:	<input type="text" value="N - No"/>
* Escrow Account for Home Sale:	<input type="text" value="N - No"/>
* Money Owed:	<input type="text" value="N - No"/>
▣ Child Support DEFRA Disregard:	<input type="text" value=""/>
▣ Excess Over Life of Grant:	<input type="text" value=""/>
* Other:	<input type="text" value="N - No"/>

- **Gatepost page** - Respond to each type of asset. Any YES response will schedule a detail page.

Liquid Assets

Liquid Assets
Cancel Reset

Effective Period

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

Delete Reason:

Additional Information

* Individual: Sequence:

* Type: * Verification:

* Jointly Owned? * Available?

* Burial?

* Self-Reported Amount: \$. * Verification:

Balance Date: / /

* AVS Amount: \$

Independence Account Information

* Independence Account? * Registration Date: / /

* Pre-independence Account Balance Amount: \$.

Financial Institution Name And Address Information

Account Number:

Name:

Address:

City: State:

ZIP: -

W-2 EFT Information

Use for W-2 EFT? Confirm Account Number:

Routing Number:

Confirm Routing Number:

- Enter the individual who owns the asset and the asset type. The verification field will default to NQ-NOT QUESTIONABLE if it does not need to be verified. Otherwise, the asset must be verified using an appropriate source.
- Enter whether the asset is jointly owned (if so, the **Jointly Owned** section of the page must be completed) and whether it is available.
- Enter the asset amount. The verification field will default to NQ-NOT QUESTIONABLE if it does not need to be verified. Otherwise, the asset must be verified using an appropriate source.
- If the W-2 applicant wants his or her W-2 payment to be electronically deposited into his or her account, the **W-2 EFT Information** section must be completed.

Verification - W-2 Policy Manual 4.1.2

- Savings Accounts - Current account statement
- Checking Accounts - Current account statement
- Prepaid Debit Card – Current account statement
- Insurance Policies - Life insurance policy and the insurance company’s statement on the policy’s current cash value
- Trust Funds - Trust agreement, Court order
- Other Savings or Investments (Certificates of Deposit, Retirement Accounts (including IRA and KEOGH accounts), Stocks or Bonds) - Statement from stockbroker; Copy of bonds; Current bank, credit union or savings and loan statement
- Real Estate - Deeds or titles, Real estate receipts or tax records, Statement of current value from local business

Vehicle Assets

Effective Period	
* Begin Month:	01 / 2014
End Month:	MM / YYYY
Delete Reason:	
Last Updated:	
Additional Information	
* Individual:	KORY LORRY 24F PP (OTX)
Sequence:	0
* Type:	AU - AUTOMOBILE
* Verification:	DD - DEED/TITLE
* Jointly Owned?	N - No
* Available?	Y - Yes
Description And Usage	
Year:	
Model:	
Make:	
Vehicle ID:	
Required To Be Registered?	
License Plate #:	
State:	
* Usage:	ET - EMPLOYMENT/TRAINING/SCHOOL 1
Usage:	
Usage:	
* Fair Market Value:	\$ 3000 .00 Value Look-Up
* Source:	OT - OTHER
Amount Owed:	\$.
Verification:	
Equity Value:	\$ 3000 .00

- Enter the individual who owns the asset and the asset type with valid verification.
- Enter whether it is jointly owned and whether it is available.
- Enter the usage type.
- Enter the fair market value (from Kelley Blue Book, NADA or another valid source) and the source. Note there are links to vehicle look-up value.

Verification - W-2 Policy Manual 4.1.2

- Vehicles (cars, trucks, boats, campers, snowmobiles, and other motorized vehicles) - Car title or registration, Written statement from car dealer, Loan papers or sales receipt, State Division of Motor Vehicles statement

Employment Gatepost

Effective Period	
Last Updated: 04/10/2013	
Questions	
<ul style="list-style-type: none"> ▪ Is anyone in your household currently employed or on strike or anyone recently been employed (including goods / free rent in return for work (inkind income), OJT, etc)? 	Y - Yes
<ul style="list-style-type: none"> ▪ Has anyone in your household recently refused employment or lost employment (FoodShare)? 	<input type="text"/>
<ul style="list-style-type: none"> ▪ Is anyone in your household currently self-employed, (such as farming, babysitting, etc) or has anyone had self-employment in the last 4 months? 	N - No
<ul style="list-style-type: none"> ▪ Does anyone have impairment related work expenses? 	<input type="text"/>
<ul style="list-style-type: none"> ▪ Does anyone in your household receive money for room and / or meals? 	N - No
<ul style="list-style-type: none"> ▪ Has anyone in the household been previously sanctioned for FoodShare Employment and Training (FSET) and now requesting FoodShare benefits? 	<input type="text"/>
<ul style="list-style-type: none"> ▪ Has anyone failed to cooperate with a W-2 agency, refused / quit a job or refused to apply for other benefits (W-2)? 	N - No

- Review the current responses for accuracy.
- Enter a response to **Has anyone failed to cooperate with a W-2 agency, refused/quit a job or refused to apply for other benefits (W-2)?**

Employment

Employment Information

Effective Period

* Begin Month: / End Month: / Last Updated: 04/10/2013
 Delete Reason:

Employer Information

* Individual: **ANGIE APPLE 29F PP** Sequence: 1
 SSN: 321541257
 WI Employer Number: FEIN:
 * Employer Name:
 Address:
 City: State:
 ZIP: - Phone:
 Fax:

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:

BadgerCare Verifications

* Wage Verified? Date: / /
 * Health Insurance Verified? Date: / /

Employer Verification Form (EVF) Information

* Employer Signature on EVF-Earning:
 * Employer Signature on EVF-Health Insurance:
 Employer Refused Signature on Either Form:

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
8.50	REG - REGULAR PAY	20.00	AF - AGENCY FORM	170.00	<input type="button" value="ⓘ"/> <input type="button" value="ⓧ"/>

Enter all available information regarding the employer.

Enter all available employment description details.

Enter Strike Information.

Enter all available details related to pay/wages.

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: \$ 0 . 00

Override MA Gross Amount: \$. Verification:

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

Monthly BC+ Taxable Amount: \$.

Override BC+ Taxable Amount: \$. Verification:

Monthly Converted Amount: \$ 0 . 00

Override Converted Amount: \$. Verification:

Monthly Total Hours:

Monthly Override Hours:

TJB / TEMP Subsidy: \$.

Comment:

Current Size = 0 characters (240 characters max.)

Enter comments related to how the wages were prospectively budgeted.

Enter New Begin Month MM / YYYY Go

Family Major Medical Insurance Access For BadgerCare Plus

Effective Period

* Begin Month: MM / YYYY Last Updated:

Delete Reason:

HIPP Details

* Cooperating with Health Insurance Premium Payment (HIPP)?

EVHI Database Verification / Query

Last Verified: N/A

If this is an MA case, verify with the EVHI database.

- Enter the individual who is employed and the employer name with any additional information that is available. Also enter the **FEIN** if it is available.
- Enter the **Employee Type** and **Job Title for Health Insurance**.
- Enter the **Employment Type** and **Verification** if necessary (for regular employment, it will default to NQ-NOT QUESTIONABLE).
- Enter the **Employment Begin Date** and **Verification**. Enter whether the **Employment Ended**.
- Enter whether the individual is **On Strike**.
- Calculate the **Wage Information**. Enter the **Pay Frequency**.
- Enter all relevant information in the **Detailed Wage Information** section.
- Click <Add> to calculate the prospective budget. If there are any changes, then click <Update> to recalculate the wage information.

Verification - W-2 Policy Manual 4.1.2

- Paycheck stubs
- Equifax
- Letter from employer stating earnings
- Self-employment business tax records
- Self-employment Income Report (DWSP-2131)
- CARES data exchange/UI query
- Any other document that verifies earned income

- Enter **Comments** related to how the wages were calculated and verified.
- Click the <Verify> button under **EVHI Database Verification/Query**. Use this to initiate the data exchange to verify the employment health insurance. Review the results.

Unearned Income Gatepost

Effective Period	
Last Updated:	01/22/2014
Unearned Income	
Does anyone in your household receive income from any of these sources?	
* AA - Adoption Assistance:	<input type="text" value="N - No"/>
* CH - Charitable Contributions:	<input type="text" value="N - No"/>
* DI - Sick / Disability Benefits:	<input type="text" value="N - No"/>
* FO - Foster Care:	<input type="text" value="N - No"/>
* IN - Interest:	<input type="text" value="N - No"/>
* MA - Military Allotment:	<input type="text" value="N - No"/>
* MO - Money From Other Person:	<input type="text" value="N - No"/>
* OT - Other:	<input type="text" value="N - No"/>
* PC - Personal Capital Gains:	<input type="text" value="N - No"/>
* PS - Payments From Property Sold:	<input type="text" value="N - No"/>
* RR - Railroad Retirement:	<input type="text" value="N - No"/>
* SS - Social Security:	<input type="text" value="N - No"/>
* TR - Trust Fund:	<input type="text" value="N - No"/>
* UN - Unemployment Insurance:	<input type="text" value="N - No"/>
* WC - Workers Compensation:	<input type="text" value="N - No"/>
* AN - Annuities:	<input type="text" value="N - No"/>
* CS - Child Support / Maintenance / Alimony:	<input type="text" value="N - No"/>
* DV - Dividends:	<input type="text" value="N - No"/>
* GR - General Relief:	<input type="text" value="N - No"/>
* KC - Kinship Care:	<input type="text" value="N - No"/>
MN - Maintenance / Alimony:	N - No
* NA - National Refugee Relief:	<input type="text" value="N - No"/>
* PA - Assistance In Another State:	<input type="text" value="N - No"/>
* PE - Other Pension / Retirement:	<input type="text" value="N - No"/>
RE - RNIP:	N - No
* SI - Supplemental Security Income:	<input type="text" value="N - No"/>
* TC - Tribal Per Capita Income:	<input type="text" value="N - No"/>
* TT - Tribal TANF:	<input type="text" value="N - No"/>
* VE - Veteran Benefits:	<input type="text" value="N - No"/>
Educational Aid	
* Does anyone in your household receive educational aid?	<input type="text" value="N - No"/>

- Review the responses to each type of unearned income. Update as necessary.

Unearned Income

Unearned Income Cancel Reset

Total: 1

Effective Period

Begin Month: 04 / 2013 End Month: MM / YYYY Last Updated: 04/10/2013

Delete Reason:

Income Information

Individual: ANGIE APPLE 29F PP SSN: 321-54-1257 Sequence: 1

Income Type: CS - CHILD SUPPORT

Verification: CK - CHECK OR CANCELLED CHECK

Claim SSN Number: N/A

Income Begin Date: 02 / 01 / 2013 Income End Date: MM / DD / YYYY

Income Discontinued? No Date Loss Of Income Reported: MM / DD / YYYY

Frequency Period: M - MONTHLY Number of Pays: 1

Income Available? Yes Monthly Converted Amount: \$ 250 . 00

Monthly MA Amount: \$ 250 . 00

Details

Delete	Gross Income Amount	Verification	
<input type="checkbox"/>	\$.		<input type="button"/> Reset <input type="button"/> Add
<input type="checkbox"/>	250.00	CK - CHECK OR CANCELLED CHECK	<input type="button"/> Delete <input type="button"/> Calculate

Comments:

Current Size = 8 characters (240 characters max.)

Enter New Begin Month: MM / YYYY Go

- Select the **Individual** and the **Income Type** and enter **Verification**.
- Enter the **Income Begin Date** and whether the **Income Discontinued**.
- Ensure that **Frequency Period** and **Income Available** are correct.
- Enter the **Gross Income Amount** and **Verification**. Click <Add>.
- Enter **Comments** related to how the income was calculated and verified.
- Click <Calculate> to populate the **Monthly Converted Amount** and **Monthly MA Amount**.



NOTE: An SSI payment for a dependent child is not counted as unearned income. FEPs should enter the SSI amount for the dependent child and CWW will not calculate the amount towards the Assistance Groups financial eligibility. See Operations Memo 17-01.

Verification - W-2 Policy Manual 4.1.2

- Social Security Award Letter
- Child Support Order
- Unemployment Compensation Award Letter
- Divorce paperwork identifying a financial settlement
- Documentation of Court Awarded compensation
- Compensation Award Letter
- Veteran's Administration Award Letter
- CARES data exchange
- Any other documents that verifies unearned income

W-2 Up-Front Activity Requirements

W-2 Up-Front Activity Requirements Cancel

Effective Period			
* Begin Month:	<input type="text" value="MM / YYYY"/>	End Month:	<input type="text" value="MM / YYYY"/>
Delete Reason:		<input type="text"/>	
Last Updated:			
Additional Information			
Sequence:	<input type="text" value="0"/>		
FEP Interview Date:	<input type="text" value="MM / DD / YYYY"/>	<input type="button" value="📅"/>	
* Are there any up-front activity requirements?	<input type="text"/>	Have the up-front activity requirements been met?	<input type="text"/>

Cancel

- Enter the **Begin Month** using the same begin month as the W-2 Request.
- Enter the **FEP Interview Date**.
- Enter a response to the question **Are there any up-front activity requirements?** If YES, then enter a response to **Have the up-front activity requirements been met?** If the W-2 applicant was not referred to Work Programs on the **W-2 Request** page then a YES will not be able to be entered. Go back to the **W-2 Request** page and refer the W-2 applicant to Work Programs.

Generate Summary

Generate Summary Cancel

Effective Period	
Effective Date:	01/16/2013
Worker:	L FISCHER (XWW021)
Summary	
FoodShare/HealthCare Signature:	W - Written <input type="button" value="📄"/>
ChildCare/W-2 Signature:	<input type="button" value="📄"/>
* View Summary:	E - English <input type="button" value="View"/>
* What would you like to do?	PS - Print Summary <input type="button" value="📄"/>

- View the application summary and ensure accuracy on all entries.
- **Print Summary** and have applicant/participant review the accuracy of his/her information.

Initiate Eligibility

Initiate Eligibility Cancel Reset

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

What would you like to do?

Run Eligibility Ignore W-2 income and asset tests to allow CMF Placement to begin

Run Eligibility with Date

Effective: MM / DD / YYYY

Add Case Comment Cancel Previous Next

- Click the <Run Eligibility> button.
 - Refer to the W-2 Eligibility: Troubleshooting in Cares Worker Web (CWW) course in Learning Center for further information on running eligibility.
- If ignoring assets and income when running eligibility, click on **Ignore income and asset tests to allow CMF Placement to begin**.

Eligibility Run Results

- Ensure that W-2 is passing.

Assistance Group Composition Details

- Ensure that the W-2 group composition is correct and as expected.

Eligibility Summary

- Ensure that W-2 is passing.

Confirm Eligibility

- Confirm W-2 if the eligibility result is correct.

W-2 Budget

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:	05/01/2016	Eligibility End Date:	
Determination Date:	03/24/2016		

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:	\$ 1,600.00
Alien Sponsor Deemed Income: +	—
Unearned Income: +	—
Assigned Child Support: +	\$ —
Countable Gross Income:	\$ 1,600.00
Assistance Group Size:	2
Gross Income Limit:	\$ 1,535.00

Asset Eligibility Test

Liquid Assets:	\$ —
Other Assets: +	—
Countable Vehicle Assets: +	—
Total Counted Assets:	\$ —
Asset Limit:	\$ 2,500.00
Amount Over Limit:	\$ —

Individual Income

Expand All
Collapse All

▶ JAMIE POTTS 35F PP (EA - ELIGIBLE ADULT)	
Countable Gross Income:	\$ 1,600.00
▶ KITTY POTTS 10F DAU (EC - ELIGIBLE CHILD)	
Countable Gross Income:	\$ —

Assistance Group
 WW C - W-2 FOR OLDEST MINOR CHILD

Sequence
 []

Updated on or before
 MM / DD / YYYY

Go

Add Case Comment
Cancel
Previous
Next

- If income and asset tests were ignored to allow for a CMF placement this page will show **Income/Asset Test Skipped** as Yes

W-2 Post Eligibility

Work Programs Referral/Action

Work Programs Referral/Action
Cancel Reset

Work Programs Referral Information				
Name	Confirmed Eligibility Results	Enrollment Status	Send Referral	Action Needed
BUCKY BADGER 36M PP	WWC - OPEN - ELIGIBLE ADULT	NOT ENROLLED	SENT FOR 1581	ENROLL VIA WPEN
WIFE BADGER 26F WIF	WWC - OPEN - ELIGIBLE ADULT	NOT ENROLLED	SENT FOR 1581	ENROLL VIA WPEN

Learnfare Referral Information				
Name	Confirmed Eligibility Results	Enrollment Status	Send Referral	Action Needed
CHILD BADGER 6F DAU	WWC - OPEN - ELIGIBLE CHILD	NOT ENROLLED	<input checked="" type="checkbox"/> FOR OFFICE 1581	MUST REFER

Add Work Program PIN Comment
Cancel Previous Next

The Work Programs Referral Information section lists all W-2 participants who have:

- A confirmed W-2 Participation Status of “Primary Person or in WWM,” and
- A confirmed W-2 Participation Status of “Eligible Child.”

The Learnfare Referral Information section lists all children who have:

- A confirmed W-2 Participation Status of “Eligible Child” ages 6 - 17,
- A Learnfare status that is not WST (WST – STUDENT IN GOOD STANDING),
- A High School Graduation Status that is NOT-NOT GRADUATED, and
- A parent in a paid placement.

Children that do not meet all of these criteria are listed as E-EXEMPT.

The **Send Referral** column displays information or actions related to the referral of the W-2 applicant.

W-2 Placement

W-2 Placement Cancel
Total: 1

Record Management

Last Updated: 06/02/2016 Episode Number: 1
 Delete Reason:

Financial Employment Planner

Current FEP ID: HEATHER L SOMMERS (DCF688)
 Reassign FEP ID:

W-2 Episode

Initial W-2 Eligibility Confirmation Date: 06/01/2016
 Episode Begin Date: 06/02/2016
 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
CORINNE JENNI 35F PP	CSJ - FULL COMMUNITY SERVICE JOB	06/02/2016		<input type="checkbox"/>

Future Placement Information

Individual: CORINNE JENNI 35F PP
 Placement:
 Placement Begin Date:

Updated on or before

Cancel

- Select the **Individual** that will be placed into the W-2 placement.
- Select the appropriate **Placement** for the individual.
- Enter the **Placement Begin Date** then click **Add**.
- Enter comments to justify placement using the **Add Work Programs PIN Comment** button.

Placement options, in the drop-down menu, include only those placement types for which a W-2 applicant or participant is eligible based on the W-2 Target Type. If the income and assets determination was overridden in eligibility determination, then CMF is the only placement option.

If there is a two parent household, the FEP will need to determine through an informal assessment which parent is the most appropriate parent for placement.

The **Check for Non-CMF Placement Eligibility** button is enabled only when any of the current or future month(s) eligibility was overridden for CMF purposes. Clicking this button will disregard the current CMF placement, cause CWW not to override the eligibility result (i.e., include income and assets in the eligibility determination), and schedule the **Initiate Eligibility** page.

W-2 Potential Payment Amounts

The screenshot shows the 'W-2 Potential Payment Amounts' page in the Cares Worker Web. The page header includes the user ID (XCTA5U), user name (D BALAR), and case information (Case: 1002751217, Status: Closed, Mode: Ongoing). The main content area features a table with the following data:

Participation Begin Date	Participation End Date	Estimated Pay Date	Gross Pay Amount	Prorated Pay Amount	Placement
05/16/2015	06/15/2015	07/01/2015	\$653.00	\$337.00	CSJ - FULL COMMUNITY SERVICE JOB

Navigation buttons for 'Previous' and 'Next' are located at the bottom of the table area.

- **W-2 Potential Payment Amounts** page displays W-2 payment amounts that are calculated but not issued.

W-2 Two Parent Household Participation

W-2 Two Parent Participation
Cancel Reset

Effective Month

Begin Month: / Last Updated: 12/30/2014

Two Parent Household Information

Are Two Eligible Adult Parent With a Child In Common Present In W-2 AG? Yes

Is a Parent a Disabled Adult For W-2? Disabled Adult:

Is a Parent Caring For a Severely Disabled Child In The W-2 AG? Caretaker Parent:

Disabled Child:

Results

Two Parent Household Result: Yes

Is Child Care Authorized? No

Weekly Required Family Participation Hours: 35

⏪ ⏩ ⏴ ⏵

Updated on or before

Add Case Comment
Cancel
⏪ Previous
Next ⏩

The FEP **must** answer the first two questions on the page. The responses will generate results at the bottom of the page. Results determined are:

- **Two Parent Household Result** – Displays as YES when:
 - There are two Eligible Adult (EA) parents with a child in common in the W-2 assistance group (AG), and
 - There are no disabled parents for W-2 who are eligible in the W-2 AG, and
 - Neither parent is caring for a disabled child in the W-2 AG, and
 - One parent is in a paid placement.
- **Is Child Care Authorized?** – Displays as YES when child care is authorized for this case based on child care entries in CWW.
- **Weekly Required Family Participation Hours** – This number is calculated based on the two parent household participation requirements.
- **Informational message will show if a parent or child is disabled.** FEPs need to make sure they meet the requirements for W-2.

Issues that May Occur During Eligibility and Confirmation

Verification

Request verification as needed for any new or updated information, and enter the needed verification codes. To pend W-2 eligibility, use the PN code in the VR field, not a ? This will pend only W-2/CC eligibility and not impact any IM programs. If the W-2 participant fails to submit the requested verification, enter the FN code instead of NV. This will cause W-2/CC eligibility to fail without impacting IM programs (*see Operations Memo 10-59 for more information*).

9 Month Live Error

If you receive the error **Cannot run for more than 9 months live**, you will need to change the **Begin Month** and **Filing Date** on all **Program Request** pages. This will have no impact on the eligibility for IM programs, but eligibility cannot be run until these are updated. This may happen at initial application or when changes such as a person add are made to an ongoing case.

Confirmation on Mixed IM/W-2 Cases

If the case is a mixed case (IM and W-2) and the IM worker runs and confirms eligibility (on either a new application or an ongoing case), an alert will be sent to the W-2 worker. The W-2 case should be confirmed the same day as the other program(s), when appropriate. If W-2 is not confirmed on the same day, then confirm that all CWW entries are correct, initiate and confirm eligibility.

The opposite is also true. If the W-2 worker confirms a new application or a change, then an alert is sent to the IM worker. The IM worker should confirm the same day. If the IM program(s) are not confirmed, then eligibility will need to be run again and confirmed.