

CARES AUTOMATED SYSTEMS ACCESS REQUEST COMPLETION INSTRUCTIONS

SECTION 1: GENERAL INFORMATION

- Box 1** Fill in CARES ID if reactivating or deleting. If new ID request, leave blank.
- Box 2** User must go to <https://www.dwd.state.wi.us/accountmanagement> to create a DWD WI logon ID and password.
- Box 3** To request a WAMS ID, requester must go to <https://on.wisconsin.gov/WAMS/home> to create a WAMS logon ID and password.
- Box 4** Enter employer name.
- Box 5** Check yes if employer is not a government agency.
- Box 6** Name of requester.
- Box 7** Enter requester's work email address.
- Box 8** Enter requester's phone number.
- Box 9** Enter a four digit PIN number you will be able to remember. Please retain in a safe, secure place. You will be asked for this for account verification.
- Box 10** Enter a secret word of your choice. Please retain in a safe, secure place. You will be asked for this for account verification.
- Box 11** Enter contracting agency name if different than employer name.
- Box 12** Enter county or tribe number or Consortium name.
- Box 13** Enter agency start date.
- Box 14** Enter the name of the requester's supervisor.
- Box 15** Enter the phone number of the requester's supervisor.
- Box 16** Choose one from dropdown box or, if not listed, fill in "Other" field.

SECTION 2: SYSTEMS ACCESS

- Box 17** Choose system(s) to be added or deleted. ExtraNet must have a DWD WI Logon ID from Box 2. CWW must have a WAMS Logon ID from Box 3.
For Electronic Benefit Transfer (EBT) request, choose either issuance or repayment, not both.
For EOSP, enter County/Tribe or Consortium for which the user should have report access.
For SAVE, SOLQ Mainframe, CATS, CELS, fill in "Other" and include the environment if not Production.

SECTION 3: SYSTEMS ACCESS SUPPLEMENT

- Box 18** Select Security Level from dropdown.
- Box 19** Select Work Type from dropdown.
- Box 20** Select Job Function Code from dropdown.
- Box 21** Enter County/Tribe Number.
- Box 22** Enter Location Code.

All CARES codes for Box 23 and Box 24 are available in the DFS Security Manual available from the DWD WorkWeb at <https://workweb.dwd.state.wi.us/dfs/manuals/security/pdf/chap06.pdf>

- Box 23** Codes for Box 23 (BV/FRAUD) are on Page 10. Basic benefit recovery codes are included in the dropdown box.
- Box 24** Codes for Box 24 (Primary CARES Access) are on Pages 11-12. Basic IM codes are included in the dropdown box.

All CARES users wanting Update Access in their own agency and/or Consortium should fill out this section

- Box 25** Enter the Consortium name or County name of offices to be added or removed.
- Box 26** If non-Consortium enter individual offices to add.
- Box 27** If non-Consortium enter individual offices to remove.

SIGNATURES

Name, date and titles must be typed between the forward slashes ("/ /") to signify your digital signature.

Please fill in the remaining information fields and email completed forms to: DHSCaresSecurity@wisconsin.gov

*All Child Support Agency requests must be completed on Form DCF_F_29213-E.
These forms must be faxed to DCF Security at (608) 327-6420*