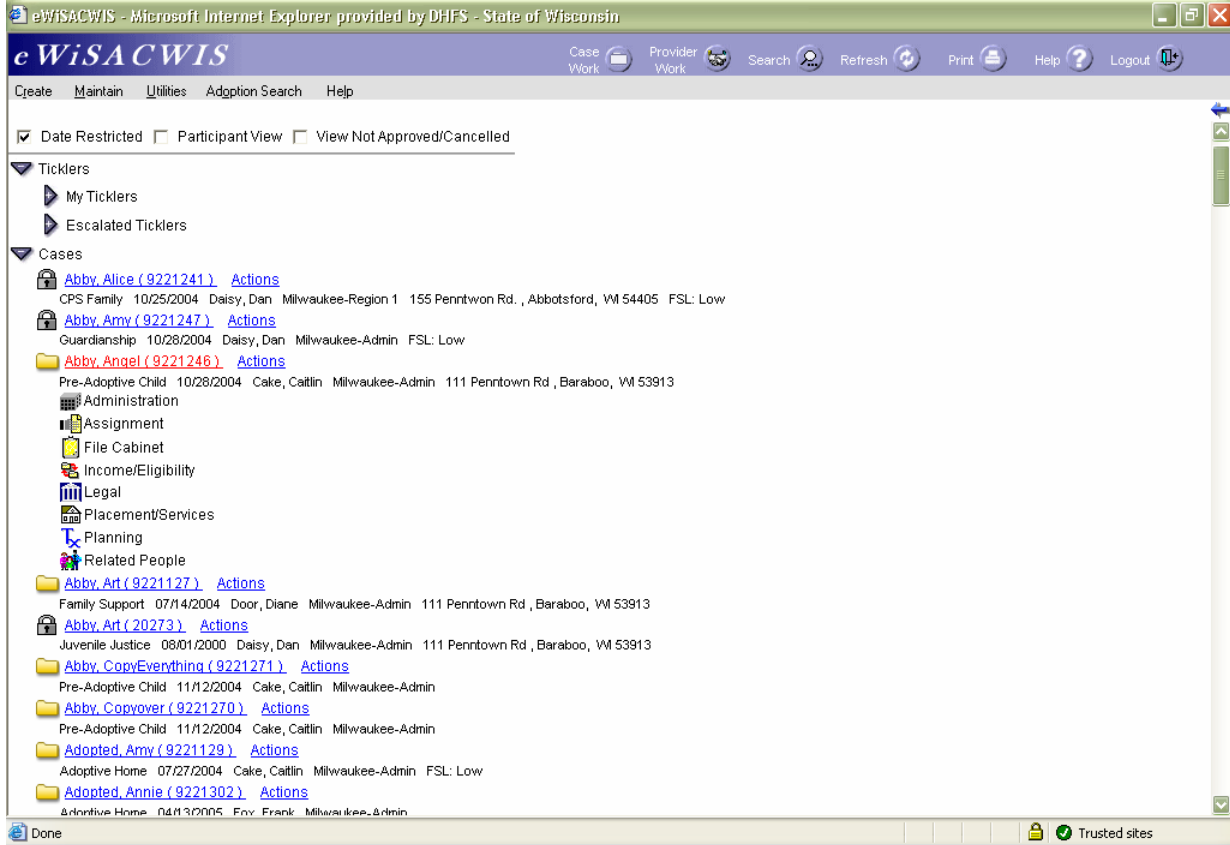


# Person Management

1. From the Outliner, click on the case name to open the Maintain Case window.



2. Click on the name of the participant in the Participants group box to open the Person Management page.

The screenshot shows the 'eWiSACWIS' web application in a Microsoft Internet Explorer browser window. The page title is 'Maintain Case - Microsoft Internet Explorer provided by DHFS - State of Wisconsin'. The interface includes a navigation bar with 'Print', 'Spell Check', and 'Help' options. The main content area is divided into sections: 'Case', 'Participants', 'Address', 'Collaterals', and 'Closing History'. The 'Case' section displays fields for 'Last/Provider' (Abby), 'Number' (9221246), 'Status' (Open), 'First' (Angel), 'Initial', and 'Open Date' (10/28/2004). The 'Participants' section is active, showing a 'Basic' information area with dropdown menus for 'Case Type' (Pre-Adoptive Child), 'Description' (Child Agency Adoption), 'County' (Milwaukee), 'Site/Region' (Milwaukee-Admin), and 'W-2 Region'. There are also input fields for 'Number of Household Members', 'CARES Case Number', and 'County Case Number'. Below this is a table of participants:

Name	Hshld	Status	DOB	Gender	Relationship	Legal	Prg		
<a href="#">Abby Angel</a>	Y	Active	03/26/1999	Female	Reference Person	Adoption finalized	N		

At the bottom of the participants section is an 'Insert' button. The page also features an 'Options' dropdown menu, a 'Go' button, and 'Save' and 'Close' buttons. The browser's status bar at the bottom shows 'Done' and 'Trusted sites'.

3. Among other demographic information the Basic tab of Person Management displays the Person Id and First and Last Names. These fields are editable and should be used when a name needs to be updated. Most of a person's demographic information is entered on this tab. The Red fields are Adoption Foster Care and Reporting System (AFCARS) elements. It is important to complete as much of this information as is appropriate and possible.

Person Management 'Abby, Angel' ID:20997 -- Web Page Dialog

**eWiSACWIS** TM Print Spell Check ABC Help ?

Basic Parent Info Additional Address Kinship Characteristics Medical/Mental Health

**Name**  
 ID: 20997 Prefix: [v] First Name: Angel MI: [v] Last Name: Abby Suffix: [v]

**Basic**  
**Gender:** Female [v]  U.S. Citizen SSN: 431-55-8512  
**Birth Date:** 03/26/1999 Birth Place: [v] Death Date: 00/00/0000  
 Commitment#: 40 - 9221033 County Person ID: [v] HSRS ID: [v]  
 Wisconsin Resident: Yes [v] Primary Language: English [v]  Interpreter Required  
 Religion: [v] **Marital Status:** [v]

**Ethnicity**  
**Primary Race:** [v] Race: [v]  
 Race: [v] **Ethnicity:** [v]  
**Hispanic/Latino:** [v] Indian Tribe: [v]  
 Indian Tribe 2: [v] Tribal Reference #: [v]

**Armed Services Information**  
 Person is the Legal Dependent of an Individual on Active Duty in the Armed Services of the U.S.  
 Person is on Active Duty in the Armed Services of the U.S.

**Adoption Information**  
**Child was previously Adopted:** No [v] **Age Adopted:** [v] **Adopted By:** [v]

Save Close

4. The Parent Info tab allows for documentation of the child's Mother and Father information, Marriage information and Social/Mental/Physical Conditions of the child's Birth Mother and Father. Information entered into the Adoption Referral section will prefill into the Adoption Referral itself. The Search hyperlinks are used to search out the correct person for the corresponding sections.

Person Management 'Abby, Angel' ID:20997 -- Web Page Dialog

**eWiSACWIS** TM Print Spell Check Help

**Basic** **Parent Info** Additional Address Kinship Characteristics Medical/Mental Health

**Person Information**

**Child's Mother:**  [Search](#) **Child's Father:**  [Search](#)

Spouse:  Spouse:

**Status:**  PA Number:

**Mother Married at Child's Birth:**   **Father Married at Child's Birth:**

Child's Guardian (1):  [Search](#) Child's Guardian (2):  [Search](#)  Relinquishment Case

**Adoption Referral**

**Birth Mother**  
Social/Mental/Physical Conditions:

**Birth Father**  
Social/Mental/Physical Conditions:

5. The Additional tab is used to identify AKA names (other names the participant may or have used such as maiden names, nicknames, previous married names, and aliases). The Search function (used elsewhere in the application) can be used to search based on the AKA Names tab if the information has been entered on this tab. Background Checks are also Relationships between all participants in a case are also displayed on this tab.

Person Management 'Abby, Angel' ID:20997 -- Web Page Dialog

**eWiSACWIS** TM Print Spell Check ABC Help ?

Basic Parent Info **Additional** Address Kinship Characteristics Medical/Mental Health

**AKA Names**

Entry Date	Type	First Name	Last Name	MI	Delete
No records found.					

**Insert**

**Background Checks**

Type	Date	Results	Last Updated By	Delete
No records found.				

**Insert**

**Relationship**

Case ID	First Name	Last Name	MI	Relationship	Entry Date
20273	Angel	Abby		Biological Child	08/01/2000
20273	Art	Abby		Reference Person	08/01/2000
20273	Alice	Abby	A	Mother	08/01/2000
20273	Simon	Abby		Biological Child	08/13/2001

**Save Close**

6. The Address Tab is used to document current and historical addresses that the participant has lived at. If a child has been placed in out of Home Care, those addresses can also be documented on this tab. The system will ask the user when creating an Out of Home Placement if the participant's Person Management Record Address tab should be updated. If the user selects yes, this tab will automatically be updated. The Insert button on the bottom of the page will allow a new address to be inserted.



7. The Kinship Tab is used to document child specific information. This relates to all cases, not just Kinship. Enter all applicable information in the appropriate boxes.

Person Management 'Abby, Angel' ID:20997 -- Web Page Dialog

**eWiSACWIS** TM Print Spell Check ABC Help

Basic Parent Info Additional Address **Kinship** Characteristics Medical/Mental Health

**Child Information**

Child is a Teen Parent CARES PIN:

Teen Parent's Child Resides with Him/Her Monthly Amount of any Child Unearned Income:

Teen Parent's Child Receives a Kinship Payment

Child Receives a Disability Payment

**Child's Parental Information**

Mother's Current Status:  Father's Current Status:

Current Relationship of Parents to Each Other:   Mother TPR  Father TPR

**Child's School Information**

Child is Currently Enrolled in School

Child's Highest Grade Level Completed:

Save Close

8. The Characteristics Tab which consists of both AFCARS and NCANDS elements is used to document a child's Disability/Special Needs Information, Chronic/Medically Complex Conditions and Substance Use/Behavior Problems. Primary Caretaker(s) Information can also be documented here. Before a case can be closed, the system requires a value be selected from the "Child has a Clinically Diagnosed Disability" dropdown.

Person Management 'Abby, Angel' ID:20997 -- Web Page Dialog

**eWiSACWIS** TM Print Spell Check Help

Basic Parent Info Additional Address Kinship **Characteristics** Medical/Mental Health

**Disability/Special Needs Information**

**Child has a Clinically Diagnosed Disability:**

**Emotionally Disturbed** [Details](#)

**Learning Disability** [Details](#)  **Other Medically Diagnosed Conditions** [Details](#)

**Mental Retardation** [Details](#)  Asthma [Details](#)  Diabetes [Details](#)  Anxiety  Depression

**Physically Disabled** [Details](#)  Seizure Disorder [Details](#)  ADD  Other

**Visually/Hearing Impaired** [Details](#)  Congenital Malformation [Details](#)  ADHD  Severe ED

Reactive Attachment Disorder

**Chronic/Medically Complex Conditions**

Select those values which have been diagnosed by a physician, psychologist or other qualified mental health professional. [Details](#)

Developmental Delay  Medically Complex Child  Medically Fragile Infant  Prematurity  Technology Dependent  Weight Concern

**Substance Use/Behavior Problem**

**Alcohol Freq.:**   **Marijuana Freq.:**   **Behavior Problem** [Details](#)

**Drugs: Freq.:**   **Solvents: Freq.:**

**Primary Caretaker(s) Information**

**Emotionally Disturbed:**  **Learning Disability:**  **Visually or Hearing Impaired:**  **Drug Abuse:**

**Physically Disabled:**  **Other Medical Condition:**  **Alcohol Abuse:**  **Mental Retardation:**

8. (Continued) When placing your pointer over “Details”, additional information is displayed that helps to define the associated value(s).

The screenshot shows the 'eWiSACWIS' web application interface. The title bar indicates 'Person Management 'Abby, Angel' ID:20997 -- Web Page Dialog'. The main navigation bar includes tabs for 'Basic', 'Parent Info', 'Additional', 'Address', 'Kinship', 'Characteristics', and 'Medical/Mental Health'. The 'Characteristics' tab is active, displaying a 'Disability/Special Needs Information' section. A popup window titled 'Visually/Hearing Impaired:' is open, providing a definition and a list of ICD-9 codes for visual and hearing impairments. The background form includes various checkboxes and dropdown menus for different types of disabilities and conditions.

**Visually/Hearing Impaired:**

Having a visual impairment that may significantly affect educational performance or development; or a hearing impairment, whether permanent or fluctuating, that adversely affects educational performance.

1. Blindness and Low Vision (ICD-9: 369)
2. Cataracts
3. Congenital anomaly of the eye
4. Glaucoma
5. Diabetic Retinopathy
6. Retinal Detachment and Defects (ICD-9: 361)
7. Visual Disturbances (ICD-9: 368)
8. Deaf
9. Hearing Loss (ICD-9: 389)

9. In addition to other pertinent medical information, the Medical/Mental Health Tab is used to document Health Concerns, Immunizations, Growth, Health Insurance and Emergency contact information. A new Health Concern can be entered by selecting the Insert button within the Health Concern Information group box.

Person Management 'Abby, Angel' ID:20997 -- Web Page Dialog

**eWiSACWIS** TM Print Spell Check Help

Basic Parent Info Additional Address Kinship Characteristics **Medical/Mental Health**

**Health Concern Information**

Health Concern	Medical/Provider Name	Type of Service	Provider Type	Start Date	End Date	
Health concern details will display here	<a href="#">Smith, John</a>	Diagnostic Dental Visit	Dentist	09/20/2007	09/20/2007	<a href="#">Edit</a>

**Insert**

**Basic Information**

Primary Health Care Provider:

Physician: Dentist: [Smith, John](#) Mental Health:

Immunization Information
  Immunizations Up To Date
 Date: 
 Immunizations Record On File

Growth Chart Measurements

Health Insurance Company/HMO

Last AODA Evaluation:  Last M/H Evaluation:  Medical Assistance #:

**Emergency Contact Information**

Name	Relationship to Child	Home Phone	Cell Phone	Work Phone	Ext

Options:

10. The Health Concern page is used to document the actual Health Concern, Provider Type, Address and whether that Provider is a Primary Provider. If Primary is selected, the Provider's name and his/her demographic information will prefill into the Permanency Plan. Type of Service, the Begin and End Dates of Service as well as the Procedure performed and any Diagnoses which may be made can also be documented here. If medications are prescribed, those details may be recorded below the Health Concern itself. Use the Insert button list multiple medications. Use the List of Medications hyperlink to find the spelling of a particular medication if you do not know it.

The screenshot shows a web application window titled "Health Concern -- Web Page Dialog". The application logo "eWiSACWIS" is visible in the top left, and utility buttons for "Print", "Spell Check", and "Help" are in the top right. The main form is divided into two sections: "Health Concern Information" and "Medications".

**Health Concern Information:**

- Name: Abby, Angel; Person ID: 20997
- Health Concern: Details of the health concern should be documented here.
- Medical Provider/Clinic: Thames, River; Search; Medical Provider/Clinic Type: Physician; Primary?
- Type of Service: Child Protective Exam/CPC Child Protective Exam; Service Begin Date: 09/21/2007; Service End Date: 09/21/2007
- Procedure: CPC Child Protective Exam
- Diagnosis: Diagnosis if one.

**Medications:**

- List of Medications: [List of Medications](#)
- Medication: Name of medication;  Psychotropic; Delete; Row 1 of 1
- Dosage /Frequency: Dosage/Frequency; Prescription Start Date: 09/21/2007
- Length of Time Prescribed: Length of Time Prescribed; Prescription End Date: 00/00/0000
- Reason Prescribed or Discontinued: Reason
- Notes/Comments: Notes

Buttons: Insert, Save, Close

11. Once completed, the main components of the Health Concern details will prefill back to the Medical/Mental Health Tab, Health Concern Information group box. The Edit link can be selected to open the Health Concern window for modification. Multiple Health Concerns can be sorted by clicking on the column headers in the Health Concern Information group box. All of the information on this tab as well as the information documented within the Health Concern page can be viewed in the Medical Mental Health Summary document which can be launched from the Options dropdown.

Person Management 'Abby, Angel' ID:20997 -- Web Page Dialog

**eWiSACWIS** TM Print Spell Check Help

Basic Parent Info Additional Address Kinship Characteristics **Medical/Mental Health**

**Health Concern Information**

Health Concern	Medical/Provider Name	Type of Service	Provider Type	Start Date	End Date	
Details of the health concern should be documented here.	<a href="#">Thames, River</a>	Child Protective Exam/CPC Child Protective Exam	Physician	09/21/2007	09/21/2007	<a href="#">Edit</a>
Health concern details will display here	<a href="#">Smith, John</a>	Diagnostic Dental Visit	Dentist	09/20/2007	09/20/2007	<a href="#">Edit</a>

[Insert](#)

**Basic Information**

Primary Health Care Provider:  
 Physician: [Thames, River](#)      Dentist: [Smith, John](#)      Mental Health:  
 Immunization Information       Immunizations Up To Date      Date: 09/21/2007       Immunizations Record On File  
 Growth Chart Measurements  
 Health Insurance Company/HMO  
 Last AODA Evaluation: 09/21/2007      Last MH Evaluation: 09/21/2007      Medical Assistance #: MA666555444

**Emergency Contact Information**

Name:	Relationship to Child:	Home Phone	Cell Phone	Work Phone	Ext	
Name of Emergency Contact	Non-Relative	(555)555-5555	(555)555-5555	(555)555-5555	55555	<a href="#">Delete</a>

Options: Medical Mental Health Summary [Go](#) [Save](#) [Close](#)

12. After expanding the Immunization Information expando, the Insert button can be used to insert a new blank row within which the immunization and the date it was administered can be recorded. To view the most current immunization schedules click on the Immunization Schedule hyperlink.

Person Management 'Abby, Angel' ID:20997 -- Web Page Dialog

**eWiSACWIS** TM Print Spell Check Help

Basic Parent Info Additional Address Kinship Characteristics **Medical/Mental Health**

**Basic Information**

Primary Health Care Provider:  
 Physician: [Thames, River](#) Dentist: [Smith, John](#) Mental Health:

Immunization Information  Immunizations Up To Date Date: 09/21/2007  Immunizations Record On File

**Immunization Information**  
[Immunization Schedule](#)

Immunization	Date(s) Administered	
Type of Immunization will display here	09/21/2007	<a href="#">Delete</a>

[Insert](#)

Growth Chart Measurements  
 Health Insurance Company/HMO

Last AODA Evaluation: 09/21/2007 Last MH Evaluation: 09/21/2007 Medical Assistance #: MA666555444

**Emergency Contact Information**

Name:	Relationship to Child:	Home Phone	Cell Phone	Work Phone	Ext	
Name of Emergency Contact	Non-Relative	(555)555-5555	(555)555-5555	(555)555-5555	55555	<a href="#">Delete</a>

Options: Medical Mental Health Summary [Go](#) [Save](#) [Close](#)

13. After expanding the Growth Chart Measurements expando, the Insert button can be used to insert a new blank row within which the Percentile(s) of measurements, Age of Child and Date of Measurements can be recorded.

Person Management 'Abby, Angel' ID:20997 -- Web Page Dialog

**eWiSACWIS** TM Print Spell Check Help

Basic Parent Info Additional Address Kinship Characteristics **Medical/Mental Health**

**Basic Information**

Primary Health Care Provider:  
 Physician: \_\_\_\_\_ Dentist: [Smith, John](#) Mental Health: \_\_\_\_\_

Immunization Information  Immunizations Up To Date Date: 00/00/0000  Immunizations Record On File

**Growth Chart Measurements**

Percentile of Child's Height	Percentile of Child's Weight	Percentile of Head Circumference	Age of Child	Date of Measurements	
98	95	99	18mo	09/21/2007	<a href="#">Delete</a>

**Insert**

Health Insurance Company/HMO

Last AODA Evaluation: 00/00/0000 Last MH Evaluation: 00/00/0000 Medical Assistance #: \_\_\_\_\_

**Emergency Contact Information**

Name:	Relationship to Child:	Home Phone	Cell Phone	Work Phone	Ext

Options: \_\_\_\_\_ **Save** **Close**

14. After expanding the Health Insurance Company/HMO expando, the Insert button can be used to insert a new blank row within which the Insurance Company/HMO, Phone#, Policy #, Group# and Subscriber information can be recorded.

Person Management 'Abby, Angel' ID:20997 -- Web Page Dialog

**eWiSACWIS** TM Print Spell Check Help

Basic Parent Info Additional Address Kinship Characteristics **Medical/Mental Health**

Primary Health Care Provider:  
 Physician: Dentist: [Smith, John](#) Mental Health:

Immunization Information       Immunizations Up To Date      Date: 00/00/0000       Immunizations Record On File  
 Growth Chart Measurements  
 **Health Insurance Company/HMO**

**Health Insurance Company/HMO**

Insurance Company/HMO	Phone	Policy #	Group #	Subscriber
Name of Insurance Company	(555)555-5555	RJM766554444	RJM9999999999	Name of Subscriber <a href="#">Delete</a>

**Insert**

Last AODA Evaluation: 09/21/2007      Last MH Evaluation: 09/21/2007      Medical Assistance #: MA666555444

**Emergency Contact Information**

Name:	Relationship to Child:	Home Phone	Cell Phone	Work Phone	Ext
Name of Emergency Contact	Non-Relative	(555)555-5555	(555)555-5555	(555)555-5555	55555 <a href="#">Delete</a>

**Insert**

Options: Medical Mental Health Summary **Go**      **Save** **Close**

15. The Last AODA and/or Mental Health (MH) Evaluation and their associated dates, along with Emergency Contact Information complete the information which can be recorded within the Medical/Mental Health Tab. Select the Save button to save information across all tabs within Person Management.

Person Management 'Abby, Angel' ID:20997 -- Web Page Dialog

**eWiSACWIS** TM Print Spell Check Help

Basic Parent Info Additional Address Kinship Characteristics **Medical/Mental Health**

Primary Health Care Provider:

Physician: \_\_\_\_\_ Dentist: [Smith, John](#) Mental Health: \_\_\_\_\_

Immunization Information     
  Immunizations Up To Date     
 Date:      
 Immunizations Record On File

Growth Chart Measurements

Health Insurance Company/HMO

**Health Insurance Company/HMO**

Insurance Company/HMO	Phone	Policy #	Group #	Subscriber
<input type="text" value="Name of Insurance Company"/>	<input type="text" value="(555)555-5555"/>	<input type="text" value="RJM766554444"/>	<input type="text" value="RJM9999999999"/>	<input type="text" value="Name of Subscriber"/> <a href="#">Delete</a>

Last AODA Evaluation:      
 Last MH Evaluation:      
 Medical Assistance #:

**Emergency Contact Information**

Name:	Relationship to Child:	Home Phone	Cell Phone	Work Phone	Ext
<input type="text" value="Name of Emergency Contact"/>	<input type="text" value="Non-Relative"/> <input type="button" value="v"/>	<input type="text" value="(555)555-5555"/>	<input type="text" value="(555)555-5555"/>	<input type="text" value="(555)555-5555"/>	<input type="text" value="55555"/> <a href="#">Delete</a>

Options: