

Pennsylvania Department of Labor and Industry  
Bureau of Workforce Development Administration

**CWDS - TANF YDP Preliminary Eligibility Screening Instructions**

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## Background

The Preliminary Screening Function within the Commonwealth Workforce Development System (CWDS) is a tool for TANF Youth Development Program (YDP) providers to identify if an applicant may be served using TANF Youth Development Funds (YDF).

TANF YDP providers **must** ensure that the applicant meets the age eligibility requirements of the TANF YDP **prior to** utilizing this tool. To be eligible for TANF YDP funded services, the applicant **must** be between the ages of 12 (or have completed the 5<sup>th</sup> grade) and 24 years at the time of application.

If the applicant does not meet the age requirement, the applicant is **INELIGIBLE** for services using TANF YDF. The provider will not proceed with the Preliminary Screening Function but will review the applicant's eligibility for services through other funding sources.

If the applicant meets the age requirements for TANF YDP, the provider will proceed with the Preliminary Screening Function instructions.

A calculator is available to help providers determine if the applicant meets the income requirements under [235% Federal Poverty Income Guideline \(FPIG\)](#). The use of the "235% FPIG Calculator" is optional.

## CWDS Instructions

Step 1. Click "Sign In"

Step 2. Enter Username & Password

Step 3. Click on the  icon found on the top right corner

Step 4. Locate the "Quick Links" to the far left under the CWDS Icon

Step 5. Under the "Case Management" section, select the "Preliminary Screening" option which will take you to the DHS Preliminary Screening Inquiry homepage

## Eligibility Inquiry

From the DHS Preliminary Screening Inquiry homepage:

Step 1. In "**Participant SSN**" field, enter participants social security number

Step 2. In "**Program**" field, select "**DHS-TANF Youth**"

Step 3. Click on "**Check Eligibility**"

# DHS Preliminary Screening

Name, SSN, PID, Phone, Email

DHS Preliminary Screening Inquiry

**Eligibility Inquiry**

**PARTICIPANT SSN** (required)      **PROGRAM** (required)

196798717      DHS-TANF Youth      **CHECK ELIGIBILITY**

Step 4. Screen will display one of five “**Preliminary Screening Eligibility**” results

## Preliminary Screening Eligibility Results

The “Preliminary Screening Eligibility” will display one of five eligibility results.

### Option 1. Eligible for Preliminary Screening: Yes – TANF Recipient

DHS Preliminary Screening Inquiry

**Eligibility Inquiry**

**PARTICIPANT SSN** (required)      **PROGRAM** (required)

249-67-4874      DHS-TANF Youth      **CHECK ELIGIBILITY**

**Preliminary Screening Eligibility**

ELIGIBLE FOR PRELIMINARY SCREENING  
Yes - TANF Recipient

**CWDS Participant Information**

PARTICIPANT NAME	DOB	PARTICIPANT ID
NIECE YDP	09/02/2008	<a href="#">6393033</a>

**CIS Participant Information**

PARTICIPANT NAME	DOB	RECIPIENT NUMBER	DISTRICT
NIECE YDP	09/02/2008	380385754	0

**CANCEL**

Receiving an “Eligible for Preliminary Screening: Yes – TANF Recipient” result means the applicant is **ELIGIBLE** for TANF YDP funded services because they are receiving TANF benefits. The provider is not required to collect further verification, and the applicant may be served immediately using TANF YDF.

**NOTE:** If applicant is not known to CWDS, the creation of a CWDS base record will be required. Further instructions on the creation of a CWDS base record are found below on page 6.

## Option 2. Eligibility for Preliminary Screening: Yes – Other Benefit

DHS Preliminary Screening Inquiry

**Eligibility Inquiry**

**PARTICIPANT SSN** (required)      **PROGRAM** (required)

178-71-4118      DHS-TANF Youth      **CHECK ELIGIBILITY**

**Preliminary Screening Eligibility**

**ELIGIBLE FOR PRELIMINARY SCREENING**  
Yes - Other Benefit

**CIS Participant Information**

PARTICIPANT NAME	DOB	RECIPIENT NUMBER	DISTRICT
JOHN ROVER	01/01/2000	50380036	0

**CANCEL**      **CREATE CWDS BASE RECORD**

Receiving an “Eligible for Preliminary Screening: Yes – Other Benefit” result means the applicant is **ELIGIBLE** for TANF YDP funded services because they are receiving Supplemental Nutrition Assistance Program and/or Medical Assistance benefits AND are under the age of 15 or age 18 or older. The provider is not required to collect further verification, and the applicant may be served immediately using TANF YDF.

**NOTE:** If applicant is not known to CWDS, the creation of a CWDS base record will be required. Further instructions on the creation of a CWDS base record are found below on page 6.

## Option 3. Eligible for Preliminary Screening: Yes – Pending Income Verification

**Eligibility Inquiry**

**PARTICIPANT SSN** (required)      **PROGRAM** (required)

196798717      DHS-TANF Youth      **CHECK ELIGIBILITY**

**Preliminary Screening Eligibility**

**ELIGIBLE FOR PRELIMINARY SCREENING**  
Yes - Pending Income Verification

**CIS Participant Information**

PARTICIPANT NAME	DOB	RECIPIENT NUMBER	DISTRICT
SEPTEMBER PAVIO	01/01/2006	908852151	0

Receiving an “Eligible for Preliminary Screening: Yes – Pending Income Verification” result means that the provider must verify the applicant’s household size and personal monthly gross earned income to determine eligibility\*.

The provider must verify and document that the applicant’s personal monthly grossed earned income is under 235% FPIG\*. The provider may utilize the “235% FPIG Calculator” to determine if the applicant is income eligible for TANF YDP funded services.

Receiving an “Income Eligible” result on the “235% FPIG Calculator” means that the applicant is **ELIGIBLE** for TANF YDP funded services. The provider is not required to collect further verification, and the applicant may be served.

Receiving an “Income Ineligible” result on the “235% FPIG Calculator” means that the applicant is **INELIGIBLE** for TANF YDP funded services. If the applicant is income ineligible, the provider must verify that the applicant resides in a High Poverty Area, using the most current version of the *Pennsylvania High Poverty Area Verification* tool, and has an additional barrier\*.

If the applicant meets the High Poverty Area Verification, the applicant is **ELIGIBLE** for TANF YDP funded services and may be served. If the applicant does not meet the High Poverty Area Verification, the applicant is **INELIGIBLE** for TANF YDP funded services. The provider will then review the applicant’s eligibility for services through other funding streams.

\*Please see the [TANF YDP Manual](#) for additional information.

**NOTE:** A copy/screenshot of **All** verifications must be retained in the participant’s TANF YDP Data File and be made available upon request to confirm program eligibility and allowable expenditures.

**NOTE:** If applicant is not known to CWDS, the creation of a CWDS base record will be required. Further instructions on the creation of a CWDS base record are found below on page 6.

#### Option 4. Eligible for Preliminary Screening: Yes – Pending Full Verification

The screenshot displays the 'DHS Preliminary Screening Inquiry' interface. It features an 'Eligibility Inquiry' section with two input fields: 'PARTICIPANT SSN (required)' containing the value '456678876' and 'PROGRAM (required)' with a dropdown menu set to 'DHS-TANF Youth'. A 'CHECK ELIGIBILITY' button is positioned to the right. Below this, the 'Preliminary Screening Eligibility' section shows the status 'ELIGIBLE FOR PRELIMINARY SCREENING' and 'Yes - Pending Full Verification'.

Receiving an “Eligible for Preliminary Screening: Yes – Pending Full Verification” means that the provider must verify all eligibility requirements: residency, citizenship status, household size, and personal monthly gross earned income\*.

The provider must verify and document that the applicant meets TANF YDFP residency and citizenship requirements\*. If the applicant does not meet the residency and/or citizenship status requirements, the applicant is **INELIGIBLE** for TANF YDP funded services. The provider will review the applicant’s eligibility for services through other funding streams.

If the applicant meets the TANF YDP residency and citizenship requirements\*, the provider must verify that the applicant’s personal monthly grossed earned income is under 235% FPIG\*. Providers may utilize the “235% FPIG Calculator” to determine if the applicant is income eligible for TANF YDP funded services.

Receiving an “Income Eligible” result on the “235% FPIG Calculator” means that the applicant is **ELIGIBLE** for TANF YDP funded services. The provider is not required to collect further verification, and the applicant may be served.

Receiving an “Income Ineligible” result on the “235% FPIG Calculator” means that the applicant is **INELIGIBLE** for TANF YDP funded services. If the applicant is income ineligible, the provider must verify that the applicant resides in a High Poverty Area, using the most current version of the *Pennsylvania High Poverty Area Verification* tool, and has an additional barrier\*.

If the applicant meets the High Poverty Area Verification, the applicant is **ELIGIBLE** for TANF YDP funded services and may be served. If the applicant does not meet the High Poverty Area Verification, the applicant is **INELIGIBLE** for TANF YDP funded services. The provider will then review the applicant’s eligibility for services through other funding streams.

\*Please see the [TANF YDP Manual](#) for additional information.

**NOTE:** A copy/screenshot of **All** verifications must be retained in the participant’s TANF YDP Data File and be made available upon request to confirm program eligibility and allowable expenditures.

**NOTE:** If applicant is not known to CWDS, the creation of a CWDS base record will be required. Further instructions on the creation of a CWDS base record are found below on page 6.

## Option 5. Eligible for Preliminary Screening: No

Participant must be between the ages of 11 and 24 for the TANF Youth Program.

DHS Preliminary Screening Inquiry

Eligibility Inquiry

PARTICIPANT SSN (required): 164-48-9494

PROGRAM (required): DHS-TANF Youth

CHECK ELIGIBILITY

Preliminary Screening Eligibility

ELIGIBLE FOR PRELIMINARY SCREENING

No

CWDS Participant Information

PARTICIPANT NAME	DOB	PARTICIPANT ID
AUNT YDP	09/13/1989	6392973

CIS Participant Information

PARTICIPANT NAME	DOB	RECIPIENT NUMBER	DISTRICT
AUNT YDP	09/13/1989	380385751	0

CANCEL

Receiving an “Eligible for Preliminary Screening: No” means the applicant is known to eCIS and/or CWDS but does not meet the age requirements to participate in TANF YDP. Therefore, the applicant is **INELIGIBLE** for TANF YDP funded services.

## Creating a CWDS Base Record

The DHS Preliminary Screening Tool will only allow providers to “Create a Base Record” for individuals not already known to CWDS.

### Scenario 1: Individual not known to eCIS or CWDS (Yes-Pending Full Verification Result)

The provider will be required to “**Create CWDS Base Record**” for individuals that are not known to eCIS or CWDS. Only the Preliminary Screening Eligibility will display. There will be no Participant Information listed under the Eligibility result as the individual is unknown to both systems.

Step 1. Click on “**Create CWDS Base Record**” after completing the initial Eligibility Inquiry

DHS Preliminary Screening Name, SSN, PID, Phone, Email

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DHS Preliminary Screening Inquiry

**Eligibility Inquiry**

PARTICIPANT SSN (required)  PROGRAM (required)

**Preliminary Screening Eligibility**

ELIGIBLE FOR PRELIMINARY SCREENING  
Yes - Pending Full Verification

Step 2. Enter the Participant First Name, Participant Last Name, and Date of Birth and click on “**Continue**”

DHS Preliminary Screening Name, SSN, PID, Phone, Email

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DHS Preliminary Screening Inquiry

**Eligibility Inquiry**

PARTICIPANT SSN (required)  PROGRAM (required)

**Individual Information**

PARTICIPANT FIRST NAME (required)  MIDDLE INITIAL  PARTICIPANT LAST NAME (required)

SSN  DOB (required)

Step 3. Complete all required fields under “**Create Personal Information**” and click on “**Save and Continue**”

# Create Personal Information

Name, SSN, PID, Phone, Email

## Individual Name

SALUTATION

-- SELECT --

FIRST NAME (required)

Tester

MIDDLE INITIAL

T

LAST NAME (required)

Testing

SUFFIX

CREDENTIALS (EXAMPLE: MD, PHD)

## Individual Personal Information

SSN

154-16-4684

DATE OF BIRTH (required)

01/06/2006

CITIZENSHIP STATUS (required)

US Citizen

ARE YOU LEGAL TO WORK IN THE US?

Yes  No  Don't Know

ETHNICITY

Hispanic/Latino  Non Hispanic/Latino  Do not wish to disclose

RACE

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hawaiian Native or Other Pacific Islander
- White
- Do not wish to disclose

GENDER (required)

Male  Female  Does not self-identify

HIGHEST LEVEL OF EDUCATION

Grade 07

ARE YOU A VETERAN?

Yes  No

ARE YOU THE SPOUSE OF A VETERAN?

Yes  No

## Residential Address

ADDRESS LINE 1 (required)

123 Youth Development Road

ADDRESS LINE 2

CITY (required)

Testertown

STATE (required)

Pennsylvania

ZIP CODE (required)

15236

COUNTY (required)

Dauphin

MAILING ADDRESS SAME AS RESIDENTIAL ADDRESS

## Contact Information

PRIMARY PHONE

(123) 456-7895

TDD/TTY

WORK PHONE

TDD/TTY

CELL PHONE

VIDEO PHONE

FAX NUMBER

PHONE NOTES

0 characters of 150

PREFERRED CORRESPONDENCE METHOD (required)  
 Email  Mail

EMAIL:  CONFIRM EMAIL:

PREFERRED CONTACT METHOD

Internet & Social Media

DO YOU HAVE INTERNET ACCESS AT YOUR HOME?  
 Yes  No

DO YOU USE SOCIAL MEDIA?  
 Yes  No

Other Information

LANGUAGE PREFERENCE  
 English  Spanish  Other

COMMUNICATION NEEDS

Foreign Language Interpreter  
 Sign Language Interpreter  
 Braille  
 Large Print  
 Other

Staff Section

SOCIAL SECURITY NUMBER STATUS (required)

Civil Rights Statement [Download Civil Rights Statement](#)

I HAVE READ AND UNDERSTOOD THE CIVIL RIGHTS STATEMENT  
 Yes  No

**Step 4.** A notification will display indicating that participant data was modified, and the provider must check eligibility again. Click on **“Check Eligibility”**

DHS Preliminary Screening Name, SSN, PID, Phone, Email

Participant data was modified. You must check eligibility again. ×

DHS Preliminary Screening Inquiry

Eligibility Inquiry

PARTICIPANT SSN (required):  PROGRAM (required):

CWDS Participant Information

PARTICIPANT NAME	DOB	PARTICIPANT ID
Tester Testing	01/06/2006	<a href="#">6393072</a>

Step 5. Final Preliminary Screening results under “**Eligible for Preliminary Screening**” will display and a base record has been created

### DHS Preliminary Screening

DHS Preliminary Screening Inquiry

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**Eligibility Inquiry**

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**Preliminary Screening Eligibility**

ELIGIBLE FOR PRELIMINARY SCREENING  
Yes - Pending Full Verification

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**CWDS Participant Information**

PARTICIPANT NAME	DOB	PARTICIPANT ID
Tester Testing	01/06/2006	<a href="#">6393072</a>

The provider will take the appropriate next step based on the final Preliminary Screening Eligibility result as described above.

The “Eligibility for Preliminary Screening” will not change unless the date of birth the provider entered into the base record does not meet TANF YDP age requirements. A final Preliminary Screening Eligibility result of “No” means the date of birth the provider entered into the CWDS base record does not meet TANF YDP age requirements and is **INELIGIBLE** to receive TANF YDP funded services.

### Participant Clearance

If the provider completes Step 2 and is directed to “Participant Clearance”, it means that there is an existing record for an individual with the same Name and Date of Birth but a different SSN.

**Participant Clearance**

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This individual may already exist in the system. Please verify if one of the following profiles match this individual. Function buttons will not appear on this page if you do not have the role to perform the action.

---

**NEW RECORD**

Selecting this individual and the “Create New Participant Record” button confirms that there is not a conflict with an existing CWDS Participant and creates a new Participant record.

Participant ID	First Name	Middle Initial	Last Name	Social Security Number	Date of birth	Gender	Address	City	State	Zip Code	County
	Benjamin		Abduljabbar	046526145	10/3/2004						

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**POSSIBLE MATCHES**

Choose a profile and select the “Matches CWDS Profile” button to indicate that the incoming record is a match with an existing Participant record in CWDS.

Participant ID	First Name	Middle Initial	Last Name	Social Security Number	Date of birth	Gender	Address	City	State	Zip Code	County
<input type="checkbox"/>	5387075	Benjamin	Abduljabbar	046526146	10/03/2004	F	231 Schaefer Ln	York	PA	17401	York

Step 1. Review “**Possible Matches**”

**Step 2.** Determine if an existing base record matches the applicant’s verified information

**Step 3.** Proceed to the appropriate steps under A or B

A. If an existing base record under **“Possible Matches”** is confirmed to be the applicant:

**Step 1.** Click on the toggle next to the matching individual and select **“Matches CWDS Profile”**

**Step 2.** Review **“CWDS Information”** on the **“Resolve Conflict”** screen, make any verified updates, and click on **“Use Existing Information”**

The screenshot displays the 'Resolve Conflict' interface. At the top right, there is a search bar with the text 'Name, SSN, PID, Phone, Email' and a magnifying glass icon. The main content is divided into two columns: 'CWDS Information' on the left and 'Received Information' on the right. Each column contains several sections: 'CWDS Information' includes 'CWDS Information' (with fields for First Name: Benjamin, Middle Initial, and Last Name: Abdujabbar), 'Location Address' (with fields for Address Line 1: 231 Schaefer Ln, Address Line 2, City: York, State: Pennsylvania, ZIP Code: 17401-3898, and County: York), 'Mailing Address' (with a checkbox for 'Use Same Address for Mailing Address' and similar address fields), and 'Personal Information' (with fields for SSN: 046526145, Date of Birth: 10/03/2004, Gender: Female, US Citizen: Yes, and Ethnicity: Non-Hispanic/Latino). The 'Received Information' column mirrors this data. At the bottom of each column, there are buttons for 'USE EXISTING INFORMATION' and 'USE RECEIVED INFORMATION'. A 'BACK' button is located at the bottom left of the entire form.

**Step 3.** Providers will be redirected to Step 4 to re-assess eligibility by clicking **“Check Eligibility”** for the final Preliminary Screening result

B. If an existing base record *does not* match the applicant’s verified information, click **“Create New Participant Record”**. Providers will be redirected to Step 3 above to **“Create Personal Information”** and will complete the remaining steps.

### Scenario 2: Individual known to CWDS but not eCIS (Yes- Pending Full Verification Result)

The provider will not receive a **“Create CWDS Base Record”** option as a CWDS base record already exists. The CWDS Participant Information will be displayed.

## DHS Preliminary Screening

Name, SSN, PID, Phone, Email

DHS Preliminary Screening Inquiry

**Eligibility Inquiry**

PARTICIPANT SSN (required)  PROGRAM (required)

**Preliminary Screening Eligibility**

ELIGIBLE FOR PRELIMINARY SCREENING  
Yes - Pending Full Verification

**CWDS Participant Information**

PARTICIPANT NAME	DOB	PARTICIPANT ID
Benjamin Abduljabbar	10/03/2004	5387075

### Scenario 3: Individual known to both CWDS and eCIS (All Results, except Pending Full Verification)

The provider will not receive the “Create CWDS Base Record” option as a CWDS base record already exists. The CWDS and CIS Participant Information will be displayed.

DHS Preliminary Screening Inquiry

**Eligibility Inquiry**

PARTICIPANT SSN (required)  PROGRAM (required)

**Preliminary Screening Eligibility**

ELIGIBLE FOR PRELIMINARY SCREENING  
Yes - TANF Recipient

**CWDS Participant Information**

PARTICIPANT NAME	DOB	PARTICIPANT ID
NIECE YDP	09/02/2008	6393033

**CIS Participant Information**

PARTICIPANT NAME	DOB	RECIPIENT NUMBER	DISTRICT
NIECE YDP	09/02/2008	380385754	0

### Resolve Conflict

The provider will be prompted to “Resolve Conflict” when the CWDS and CIS Participant information are displayed for the SSN entered but the individual’s name and/or date of birth do not match in CWDS and eCIS.

**Step 1.** Click on “**Resolve Conflict**”

## DHS Preliminary Screening

Name, SSN, PID, Phone, Email

DHS Preliminary Screening Inquiry

Eligibility Inquiry

PARTICIPANT SSN (required) 36521-4411 PROGRAM (required) DHS-TANF Youth

Preliminary Screening Eligibility

ELIGIBLE FOR PRELIMINARY SCREENING  
Yes - Pending Full Verification

CWDS Participant Information

PARTICIPANT NAME	DOB	PARTICIPANT ID
Not Father	01/02/2003	6393066

CIS Participant Information

PARTICIPANT NAME	DOB	RECIPIENT NUMBER	DISTRICT
NOT FATHER	01/01/2002	770380172	0

**Step 2.** Review “Possible Matches” on the “Participant Clearance” screen to identify errors

## Participant Clearance

Name, SSN, PID, Phone, Email

To resolve conflicts for records with similar profiles where the SSN's are the same, please contact your Local Office Supervisor.

This individual may already exist in the system. Please verify if one of the following profiles match this individual. Function buttons will not appear on this page if you do not have the role to perform the action.

**NEW RECORD**

Selecting this individual and the "Create New Participant Record" button confirms that there is not a conflict with an existing CWDS Participant and creates a new Participant record.

Participant ID	First Name	Middle Initial	Last Name	Social Security Number	Date of birth	Gender	Address	City	State	Zip Code
	NOT		FATHER	365214411	1/1/2002		1 RAIN LANE	YORK	PA	1740

**POSSIBLE MATCHES**

Choose a profile and select the "Matches CWDS Profile" button to indicate that the incoming record is a match with an existing Participant record in CWDS.

Participant ID	First Name	Middle Initial	Last Name	Social Security Number	Date of birth	Gender	Address	City	State	Zip Code	County
<input type="checkbox"/>	6393066	Not	Father	365214411	01/02/2003	M	Center ST	Camp Hill	PA	17011	Cumberl

**Step 3.** Take a screen shot and send to the L&I Resource Account, [ra-litanf-ydp@pa.gov](mailto:ra-litanf-ydp@pa.gov), for resolution

## Scenario 4: Individual known to eCIS but not CWDS (All Results, except Pending Full Verification)

The provider will be required to “Create CWDS Base Record” for individuals that are known to eCIS but not CWDS. The CIS Participant Information will be displayed.

**Step 1.** Click on “Create CWDS Base Record”

## DHS Preliminary Screening

Name, SSN, PID, Phone, Email

DHS Preliminary Screening Inquiry

### Eligibility Inquiry

**PARTICIPANT SSN (required)**  **PROGRAM (required)**

### Preliminary Screening Eligibility

**ELIGIBLE FOR PRELIMINARY SCREENING**  
Yes - TANF Recipient

### CIS Participant Information

PARTICIPANT NAME	DOB	RECIPIENT NUMBER	DISTRICT
NIECE YDP	09/02/2008	380385754	0

**Step 2.** Complete all required fields under “**Create Personal Information**” and click on “**Save and Continue**”

## Create Personal Information

Name, SSN, PID, Phone, Email

### Individual Name

**SALUTATION**

**FIRST NAME (required)**  **MIDDLE INITIAL**  **LAST NAME (required)**  **SUFFIX**

**CREDENTIALS (EXAMPLE: MD, PHD)**

### Individual Personal Information

**SSN**  **DATE OF BIRTH (required)**

**CITIZENSHIP STATUS (required)**  **ARE YOU LEGAL TO WORK IN THE US?**  
 Yes  No  Dont Know

**ETHNICITY**  
 Hispanic/Latino  Non Hispanic/Latino  Do not wish to disclose

**RACE**  
 American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Hawaiian Native or Other Pacific Islander  
 White  
 Do not wish to disclose

**GENDER** (required)  
 Male  Female  Does not self-identify

**HIGHEST LEVEL OF EDUCATION**  
 Grade 10

**ARE YOU A VETERAN?** (required)  
 Yes  No

**ARE YOU THE SPOUSE OF A VETERAN?** (required)  
 Yes  No

**Residential Address**

**ADDRESS LINE 1** (required)  
 1234 Youth Development Road

**ADDRESS LINE 2**

**CITY** (required)  
 Harrisburg

**STATE** (required)  
 Pennsylvania

**ZIP CODE** (required)  
 17105

**COUNTY** (required)  
 Dauphin

**MAILING ADDRESS SAME AS RESIDENTIAL ADDRESS**

**Contact Information**

**PRIMARY PHONE**  
 (717) 123-4567  **TDD/TTY** (required)

**WORK PHONE**  
  **TDD/TTY** (required)

**CELL PHONE**  
 (717) 123-4567

**VIDEO PHONE**

**FAX NUMBER**

**PHONE NOTES**  
  
 0 characters of 150

**PREFERRED CORRESPONDENCE METHOD** (required)  
 Email  Mail

**EMAIL**  
 cooldude18@stanfydp.com

**CONFIRM EMAIL**  
 cooldude18@stanfydp.com

**PREFERRED CONTACT METHOD**  
 Email

**Internet & Social Media**

**DO YOU HAVE INTERNET ACCESS AT YOUR HOME?**  
 Yes  No

**DO YOU USE SOCIAL MEDIA?**  
 Yes  No

**Other Information**

**LANGUAGE PREFERENCE**  
 English  Spanish  Other

**COMMUNICATION NEEDS**

Foreign Language Interpreter  
 Sign Language Interpreter  
 Braille  
 Large Print  
 Other

**Staff Section**

**SOCIAL SECURITY NUMBER STATUS** (required)  
 Valid

**Civil Rights Statement** [Download Civil Rights Statement](#)

**I HAVE READ AND UNDERSTOOD THE CIVIL RIGHTS STATEMENT**  
 Yes  No

**BACK** **SAVE AND CONTINUE**

**Step 3.** A notification will display indicating that participant data was modified, and the provider must check eligibility again. Click on **“Check Eligibility”**.

## DHS Preliminary Screening

Name, SSN, PID, Phone, Email

Participant data was modified. You must check eligibility again. x

DHS Preliminary Screening Inquiry

**Eligibility Inquiry**

PARTICIPANT SSN (required)  PROGRAM (required)

**CWDS Participant Information**

PARTICIPANT NAME	DOB	PARTICIPANT ID
NIECE YDP	09/02/2008	<a href="#">6393033</a>

**Step 4.** Final Preliminary Screening Eligibility results for “**Eligible for Preliminary Screening**” will display, and a base record has been created.

## DHS Preliminary Screening

Name, SSN, PID, Phone, Email

DHS Preliminary Screening Inquiry

**Eligibility Inquiry**

PARTICIPANT SSN (required)  PROGRAM (required)

**Preliminary Screening Eligibility**

ELIGIBLE FOR PRELIMINARY SCREENING  
Yes - TANF Recipient

**CWDS Participant Information**

PARTICIPANT NAME	DOB	PARTICIPANT ID
NIECE YDP	09/02/2008	<a href="#">6393033</a>

**CIS Participant Information**

PARTICIPANT NAME	DOB	RECIPIENT NUMBER	DISTRICT
NIECE YDP	09/02/2008	380385754	0

