

Person Management

The Person Management page processes changes and is a page to maintain person records (information). A person is defined as any individual who has a role defined as:

- Receiving services,
- Providing services,
- Receiving payment under the terms of a contract,
- Being of interest to a case, inquiry, or referral, or
- Being an employee who is a user of the system.

Note: Person information may be created by any worker with security to the page. Only workers assigned to the Case or Provider with which the person is associated can update person information.

Note: Enter as much information as possible in Person Management, and update information throughout the life of a case. Much of the information entered here prefills to other work in the Application, such as the Case and Permanency Plans.

Note: Red fields throughout the application indicate the elements that are or will be reportable to the Federal Adoption and Foster Care Analysis and Reporting System (AFCARS).

Related User Guides

- [Education Records](#)
- [KIDS Data Comparison](#)
- [Safe at Home Documentation Guide](#)
- [Wisconsin Immunization Registry \(WIR\) Color Coding Definitions](#)

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Accessing the Person Management Page from the Cases tab	

Access by Participant View

1. On the Cases tab of the Desktop, (1) select the Participant View radio button, (2) select a participant, and (3) click the name hyperlink to open the Person Management page.

eWiSACWIS Actions Financial State Security Help Refresh Search Caitlin C. Cake (Milwaukee County) | Log Out

Home **Cases (522)** Providers (222) Workers (73) Approvals (1366) Access Reports (132) ICPC Referrals (12) YJ Referrals (3) Home Inquiries (35) Quick Links

Cases

View by:
☐ Case
☒ Participant **1**
☐ In Home ☐ Out of Home ☐ Inactive ☐ Other ☐ Potential Duplicate

Filter by:
☐ Date restricted
☒ Not approved/cancelled
☒ Multiselect

Cases: 522 [Create case work](#)

Aardvark

Aardvark, Amy B., II (9223581) **Safe at Home**

Case details:
CPS Family - Initial Assessment
SRO-Cath. Char. Waukesha
Intensive In-Home
Open OHP exists for associated participant (s)

Case address:
WI
(222) 222-2222 Ext. 8888

Primary worker:
Cake, Caitlin C.
(123) 456-7890 Ext. 1234
ccake@wisconsin.gov

Actions:
Please select an action

View participants **2**

Aardvark, Abigail A., III 11/01/2008
Biological Child, OHC (CPS, CW, YJ, ICPC, VKC) - Active

Aardvark, Amy B., II 10/10/2004
Reference Person, IH (CW) - Active

Anteater, Weston 02/11/1999 **Safe at Home**
Other Relative, OHC (CW, YJ) - Active

Azul, Finn 05/05/1970
Other Relative, OHC (None) - Active

Aardvark, Abigail **3** (9226560) **Case Information:** Please select an action

[Agreements and Notices](#)
[Assets and Income](#)
[Assignment](#)

Access by Case Name

1. On the Cases tab of the Desktop, click the case name hyperlink to open the Maintain Case page.

eWiSACWIS Actions Financial State Security Help Refresh

Home **Cases (473)** Providers (215) Workers (67)

Cases

View by:
☒ Case
☐ Participant

Filter by:
☐ Date restricted
☐ Not approved/cancelled

Aardvark, Amy B. (9223716) **1**

Case details:
CPS Family - Initial Assessment
BMCW-Admin
Open OHP exists for associated participant(s)

Case address:
C/O: Jane Doe
111 River Boat Drive, Apt. #22A Lot B
Milwaukee, WI 53201
(111) 111-1111 Ext. 8888

[View case information](#)

2. On the Maintain Case page, click the name hyperlink of the participant found in either the Active Participants or Inactive Participants section to open the Person Management page. View Inactive Participants by expanding the Inactive Participants expando.

Maintain Case - ID: 9223581 - Internet Explorer

eWiSACWIS Print Help

Case: 9223581

Name: Case Type:

County: Site/Region:

CARES Case #: County Case #: W-2:

☐ Restricted [Intensive In-Home Service ends 05/15/2021](#) Status: Open 06/25/2018

Participants	Address		Collaterals		Closing/Merge History	
(9232299)						Rem
Tree, Pear (9231540) 2	None	<input type="checkbox"/>	N	01/01/1965	M	Guardian <input type="text" value="N/A"/> N DeAct Rem
Unknown, Unknown (9226083)	None	<input checked="" type="checkbox"/>	N	08/09/1975	M	Other Relative <input type="text" value="N/A"/> N DeAct Rem

Number of Household Members: 8

☒ Inactive Participants

Inactive Participants

Name	Person Type	Household	DOB	Gender	Relationship	Legal	Program	
Aardvark, bbbbbb (9231198)	CPS	N	01/01/2020	F	Biological Child <input type="text" value="N/A"/>	N/A	N	ReAct DeAct

Accessing the Person Management Page from the Provider tab

Accessing by Home Provider

eWiSACWIS Actions Financial State Security Help Refresh Search

Home Cases (522) **Providers (222)** Workers (73) Approvals (1366)

Providers

Filter by: Providers: 222

☐ Date restricted
☒ Not approved/cancelled
☒ Multiselect

Aardvark, Andrew (9221905) Restricted Provider 1

Provider details:
Foster Home
License status: Denied
Des: Milwaukee
Ant Hill CPA

Provider address:
999 test
Albany, WI 53502 (Burnett County)

View provider information

Assignments Background Checks
Home Inquiries Licenses
Parent Agency Payment Requests

1. On the Provider tab of the Desktop, click the Home Provider name hyperlink to open the Maintain Case page.
2. On the Home Provider page, click the name hyperlink of the participant found in the Home Members section to open the Person Management page.

Home Provider - Internet Explorer

eWiSACWIS Print Help

Basic

Name: Andrew Aardvark (9221905) Open Date: 03/05/2014 Type: Foster Home Status: Open

Lcns. Type: County Lcns. Agency: Dane County Department of Human Services ☒ Restricted Provider

Home Members Characteristics Services Training License Activity Closing History

Name	Status	Gender	DOB	Age	Receiving Care	Role	
Aardvark, Andrew Z.	Active	Male	01/19/1954	67	<input type="radio"/> Yes <input checked="" type="radio"/> No	Parent 1	Deactivate Remove
Aardvark, Amy 2	Active	Female	10/10/2004	16	<input type="radio"/> Yes <input checked="" type="radio"/> No	Parent 2	Deactivate Remove
Aardvark, Andy	Active	Male	00/00/0000		<input type="radio"/> Yes <input checked="" type="radio"/> No	Other Relative	Deactivate Remove
Aardvark, Annabelle	Active	Female	12/08/2014	6	<input type="radio"/> Yes <input checked="" type="radio"/> No	Daughter	Deactivate Remove
Aardvark, Marie	Active	Female	02/13/1956	65	<input type="radio"/> Yes <input checked="" type="radio"/> No	Licensee	Deactivate Remove

Updating a Person Management Page

Basic Tab

The Basic tab contains Name, Basic, County Id(s), Race/Ethnicity, Tribal Identification, Abandonment History, Adoption and/or Guardianship Information, and Armed Services Information sections.

The screenshot shows the 'Person Management' page for 'Amy Aardvark' (ID: 9226559) in the eWISACWIS system. The 'Basic' tab is active. The form is divided into several sections:

- Name:** ID: 9226559, Prefix: (dropdown), First Name: Amy, MI: B, Last Name: Aardvark, Suffix: (dropdown). Below this, 'Person Type' is set to 'CW'. A red box highlights the 'YASI/CaseWorks' checkbox, which is currently unchecked. Other options include 'This is an Unborn Child' and 'Live birth did not occur'.
- County ID(s):** An empty field with an 'Insert' button.
- Basic:** A grid of fields including Gender (Female), US Citizen Status (U.S. Citizen), County Person ID (666999333), Birth Date (10/10/2003), Citizenship Verification, SSN (999-99-9999), Commitment#, Birth Place, Death Date (00/00/0000), Wisconsin Resident (Yes), Identity, HSRS ID, Religion, Marital Status (Married Couple), MCI ID, Preferred Place of Worship, and Interpreter Required (unchecked). A red box highlights the 'KIDS Data Comparison' link.
- Race/Ethnicity:** Options: (dropdown) and a 'Go' button.

At the bottom right, there are 'Save' and 'Close' buttons.

- **Name:** This section contains the Person ID, name, person type (and history), and unborn child options. The **Person Type** is similar to Case Type but is person specific. The Person Type may be automatically set by the Application, otherwise, the Person Type needs to be selected for a child who has prior involvement with county or state child welfare or youth justice agency. To update the Person Type, click the [Person Type](#) hyperlink. This will open the Person Type page. On the Person Type page, select or unselect the appropriate Person Type(s).

Person Type Print Help

Person

Name: Jones, Robert

Roles

Select	Person Type
<input type="checkbox"/>	Adoption Interstate Compact on Adoption and Medical Assistance (Adopt ICAMA)
<input type="checkbox"/>	Adoption (Adopt)
<input checked="" type="checkbox"/>	Child Welfare (CW)
<input type="checkbox"/>	Child Protective Services (CPS)
<input type="checkbox"/>	DCF Guardianship - County Custody (DCF Guard)
<input type="checkbox"/>	Interstate Compact on the Placement of Children (ICPC)
<input type="checkbox"/>	ICPC Pre-Adoptive Child (ICPC Pre-Adopt)
<input type="checkbox"/>	Pre-Adoptive Child (Pre-Adopt)
<input type="checkbox"/>	Subsidized Guardianship ICAMA (SG-ICAMA)
<input type="checkbox"/>	Subsidized Guardianship (SG)
<input type="checkbox"/>	Unborn Child (Unborn)
<input checked="" type="checkbox"/>	Voluntary Kinship (VKC)
<input type="checkbox"/>	Youth Justice (YJ)

Continue Close

- The [YASI/CaseWorks](#) hyperlink appears when workers have security to access the YASI tool from the Application, and the child is between 10 and 22 years old. When clicking the [YASI/CaseWorks](#) hyperlink, if more youth information is needed on the Person Management page, a message prompt will appear requesting the needed information.
- **County ID:** This section is available for documenting county specific application ID numbers. Inserting a row will allow for documentation of the Type of application and the County ID for that application. This field will populate on the Youth Justice Case Information page of the Youth named on the case to allow for workers to easily reference other information regarding the Case.
- **Basic:** This section contains general person information. The [KIDS Data Comparison](#) hyperlink appears in the lower left corner of the Basic section only when the Application has received verified demographic or address information from KIDS. Clicking the hyperlink opens a KIDS Data Comparison page where the demographic and address information from KIDS can be accepted.
- **Race/Ethnicity:** Use this section to document Race and Ethnicity. Worker can also Create, Edit or View the ICWA record from this section. Check Prefer to Self-describe if values are not available. If the person has an ICWA record created the [Edit ICWA Record](#) hyperlink will display. If an ICWA Record does not exist, there will be a [Create ICWA Record](#) hyperlink. If either a Race of American Indian/Alaska Native or an Ethnicity of Native American are selected the Tribal Identification section will be enabled and required.

Race/Ethnicity

Race: American Indian/Alaska Native Asian Black/African American Declined Native Hawaiian/Other Pacific Islander Unable to Determine White

Hispanic/Latino: No [Edit ICWA Record](#)

Ethnicity:

☐ Prefer to self-describe:

- **Tribal Identification:** Use this section to document Indian Tribe information if appropriate; enabled for Race of American Indian/Alaska Native.

Tribal Identification				
Indian Tribe	Non-Wisconsin Tribe	Clan	Status	Date confirmation was received from tribe
Non-WI Tribe ▼			▼	00/00/0000
▼			▼	00/00/0000
▼			▼	00/00/0000

- **Abandonment History:** Use this section to document if the child is currently or was previously abandoned.
- **Adoption History & Guardianship History:** Use these sections to document a known history of adoptions and/or guardianships for the child. The default value for the 'Child was previously Adopted' and 'Child was previously in a Guardianship' is Not Determined. Upon selecting a value of Yes, additional data fields display to capture more information about the adoption or guardianship episode.

Adoption History	
Child was previously Adopted:	Yes ▼
Please document EACH finalized adoption that occurred, of which the child was the subject. Include any historical information. You must save the page between each documented adoption.	
<div> <div> Updated on: <div> Type of Adoption: <u>Details</u> ▼ </div> </div> <div> By: <div> Adopted By: ▼ </div> </div> </div> <div> <div> Relative Adoption: ▼ </div> <div> Pre-Adoptive Relationship to Child: ▼ </div> </div> <div> <div> State Adoption Occurred in: ▼ </div> <div> Adoption Agency: <u>Details</u> </div> </div> <div> <div> Placing State: ▼ </div> <div> Age Adopted: ▼ </div> </div> <div> <div> Date or Approximate Date of Adoption Finalization: 00/00/0000 <input type="checkbox"/> Unable to Determine </div> <div> Age at Finalization: ▼ </div> </div> <div> <div> Adopted with siblings: ▼ </div> <div> Did all siblings reenter care? ▼ </div> </div>	

Guardianship History

Child was previously in a Guardianship (not including Guardianship to DCF):
Yes

Please document EACH established guardianship that occurred, of which the child was the subject. Include any historical information. You must save the page between each documented guardianship.

Updated on:
By:

Child is currently in a Guardianship:
Guardianship Type: Details

Guardian's relationship to the Child:
Relative Guardianship:

Guardian receiving payment:
County or Jurisdiction Guardianship Occurred in: Details

State Guardianship Occurred in:
Age when Guardianship established:

Date Guardianship Established: 00/00/0000
☐ Unable to Determine

Guardianship with siblings:
Did all siblings reenter care?

Once an adoption and/or guardianship episode has been entered and saved, a View History checkbox will be displayed. An Insert button will also display to allow multiple episodes to be entered. Fields remain editable until the Insert button is selected to add a new episode. A [Delete](#) hyperlink becomes available as soon as a new episode is inserted. Additional information is available for some fields by placing the cursor over the Details flare next to the field.

- **Armed Services Information:** Use this section to document Armed Service Active Duty.

Parent Info Tab

The Parent Info tab allows for documentation of the child's mother and father and their relationship to each other.

The screenshot shows the 'Parent Info' tab for a person named Robert Jones (9226176). The interface includes a top navigation bar with tabs: Basic, Parent Info (selected), Additional, Address, Education, Characteristics, Medical/Mental Health, and Supplemental MMH. Below the navigation bar is a 'Person Information' section with two columns for 'Child's Mother' and 'Child's Father'. The 'Child's Mother' column contains fields for Name (Sally Jones), Spouse, Type, Current Marital Status, Mother Married at Child's Birth, Mother TPR, and Current Relationship of Parents to Each Other. The 'Child's Father' column contains fields for Name, Spouse, Type, PA Number, Current Marital Status, Father Married at Child's Birth, Father TPR, and Relinquishment Case. Both columns have 'Search', 'Edit', and 'Remove' links. Below the 'Person Information' section is an 'Adoption Referral' section with two columns: 'Birth Mother' and 'Birth Father'. Each column has a 'Social/Mental/Physical Conditions' field and an 'Add/Edit' button. At the bottom of the 'Adoption Referral' section is an 'Options' dropdown and a 'Go' button. The bottom right corner of the form has 'Save' and 'Close' buttons.


- Use the [Search](#) hyperlinks to locate and enter existing persons. Additionally, options are available to enter the child's Guardian, Indian Custodian and/or the Legal Custodian. Use the [Search Edit Remove](#) hyperlinks to manage the information. Information entered the **Adoption Referral** section prefills into the Adoption Referral.

Additional Tab

The Additional tab collects information about AKA Names, Background Check, Child Information, as well as the Relationship information.

The screenshot shows the 'Additional' tab for a person named Jones, Tommy (9226084). The interface includes several sections:

- AKA Names:** A table with columns for Entry Date, Type, First Name, Last Name, MI, and Delete. An 'Insert' button is present.
- Background Checks:** A collapsed section indicated by a blue arrow icon.
- Physical Description:** Fields for Height (feet/inches), Weight (pounds), Eye Color, and Hair Color. A 'Last Updated By' field is also present. A text area for 'Physical Description (e.g. clothing, glasses, hairstyle/color, teeth, braces, scars, tattoos, body piercing(s), acne, freckles, birthmarks, discolorations, injuries, etc.)' is included.
- Child/Youth Image:** A collapsed section indicated by a blue arrow icon.
- Child Information:**
 - ☒ **Expecting Youth** (Details): Includes 'Anticipated Due Date' (00/00/0000) and 'Unknown' checkbox.
 - ☐ **Parenting Youth** (Details): Includes 'Date Last Updated' and 'CARES PIN'.

- **AKA Names** (Also Known As Names) such as maiden names, nicknames, previous names, and aliases can be entered. AKA names can also be included in a person search. By clicking the collapsed expandos , completed **Background Checks** (see the Background Checks User Guide) and any **Child/Youth Images** can be added.
- **Physical Description** such as Height, Weight, Eye Color and a Physical Description narrative can be documented in this section. Last Updated By will be system generated with the worker who updated that section last.
- **Child Information** is where Expecting Youth, Anticipated Due Date, and Parenting Youth can be documented. Children will display if the Person ID is documented on the Parent tab of another Person Management record. Child Resides with this Minor Parent, Child of a Minor Parent Receives a Kinship Payment, Child receives a Disability Payment, and Monthly Amount of any Child Unearned Income can also be documented. These fields will be prefilled to a Permanency Plan on the Placement tab.
- **Relationships** between all participants in a case are also displayed on this tab.

The screenshot shows the 'Sibling Information' section. It includes a red instruction: 'List all siblings of the child, including both birth and adopted siblings. Include adult siblings of the child and siblings who do not live with the child.' There are fields for 'Updated On:' and 'By:'. Below is a table with columns: Names, DOB and Age, DOD, Gender, Telephone, Lives, If 'Other', specify, Relationship, Placed in OHC, not documented in eWISACWIS Details, and Sibling Interaction Plan. The table currently shows 'No siblings documented.' and an 'Add/Edit' button is at the bottom right.

Names	DOB and Age	DOD	Gender	Telephone	Lives	If 'Other', specify	Relationship	Placed in OHC, not documented in eWISACWIS Details	Sibling Interaction Plan
No siblings documented.									

Address Tab

The Address tab provides functionality to view, add, change, or delete one or more addresses as well as the Email and Phone records for a person.

Note: Creating an Out-of-Home Placement automatically updates the child's current Primary Residence address with the provider's address and is not editable. Additionally, the address for a home provider cannot be updated via the Person Management page (it must be done via the Create Physical Address page via the provider record).

Visual indicators for Safe at Home display if the child or Parent 1 is enrolled in the Safe at Home program and the child's or provider's address has been documented as a Safe at Home address, i.e. standard Safe at Home address of PO Box 7188 Madison, WI 53707-7188.

Person Management * Jones, Robert (9228176) * Print Help

[Basic](#) [Parent Info](#) [Additional](#) **Address** [Education](#) [Characteristics](#) [Medical/Mental Health](#) [Supplemental MMH](#)

Attention: Robert Jones has an open placement/service with the following Provider: [Lon Feracotta \(9221719\)](#)
Home Phone: Email:

Phone Numbers

Type	Phone Number	Ext	Begin Date	End Date	Description
No records found.					

[Insert](#)

E-Mail Contacts

Type	E-Mail Address	Begin Date	End Date	Primary
No records found.				

[Insert](#)

Address Information

[Insert](#)

☐ View All Addresses

Safe at Home
Primary Residence 02/03/2021 - Present [Edit](#) [Delete](#) Last Updated By: Caitlin C. Cake on 02/03/2021
PO Box 7188 Household ID: 2
Madison, WI 537077188 United States
Dane County

Physical Location Unknown

Attention: The address information for this participant is protected under the Safe at Home Program.
Please take the necessary steps to ensure the privacy of this address information.

Options: [Go](#)

[Save](#) [Close](#)

- The Insert button on the bottom of each section allows a new phone number, email contact or address to be inserted. In the Address Information section, the View All Addresses checkbox will show either all addresses associated with the person record when checked or hide all addresses where the "Entry Date" is equal to the "End Date" when unchecked.
- On the Address tab, click the [Edit](#) hyperlink or Insert button in the Address Information section to update or create a new address.

Note: The Safe at Home address fields, except for the Household ID field, are not editable. If the Person is in an open Out of Home Placement, the 'No' button for 'Is this address a Safe at Home address' will be selected and disabled.

- Select the appropriate address type from the Type dropdown: Primary Residence, Mailing, Secondary Residence, Responsible Person, Last Known, Parent Home Address, Parent Not Residing in Household, and Work.
- In the Address Search field, begin typing the address for a list of results to populate. Once the desired address appears, select it from the list and it will prefill the most accurate address information in the fields that follow.
 - Click the [Map this address](#) hyperlink to open a map with the address pinpointed.
 - Click Save to return to the Address tab.

Address Management Print Help

Name

Name: Aardvark, Amy B. ID: 9226559

Address

Is this address a Safe at Home address? ☐ Yes ☒ No

Type: **Primary Residence** Entry Date: 08/21/2020 End Date: 00/00/0000 Last Updated By: Caitlin C. Cake on 10/07/2020

Address Search:

C/O:

Street: Apt:

County of Residence: **Dane**

WI City:

City: **Fennimore** State: **WI** ZIP: **53809** Country: **United States**

Address Instructions:

[Map this address](#)

Save **Close**

Note: For best results in using the Address Search field, it is recommended that you allow your physical location to be shared when the message appears at the bottom of the screen. To always allow, Click Options for this site and select Always Allow.

appsd.dcf.enterprise.wistate.us wants to track your physical location. Allow once Options for this site ×

- When creating a new address and the No button for 'Is this address a Safe at Home address?' is changed to 'Yes, the following message displays:

Confirmation

Would you like to use the Safe at Home participant's current Primary Residence to prefill the Actual Physical Address below?

Yes **No**

- Clicking No on the message sets the Type field to Primary Residence – Safe at Home, populates the now read only address fields with the Safe at Home address, and adds a required Household ID field to the address. Actual Physical Address fields are also added.
- Clicking Yes on the message sets the Type field to Primary Residence – Safe at Home, populates the now read only address fields with the Safe at Home address, adds a required Household ID field, and populates the Actual Physical Address fields:

Address Management Print Help

Name

Name: Aardvark, Amy B. ID: 9226559

Address

Is this address a Safe at Home address? ☒ Yes ☐ No

Primary Residence - Safe at Home Entry Date: 02/11/2021 End Date: 00/00/0000

C/O:

Street: PO Box 7188 Household ID: [Details](#)

County of Residence:

WI City:

City: State: ZIP: Country:

Actual Physical Address - Do Not Release ☐ Physical Location Unknown

Address Search:

C/O:

Street: Apt:

County of Residence:

WI City:

City: State: ZIP: Country:

Address Instructions:

Save Close

- When initially saving the record where the person's address is the Safe at Home address, the following message displays:

Confirmation

One or more participants on this case are enrolled in Safe at Home. To ensure continued protection of the participant's physical address, please consider whether it is appropriate to update the Case Address to the Safe at Home address.

Close

Education Tab

The Education tab is a record of a child’s education history. The tab allows workers to document and maintain an ongoing history of School Districts of Jurisdiction, notifications generated, and all schools that a child has attended throughout the history of his or her involvement with DCF.

eWISACWISHome Provider

Person Management 'Amy Aardvark' ID:9226559TMPrintHelp

BasicParent InfoAdditionalAddressEducationCharacteristicsMedical/Mental HealthSupplemental MMH

Basic Education Information

☐ Child is less than age five and does not attend early education or day care.

☐ The child is in an early intervention program.

☐ Child is in day treatment.

☐ Child is of school age but is not attending school. Provide explanation.

☐ Child is less than age five and attends child care that is not early education, pre-school or 4K.

☐ School district has been notified of child's placement (if age two or older).

☐ Child was attending school but is currently listed as missing from the out-of-home placement.

☐ Child is Currently Enrolled in School

Highest Grade Level Completed:

Describe current academic performance. Include grade level, special achievements and current educational difficulty(s). Include the date and source of your information.

Diploma/Certificate:

Diploma/Certificate Date:

00/00/0000

Anticipated High School Graduation Date:

06/30/2025

Updated On:

00/00/0000

By:

Individualized Education Plan (IEP)

☐ Child has an Individualized Education Plan

☐ Copy of IEP in Record

☐ Extended School Year

Last Updated By: Caitlin C. Cake

Date of Current IEP:

00/00/0000

Date Current IEP Expires:

00/00/0000

Date Last Updated: 01/18/2018

Options:

Go

Save

Close

- The **Birth to 3 - Individualized Family Service Plan (IFSP)** section will show additional fields for children under the age of 3. Here, workers can create a manual Birth to 3 referral or view auto referrals submitted by the Application.

Birth to 3 - Individualized Family Service Plan (IFSP)					
<input type="checkbox"/> Child has an Individualized Family Service Plan		<input type="checkbox"/> Copy of IFSP in Record	Last Updated By:		
Date of Current IFSP: 00/00/0000		Details	Date Last Updated:		
Referral Type	Date Created	Referring Worker	County	Status	Date Sent
Substantiated Assessment - Automated Referral	10/25/2019	Caitlin C. Cake	Milwaukee	Pending	
Manual Referral	10/25/2019	Caitlin C. Cake	Milwaukee	Pending	
<div>Create</div>					

February 2024

14

The Education Passport page is launched from the Insert button or Edit link in the **Education Passport** section. See the [Education Records](#) User Guide for more information.

Education Passport				TM	Print	Help
Basic						
Student Name:	Aardvark, Amy B. (9226559)		Gender: Male	Birthdate: 08/05/1974		Age: 45
<input type="checkbox"/> Display Preferred Name:			Cell Phone: (608)555-1212	Email: work@email.com		
<input type="checkbox"/> Completed	Date Form Completed:			<input type="radio"/> Student in Care	<input checked="" type="radio"/> Student Exiting Care	
Education Information						
Current School:				Current Grade:		
Current School District:				Student has an individualized education plan (IEP): No		
Specialized Program(s):						
Is this a school transfer? If yes, from what school?: <input type="radio"/> Yes <input checked="" type="radio"/> No						
Name of School:						
School Address:						
School District:						
Child Welfare Agency School Contact						
Agency Name:	Milwaukee-Admin		Address:			
Caseworker:	Conn, Conn C., Jr. Search		Email:	Conn@wisconsin.gov		
Supervisor:	Coke, Caitlin C. Search		Email:			
			Work:	(123)456-7890		
			Cell:			
Parent(s)/Guardian(s)/Custodian(s)						
Parent 1:	Test Father					
Phone:	Cell:		Email:			
Parent 2:	Test Mother					
Options: Education Passport Go						

Characteristics Tab

The Characteristics tab, which consists of both AFCARS and NCANDS elements (indicated in red), is used to document a person's Health, Behavioral, or Mental Health Needs Information, Chronic/Medically Complex Conditions, Health Status Outcome Measures, and Substance Use/Behavior Problems. Primary Caretaker(s) Information can also be documented on the tab.

Person Management - Aardvark, Amy B. (9226559)

Basic Parent Info Additional Address Education **Characteristics** Medical/Mental Health Supplemental MMH

Health, Behavioral, or Mental Health Needs

Person has a Clinically Diagnosed Yes (clinical diagnosis) ☐ Other Diagnosed Condition(s) ☐ Emotionally Disturbed

Condition: Details

☐ Autism Spectrum Disorder Details

☐ Developmental Delay Details

☐ Developmental Disability Details

☐ Hearing Impairment & Deafness Details

☒ Intellectual Disability Details

☒ Orthopedic Impairment or Other Physical Condition Details

☐ Visual Impairment & Blindness Details

☐ Asthma Details

☐ Congenital Malformation Details

☐ Diabetes Details

☐ Learning Disability Details

☐ Seizure Disorder Details

☐ ADD Details

☐ ADHD Details

☐ Anxiety Details

☐ Depression

☐ Mental/Emotional Disorders Details

☐ Reactive Attachment Disorder

☐ Serious Emotional Disturbances

☐ Serious Mental Disorders Details

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

Health Status Outcome Measures

Date Screened	Health Status Score	Health Needs Score	Details
Insert			

Options: Go

Save Close

- Beside each disability checkbox is a Details flare. Place cursor over the Details flare next to a value for additional information.

al diagnosis) ☐ Other Diagnosed Condition(s) **Details** ☐ Emotionally Disturbed

Other Diagnosed Condition(s):

The person has, or had previously, a diagnosed condition or other health impairment other than those described above, which requires special medical care, such as asthma, diabetes, chronic illnesses, a diagnosis as HIV positive or AIDS, epilepsy, traumatic brain injury, other neurological disorders, speech/language impairment, learning disability, or substance abuse issues.

Medical/Mental Health Tab

The Medical/Mental Health tab is used to document Health Concerns, Allergies, Primary Health Care Providers, Immunizations, Growth Chart Measurements, Health Insurance, Emergency Contact information and other pertinent medical information.

Note: The following message will appear for those people who do not have security to view the Characteristics, Medical / Mental Health, or Supplemental MMH information on person records. They will not be able to view the information.

Confirmation
You do not have the proper security to view Characteristics or Medical Mental Health information. Please contact your security delegate.
<div>Close</div>

Note: The following message will appear for those people who have the proper security to view the Characteristics, Medical/Mental Health, or Supplemental MMH information on person records. They will be able to view the information.

Confirmation
Per DHFS Confidentiality Memo 2007-03: "You must have a valid, work related, and legitimate reason to access or review any record or part of a record. Any access outside of these reasons is a violation of confidentiality policies and laws and is violative of the privacy rights of children and families." Do you wish to continue?
<div>YesNo</div>

1. To enter a new Health Concern, click the Insert button in the **Health Concern Information** section, or click the [Copy](#) hyperlink next to an existing row to copy the associated Medical/Provider Name information.

Person Management - Jones, Robert (9226176)

Basic Parent Info Additional Address Education Characteristics **Medical/Mental Health** Supplemental MMH

Health Concern Information

Health Concern	Medical/Provider Name	Type of Appointment/ Hospitalization	Provider Type	Begin Date	End Date	
Details of Health Concern...	Thomas River	Annual Foster Child Physical Exam	Physician	10/03/2018	10/03/2018	Edit Copy Insert

Allergies

☐ The child has allergies.

Y N U Select Y (Yes), N (No) or U (Unknown) for each category listed below.

☐ ☐ ☒ Lice, scabies, worms
[Specify](#)

☐ ☐ ☒ Chronic, diaper rash, impetigo
[Specify](#)

☐ ☐ ☒ Treatment for skin trouble, rashes, hives, breaking out, acne
[Specify](#)

☐ ☐ ☒ Eczema
[Specify](#)

☐ ☐ ☒ Other
[Specify](#)

Basic Information

Primary Health Care Provider:

Physician: Dentist: Mental Health:

Other Physical or Mental Health Specialists or Clinics:

Name	Specialty	Telephone	Ext.
Insert			

Preferred Hospital / Clinic. Note: Use of a hospital may be dictated by insurance company/plan.

Name	Address (Street, City, State, Zip Code)	Telephone	Ext.

[Immunization Information](#) ☐ Immunizations Up To Date Date: 00/00/0000

[Growth Chart Measurements](#)

[Health Insurance Company/HMO](#)

☐ Child has chronic physical, mental, or emotional issues. Describe in detail.

☐ Child has had a hospitalization, surgery, emergency medical need, or significant illness in the last six months. Describe in detail.

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

2. Clicking on the Insert button inside the Health Concern Information section will open the **Health Concern** page. The Health Concern page is used to document a health concern, medical provider type and address, and whether that medical provider is a primary provider.

Note: If the Primary checkbox is selected, the medical provider's name appears back on the Medical/Mental Health tab. Additionally, the provider's name and demographic information prefills to the Permanency Plan.

Note: Appointment/Hospitalization Begin Date; All types except for Hospitalization, are considered an appointment (occurred on the same day) and will automatically prefill the end date with the same date. Hospitalization will allow for entry of a date range.

Health Concern Print Help

Health Concern Information

Name: Jones, Robert Person ID: 9226176

Health Concern:

Medical Provider/Clinic: [Search](#) Medical Provider/Clinic Type: ☐ Primary?

Type:

Appointment/Hospitalization Begin Date: 00/00/0000 Appointment/Hospitalization End Date: 00/00/0000

Procedure:

Diagnosis:

Medications

[List of Medications](#)

Medication: ☐ Psychotropic [Delete](#) Row 1 of 1

Dosage /Frequency: Prescription Start Date: 00/00/0000

Length of Time Prescribed: Prescription End Date: 00/00/0000

[Save](#) [Close](#)

Note: Depending on the Appointment/Hospitalization Type selected, additional information may be required. For instance, if the Type 'Well Child Exam/Visit' (Medical Provider/Clinic Type = Physician), indicate the Health Check Period.

Medical Provider/Clinic: Thomas, River [Search](#) Medical Provider/Clinic Type: Physician ☐ Primary?

Type: Well Child Exam/Visit

Appointment/Hospitalization Begin Date: 00/00/0000

Health Check Period:

Appointment/Hospitalization End Date: 00/00/0000

Birth - 1 month
2 month
4 month
6 month
9 month

3. Enter any medications prescribed in the Medications section on the page. Click the Insert button to add multiple medications. Use the [List of Medications](#) hyperlink to find the exact spelling of a medication. Use the Psychotropic checkbox to identify if the medication is psychotropic. Click Save to return to the Medical/Mental Health tab in Person Management.

4. On the Medical/Mental Health tab of the Person Management page, a summary row prefills to the Health Concern Information section. Select the [Edit](#) hyperlink to modify the Health Concern. Click a column header to sort multiple Health Concerns by that column.

5. A Physician, Dentist or Mental Health provider designated as primary on a Health Concern will display in the Basic Information section.

Person Management * Jones, Robert (9226176) *

Print Help

Basic Parent Info Additional Address Education Characteristics **Medical/Mental Health** Supplemental MMH

Emergency Contact Information

Name	Relationship to Child	Home Phone	Cell Phone	Work Phone	Ext
Options: <input type="text"/> Go					

Save Close

6. Click the Immunization Information expando. Immunization information for children who have received immunizations in Wisconsin can be imported directly from the Wisconsin Immunization Registry (WIR). Click the WIR Import button to import available records.

Immunization Information ☐ Immunizations Up To Date Date: 00/00/0000

A request for the child's immunization record was made to: Date Requested: 00/00/0000

Immunization Information

[Immunization Schedule](#) [Wisconsin Immunization Registry](#)

Immunization Date(s) Administered

Date of last import: **WIR Import** Insert

☒ Growth Chart Measurements
☒ Health Insurance Company/HMO
☐ Child has chronic physical, mental, or emotional issues. Describe in detail.
☐ Child has had a hospitalization, surgery, emergency medical need, or significant illness in the last six months. Describe in detail.
 Last AODA Evaluation: 00/00/0000 Last M/H Evaluation: 00/00/0000 Medical Assistance #:

Note: If more than one child is found, a selection page with additional information appears.

Note: Clicking the [Immunization Schedule](#) hyperlink opens the CDC immunization schedules.

7. Click the Insert button to enter immunizations not in WIR (e.g. immunizations administered outside of Wisconsin or that may not be yet be entered in WIR). Select the appropriate immunization from the dropdown and enter the date administered. Click Save when finished.

Immunization Information

[Immunization Schedule](#) [Wisconsin Immunization Registry](#)

Immunization Date(s) Administered

Pertussis	09/03/2018	Delete
Measles, mumps, and rubella (MMR)	09/03/2018	Delete
Diphtheria	00/00/0000	Delete

Date of last import: **WIR Import** Insert

Note: A duplicate immunization entry may occur when one has been manually inserted, and then is added via the WIR Import. In this circumstance, delete the manually entered row by selecting the [Delete](#) hyperlink next to the immunization.

Note: Click the [Wisconsin Immunization Registry](#) hyperlink to open the enhanced view of the child's immunization history and recommended immunizations in WIR.

8. Click the Growth Chart Measurements expando to view or enter information. Click the Insert button to insert a new row within which the Percentile(s) of measurement(s), Age of Child, and Date of Measurements can be recorded.

9. Click the Health Insurance Company/HMO expando to view or enter information. Click the Insert button to insert a new row within which the Insurance Company/HMO, Phone #, Policy #, Group # and Subscriber information can be recorded.

Health Insurance Company/HMO

Health Insurance Company/HMO

Insurance Company/HMO	Phone	Policy #	Group #	Subscriber	
Name of Insurance Company	(608)222-2222	LMN562257	GP123456	Name of Subscriber	Delete <input type="button" value="Insert"/>

If applicable, select the checkbox for “Child has chronic physical, mental, or emotional issues. Describe in detail.” or “Child has had a hospitalization, surgery, emergency medical need, or significant illness in the last six months. Describe in detail.” Once selected, a narrative box displays and is required for the question.

Health Insurance Company/HMO

☒ Child has chronic physical, mental, or emotional issues. Describe in detail.

Enter narrative here...

☒ Child has had a hospitalization, surgery, emergency medical need, or significant illness in the last six months. Describe in detail.

Enter narrative here...

10. Complete the Last AODA and/or Mental Health (MH) Evaluation and associated dates, along with Emergency Contact Information. Select the Save button to save information across all tabs within Person Management.

Supplemental MMH Tab

The Supplemental MMH tab is used to record supplemental Medical and Mental Health information that is not recorded elsewhere in the Application but is needed to prefill information in other areas of the system. The page features radio buttons, date fields, and drop down expandos used for narratives and notes.

Person Management * Jones, Robert (9226176) *
Print
Help

Basic
Parent Info
Additional
Address
Education
Charac
Medical/Mental Health
Supplemental MMH

Developmental

Y	N	U	Select Y (Yes), N (No) or U (Unknown) for each category listed below.
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Unable to indicate wants and/or needs Specify
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Difficulty understanding simple routines or simple tasks Specify

Brain or Head Concerns

Y	N	U	Select Y (Yes), N (No) or U (Unknown) for each category listed below.
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Serious head injury or loss of consciousness Specify
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Headaches, migraines, dizziness, coordination or balance problems Specify
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Traumatic Brain Injury Specify

Heart and Lungs

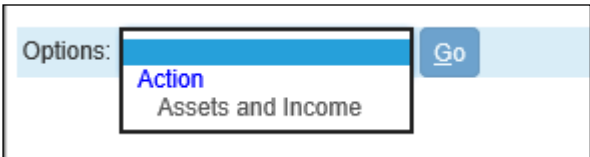
Y	N	U	Select Y (Yes), N (No) or U (Unknown) for each category listed below.
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Short of breath, swollen ankles Specify
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	High or low blood pressure Specify
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Heart trouble or murmur, chest pain, irregular heartbeat Specify
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Flu, pneumonia Specify
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Wheezing, bronchitis Specify

Eye, Ear, Nose, Throat, or Dental Probl

Y	N	U	Select Y (Yes), N (No) or U (Unknown) for each category listed below.
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Trouble swallowing, speaking, persistent hoarseness Specify
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Chronic or severe ear or sinus infections Specify
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Blocking of nose, discharge, post-nasal drip Specify
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Blindness, blurred, or double vision Date of last eye exam (mm/dd/yyyy) 00/00/0000 Specify
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Hearing problems, ringing ears, discharge/infection, tubes Specify

Options- Assets and Income

The Options dropdown on each tab on Person Management has the value of 'Assets and Income'. See the [Assets and Income](#) User Guide for more information.



The screenshot shows a user interface element with the label "Options:" on the left. To its right is a dropdown menu. The dropdown menu is open, showing two options: "Action" (highlighted in blue) and "Assets and Income". To the right of the dropdown menu is a "Go" button.