

iMatchSkills DHS STEP Registration

Training video link https://youtu.be/wrJl_Xr40ek. To play the video you have to press *Skip Ads*.

Step 1: Obtain from the customer a signed *DHS STEP Registration-SSN/Information Sharing Authorization* form

Step 2: In WOMIS select *Customer Search*.

WorkSource Oregon Management Information System (WOMIS)

Applications	Information	Tools
iMatchSkills®	Documentation & Training	AutoCoder
Customer Search	Integrated Workforce Reports	WIN Career Readiness Courseware
I-Trac login	Office Locations	ADA Tools
		LEP Tools
		WSO Branding Toolbox

Step 3: Search using the customers full social security number.

Customer Search

Enter any information below to locate a current customer

Job Seeker ID: (If entered, other criteria will be ignored)

SSN: (If entered, other criteria will be ignored)

Step 4: If the customer is found you do not need to create a DHS Registration. If the customer is not found, select *DHS Registration*

Customer Search Results

Name	iMS	Adult Eligible	DW Eligible	JS ID	SSN	DOB	Gender

1/1 10

[Search Again](#) [Register New Participant](#) [DHS Registration](#) [Exit](#)

Step 5: If a customer is not receiving SNAP benefits you will see this message, the customer is not eligible for the Career Boost program do not create a DHS Registration until the customer shows as eligible to receive SNAP benefits.

DHS Customer Information

DHS data did not contain information for SSN xxx-xx-xxxx. Please enter the appropriate data in the fields below.

* First Name:

Middle Name:

* Last Name:

Suffix: <-- Select -->

* Birth Date (MM/DD/YYYY):

[Next](#)

[Cancel](#) [Exit](#)

Step 6: If the customer is receiving SNAP benefits you will see this screen. Confirm it is the correct customer and select *Next*.

DHS Customer Information

Please review this information from DHS for SSN xxx-xx-■■■■.
If this is not the person you are looking for, DO NOT CONTINUE.
Cancel and try again, or contact a Regional Technician for assistance.

First Name: MATTHEW
Middle Name:
Last Name: ■■■■
Suffix:
Birth Date (MM/DD/YYYY): ■■■■

Step 7: Complete the DHS Registration form and click *Next*.

 Male Female. Address: ■■■■, City: RICKERALL, State: Oregon, * Zip Code: 97347, Non-U.S. Province/State: (blank), Country: United States. Home Phone: 503-984-0581, Cell Phone: (blank), Message Phone: (blank), E-mail: (blank). * Are you of Hispanic or Latino ethnicity? Yes No Not Declared. * Race: (select all that apply) Asian, Native American or Alaskan Native, Black or African American, Hawaiian Native or Other Pacific Islander, White, Unknown or Undeclared. * Do you speak English as a second language? Yes No. * Highest grade completed: <-- Select -->. At the bottom, there are three buttons: 'Next', 'Cancel', and 'Exit'."/>

DHS Customer Registration

Please complete registration for SSN xxx-xx-■■■■

First Name: MATTHEW
Middle Name:
Last Name: ■■■■
Suffix:
Birth Date (MM/DD/YYYY): ■■■■

* Gender: Male Female

Address: ■■■■
City: RICKERALL
State: Oregon
* Zip Code: 97347
Non-U.S. Province/State: (blank)
Country: United States

Home Phone: 503-984-0581
Cell Phone: (blank)
Message Phone: (blank)
E-mail: (blank)

* Are you of Hispanic or Latino ethnicity? Yes No Not Declared

* Race: (select all that apply)
 Asian
 Native American or Alaskan Native
 Black or African American
 Hawaiian Native or Other Pacific Islander
 White
 Unknown or Undeclared

* Do you speak English as a second language? Yes No

* Highest grade completed: <-- Select -->

Step 8: Confirm that you have a signed *DHS STEP Registration- SSN/Information Sharing Authorization* form. This is the last step in completing the STEP Registration.

DHS Customer Registration

You have created a DHS Registration for MATTHEW ■■■■

In order to complete this registration, you must verify that you have a signed copy of "DHS STEP Registration - SSN/Information Sharing Authorization, Form 103b (0817)".

Yes - I have a signed copy on file.
 No - I do not have a signed copy on file.