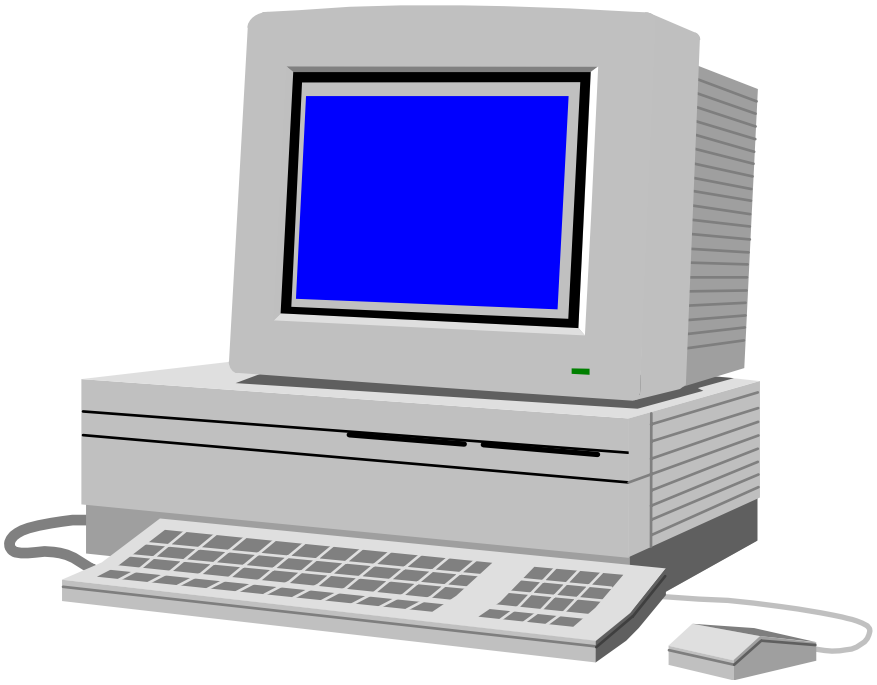
Benefit Recovery Reports



Wisconsin Department of Workforce Development

Public Assistance Collection Unit

February 2006

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Benefit Recovery Reports List

*Denotes reports that require BV action.
**Denotes reports that require state BV action only.
FRAUD REPORTS IN ALL CAPS.

Daily Reports

C192	CBV602RA	Manual Update Report**
C193	CBV602RB	Payment Posted Report**

Biweekly Reports

C179	CBV909RA	Intercept Posting Detail Report
C156	CBV910RA	Intercept Posting Exception Report**
C158	CBV925RA	Batch Update of Tax Intercept Addresses Error Report

Weekly Reports

C137	CBV242RA	Claims with Refund Due*
C140	CBV262RA	Overpayment Collections by Agency
C186	CBV286RC	FRAUD INVESTIGATION TRACKING COST REPORT BY AGENCY

Monthly Reports

C101	CBV012RA	Monthly Summary Report of Receivables
C102	CBV012RB	Monthly Report of Receivables Detail
C103	CBV015RA	Payment Source Code Report
C180	CBV017RA	Claims with Stop Recovery Summary*
C104	CBV026RA	Individuals with Dunning Notice(s) Sent
C105	CBV027RA	Individuals with 3 Past Due Notices
C113	CBV062RA	FNS 209 Status of Claims Against Households Report**
C115	CBV064RA	AFDC Status of Claims Against Households Report
C117	CBV066RA	Status of Claims Against Households Detail Report
C187	CBV072RA	Adjusted Claims Report
C119	CBV082RA	Outstanding Claim Summary
C170	CBV098RA	FEV/FRAUD REFERRALS OVERPAYMENT SAVINGS REPORT
C123	CBV122RA	Claims without Recovery Activity
C171	CBV188RA	FINAL OUTCOMES FOR FRAUD INVESTIGATION REFERRALS
C162	CBV224RA	OPEN FRAUD INVESTIGATION REFERRALS REPORT BY AGENCY
C164	CBV228RA	TIMELINESS FOR COMPLETED FRAUD INVESTIGATION REFERRALS
C163	CBV232RA	FRAUD INVS REFERRALS NOT REFERRED FOR INVESTIGATION
C138	CBV252RA	Report of Active Claims with Notification Date
C175	CBV252RB	Report of Active Claims without Notification Date*
C139	CBV262RA	Overpayment Collections by Agency
C141	CBV264RA	State Overpayment Collections by Originating Agency
C142	CBV266RA	JAL Collections by Agency
C143	CBV268RA	State JAL Collections by Originating Agency
C144	CBV272RA	Job Access Loan Claims
C145	CBV282RA	Recoupment/Offset Activity Report

C147	CBV286RA	FRAUD INVESTIGATION TRACKING COST REPORT BY AGENCY
C148	CBV288RA	FRAUD INVS TRACKING COST OVERMATCH REPORT BY AGENCY
C190	CBV292RA	Newly Established Claim Summary
C169	CBV410RA	Refund Issuance Report by Agency
C167	CBV414RA	INVESTIGATION REFERRAL REPORTS BY WORKER
C181	CBV418RA	Milwaukee Claims Detail Report
C168	CBV422RA	PROGRAM INTEGRITY ALLOCATION REPORT BY AGENCY
C184	CBV426RA	ADJUSTED COST ALLOCATION FRAUD DATA
C185	CBV426RB	COMPLETED FRAUD INVESTIGATION DATA
C173	CBV433RA	Providers with Dunning Notice(s) Sent
C174	CBV434RA	Providers with 3 Past Due Notices
C165	CBV552RA	Open Claim Referrals from BVRF without Claims*
C161	CBV995RA	Recoupment Discrepancy (BV vs. BI)
C160	CBV995RB	Recoupment Discrepancy (BI vs. BV)
C178	CBV998RA	BV Recovery Reconciliation Report

Quarterly Reports

C114	CBV062RA	FNS 209 Status of Claims Against Households Report
C116	CBV064RA	AFDC Status of Claims Against Households Report
C118	CBV066RA	Status of Claims Against Households Detail Report
C136	CBV220RA	4972 Supporting Information Report
C191	CBV292RB	Newly Established Claim Summary
C188	CBV442RA	AFDC Collections and Recoupments Report

Annual Reports

C166	CBV046RA	FS Program and Budget Summary FNS-366B
C182	CBV106RA	LAB Receivables Report

Report Extracts or Control Reports

C146	CBV284RZ	CARES DATA EXTRACT FOR FRD INVS TRACKING MONTHLY COST REPORT
C183	CBV905RA	CARES Data Extract for DOR/IRS Tax Intercept Exception Report
C157	CBV920RZ	Batch Reformat of Tax Intercept Addresses for CARES
C159	CBV925RZ	Batch Update of Tax Intercept Addresses

Discontinued Reports

C100	CBV010RZ	Recurring Recoupment Summary Report
C176	CBV013RA	CRES – CARES Reconciliation Report
C106	CBV032RA	AFDC Recoupment Summary
C107	CBV034RA	AFDC/MA Repayment Summary
C108	CBV036RA	AFDC Recovery Summary
C109	CBV042RA	CARS Input Report
C110	CBV052RA	FS Recoupment Summary
C111	CBV054RA	FS Cash Repayment Summary
C112	CBV056RA	FS Recovery Summary
C120	CBV092RA	Individuals without a Repayment Agreement
C121	CBV102RA	Duplicate AFDC Issuance Recoveries

C122	CBV112RA	Claims to be Terminated
C124	CBV132RA	Referrals by Fraud Worker Report
C125	CBV134RA	Referrals by ESS Report
C126	CBV136RA	Open Referral Report by Outside Agency
C127	CBV138RA	Open Referral Report by Benefit Recovery Worker
C128	CBV152RA	YTD Analysis of Data in Error
C129	CBV162RA	YTD Analysis of Referral Sources
C130	CBV172RA	Summary of One Month Program Savings Resulting from Fraud Investigations
C131	CBV180RA	Credit Bureau Savings from Overpayment Claims
C132	CBV192RA	Fraud Claim Dollars by Type of Outcome
C133	CBV192RB	Fraud Claim Counts by Type of Outcome
C134	CBV200RZ	Select Claims for Recalculations Summary Report
C135	CBV210RA	Potential FS Overpayment
C149	CBV402RA	FoodShare IPV Sanction Report
C150	CBV402RB	FoodShare IPV Sanction Report
C151	CBV402RC	FS IPV Sanction Summary Report
C152	CBV404RA	Pending FoodShare IPV Sanction Report
C153	CBV404RB	Pending FoodShare IPV Sanction Report
C154	CBV404RC	Pending FoodShare IPV Sanction Report
C155	CBV404RD	Pending FS IPV Sanction Summary Report

EOS Forms Cross Reference

EOS	CARES #
C100	CBV010RZ
C101	CBV012RA
C102	CBV012RB
C103	CBV015RA
C104	CBV026RA
C105	CBV027RA
C106	CBV032RA
C107	CBV034RA
C108	CBV036RA
C109	CBV042RA
C110	CBV052RA
C111	CBV054RA
C112	CBV056RA
C113	CBV062RA
C114	CBV062RA
C115	CBV064RA
C116	CBV064RA
C117	CBV066RA
C118	CBV066RA
C119	CBV082RA
C120	CBV092RA
C121	CBV102RA
C122	CBV112RA
C123	CBV122RA
C124	CBV132RA
C125	CBV134RA
C126	CBV136RA
C127	CBV138RA
C128	CBV152RA
C129	CBV162RA
C130	CBV172RA
C131	CBV180RA
C132	CBV192RA
C133	CBV192RB
C134	CBV200RZ
C135	CBV210RA
C136	CBV220RA
C137	CBV242RA
C138	CBV252RA
C139	CBV262RA
C140	CBV262RA
C141	CBV264RA
C142	CBV266RA
C143	CBV268RA
C144	CBV272RA
C145	CBV282RA
C146	CBV284RZ
C147	CBV286RA
C148	CBV288RA
C149	CBV402RA
C150	CBV402RB
C151	CBV402RC
C152	CBV404RA
C153	CBV404RB
C154	CBV404RC
C155	CBV404RD
C156	CBV910RA
C157	CBV920RZ
C158	CBV925RA
C159	CBV925RZ
C160	CBV995RB
C161	CBV995RA
C162	CBV224RA
C163	CBV232RA
C164	CBV228RA
C165	CBV552RA
C166	CBV046RA
C167	CBV414RA
C168	CBV422RA
C169	CBV410RA
C170	CBV098RA
C171	CBV188RA
C173	CBV433RA
C174	CBV434RA
C175	CBV252RB
C176	CBV013RA
C178	CBV998RA
C179	CBV909RA
C180	CBV017RA
C181	CBV418RA
C182	CBV106RA
C183	CBV905RA
C184	CBV426RA
C185	CBV426RB
C186	CBV286RC
C187	CBV072RA
C188	CBV442RA
C190	CBV292RA
C191	CBV292RB
C192	CBV602RA
C193	CBV602RB

Benefit Recovery Report User Guide

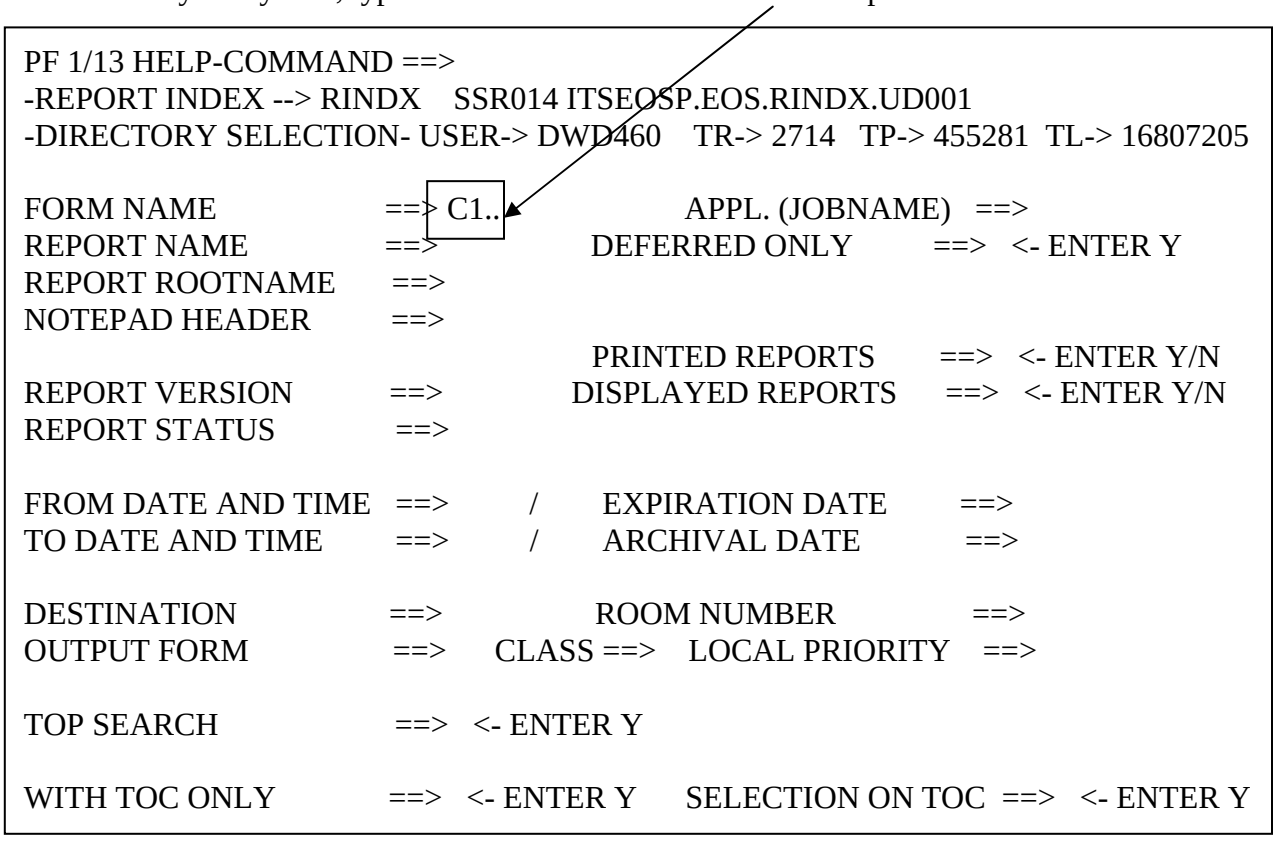
The goal of this user guide is to assist the user in quickly accessing the Benefit Recovery reports available from the Enterprise Output System.

Step 1: Logging On

a) At the command prompt in menu manager, type EOSP, and press ENTER.
b) In the environment selection menu, type R for production report, and press ENTER.

Step 2: Finding the Report You Want Using the Directory Selection Screen

a) Below is a print of the directory selection screen. The directory lists reports for a specific CARES subsystem. Form names are four characters. To see a list of all forms in the Benefit Recovery subsystem, type "C1.." in the Form Name field and press ENTER.



NOTE: All reports can be accessed by typing the specific four-character form name in the directory selection screen Form Name field and pressing ENTER (see page 4).

Step 3: Finding a Report in the Report Directory

```
PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RINDX    SSR014 ITSEOSP.EOS.RINDX.UD001
-REPORT DIRECTORY-    USER-> DWD460    TR-> 2714   TP-> 455281  TL-> 16807205
A-C-REPORT NAME------FORM-REPORT DESCRIPTION---------------NOTEPAD HEADER------
              ********  TOP  OF  DIRECTORY  ********
   CARES-BV092A-MON C120 INDIVS W/O REPAYMENT AGREEMTS
   CARES-BV180A-MON C131 CREDIT BUR SAVINGS/OVRPAY CLMS
   CARES-BV136A-MON C126 OPEN REFERRAL BY OUTSIDE AGENCY
   CARES-BV210A-ACT C135 POTENTIAL FS OVERPAYMENT
   CARES-BV132A-MON C124 REFERRALS BY FRAUD WORKER
   CARES-BV138A-MON C127 OPEN REFERRAL BY BV WORKER
   CARES-BV172A-MON C130 SUMM OF 1 MO SAVINGS - FRAUD
   CARES-BV102A-MON C121 DUP AFDC ISSUANCE RECOVERIES
   CARES-BV152A-MON C128 Y-T-D ANALYSIS OF DATA IN ERROR
   CARES-BV192A-MON C132 FRAUD CLAIM DOLLARS BY OUTCOME
   CARES-BV192B-MON C133 Y-T-D FRAUD CLM DOLLARS/OUTCOME
   CARES-BV162A-MON C129 Y-T-D ANALYSIS OF REFERRAL SRCES
   CARES-BV134A-MON C125 BV REFERRALS BY ESS WORKER
   CARES-BV402A-WKC C149 CURRENT FS IPV SANCTION BY WKR
   CARES-BV032A-MON C106 AFDC RECOUPMENT SUMMARY
   CARES-BV036A-MON C108 AFDC RECOVERY SUMMARY
   CARES-BV054A-MON C111 FS CASH REPAYMENT SUMMARY
   CARES-BV042A-MON C109 CARS INPUT REPORT
   CARES-BV034A-MON C107 AFDC/MA REPAYMENT SUMMARY
```

On the report directory, there are two columns at the far left of the screen. The "A" (Action) column is where you will place the "view" command if you want to view that report or the "retrieve" command if the report is archived. The "C" column next to it will have a "Y" in it if there is a Table of Contents (TOC).

NAVIGATION:

At the first Report Directory Screen, you can use F10 to see more information about the reports. Use F11 to return to the first screen. Other navigational tools include:

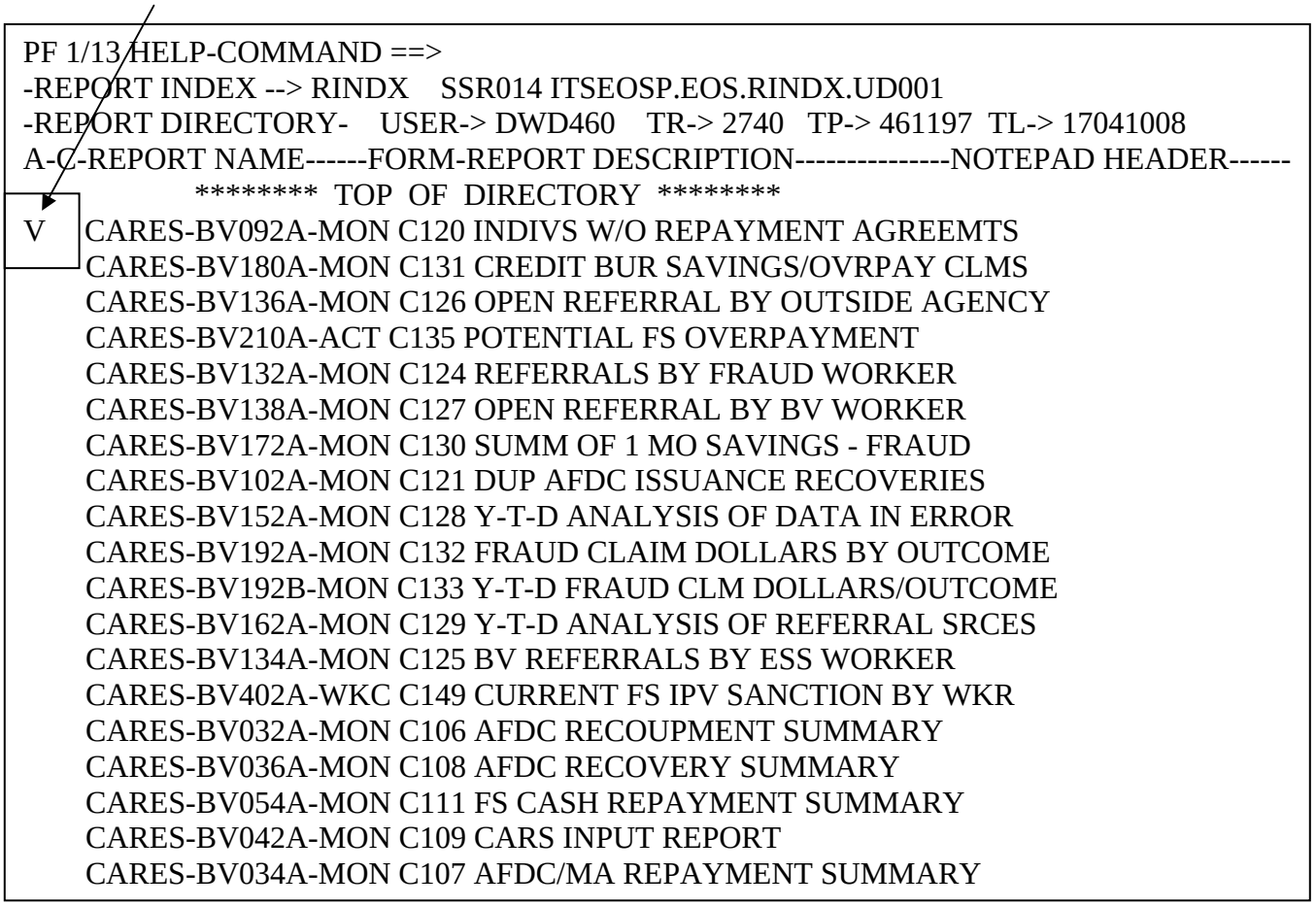
NAVIGATION IN EOS DIRECTORIES

F7 **to move UP**	***F8*** **to move DOWN**	***F3*** **Back one screen**
F10 **to move LEFT**	***F11*** **to move RIGHT**	***F4*** **Press twice to exit EOS**

NOTE: The report directory starts at the bottom. Use F7 to page up.

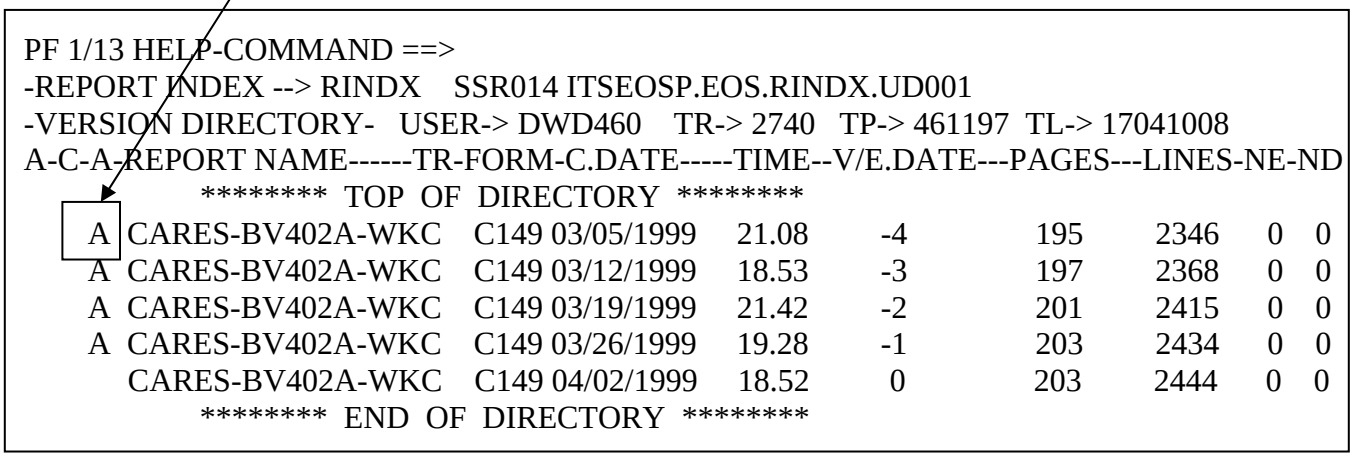
Step 4: Retrieving Your Report

a) On the Report Directory Screen, locate the report you want to access.
b) TAB down to the action column (A) in the left margin of that report row.
c) Type a **V** (view) in the action column (A), and press ENTER.



```
PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RINDX    SSR014 ITSEOSP.EOS.RINDX.UD001
-REPORT DIRECTORY-    USER-> DWD460    TR-> 2740   TP-> 461197  TL-> 17041008
A-C-REPORT NAME------FORM-REPORT DESCRIPTION---------------NOTEPAD HEADER------
              ********  TOP  OF  DIRECTORY  ********
V    CARES-BV092A-MON C120 INDIVS W/O REPAYMENT AGREEMTS
     CARES-BV180A-MON C131 CREDIT BUR SAVINGS/OVRPAY CLMS
     CARES-BV136A-MON C126 OPEN REFERRAL BY OUTSIDE AGENCY
     CARES-BV210A-ACT C135 POTENTIAL FS OVERPAYMENT
     CARES-BV132A-MON C124 REFERRALS BY FRAUD WORKER
     CARES-BV138A-MON C127 OPEN REFERRAL BY BV WORKER
     CARES-BV172A-MON C130 SUMM OF 1 MO SAVINGS - FRAUD
     CARES-BV102A-MON C121 DUP AFDC ISSUANCE RECOVERIES
     CARES-BV152A-MON C128 Y-T-D ANALYSIS OF DATA IN ERROR
     CARES-BV192A-MON C132 FRAUD CLAIM DOLLARS BY OUTCOME
     CARES-BV192B-MON C133 Y-T-D FRAUD CLM DOLLARS/OUTCOME
     CARES-BV162A-MON C129 Y-T-D ANALYSIS OF REFERRAL SRCES
     CARES-BV134A-MON C125 BV REFERRALS BY ESS WORKER
     CARES-BV402A-WKC C149 CURRENT FS IPV SANCTION BY WKR
     CARES-BV032A-MON C106 AFDC RECOUPMENT SUMMARY
     CARES-BV036A-MON C108 AFDC RECOVERY SUMMARY
     CARES-BV054A-MON C111 FS CASH REPAYMENT SUMMARY
     CARES-BV042A-MON C109 CARS INPUT REPORT
     CARES-BV034A-MON C107 AFDC/MA REPAYMENT SUMMARY
```

d) A Version Directory screen appears. Press F10 for the details of the reports. There are 3 columns to the left, A-C-A. The 2nd "A" column is archive status: if blank, the report is available to view; if there is an "A", the report is archived and must be restored before viewing.



```
PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RINDX    SSR014 ITSEOSP.EOS.RINDX.UD001
-VERSION DIRECTORY-   USER-> DWD460    TR-> 2740   TP-> 461197  TL-> 17041008
A-C-A-REPORT NAME------TR-FORM-C.DATE-----TIME--V/E.DATE---PAGES---LINES-NE-ND
              ********  TOP  OF  DIRECTORY  ********
  A  CARES-BV402A-WKC    C149 03/05/1999    21.08       -4          195       2346     0   0
  A  CARES-BV402A-WKC    C149 03/12/1999    18.53       -3          197       2368     0   0
  A  CARES-BV402A-WKC    C149 03/19/1999    21.42       -2          201       2415     0   0
  A  CARES-BV402A-WKC    C149 03/26/1999    19.28       -1          203       2434     0   0
     CARES-BV402A-WKC    C149 04/02/1999    18.52        0          203       2444     0   0
              ********  END  OF  DIRECTORY  ********
```

- TAB down to the action column (A) in the left margin on the row of the version you want to access.
- Type an **S** and press **ENTER** to access the report version.

1. If the report is archived, you will see the screen below. Type an **R** in the command line and press **ENTER**.

```
PF 1/13 HELP-COMMAND ==>  R
-REPORT INDEX --> RINDX    SSR014 ITSEOSP.EOS.RINDX.UD001
-REPORT INFORMATION (1/3)-              USER-> DWD460
             ******* WARNING ARCHIVED REPORT *******
REPORT NAME -> CRES-JD0160         EXTD-> NO                  FORM NAME      ---> OCAC
DESCRIPTION -> DOR COLLECTION/CRES DEBTOR ERROR REPORT VERSION ---> -8
NOTEPAD HDR ->                          NPAD-> NO              TABLE OF CONTENTS-> NONE
TYPE/STATUS -> ARCHIVED

LINES / PAGES -> 18        / 3
CREATION DATE -> 09/09/2003 (03252) 17.46.37            JOBNAME/ID -> JD0160   / JOB22559
```

You will be taken to another screen where you will need to do one extra step:

- On the command line, type **Y** and press ENTER.

```
PF 1/13 HELP-COMMAND ==>  Y
-REPORT INDEX --> RINDX    SSR014 ITSEOSP.EOS.RINDX.UD001
-REPORT RESTORATION-           USER-> DWD460

 ******** ENTER Y/YES ON THE COMMAND LINE TO CONFIRM THE OPERATION ********


    PRIVATE OR TOTAL RESTORE ==> P <--  ENTER P OR T   (P=PRIVATE / T=TOTAL)




REPORT NAME -> CRES-JD0160                 FORM NAME      ---> OCAC
DESCRIPTION -> DOR COLLECTION/CRES DEBTOR ERROR REPORT VERSION ---> -8
NOTEPAD HDR ->                          TABLE OF CONTENTS-> NONE
TYPE/STATUS -> ARCHIVED

LINES / PAGES -> 18        / 3
CREATION DATE -> 09/09/2003 (03252) 17.46.37  JOBNAME/ID -> JD0160   / JOB22559
ARCHIVAL DATE -> 09/10/2003 (03253)          ARCHIVE EXP-> 09/09/2010 AG-> 5
LAST DISPLAY --> NONE                      DISP NUMBER-> 0
LAST EXTRACT --> NONE                       EXTR NUMBER-> 0
RECORDED ON  --> NOT APPLICABLE
```

```
PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RINDX    SSR014 ITSEOSP.EOS.RINDX.UD001
-REPORT RESTORE RESULT-        USER-> DWD460


*******************************************************************************
*          REPORT RESTORE REQUEST IS NOW RECORDED ON A.R.Q FILE          *
*******************************************************************************



REPORT NAME -> CRES-JD0160         EXTD-> NO   FORM NAME      ---> OCAC
DESCRIPTION -> DOR COLLECTION/CRES DEBTOR ERROR REPORT VERSION ---> -8
NOTEPAD HDR ->                  NPAD-> NO   TABLE OF CONTENTS-> NONE
TYPE/STATUS -> ARCHIVED

LINES / PAGES -> 18       / 3
CREATION DATE -> 09/09/2003 (03252) 17.46.37  JOBNAME/ID -> JD0160   / JOB22559
ARCHIVAL DATE -> 09/10/2003 (03253)          ARCHIVE EXP-> 09/09/2010 AG-> 5

LAST DISPLAY --> NONE                    DISP NUMBER-> 0
LAST EXTRACT --> NONE                     EXTR NUMBER-> 0
```

If the screen looks like the above screen print, you have successfully requested an archived report. Your report will be available within 30 minutes, and will show up on the Version Directory with a status of "R". The report will be available on-line for 7 days. After 7 days it will be archived again. If the extraction has not worked after 30 minutes, redo the request.

NOTE: To exit the Version Directory without making a selection, press F3. This will take you back to the Report Directory.

Step 5: Viewing the Report

Once you are in the report, you can use different navigation tools to find the data you need.

NAVIGATION IN EOS REPORTS

F7 to move **UP** **F8** to move **DOWN** **TOP** to jump to the **Top** of the report

F10 to move **LEFT** **F11** to move **RIGHT** **BOT** to jump to the **Bottom** of a report

F6 to move one **Page Up** **F12** to move one **Page Down**

Home to access the command line

NOTE: Typing pfxx in the command line will take you forward xx pages, pbxx will take you back xx pages. Typing pxx will take you to page xx. Example: pf10 will take you forward 10 pages.

Find Command

You can use the Find command to search sequentially through the report for specific data. To use this command:

a) Access the report you need.
b) With the first page of the report on the screen, press the HOME key to put your cursor on the command line if it is not already there.
c) Type "f" followed by a space, then single quotes, then the series of characters that you want the system to find. Example: f 'Smith' would take you to the first occurrence of Smith in the report.
d) To proceed to each subsequent occurrence, press F5.

NOTE: The find command will sort through data in the report, but it will not look at report headings.

Step 7: Printing Your Report

When you decide that you need a printout of your data, be careful to print only the data you need.

a) Type an **E** on the command line at the top of the screen and press ENTER.

```
PF 1/13 HELP-COMMAND ==>  E
 REPORT NAME-> CRES-JD0160     FORM-> OCAC     LINES-> 18      PAGES-> 3
 S.F.    15     S.P.    01    S -> 001   E -> 080   L 0000000001 P 000000001
--------------------------------------------------------------------------------
OCAC CRESDTI01                        CENTRAL RECOVERIES ENHANCED SYST
JD0160 / D0160S01                     NO CRES DEBTOR FOR DOR COLLECTIO
NOTE: THE PEOPLE ON THIS REPORT WERE NOT SENT TO CARES
              TOTAL EXCEPTIONS FOUND:           0
 ================================================================================

              TOTAL AMOUNT:                    $0.00
```

b) TAB down to the From/To Lines area and specify the pages of the report you want to print. The page number is at the upper right side of the screen, just above the red dashed line.
   - If your data is on page 1 & 2, type p1 in the first From/To Lines area and p2 in the second From/To Lines area and press ENTER.
   - If your data is only on page 12, type p12 in the first From/To Lines area and p12 in the second From/To Lines area and press ENTER.
   - If you want the whole report, type p1 in the first From/To Lines area and press ENTER.
   - If you want to print from page 10 to the end of the report, type p10 in the first From/To Lines area and press ENTER.

```
PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RINDX    SSR014 ITSEOSP.EOS.RINDX.UD001
-SINGLE EXTRACT MENU (1)  USER-> DWD460
 REPORT NAME -> CRES-JD0160      TOTAL PAGES-> 3       TOTAL LINES-> 18

TECHNIQUE          ==> Q <------ P(SYSTEM)/Q(D. QUEUING)

                                                PAGE FORMAT  ==> OCAC
                                                 OUTPUT LIMIT ==>
                    -FOR SYSTEM PRINT ONLY-
JCL MODEL USED    ==> EOSJCL00  DATA SET OUTPUT    ==> N <- Y/N/F


                     -FOR PARTIAL EXTRACT REQUEST ONLY-
FROM/TO LINE(S)  ==> p1
FROM/TO LINE(S)  ==>
```

c) This brings you to the report Extract Menu # 2. On this screen, ensure that the DEST field contains a Printer ID. The printer ID must be a "U" plus 4 numbers. If you have a VDRxxxxL ID, where x is a number, use "U" followed by those 4 numbers. If this field does not contain an ID, type in your Printer ID and press ENTER.

d) In the command line at the top of the Report Extract Menu #2, type **Y**. Press ENTER.

```
PF 1/13 HELP-COMMAND ==>   Y
-REPORT INDEX --> RINDX    SSR014 ITSEOSP.EOS.RINDX.UD001
-SINGLE EXTRACT MENU (2)  USER-> DWD460
 REPORT NAME -> CRES-JD0160      TOTAL PAGES-> 2       TOTAL LINES->
--------- EXTRACTION REQUESTED FOR SYSTEM PRINTER (VIA DIRECT QUEUING) -------
  Y/YES ON THE COMMAND LINE TO CONFIRM END OF INPUT, C/CAN/CANCEL TO ABORT
PRINT FORMAT (REP/SEP) ==>         /

DEST       ==>  U4928                    OUTPUT CLASS  ==> A
FORM       ==>          COPIES ==>      WRITER NAME   ==>
                        FCB    ==>                    UCS   ==>

OUTPUT REFERENCES ==>         /         /         /

HEADER LINES                      SEPARATOR NUMBER
  1 ==> DWD460                          USER (TOP/BOT)   ==> 0  / 0
  2 ==> PAUL RUBY                     REPORT (TOP/BOT) ==> 0  / 0
  3 ==>                             WITH PACKET INDEX    ==> N
  4 ==>                           DELETE AFTER EXTRACT ==> N
  5 ==>
LASER PRINTER    -----> NONE  LASER MODIFY  ==> 0 -0- CLEAR / -1- 3800
```

e) If you receive a message saying “Extract Request” the print request has been accepted. Your report should start rolling off the printer in a few minutes.

```
PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RINDX    SSR014 ITSEOSP.EOS.RINDX.UD001
-PRINT/EXTRACT RESULT-    USER-> DWD460

          ***** EXTRACTION REQUESTED (VIA DIRECT QUEUING) *****

        JOB NAME    ---> EOSP      JOBID  ---> STC57773

    QUEUED  AT : 15.01.19  11/05/03 (03309)    TO SERVICE EXTRACT REQUEST.
```

Step 8: Exiting EOS

Press F4 **twice** from any report to exit.

CARES RECOVERY REPORTS
REPORT DESCRIPTIONS (Active Reports)

To assist you in finding the reports in EOS we have provided you with the report name as it appears on the report (ex. CBV012RA, CBV262RA), along with the form letters which will help you identify the report in the EOS directory. The word names of each report, as listed in these descriptions are shown as they appear on the actual report, which may differ slightly from the name in the EOS directory. Fraud reports are shown in all caps to differentiate them from other Benefit Recovery reports.

CBV012RA C101 **Monthly Summary Report of Receivables**

This monthly report provides state workers with a summary of the aging of all claims. The claims are broken down by less than 30 days, 31-60 days, 61-90 days, 91-180 days, 181-359 days, 1-2 years, 2-3 years, 3-4 years, 5-6 years and over six years. The report contains number of claims and amounts by error type and program. There are totals at the end showing all receivables by program and error type. This report also provides a summary of claims subject to recoupment versus cash collections.

CBV012RB C102 **Monthly Report of Receivables Detail**

This monthly report provides a detail listing of all aged claims. Claims are aged the same as above. Claims are also sorted by program, error type and county. This report contains claim number, case number, primary person, notification date of the claim and the outstanding balance.

CBV015RA C103 **Payment Source Code Report**

This monthly report shows all cash payments by collection source for the reporting month. It includes payment source and payment amount by program and error type. It is sorted by agency.

CBV017RA C180 **Claims with Stop Recovery Summary**

This monthly report shows claims that have a stop recovery on them in CARES. It includes PIN, claim number, program, reason, stop recovery date, last recovery date, claim amount, outstanding balance, name and worker Id that put the stop recovery on the claim. It is sorted by agency.

CBV026RA C104 **Individuals with Dunning Notice(s) Sent**

This monthly report provides a listing of all liable individuals who received a past due notice. A past due notice is sent when an individual has not met their monthly obligation or a signed RPA was not returned and entered into CARES. No dunning notice is generated for open assistance groups of FS and W-2. The report contains name, PIN, SSN, installment amount, number of dunning notices sent (strikes), claim numbers associated with the current obligations, outstanding balance, and assigned worker. This report is broken down by program and sorted by agency.

CBV027RA C105 **Individuals with 3 Past Due Notices**

This monthly report provides a list of all liable individuals who received three past due notices and are targeted for tax offset. Individuals on this report will be referred for tax offset if their obligation is not met within thirty days of their last dunning notice. No dunning notice is generated for open assistance groups of FS or W-2 and these individuals will not be referred for tax offset unless they leave the current assistance group or the current assistance group's case closes for FS or W-2. The report contains name, PIN, SSN, days delinquent, date of third dunning notice, claim numbers associated with the current obligations, notification dates of claims and outstanding balance. This report is broken down by program and error type, and sorted by agency.

CBV046RA C166 **FS Program and Budget Summary FNS-366B**

This annual report is produced for state workers to provide to the Food and Nutrition Service. This report summarizes the fraud activities for the state fiscal year.

CBV062RA C113 (Mo.) C114 (Qtr.) **FNS 209 Status of Claims Against Households Report**

This report contains amount of closed claims, total collected, terminated claims and compromised claims by error type as well as amount of collections by cash, FoodShare, recoupment and offsets. This report can be accessed monthly or quarterly.

CBV064RA C115 (Mo.) C116 (Qtr.) **AFDC Status of Claims Against Households Report**

This report contains beginning balances, balance adjustments, newly established claims, claim balance transfers, cash refunds, non-cash refunds, closed claims, terminated claims and ending balances. It also includes cash collections, recoupments, offsets, cash adjustments and non-cash adjustments. This report contains retention amounts from collections and is in the same format as the FNS 209 Report (CBV062RA). This report can be accessed monthly or quarterly.

CBV066RA C117 (Mo.) C118 (Qtr.) **Status of Claims Against Households Detail Report**

This monthly report provides the detail information necessary to support the status of claims against households report totals for AFDC and FS. This report will calculate claim activity totals for each county by program. Within each county, the totals will be calculated for each claim activity of the three error types: IV, CE and NC. This report can be accessed monthly or quarterly.

CBV072RA C187 **Adjusted Claims Report**

This monthly report documents adjustments made on claims. It lists claim number, program, error type, PIN, adjustment amount, date of adjustment, reason, write-off reason, client name and worker ID. This report is in agency order with totals for each agency broken down by program and error type. State totals are at the end of this report.

CBV082RA C119 **Outstanding Claim Summary**

This monthly report lists outstanding claims by agency. It shows the number of claims and dollar amount of outstanding claims by program and error type. Open and suspended claims are included in this report. State totals are listed at the end of the report.

CBV098RA C170 **FEV/FRAUD REFERRALS OVERPAYMENT SAVINGS REPORT**
This monthly report displays all referrals where the referral has been completed for all categories. The purpose of this report is to display the savings each investigation provides for reducing the benefit, closing the case or denying the eligibility. This report includes the initial estimated savings/overpayment, overpayment amount, the future savings amount and the month the savings were effective. It is in agency order.

CBV106RA C182 **LAB Receivables Report**
This annual report is for state workers to provide to the legislative audit bureau.

CBV122RA C123 **Claims without Recovery Activity**
This monthly report indicates active claims with no recoveries or no recent recoveries. A claim is selected for this report if there is no recovery activity for three months. This report identifies delinquent claims for further collection activity. The report contains claim number, error type, claim amount, total recovered, outstanding balance, last recovery date, stop recovery, claim delinquency date and PIN, name and address of the liable individual who is the primary person. This report is in agency order broken down by program.

CBV188RA C171 **FINAL OUTCOMES FOR FRAUD INVESTIGATION REFERRALS**
This monthly report shows the final outcomes for all investigation referrals by agency. The investigation outcome has been completed for all categories referred on the BVIR screen. In addition to referral number, completion date and category, it includes the outcome: not referred to the District Attorney, prosecution summary, non-prosecution summary or administrative disqualification information. This report also includes overpayment amounts, conviction amounts and category completion dates.

CBV220RA C136 **4972 Supporting Information Report**
This quarterly report is used by state technical staff to monitor recoupments, offsets and repayments made against AFDC claims.

CBV224RA C162 **OPEN FRAUD INVESTIGATION REFERRALS REPORT BY AGENCY**
This monthly report provides a list of all outstanding investigation referrals by agency/office and is sorted by investigation type. It contains investigation number, case number, provider number, type of investigation, source, investigation start date, investigation due date, extension due date, number of elapsed days since the investigation start date and program of assistance. The report provides a summary of average days of an investigation and number of investigations.

CBV228RA C164 **TIMELINESS FOR COMPLETED FRAUD INVESTIGATION REFERRALS**
This monthly report lists all investigations that have been completed in the reporting month. It contains the cost and length of the investigations for the reporting month with totals and averages for each agency. The report includes investigation referral number, case number, provider number, type of investigation, source, investigation start date, due date, extension due date, completion date and number of days for the investigation. The report is in agency order and sorted by type and referral number.

CBV232RA C163 **FRAUD INVS REFERRALS NOT REFERRED FOR INVESTIGATION**

This monthly report contains all cases referred for investigation but did not meet the criteria for a fraud or front-end investigation. This report is in agency order and includes investigation referral number, case number, provider number, type of investigation, source, investigation decision date not to refer, and program of assistance.

CBV242RA C137 **Claims with Refund Due**

This weekly report provides a list of claims that have a refund due from over-collection of a claim. The report will contain all claims for all program types that have a refund greater than zero and have not been issued. A refund is considered issued by CARES when BVCR has been completed. A check must be generated by the agency where the refund appears. This report is in agency order and contains worker ID, claim number, program, last recovery date, refund amount, last payee PIN and name.

CBV252RA C138 **Report of Active Claims with Notification Date**

This monthly report contains all claims by agency, sorted by program and error type that have received a notice of overissuance. It contains the primary person's name, claim number, claim status, notice date, last payment date, claim amount, outstanding balance, original case number, category and sequence.

CBV252RB C175 **Report of Active Claims without Notification Date**

This monthly report contains all claims by agency, sorted by program and error type that have not received a notice of overissuance. It contains the primary person's name, claim number, claim status, notice date, last payment date, claim amount, outstanding balance, original case number, category and sequence.

CBV262RA C139 (Mo.) C140 (Wk.) **Overpayment Collections by Agency**

This report includes all cash and FoodShare collected from each agency. This report contains information for each cash and non-cash collection made for each agency by program. It contains date, claim number, error type, payment amount, payment type, payment source, PIN, name and originating county. Totals are calculated for each agency, and the entire state based on program and error type. This report can be accessed weekly and monthly.

CBV264RA C141 **State Overpayment Collections by Originating Agency**

This monthly report will include all cash and FoodShare collected by the state PACU listed by originating agency. This report contains information for each cash and non-cash collection made by the state PACU for each agency by program. It will contain payment date, claim number, error type, payment amount, payment type, payment source, PIN, name and originating agency. Totals are calculated for each agency, and the entire state based on program and error type.

CBV266RA C142 **JAL Collections by Agency**

This monthly report contains information for each cash and in-kind collection made for each agency for JALs. It contains date, claim number, payment amount, payment type, payment source, PIN, name and originating county. Totals are calculated for each agency, and the entire state. This report is used to assist in monthly cash reconciliation for an agency.

CBV268RA C143 **State JAL Collections by Originating Agency**

This monthly report will include all cash and in-kind collection made by the state PACU for each agency by program. It will contain payment date, claim number, payment amount, payment type, payment source, PIN, name and originating agency. Totals are calculated for each agency, and the entire state. This report is used to assist in monthly cash reconciliation for an agency.

CBV272RA C144 **Job Access Loan Claims**

This monthly report provides a list of all individuals who have applied for a job access loan. This report is in agency order and sorted by JAL status. The report contains primary person, claim number, case number, creation date, application amount, claim amounts, outstanding amounts and the worker ID. The report summarizes loan statuses with cash balances and in-kind balances by office.

CBV282RA C145 **Recoupment/Offset Activity Report**

This monthly report provides recoupment and offset activity history. It has detailed information for recoupment and offset activities for FoodShare, AFDC and W-2. It includes claim number, posted date, recoupment amount, recoupment type, case, category, sequence, and primary person name. It is in agency order, divided by program and error type with totals for each program by error type.

CBV284RZ C146 **CARES DATA EXTRACT FOR FRAUD INVS TRACKING MONTHLY COST REPORT**

This report is for state technical staff use to monitor investigation cost functions.

CBV286RA C147 **FRAUD INVESTIGATION TRACKING COST REPORT BY AGENCY**

This monthly report includes all investigations for the reporting month that have initial or additional costs associated with a completed fraud investigation. The report includes case number, investigation number, outside agency, investigation costs, maximum allowable costs, payment amount, program of assistance and category cost breakdown.

CBV286RC C186 **FRAUD INVESTIGATION TRACKING COST REPORT IRC AGENCY**

This weekly report includes investigations for the reporting week that have initial or additional costs associated with a completed fraud investigation. Only investigations with the outside agency IRC, Interstate Reporting Company, will be selected for this report. The report includes case number, investigation number, outside agency, investigation costs, maximum allowable costs, payment amount, program of assistance and category cost breakdown. This report is broken down by agency.

CBV288RA C148 **FRAUD INVS TRACKING COST OVERMATCH REPORT BY AGENCY**

This monthly report includes all investigations for the reporting month that have initial or additional costs associated with a completed fraud investigation over the maximum allowable reimbursement rate. This report includes case number, investigation number, investigation costs, maximum allowable costs, cost overmatch, programs of assistance and category cost breakdown. This report is used to claim additional federal matching dollars spent on programs funded at the federal level and is sorted by agency.

CBV292RA C190 **Newly Established Claim Summary**

This monthly report shows a summary of the claims established and the dollar amount of the claims established in the reporting month. Claims are in agency order and broken down by error type and program. A county/tribe total is found on each page and a state totals page can be found at the end.

CBV292RB C191 **Newly Established Claim Summary**

This quarterly report shows a summary of the claims established and the dollar amount of the claims established from January to the end of the current quarter. Claims are in agency order and broken down by error type and program. A county/tribe total is found on each page and a state totals page can be found at the end. The first full year of data for this report is 2004 as the report was created in July of 2003.

CBV410RA C169 **Refund Issuance Report by Agency**

This monthly report shows all refunds issued during the previous month by agency. The purpose of the report is to display all refunds where an agency had issued a check to the client. This report should allow an agency to reconcile all checks they have issued for the over-collection of claims. This report includes the worker who issued the check, claim number, SSN, refund date, refund amount, refund type, PIN and name of payee. The last page will have state totals.

CBV414RA C167 **INVESTIGATION REFERRAL REPORTS BY WORKER**

This monthly report lists pending investigations for the reporting month in agency order, sorted by worker. It includes worker ID, investigation referral number, case number, provider number, type code, source code, referred for investigation, investigation start and due date, creation date and category code. There are county/tribe totals on the end of each county/tribe and state totals on the last page separated by program and investigation type.

CBV418RA C181 **Milwaukee Claims Detail Report**

This monthly report is used by state personnel to show all Milwaukee County claims that were noticed in the last month. The report is in order of supervisor unit number and includes user ID, program, case number, claim number, PIN, name, outstanding balance, notice date and referral source.

CBV422RA C168 **PROGRAM INTEGRITY ALLOCATION REPORT BY AGENCY**

This monthly report assists state workers in allocating costs to the federal programs. It includes a summary of all new FEV referrals, fraud referrals, overpayment claims and new prosecution referrals. There is a totals page for the state at the end.

CBV426RA C184 **ADJUSTED COST ALLOCATION FRAUD DATA**

This monthly report shows state workers the year to date totals for open FEV and fraud cases broken down by month. Another section breaks these totals down by program for each month. At the bottom of the report, there are cost allocation ratios broken down by program for each month.

CBV426RB C185 **COMPLETED FRAUD INVESTIGATION DATA**

This monthly report shows state workers year to date totals for total unduplicated fraud investigation numbers broken down by month. Another section breaks these totals down by program for each month. At the bottom of the report, there are program ratios for each month.

CBV433RA C173 **Providers with Dunning Notice(s) Sent**

This monthly report lists all child care providers that had a dunning notice sent in the reporting month. The report is in county/tribe order and shows provider name, provider number, installment amount, number of dunning notices, claim number, payment amount, outstanding amount and assigned worker. There are county/tribe totals at the bottom of each page and a state totals page at the end showing total claims and total outstanding amount.

CBV434RA C174 **Providers with 3 Past Due Notices**

This monthly report lists all child care providers that had a third dunning notice sent in the reporting month. The report is in county/tribe order and shows provider name, provider number, days delinquent, date of third dunning notice, claim number, notification date and outstanding amount. There are county/tribe totals at the bottom of each page and a state totals page at the end showing total claims and total outstanding amount.

CBV442RA C188 **AFDC Collections and Recoupments Report**

This quarterly report is used to show state workers where AFDC collection dollars will go. It shows original case, claim number, claim indicator, recoupment case, W-2 recoupments, offsets, cash collections, total collections, refunds and adjustments. There are monthly totals for AFDC, AFDC overlap, TANF overlap and TANF collection amounts.

CBV552RA C165 **Open Claim Referrals from BVRF without Claims**

This monthly report lists all open claim referrals that have no claims established. The report is in county/tribe order, sorted by the referral worker. It contains referral number, date of referral, case number, overpayment period, investigation number, category, case worker ID, and referral worker ID.

CBV602RA C192 **Manual Update Report**

This daily report is for state worker use to post ePayment transactions not posted by the automated program.

CBV602RB C193 **Payment Posted Report**

This daily report is for state worker use to view ePayments posted by the program.

CBV905RA C183 **CARES Data Extract for DOR/IRS Tax Intercept Exception Report**
This report is for state worker use to monitor tax intercept exceptions.

CBV909RA C179 **Intercept Posting Detail Report**
This biweekly report shows all tax intercepts posted to claims for the reporting week. This report is used by state personnel to track tax intercept collections. There is one DOR and one IRS cycle done each week, so the numbers on this report reflect one cycle. These cycles are on different days of the week, so one version of the report reflects DOR intercepts and the other IRS intercepts each week. The report includes intercept number, PIN, name, payment source, program code, error type, posted amount and refunded amount. This report is separated by program and has totals by program and error type at the end of the report.

CBV910RA C156 **Intercept Posting Exception Report**
This biweekly report lists all individuals who have been intercepted where the payment could not be posted either in full or partial. The report includes the reason the partial payment or full intercept was not posted to the individual's claims. The report includes reason code, intercept number, PIN, name, payment source code, intercepted amount, claim number, program code, error type and refund amount. The report also details a summary of the total dollars posted and a legend of the reason codes. This report is primarily for the state staff, however, agencies may use the report to find out if an individual was intercepted and the payment was not posted to their claims.

CBV920RZ C157 **Batch Reformat of Tax Intercept Addresses for CARES**
This biweekly process sends an address of the individual intercepted from the tax intercept system, CRES, to CARES. These addresses are received in CRES directly from the IRS or the Department of Revenue when an intercept is made. The report lists totals for addresses read, addresses in error and addresses that will be updated in CARES. This report is for state worker use to monitor this process.

CBV925RA C158 **Batch Update of Tax Intercept Addresses Error Report**
This biweekly report lists all individuals where the addresses provided by the Department of Revenue or IRS have some kind of problem. These addresses come to CARES from the tax intercept system CRES. The error message does not necessarily mean the address will not be updated in CARES. The report shows PIN, name and address, whether or not CARES could accept the address and error messages. This report is for state use only to monitor this process.

CBV925RZ C159 **Batch Update of Tax Intercept Addresses**
This biweekly report gives state workers a summary of the addresses sent from the tax intercept system, CRES, to CARES. It lists totals for addresses read, errors, informational records and CARES addressed updated for the report period.

CBV995RA C161 **Recoupment Discrepancy (BV vs. BI)**

This monthly report provides a list of all recoupments recorded where no recoupments have occurred for the current month. The report contains county/tribe, office, case number, program, benefit date, BI recoup amount, BV posted amount, discrepancy amount, claim number(s), current balance and claim status. This report is used to assist the state in identifying recoupment posting problems.

CBV995RB C160 **Recoupment Discrepancy (BI vs. BV)**

This monthly report provides a list of all recoupments that have not posted to claims for the current month. The report contains county/tribe, office, case number, program, benefit date, BI recoup amount, BV posted amount, discrepancy amount, claim number(s), current balance and claim status. This report is used to assist the state in identifying recoupment posting problems.

CBV998RA C178 **BV Recovery Reconciliation Report**

This report is for state worker use to help reconcile recoveries.

CARES RECOVERY REPORTS
REPORT DESCRIPTIONS (Discontinued Reports)

CBV010RZ C100 **Recurring Recoupment Summary Report**
This report was for state technical staff use to monitor recoupment posting functions.

CBV013RA C176 **CRES – CARES Reconciliation Report**
This weekly report showed discrepancies between CARES and the tax intercept system CRES. It shows PIN, program, claim number, reason, and discrepancy reason.

CBV032RA C106 **AFDC Recoupment Summary**
This monthly report collected the total dollar amount of all recoupment made against AFDC claims during the reporting month. For each error type, the report showed the amount of federal retention, state agency retention, local agency retention and total collected. This report is in agency order with state totals.

CBV034RA C107 **AFDC/MA Repayment Summary**
This monthly report collected the total dollar amount of all repayments made against AFDC and MA claims during the reporting month. For each error type, the report will show the amount of federal retention, state agency retention, local agency retention and total collected by program. This report is in agency order with a state total page at the end.

CBV036RA C108 **AFDC Recovery Summary**
This monthly report collected the total dollar amount of recoupment, offsets and repayments made against AFDC claims during the reporting month. For each error type, the report showed the amount of federal retention, state retention, local agency retention and total collected. This report is in agency order with state totals at the end.

CBV042RA C109 **CARS Input Report**
This monthly report produced the CARS input report. On a monthly basis, this process produced a report of the information that needed to be input into the CARS system. This information includes MA and AFDC recoupments and repayments.

CBV052RA C110 **FS Recoupment Summary**
On a monthly basis, this report collected the dollar amount of all recoupments made against FS claims during the reporting month. Offsets were included in the totals. For each error type, the report showed the amount of federal retention, state retention, local agency retention and total collected. This report is in agency order with statewide totals at the end.

CBV054RA C111 **FS Cash Repayment Summary**
On a monthly basis, this report collected the total dollar amount of all cash repayments made against FS claims during the reporting month. For each error type, the report showed the amount of federal retention, state retention, local agency retention and total collected. This report is in agency order with statewide totals at the end.

CBV056RA C112 **FS Recovery Summary**

On a monthly basis, this report collected the total dollar amount of all recoupment, offsets, and repayments made against FS claims during the reporting month. For each error type, the report will show the amount of federal retention, state retention, local agency retention and total collected. This report is in agency order with state totals at the end.

CBV092RA C120 **Individuals without a Repayment Agreement**

This monthly report listed all individuals who needed to complete a repayment agreement. An individual who lost AFDC or FS eligibility in the month prior to the report month and was liable for a claim in the corresponding program of assistance was listed. This report was replaced by the dunning notice report.

CBV102RA C121 **Duplicate AFDC Issuance Recoveries**

This monthly report of recoveries against claims was established due to duplicate issuance of AFDC benefits. It showed all recoupment, offsets and repayments made against each claim during the reporting month.

CBV112RA C122 **Claims to be Terminated**

This report identified claims that had been suspended and had had no recovery activity for three years (possible writeoffs.) The report showed the claim number, error type, amount, outstanding balance, date of last recovery, case number, program and sequence. It was divided up by agency.

CBV132RA C124 **Referrals by Fraud Worker Report**

This monthly report listed all open referrals by fraud worker. It was sorted by agency and worker ID and included referral number, referral date, disposition status, disposition date, category, sequence, and primary person. Referrals were selected for this report only if they had been assigned to a fraud worker.

CBV134RA C125 **Referrals by ESS Report**

This monthly report listed all open referrals by ESS worker. It was sorted by agency and worker ID of the referral. It contained primary person, referral number, referral date, disposition date and status, case, category and sequence.

CBV136RA C126 **Open Referral Report by Outside Agency**

This monthly report included all open referrals by an outside investigative agency. It contained date assigned, referral number, referral date, referral source, case number, category, sequence, primary person and fraud worker assigned to the referral. It is in agency order and sorter by outside agency.

CBV138RA C127 **Open Referral Report by Benefit Recovery Worker**

This report generated a list of all open referrals by outside investigative agency. It contained disposition status, disposition date, primary person, referral number, referral date, case, category and sequence in agency order by fraud worker.

CBV152RA C128 **YTD Analysis of Data in Error**

This report showed the number of overpayments that resulted from errors in reporting household composition, residence, earned income, unearned income, assets or vehicles. This report selects claim referrals where investigations have been completed. It shows the number of overpayments that are selected to be due to each type of reported error. It is in agency order. It is a monthly report and shows monthly and year to date totals.

CBV162RA C129 **YTD Analysis of Referral Sources**

This report showed a summary by referral source of all open claim referrals. The referral sources were economic support specialist, hotline/anonymous call/letter and quality control review. This was a monthly report and showed monthly and year to date totals.

CBV172RA C130 **Summary of One Month Program Savings Resulting from Fraud Investigations**

This monthly report shows one-month future savings that resulted from fraud investigations. It showed referral number, assigned worker, effect on assistance group and savings amount. This report was in agency order and was broken down by program.

CBV180RA C131 **Credit Bureau Savings from Overpayment Claims**

This monthly report showed the amount of money saved by using credit bureau reports. It was broken down by credit report type and showed the number of AGs which had been closed, denied or reduced due to the use of each type of credit report, as well as the resulting dollar amount savings. This report also included the dollar amount of savings associated with the closure, denial or reduction in the assistance group's benefit.

CBV192RA C132 **Fraud Claim Dollars by Type of Outcome**

This monthly report showed the dollar value of claims that resulted from investigations with a particular type of outcome. The report shows totals by month for every month in a given year. It is broken down by type of outcome and program of assistance.

CBV192RB C133 **Fraud Claim Counts by Type of Outcome**

This monthly report showed the number of fraud claims that resulted from investigations with a particular type of outcome. It was displayed by month in year to date format. This report was in agency order and broken down by outcome type and program of assistance.

CBV200RZ C134 **Select Claims for Recalculations Summary Report**

This report was used by state staff to monitor recoupments based on changed claims.

CBV210RA C135 **Potential FS Overpayment**

This report generated an AFDC exception report that identified where the AFDC recoupment could not be posted in full. A FS AG must exist in the same case before the report would have been produced. These cases may not have had the correct amount of AFDC counted as unearned income in the FS budget. If not, a FS overpayment may have occurred. This process recorded the recoupment, reduced the outstanding balance by the recoupment amount and updated the amount to be recovered to date. When a claim was fully recovered, the claim status was closed. As recoupment was posted, the claim was marked to have recoupment calculated to ensure that the recoupment amount was correct.

CBV402RA C149 **FoodShare IPV Sanction Report**

This weekly report provided a list of all individuals who had FoodShare sanctions for the reporting week by agency, sorted by worker. The report included case number, sanctioned individual, SSN, PIN, decision date, number of sanctions, sanction begin and end dates, number of months sanctioned and override begin and end dates.

CBV402RB C150 **FoodShare IPV Sanction Report**

This weekly report provided a list of all individuals who had FoodShare sanctions for the reporting week by agency. The report included case number, sanctioned individual, SSN, PIN, decision date, number of sanctions, sanction begin and end dates, number of months sanctioned and override dates.

CBV402RC C151 **FS IPV Sanction Summary Report**

This weekly report provided a count of individuals that were sanctioned by county/tribe for the reporting week. There was a state total at the end of the page.

CBV404RA C152 **Pending FoodShare IPV Sanction Report**

This weekly report provided a list of all individuals that had FoodShare sanctions pending for the reporting week in agency order by worker. The report included case number, sanctioned individual, SSN, PIN, decision date, number of sanctions, sanction begin and end dates, number of months sanctioned and override dates.

CBV404RB C153 **Pending FoodShare IPV Sanction Report**

This weekly report provided a list of all individuals that had FoodShare sanctions pending for the reporting week in agency order. The report included case number, sanctioned individual, SSN, PIN, decision date, number of sanctions, sanction begin and end dates, number of months sanctioned and override dates.

CBV404RC C154 **Pending FoodShare IPV Sanction Report**

This weekly report provided a list of all individuals that had pending sanctions for the reporting week. This was listed in order of case number. The report included case number, sanctioned individual, SSN, PIN, decision date, number of sanctions, sanction begin and end dates, number of months sanctioned and override dates.

CBV404RD C155 **Pending FS IPV Sanction Summary Report**

This weekly report provided a count of individuals that had sanctions pending by county/tribe for the reporting week. There was a state total at the end of the page.

REPORT ID: CBV012RA

WISCONSIN CARES SYSTEM
MONTHLY SUMMARY REPORT OF RECEIVABLES
FOR MONTH ENDING 01/31/2006

PAGE: 1
RUN DATE: 02/06/2006
RUN TIME: 19:38
AS OF DATE: 02/06/2006

AGE OF RECEIVABLE	AFDC / WW / FOOD STAMPS / CHILD CARE — FRAUD	AFDC / WW / FOOD STAMPS / CHILD CARE — CLIENT ERROR	AFDC / WW / FOOD STAMPS / CHILD CARE — NON-CL ERROR	MA / JAL / SENIOR CARE — FRAUD	MA / JAL / SENIOR CARE — CLIENT ERROR	CF — LEVY	CF — WARRANT
MORE THAN 6 YRS:	13282,587.27	3444,655.83	503,494.56	402,556.40	738,770.49	0.00	0.00
	4,126	2,587	825	169	242	0	0
	29,488.15	214,662.82	149,627.94	529,750.97	****	****	****
	14	125	182	988	***	***	***
	1211,487.50	1365,674.97	181,567.31	0.00	0.00	****	****
	828	1,756	468	0	0	***	***
	28,491.70	89,974.87	8,412.86	****	****	****	****
	14	59	5	***	***	***	***
5 TO 6 YEARS:	57,149.15	570,089.55	2,051.00	12,710.58	249,672.62	0.00	0.00
	24	265	2	13	79	0	0
	7,979.32	178,946.13	40,209.74	330,148.76	****	****	****
	7	84	56	560	***	***	***
	109,525.31	286,819.60	13,572.77	0.00	0.00	****	****
	115	413	39	0	0	***	***
	13,003.36	71,608.23	7,462.36	****	****	****	****
	13	42	3	***	***	***	***
4 TO 5 YEARS:	29,437.64	52,344.60	243.00	35,678.90	264,947.22	0.00	0.00
	8	22	1	23	135	0	0
	5,052.82	65,350.74	20,653.93	152,306.70	****	****	****
	4	59	36	265	***	***	***
	56,372.43	310,211.59	57,551.46	0.00	0.00	****	****
	60	528	122	0	0	***	***
	77,522.17	295,793.45	9,823.64	****	****	****	****
	18	134	4	***	***	***	***

REPORT ID: CBV012RB

WISCONSIN CARES SYSTEM
MONTHLY REPORT OF RECEIVABLES DETAIL
FOR MONTH ENDING 11/30/2003

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:41
AS OF DATE: 12/01/2003

AGE OF RECEIVABLE	PROGRAM/ ERROR TYPE	CTY	CLAIM NUMBER	RFR CASE NUMBER	* * * * *	PRIMARY PERSON OF CASE	* * * * *	NOTICE DATE	OUTSTANDING BALANCE
MORE THAN 6 YRS:	AFDC/FRAUD	01	0900135580	3100982584	KRISTINE	J WILHOYT		09/17/1997	723.94
		01	3900060303	0102904928	KATHY	A VOISS		03/23/1995	2,112.00
		01	4900094854	4101633794	LORETTA	M THURBER		02/01/1996	4,432.85
		01	8900043168	7102664737	ELAINE	A LOESCHER		12/31/1991	2,892.35
		01	8900131968	3104038937	SUSANNE	J NARANCICH		06/10/1997	1,447.00
		01	9900073299	5103072858	ROBIN	M GIPSON		05/18/1995	1,698.00
		02	0900052360	0102779155	DUANE	N BREITENFELD		12/30/1986	38.00
		02	0900053130	9102786583	CYNTHIA	A NEWAGO		04/30/1989	1,693.00
		02	1900084401	1103543482	CLARA	L MALACH		11/15/1991	1,619.90
		02	2900114372	5101051675	RHONDA	J OSNESS		06/20/1996	627.00
		02	3900027183	7101695825	SUZANNE	M GESSERT		10/02/1994	6,533.12
		02	4900052644	8102781319	LINDA	A ANDERSON		02/16/1995	280.00
		02	5900052845	4102783407	SHEILA	L HOERICH		11/30/1994	2,715.43
		02	8900052978	1102784877	DONNA	M NATOLI		03/23/1994	14,115.22
		02	8900053208	7102787383	FENTON	J OTT		03/03/1992	740.00
		02	9900109079	7104347968	LISA	R PETERSON		03/23/1993	2,549.24
		03	0900048040	5102719211	SUZANNE	L KINSEL		10/30/1992	245.00
		03	0900074920	0100889174	CONNIE	PETERSON		12/07/1995	350.00
		03	1900048391	3102722989	KAREN	L MATHIS		11/01/1991	560.00
		03	1900048481	4102723811	CAROL	M DAVIS		04/16/1991	1,551.00
		03	1901140911	5100947853	KIM	C DEAL		10/31/1997	503.00
		03	2900047412	2102712354	SALLY	K JOHNSON WAGNER		05/25/1989	4,487.00
		03	3900015213	9100617024	MARILYN	F KOHLER		09/13/1996	24.66
		03	4900032284	2102037239	PAULINE	M WHITERABBIT		11/10/1994	779.00
		03	5900029415	8101879081	VICKIE	C BROWN		10/16/1994	6,632.18
		03	5900082765	3101176239	DENISE	M RUNOWSKI		08/17/1995	324.99
		03	5900086925	7101041876	JOAN	M KURTZHALS		12/07/1995	1,703.23
		03	5901139225	6100575566	TRACY	A FRANCOIS		09/10/1997	41.00
		03	6900048086	5102719785	JODI	R GARDNER		04/29/1991	1,279.30
		03	6900060756	4101476853	MICHELLE	R MOY		04/04/1991	695.69
		03	6900074886	0100889174	CONNIE	PETERSON		06/02/1995	350.00
		03	6900074916	0100889174	CONNIE	PETERSON		06/02/1995	150.00
		03	7900116317	1101554835	KIMBERLY	H WHITE-CHRISTENSEN		07/26/1996	180.00
		03	8900047808	6102716540	KATHY	R ROGERS		03/09/1994	599.00
		03	8900083018	7101827187	JUDITH	A WOOLAND		08/18/1995	1,199.86
		03	9900021619	1101213787	JOLENE	K WOHLK		08/13/1994	1,464.00
		03	9900030659	0101962801	NONA	L ARMSTRONG		04/01/1993	1,280.69
		03	9900048099	8102720042	DOUGLAS	W MLEJNEK		08/16/1992	1,021.97
		03	9900048379	2102722821	LEA	A DUGGINS		11/25/1991	1,568.00
		03	9900074909	0100889174	CONNIE	PETERSON		06/02/1995	188.00
		04	4900029204	7101833748	KELLY	J FERRY		10/15/1994	477.29
		04	6900118326	8103460981	KIM	Y WINSTON		08/28/1996	1,498.92
		05	0900017440	4100820810	NENG	LOR		07/07/1994	6,186.25
		05	0900028850	5101834777	LINDA	C HUGGARD		03/01/1993	325.60
		05	0900031760	4100938586	CARMELLA	R BALL		11/15/1994	1,512.00
		05	0900037560	8100692556	DONNA	M STOCK		01/19/1995	2,396.00
		05	0900051580	6102766989	ANGELA	M GONZALEZ		09/24/1993	553.40
		05	0900051690	6102767934	FRANCIS	J WAYKA		01/12/1994	1,383.00
		05	0900051980	6102771095	MICHELLE	E HENDERSON		10/30/1988	269.00

REPORT ID: CBV015RA

WISCONSIN CARES SYSTEM
BENEFIT RECOVERY
PAYMENT SOURCE CODE
FOR PERIOD OF 01/01/06 THRU 01/31/06

PAGE: 1
RUN DATE: 02/06/2006
RUN TIME: 19:35
AS OF DATE: 02/06/2006

CT/TRB: 02 ASHLAND COUNTY

	AFDC / FS / WW / CC			MA / SC		CF	LEARNFARE / JAL	
SOURCE CODE	(AMOUNT IN DOLLARS) FRAUD	CLIENT	NON-CLIENT	(AMOUNT IN DOLLARS) FRAUD	CLIENT	(AMOUNT IN DOLLARS) LEVY	WARRANT	TOTAL (AMOUNT IN DOLLARS)
DOC				19				19
TOT				19				19

REPORT ID: CARES-BV017A-MON

WISCONSIN CARES SYSTEM
CLAIMS WITH STOP RECOVERY SUMMARY
AS OF NOVEMBER 2005

PAGE: 1
RUN DATE: 12/05/2005
RUN TIME: 19:24
AS OF DATE: 12/05/2005

CT/TRB: 02 ASHLAND COUNTY
OFFICE: 5002 ASHLAND CO HSD

PIN NUMBER	CLAIM NUMBER	PGM CD	RSN CD	STOP RCVY DATE	LAST RCVY DATE	CLAIM AMT	OUTSTANDING BAL AMT	NAME	WORKER ID
6505233962	4900052764	ADC	BAN	2002-08-08	2005-11-23	3,883.00	645.00	LAURIE COMPTON	DWD358
6505233962	4900052774	FS	BAN	2002-08-08	2005-04-12	1,432.00	810.00	LAURIE COMPTON	DWD358

PROGRAM TOTALS
AFDC 1
FS 1
WW 0
CC 0
MA 0
SC 0
CF 0

OFFICE TOTAL 2

REPORT ID: CARES-BV026A-BOM

WISCONSIN CARES SYSTEM
INDIVIDUALS WITH DUNNING NOTICE(S) SENT
FOR THE PERIOD OF 11/01/2003 THRU 11/30/2003

PAGE: 2
RUN DATE: 12/01/03
RUN TIME: 20:46
AS OF DATE: 12/01/03

AGENCY: 02 ASHLAND COUNTY
PROGRAM: FS

LAST NAME	FIRST NAME	M	PIN NUMBER	SSN NUMBER	INSTALMENT AMOUNT	STRIKES	CLAIM NUMBER	PAYMENT AMOUNT	OUTSTANDING AMOUNT	ASSIGNED WORKER ID
SHERMAN	ROBERT	J	0512650306		50.00	3	7900218677	0.00	206.00	XAS047
							TOTAL	0.00	206.00	
ALBERTUS	HANK	A	3502276838		0.00	1	9900215879	0.00	196.00	XAS034
							TOTAL	0.00	196.00	
ALBERTUS	JENNIFER	L	3509598563		0.00	1	9900215879	0.00	196.00	XAS034
							TOTAL	0.00	196.00	
BRESETTE	RENEE	G	4521457070		0.00	3	3900218773	0.00	266.00	XAS044
							TOTAL	0.00	266.00	
TOTALS FOR AGENCY : 02								0.00	864.00	

REPORT ID: CARES-BV027A-BOM

WISCONSIN CARES SYSTEM
INDIVIDUALS WITH 3 PAST DUE NOTICES
FOR THE PERIOD OF 11/01/2003 THRU 11/30/2003

PAGE: 3
RUN DATE: 12/01/03
RUN TIME: 20:46
AS OF DATE: 12/01/03

AGENCY: 03 BARRON COUNTY

PROGRAM: FS CLIENT ERROR

LAST NAME	FIRST NAME	M	PIN NUMBER	SSN NUMBER	DAYS DELINQUENT	THIRD NOTICE SENT DATE	CLAIM NUMBER	NOTIFICATION DATE	OUTSTANDING AMOUNT
MITCHELL	JOHN	F	9529195672		067	12/01/2003	1900219421	08/18/2003	920.00
								TOTAL	920.00
MOE	CANDACE	L	9509642665		105	12/01/2003	9900214659	04/17/2003	87.00
							8900215148	04/17/2003	77.00
								TOTAL	164.00
MORAN	COURTNEY	E	5535557862		105	12/01/2003	9900218599	07/28/2003	36.00
								TOTAL	36.00
MORAN	JOSEPH		5512182242		105	12/01/2003	9900218599	07/28/2003	36.00
								TOTAL	36.00
MORAN	BRENDA	L	5502982556		105	12/01/2003	9900218599	07/28/2003	36.00
								TOTAL	36.00

PROGRAM: MA CLIENT ERROR

MITCHELL	JOHN	F	9529195672		105	12/01/2003	4900219424	08/18/2003	1,899.36
								TOTAL	1,899.36
MITCHELL	VICKI	A	9529173911		105	12/01/2003	4900219424	08/18/2003	1,899.36
								TOTAL	1,899.36

PROGRAM: WW CLIENT ERROR

MOE	CHARITY		0524852821		089	12/01/2003	6900219956	09/03/2003	128.94
								TOTAL	128.94

PROGRAM: WW FRAUD (IPV)

POZNIKOWICH	KEITH	J	7519738183		615	12/01/2003	4900168434	10/26/1999	1,328.00
								TOTAL	1,328.00

TOTALS FOR AGENCY:03 6,447.66

REPORT ID: CARES-BV046A-AN3

WISCONSIN CARES SYSTEM
FS PROGRAM AND BUDGET SUMMARY FNS-366B
FOR PERIOD OF 07/01/2002 THRU 06/30/2003

PAGE: 1
RUN DATE: 07/04/2003
RUN TIME: 13:32
AS OF DATE: 07/03/2003

FRAUD INVESTIGATIONS:	* * PRE-CERTIFICATION (FEV) * *	* * POST-CERTIFICATION (FRD) * *
REFERRED FOR INVESTIGATION	3,106	2,296
INVESTIGATIONS COMPLETED (NEGATIVE)	1,596	771
INVESTIGATIONS COMPLETED (POSITIVE)	1,520	1,576
PROGRAM DOLLARS	1,442,056.33	1,361,490.71
INVESTIGATIONS PENDING	262	405
INVESTIGATIONS CANCELED	33	19

DISQUALIFICATION HEARINGS AND PROSECUTIONS:	* * DISQUALIFICATION ADMINISTRATIVE HEARING * *	* * * * * PROSECUTIONS * * * * *
CASES (PERSONS) REFERRED	55	115
CASES PURSUED	22	109
WAIVERS DISQUALIFICATIONS CONSENT AGREEMENT	71	24
UPHELD/CONVICTIONS	15	72
ACTUALLY ACQUITTED	7	9
PROGRAM DOLLARS	89,503.12	119,569.00
PENDING DECISIONS	35	45
DECISIONS OVERDUE	7	

---- END OF REPORT ----

REPORT ID: CBV062RA

WISCONSIN CARES SYSTEM
BENEFIT RECOVERY
FNS209 STATUS OF CLAIMS AGAINST HOUSEHOLDS REPORT
FOR PERIOD OF 11/01/2003 THRU 11/30/2003

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:41
AS OF DATE: 12/01/2003

AGENCY: 01 ADAMS COUNTY
OFFICE: 5001 ADAMS CO DEPT OF HEALTH & SOC SERV

		* * * FRAUD NUMBER	* * * AMOUNT	* *CLIENT ERROR* * NUMBER	AMOUNT	* NON-CLIENT ERROR * NUMBER	AMOUNT
3A	BEGINNING BALANCE	6	3,036.54	13	3,857.00	1	998.00
3B	BALANCE ADJUSTMENTS						
4	NEWLY ESTABLISHED						
5	TRANSFER						
6	REFUNDS						
7	TOTAL	6	3,036.54	13	3,857.00	1	998.00
8	CLOSED			1			
9	TERMINATED						
10	CMPROMISED						
11A	COLLECTION				168.00		
11B	COLLECTION ADJUSTMENT						
12	TOTAL			1	168.00		
13	ENDING BALANCE	6	3,036.54	12	3,689.00	1	998.00
	COLLECTION SUMMARY						
	---------- -------						
14	CASH, CHECK, M.O.						
15	FOOD STAMPS				168.00		
16	RECOUPMENT						
17	OFFSET						
18A	TOTAL (14+15+16+17)				168.00		
18B	CASH ADJUSTMENTS						
18C	NON CASH ADJUSTMENTS						
19	TRANSFERS						
20A	CASH REFUNDS						
20B	NON CASH REFUNDS						
21	TOTAL(18A+18B+18C+19-20A-20B)				168.00		
	RETENTION SUMMARY						
	--------- -------						
	RETENTION FACTOR		.15		.15		
22	RETENTION AMOUNT				25.20		
23	TOTAL (14+18B-20A)						
24	22A + 22B		25.20				
25	LOC ADJUSTMENT (23-24)		-25.20				
26	REIMBURSEMENTS DUE TO FNS						
27	BILLING ADJUSTMENTS						
28	TOTAL LETTER OF CREDIT ADJ						

REPORT ID: CBV062RA

WISCONSIN CARES SYSTEM
BENEFIT RECOVERY
FNS209 STATUS OF CLAIMS AGAINST HOUSEHOLDS REPORT
FOR PERIOD OF 07/01/2003 THRU 09/30/2003

PAGE: 1
RUN DATE: 09/30/2003
RUN TIME: 23:54
AS OF DATE: 09/30/2003

AGENCY: 01 ADAMS COUNTY
OFFICE: 5001 ADAMS CO DEPT OF HEALTH & SOC SERV

		* * * FRAUD * * * NUMBER	AMOUNT	* *CLIENT ERROR* * NUMBER	AMOUNT	* NON-CLIENT ERROR * NUMBER	AMOUNT
3A	BEGINNING BALANCE	6	3,111.00	13	4,553.00	1	998.00
3B	BALANCE ADJUSTMENTS		-23.46				
4	NEWLY ESTABLISHED			2	422.00		
5	TRANSFER						
6	REFUNDS						
7	TOTAL	6	3,087.54	15	4,975.00	1	998.00
8	CLOSED			2			
9	TERMINATED						
10	CMPROMISED						
11A	COLLECTION		51.00		963.00		
11B	COLLECTION ADJUSTMENT						
12	TOTAL		51.00	2	963.00		
13	ENDING BALANCE	6	3,036.54	13	4,012.00	1	998.00
	COLLECTION SUMMARY						
	---------- -------						
14	CASH, CHECK, M.O.				438.00		
15	FOOD STAMPS						
16	RECOUPMENT		51.00		525.00		
17	OFFSET						
18A	TOTAL (14+15+16+17)		51.00		963.00		
18B	CASH ADJUSTMENTS						
18C	NON CASH ADJUSTMENTS						
19	TRANSFERS						
20A	CASH REFUNDS						
20B	NON CASH REFUNDS						
21	TOTAL(18A+18B+18C+19-20A-20B)		51.00		963.00		
	RETENTION SUMMARY						
	---------- -------						
	RETENTION FACTOR		.15		.15		
22	RETENTION AMOUNT		7.65		144.45		
23	TOTAL (14+18B-20A)		438.00				
24	22A + 22B		152.10				
25	LOC ADJUSTMENT (23-24)		285.90				
26	REIMBURSEMENTS DUE TO FNS						
27	BILLING ADJUSTMENTS						
28	TOTAL LETTER OF CREDIT ADJ						

NETTING REPORT

REPORT ID: CBV064RA

WISCONSIN CARES SYSTEM
BENEFIT RECOVERY
AFDC STATUS OF CLAIMS AGAINST HOUSEHOLDS REPORT
FOR PERIOD OF 11/01/2003 THRU 11/30/2003

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:41
AS OF DATE: 12/01/2003

AGENCY: 01 ADAMS COUNTY
OFFICE: 5001 ADAMS CO DEPT OF HEALTH & SOC SERV

		* * * FRAUD NUMBER	* * * AMOUNT	* *CLIENT ERROR* * NUMBER	AMOUNT	* NON-CLIENT ERROR * NUMBER	AMOUNT
3A	BEGINNING BALANCE	8	14,960.14	3	982.48	3	1,941.03
3B	BALANCE ADJUSTMENTS						
4	NEWLY ESTABLISHED						
5	TRANSFER						
6	REFUNDS						
7	TOTAL	8	14,960.14	3	982.48	3	1,941.03
8	CLOSED						
9	TERMINATED						
10	CMPROMISED						
11A	COLLECTION		50.00				
11B	COLLECTION ADJUSTMENT						
12	TOTAL		50.00				
13	ENDING BALANCE	8	14,910.14	3	982.48	3	1,941.03
	COLLECTION SUMMARY						
	---------- -------						
14	CASH, CHECK, M.O.		50.00				
15	FOOD STAMPS						
16	RECOUPMENT						
17	OFFSET						
18A	TOTAL (14+15+16+17)		50.00				
18B	CASH ADJUSTMENTS						
18C	NON CASH ADJUSTMENTS						
19	TRANSFERS						
20A	CASH REFUNDS						
20B	NON CASH REFUNDS		50.00				
21	TOTAL(18A+18B+18C+19-20A-20B)						
	RETENTION SUMMARY						
	---------- -------						
	RETENTION FACTOR		.15		.15		
22	RETENTION AMOUNT		7.50				
23	TOTAL (14+18B-20A)		50.00				
24	22A + 22B		7.50				
25	LOC ADJUSTMENT (23-24)		42.50				
26	REIMBURSEMENTS DUE TO HHS						
27	BILLING ADJUSTMENTS						
28	TOTAL LETTER OF CREDIT ADJ						

REPORT ID: CBV064RA

WISCONSIN CARES SYSTEM
BENEFIT RECOVERY
AFDC STATUS OF CLAIMS AGAINST HOUSEHOLDS REPORT
FOR PERIOD OF 07/01/2003 THRU 09/30/2003

PAGE: 1
RUN DATE: 09/30/2003
RUN TIME: 23:54
AS OF DATE: 09/30/2003

AGENCY: 01 ADAMS COUNTY
OFFICE: 5001 ADAMS CO DEPT OF HEALTH & SOC SERV

		* * * FRAUD * * * NUMBER	* * * AMOUNT	* *CLIENT ERROR* * NUMBER	* AMOUNT	* NON-CLIENT ERROR * NUMBER	* AMOUNT
3A	BEGINNING BALANCE	8	15,060.14	3	982.48	3	1,941.03
3B	BALANCE ADJUSTMENTS						
4	NEWLY ESTABLISHED						
5	TRANSFER						
6	REFUNDS						
7	TOTAL	8	15,060.14	3	982.48	3	1,941.03
8	CLOSED						
9	TERMINATED						
10	CMPROMISED						
11A	COLLECTION		100.00				
11B	COLLECTION ADJUSTMENT						
12	TOTAL		100.00				
13	ENDING BALANCE	8	14,960.14	3	982.48	3	1,941.03
	COLLECTION SUMMARY						
	---------- -------						
14	CASH, CHECK, M.O.		100.00				
15	FOOD STAMPS						
16	RECOUPMENT						
17	OFFSET						
18A	TOTAL (14+15+16+17)		100.00				
18B	CASH ADJUSTMENTS						
18C	NON CASH ADJUSTMENTS						
19	TRANSFERS						
20A	CASH REFUNDS						
20B	NON CASH REFUNDS		100.00				
21	TOTAL(18A+18B+18C+19-20A-20B)						
	RETENTION SUMMARY						
	---------- -------						
	RETENTION FACTOR		.15		.15		
22	RETENTION AMOUNT		15.00				
23	TOTAL (14+18B-20A)		100.00				
24	22A + 22B		15.00				
25	LOC ADJUSTMENT (23-24)		85.00				
26	REIMBURSEMENTS DUE TO HHS						
27	BILLING ADJUSTMENTS						
28	TOTAL LETTER OF CREDIT ADJ						

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REPORT ID: CBV066RA                      WISCONSIN CARES SYSTEM                              PAGE:         1
                          STATUS OF CLAIMS AGAINST HOUSEHOLDS DETAIL REPORT             RUN DATE: 12/01/2003
                              FOR PERIOD OF 11/01/2003 THRU 11/30/2003                  RUN TIME: 23:41
                                                                                      AS OF DATE: 12/01/2003

AGENCY: 01 ADAMS COUNTY
OFFICE: 5001 ADAMS CO DEPT OF HEALTH & SOC SERV
PROGRAM TYPE: ADC                                                                                            USERID
                                                         ERROR    CLAIM      ACTIVITY   ACTIVITY    AMOUNT
ACTIVITY  ACTIVITY                                       TYPE     NUMBER     DATE       COUNTY
  TYPE    DESCRIPTION
                                                                                                    50.00
  CFC     ( 14) CREDIT FOR CASH COLLECTION BY ANOTHER COUNTY   FR    8900131968  11/17/2003   99

TOTALS FOR ERROR TYPE: FR         COUNT:      1     TOTAL:          50.00
                                          ------            --------------
TOTALS FOR ACTIVITY TYPE: CFC     COUNT:      1     TOTAL:          50.00
                                          ======            ==============
----------------------------------------------------------------------------------------------------------------
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REPORT ID: CBV066RA

WISCONSIN CARES SYSTEM
STATUS OF CLAIMS AGAINST HOUSEHOLDS DETAIL REPORT
FOR PERIOD OF 07/01/2003 THRU 09/30/2003

PAGE: 1
RUN DATE: 09/30/2003
RUN TIME: 23:54
AS OF DATE: 09/30/2003

AGENCY: 01 ADAMS COUNTY
OFFICE: 5001 ADAMS CO DEPT OF HEALTH & SOC SERV
PROGRAM TYPE: ADC

ACTIVITY TYPE	ACTIVITY DESCRIPTION	ERROR TYPE	CLAIM NUMBER	ACTIVITY DATE	ACTIVITY COUNTY	AMOUNT	USERID
CFC	(14) CREDIT FOR CASH COLLECTION BY ANOTHER COUNTY	FR	8900131968	09/15/2003	99	50.00	
			8900131968	07/16/2003	99	50.00	

TOTALS FOR ERROR TYPE: FR COUNT: 2 TOTAL: 100.00

TOTALS FOR ACTIVITY TYPE: CFC COUNT: 2 TOTAL: 100.00

REPORT ID: CARES-BV072A-MON

WISCONSIN CARES SYSTEM
ADJUSTED CLAIMS REPORT
FOR PERIOD OF 11 01 2005 THRU 11 30 2005

PAGE: 2
RUN DATE: 12/05/2005
RUN TIME: 19:24
AS OF DATE: 12/05/2005

CT/TRB: 03 BARRON COUNTY

CLAIM NUMBER	PGM CODE	ERR TYPE	PIN NUMBER	ADJUSTMENT AMOUNT	ADJUSTMENT DATE	ADJ RSN CD	WRITE OFF RSN CD	CLIENT NAME	WORKER ID
7900028627	ADC	NCE	6507844365 -	183.00	2005-11-22	WOF	UDA	RANDAL SEAY	DWD358
1900188241	FS	CE	2512359514 -	2.00	2005-11-16	EBT		SUSAN SHELDON	EBT999
1900188241	FS	CE	2512359514 -	2.00	2005-11-16	EBT		SUSAN SHELDON	EBT999
1900188241	FS	CE	2512359514 -	2.27	2005-11-16	EBT		SUSAN SHELDON	EBT999

COUNTY TOTALS	PROGRAM CD AFDC	ERROR TYPE	ADJUSTMENTS COUNT	ADJUSTMENTS TOTAL AMOUNT	WRITE OFFS COUNT	WRITE OFFS TOTAL AMOUNT
		FRAUD				
		CLIENT ERROR			1 -	183.00
		NON CLIENT ERROR			1 -	183.00
		TOTAL				
	FS	FRAUD				
		CLIENT ERROR	3 -	6.27		
		NON CLIENT ERROR				
		TOTAL	3 -	6.27		
	WW	FRAUD				
		CLIENT ERROR				
		NON CLIENT ERROR				
		TOTAL				
	CC	FRAUD				
		CLIENT ERROR				
		NON CLIENT ERROR				
		TOTAL				
	MA	FRAUD				
		CLIENT ERROR				
		NON CLIENT ERROR				
		TOTAL				
	SC	FRAUD				
		CLIENT ERROR				
		NON CLIENT ERROR				
		TOTAL				
	CF	LEVY FEE				
		WARRANT FEE				
		TOTAL				

REPORT ID: CBV082RA

WISCONSIN CARES SYSTEM
OUTSTANDING CLAIM SUMMARY
FOR MONTH OF NOVEMBER 2005

PAGE: 1
RUN DATE: 12/05/2005
RUN TIME: 19:24
AS OF DATE: 12/05/2005

AGENCY: 99 WISCONSIN

AGENCY	**** COUNT	FRAUD **** DOLLARS	CLIENT ERROR COUNT	CLIENT ERROR DOLLARS	NON-CLIENT COUNT	NON-CLIENT DOLLARS	**** COUNT	TOTAL **** DOLLARS
ADAMS COUNTY	14	17,440.68	11	6,576.08	3	2,166.27	28	26,183.03
AFDC	8	13,631.14	3	982.48	2	1,100.27	13	15,713.89
FS	6	3,809.54	8	5,593.60	0	0.00	14	9,403.14
WW	0	0.00	0	0.00	1	1,066.00	1	1,066.00
CC	0	0.00	0	0.00	0	0.00	0	0.00
MA	0	0.00	0	0.00	0	0.00	0	0.00
SC	0	0.00	0	0.00	0	0.00	0	0.00
ASHLAND COUNTY	16	81,855.08	33	115,490.49	10	2,527.84	59	199,873.41
AFDC	7	26,712.22	6	3,809.30	4	508.92	17	31,030.44
FS	4	6,087.90	21	8,576.25	3	1,196.92	28	15,861.07
WW	0	0.00	1	1,540.00	3	822.00	4	2,362.00
CC	0	0.00	0	0.00	0	0.00	0	0.00
MA	5	49,054.96	5	101,564.94	0	0.00	10	150,619.90
SC	0	0.00	0	0.00	0	0.00	0	0.00
BAD RIVER TRIBE	1	1,748.00	1	31.32	2	715.89	4	2,495.21
AFDC	1	1,748.00	1	31.32	1	520.00	3	2,299.32
FS	0	0.00	0	0.00	1	195.89	1	195.89
WW	0	0.00	0	0.00	0	0.00	0	0.00
CC	0	0.00	0	0.00	0	0.00	0	0.00
MA	0	0.00	0	0.00	0	0.00	0	0.00
SC	0	0.00	0	0.00	0	0.00	0	0.00
BARRON COUNTY	39	43,029.24	54	145,017.98	12	4,513.27	105	192,560.49
AFDC	21	32,977.96	13	16,749.74	2	1,521.26	36	51,248.96
FS	15	6,820.27	27	16,961.31	7	1,208.01	49	24,989.59
WW	1	979.00	2	2,041.00	3	1,784.00	6	4,804.00
CC	1	1,356.84	2	1,020.14	0	0.00	3	2,376.98
MA	1	895.17	10	108,245.79	0	0.00	11	109,140.96
SC	0	0.00	0	0.00	0	0.00	0	0.00
BAYFIELD COUNTY	2	1,976.21	13	22,708.22	3	1,560.82	18	26,245.25
AFDC	2	1,976.21	5	17,132.04	1	500.00	8	19,608.25
FS	0	0.00	5	2,472.00	2	1,060.82	7	3,532.82
WW	0	0.00	0	0.00	0	0.00	0	0.00
CC	0	0.00	3	3,104.18	0	0.00	3	3,104.18
MA	0	0.00	0	0.00	0	0.00	0	0.00
SC	0	0.00	0	0.00	0	0.00	0	0.00
BROWN COUNTY	286	498,497.45	749	597,950.03	108	55,899.41	1,143	1,152,346.89
AFDC	144	306,553.09	48	54,847.93	39	36,466.29	231	397,867.31
FS	59	41,102.66	248	105,800.96	58	12,849.45	365	159,753.07
WW	1	1,918.50	6	3,033.50	8	2,818.17	15	7,770.17
CC	34	43,724.46	155	198,047.18	3	3,765.50	192	246,337.14
MA	48	105,198.74	292	235,420.46	0	0.00	340	340,619.20
SC	0	0.00	0	0.00	0	0.00	0	0.00

REPORT ID: CARES-BV098A-MON

WISCONSIN CARES SYSTEM
FEV/FRAUD REFERRALS OVERPAYMENT SAVINGS REPORT
REFERRAL COMPLETION DATE DURING PERIOD OF 11/01/2003 THRU 11/30/2003

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:38
AS OF DATE: 12/01/2003

CT/TRB: 03 BARRON COUNTY

INVS RFR NUMBER	INVS COMP DATE	TYPE CODE	RFRD FOR INVS?	REFERRAL COMP DATE	CAT CODE	INITIAL EST OVRPYMT/SAV	OVERPAYMENT AMOUNT	FUTURE SAV AMOUNT	FUT SAV RSN CD	FUTURE SAV EFF MONTH	CATEOGRY COMP DATE
OFFICE: 5003 BARRON CO DSS											
0400040590	11/10/2003	FEV	Y	11/10/2003	FS	141.00	0.00	0.00	N	11/2003	11/10/2003
5400040715	11/25/2003	FEV	Y	11/25/2003	FS	400.00	0.00	0.00	N	11/2003	11/25/2003
5400041105	11/25/2003	FEV	Y	11/25/2003	FS	253.00	0.00	0.00	N	11/2003	11/25/2003
9400015819	03/15/2000	FEV	Y	11/06/2003	CC	100.00	0.00	0.00	N	03/2000	03/15/2000
					FS	313.00	0.00	0.00	N	03/2000	03/15/2000
9400040589	11/10/2003	FEV	Y	11/10/2003	FS	141.00	0.00	0.00	N	11/2003	11/10/2003
4400017524		FRD	N	11/06/2003	FS	240.00	0.00	0.00			11/06/2003
0400040100	11/13/2003	FRD	Y	11/13/2003	FS	199.00	0.00	0.00	N	11/2003	11/13/2003
0400040220	11/10/2003	FRD	Y	11/10/2003	FS	1,000.00	0.00	0.00	N	11/2003	11/10/2003
					MA	800.00	0.00	0.00	N	11/2003	11/10/2003
OFFICE: 5503 BARRON CO W2 PROGRAM											
8400040338	11/17/2003	FEV	Y	11/17/2003	FS	139.00	0.00	0.00	N	11/2003	11/17/2003
8400040568	11/25/2003	FEV	Y	11/25/2003	FS	259.00	0.00	0.00	N	11/2003	11/25/2003

REPORT ID: CBV106RA

WISCONSIN CARES SYSTEM
BENEFIT RECOVERY
LEGISLATIVE AUDIT BUREAU RECEIVABLES REPORT FOR PERIOD OF 07/01/2004 THRU 06/30/2005

PAGE: 1
RUN DATE: 07/05/2005
RUN TIME: 23:51
AS OF DATE: 07/05/2005

PROGRAM CODE	OVERPAYMENTS ESTABLISHED	RECOUPMENT AMOUNT	OFFSET AMOUNT	CASH COLLECTIONS	INKIND REPAYMENTS	COUPON PAYMENTS
AFDC	235,745.94	0.00	0.00	1,069,242.41	0.00	0.00
WW	207,739.36	111,843.00	209.00	184,074.13	0.00	0.00
FS	1,968,522.91	1,021,324.00	25,310.00	1,711,383.87	0.00	45,839.97
MA	1,295,987.88	0.00	0.00	505,089.04	0.00	0.00
LF	50.00	0.00	0.00	0.00	0.00	0.00
JAL	875,537.12	0.00	0.00	587,719.17	4,258.53	0.00
CC - PROVIDER	533,130.60	312,603.81	0.00	11,602.23	0.00	0.00
SC	0.00	0.00	0.00	0.00	0.00	0.00
CF	0.00	0.00	0.00	0.00	0.00	0.00

***** END OF REPORT *****

REPORT ID: CBV122RA

WISCONSIN CARES SYSTEM
BENEFIT RECOVERY
CLAIMS WITHOUT RECOVERY ACTIVITY

PAGE: 1
RUN DATE: 12/01/03
RUN TIME: 23:43

AS OF DATE: 12/01/03

AGENCY: 01 ADAMS COUNTY

PROGRAM TYPE: ADC

CLAIM	ERROR TYPE	CLAIM AMOUNT	TOTAL RECOVERED	OUTSTANDING BALANCE	LAST RECOVERY DATE	STOP RECOVERY	CLAIM DELNQCY DATE
0900135580	FR	981.00	257.06	723.94	01/12/00	N	
3503184236	WILHOYT	J KRISTINE		N10919 CTY HWY G		NECEDAH	WI 54646
3900034163	NC	2,870.00	1,336.35	1,533.65	06/24/03	N	
5502390357	PERSON	M KRIS		206 STATE ROAD 82		OXFORD	WI 53952
3900043263	NC	494.00	305.62	188.38	04/01/03	N	10/31/90
1501719611	KING	B VIRGINIA		PO BOX 26		GRAND MARSH	WI 53936-0026
3900060303	FR	2,758.00	646.00	2,112.00	06/17/97	N	
0503674508	VOISS	A KATHY		242 W 4TH ST 2		WESTFIELD	WI 53964-9081
4900094854	FR	4,789.00	356.15	4,432.85	01/12/00	N	
4500697845	THURBER	M LORETTA		PO BOX 42		WHITE LAKE	WI 54491-0042
6900043236	CE	107.00	77.52	29.48	06/13/00	N	06/16/94
9502836791	DANLEY	K BONNIE		PO BOX 274		WILMOT	WI 53192-0274
6900115756	FR	377.00	25.00	352.00	10/08/96	N	
6512181611	FUENTES	M CHRISTINE		1814 HWY 13 #7		FRIENDSHIP	WI 53934
7900043237	NC	219.00	0.00	219.00		N	06/16/94
9502836791	DANLEY	K BONNIE		PO BOX 274		WILMOT	WI 53192-0274
7900077997	CE	881.00	0.00	881.00		N	
4501041048	CONRAD	L JANET		P.O. BOX 500		FRIENDSHIP	WI 53934
8900043168	FR	3,310.00	417.65	2,892.35	03/10/98	N	
7502892575	LOESCHER	A ELAINE		1535 17TH AV		OAKDALE	WI 54613
9900073299	FR	1,698.00	0.00	1,698.00		N	
5505070752	GIPSON	M ROBIN		PO BOX 182		ADAMS	WI 53910-0182
9900113679	CE	688.00	616.00	72.00	01/12/00	N	
9504150098	LAMONT	A BARBARA		2294 14TH DR		FRIENDSHIP	WI 53934-9606
9900144549	FR	1,278.00	26.00	1,252.00	04/16/98	N	
0513043217	NOBLE	E ANGELA		3404 9TH AVE		WIS DELLS	WI 53965

REPORT ID: CARES-BV188A-MON

WISCONSIN CARES SYSTEM
FINAL OUTCOMES FOR FRAUD INVESTIGATION REFERRALS
REFERRAL COMPLETION DATE DURING PERIOD OF 11/01/2003 THRU 11/30/2003

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:37
AS OF DATE: 12/01/2003

CT/TRB: 03 BARRON COUNTY

INVS RFR NUMBER	INVS COMP DATE	RFRD FOR INVS?	NO CLM RSN CD	REFERRAL COMP DATE	CAT CODE	NOT RFRD RSN CODE	PROS SUMM	NON-PROS	ADH CODE	OVERPAYMENT AMOUNT	CONVICTION AMOUNT	CATEOGORY COMP DATE
OFFICE: 5003 BARRON CO DSS												
4400017524		N		11/06/2003	FS					0.00	0.00	11/06/2003
0400040100	11/13/2003	Y		11/13/2003	FS					0.00	0.00	11/13/2003
0400040220	11/10/2003	Y		11/10/2003	FS					0.00	0.00	11/10/2003
					MA					0.00	0.00	11/10/2003

REPORT ID: CBV220RA

WISCONSIN CARES SYSTEM
BENEFIT RECOVERY
4972 SUPPORTING INFORMATION REPORT
FOR PERIOD OF 07 01 03 THRU 09 30 03

PAGE: 1
RUN DATE: 2003-09-30
RUN TIME: 23:51
AS OF DATE: 2003-09-30

AGENCY: 99 WISCONSIN

ITEMS	* * * CASES CURRENT	* * * * FORMER	* * * AMOUNTS CURRENT	* * * * FORMER
1. BALANCE OF OVERPAYMENTS AT BEGINNING OF QUARTER	29,064	21,034	10445775.39	12030763.04
2. OVERPAYMENTS IDENTIFIED DURING QUARTER	4	2	4786.00	8893.00
3. REDUCTION OF ASSISTANCE PAYMENTS	2		387.00	.00
4. CASH COLLECTIONS	312	378	81685.27	108944.08
5. OVERPAYMENTS FOR WHICH COLLECTION WILL NOT BE PURSUED			.00	.00
6. OVERPAYMENTS FULLY RECOVERED	23,036	16,136	.00	.00
7. BALANCE AT END OF QUARTER	6,032	4,900	10368489.12	11930711.96

REPORT ID: CBV224RA

WISCONSIN CARES SYSTEM
OPEN FRAUD INVESTIGATION REFERRALS REPORT BY AGENCY
FOR PERIOD ENDING 11/30/2003

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:38
AS OF DATE: 12/01/2003

CT/TRB: 02 ASHLAND COUNTY

INVS RFR NUMBER	CASE NUMBER	PROVIDER NUMBER	TYPE CODE	SOURCE CODE	INVS START DATE	INVS DUE DATE	EXTENSION DUE DATE	ELAPSED NUM OF DAYS	CAT CODE
OFFICE: 5002 ASHLAND CO HSD									
5400032175	9107962398	0000000000	FRD	SWC	08/20/2002	11/18/2002		468	FS
OFFICE 5002 AVG ELAPSED DAYS PER FRD RFR = 468				TOT # OF FRD RFRS =		1	TOTAL # OF FRD CATS = FS		1
CT/TRB 02 AVG ELAPSED DAYS PER FRD RFR = 468				TOT # OF FRD RFRS =		1	TOTAL # OF FRD CATS = FS		1

REPORT ID: CBV228RA

WISCONSIN CARES SYSTEM
TIMELINESS FOR COMPLETED FRAUD INVESTIGATION REFERRALS
FOR PERIOD OF 11/01/2003 THRU 11/30/2003

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:38
AS OF DATE: 12/01/2003

CT/TRB: 03 BARRON COUNTY

INVS RFR NUMBER	CASE NUMBER	PROVIDER NUMBER	TYPE CODE	SOURCE CODE	TOT INVS COST	INVS START DATE	INVS DUE DATE	EXTENSION DUE DATE	INVS COMP DATE	# OF DAYS FOR INVS
OFFICE: 5003 BARRON CO DSS										
0400040590	9111437391	0000000000	FEV	OST	0.00	11/10/2003	12/10/2003		11/10/2003	0
5400040715	3116736537	0000000000	FEV	OST	0.00	11/10/2003	12/10/2003		11/25/2003	15
5400041105	4117665847	0000000000	FEV	FEV	0.00	11/20/2003	12/20/2003		11/25/2003	5
7400040347	8100657068	0000000000	FEV	FEV	0.00	10/06/2003	11/05/2003		11/10/2003	35
9400040589	6112197561	0000000000	FEV	OST	0.00	10/20/2003	11/19/2003		11/10/2003	21
0400040100	9100777811	0000000000	FRD	TIP	450.00	09/22/2003	12/21/2003		11/13/2003	52
0400040220	3112713231	0000000000	FRD	OST	450.00	09/29/2003	12/28/2003		11/10/2003	42
OFFICE 5003	TOT # OF FEV RFRS = 5				AVG DAYS PER FEV RFR = 15				AVG COST PER FEV RFR = 0.00 TOTAL FEV INVS COSTS = 0.00	
	TOT # OF FRD RFRS = 2				AVG DAYS PER FRD RFR = 47				AVG COST PER FRD RFR = 450.00 TOTAL FRD INVS COSTS = 900.00	
OFFICE: 5503 BARRON CO W2 PROGRAM										
8400040338	2114847021	0000000000	FEV	FEV	0.00	10/06/2003	11/05/2003		11/17/2003	42
8400040568	3106934433	0000000000	FEV	REV	0.00	11/25/2003	12/25/2003		11/25/2003	0
OFFICE 5503	TOT # OF FEV RFRS = 2				AVG DAYS PER FEV RFR = 21				AVG COST PER FEV RFR = 0.00 TOTAL FEV INVS COSTS = 0.00	
CT/TRB 03	TOT # OF FEV RFRS = 7				AVG DAYS PER FEV RFR = 17				AVG COST PER FEV RFR = 0.00 TOTAL FEV INVS COSTS = 0.00	
	TOT # OF FRD RFRS = 2				AVG DAYS PER FRD RFR = 47				AVG COST PER FRD RFR = 450.00 TOTAL FRD INVS COSTS = 900.00	

REPORT ID: CBV232RA

WISCONSIN CARES SYSTEM
FRAUD INVS REFERRALS NOT REFERRED FOR INVESTIGATION
FOR PERIOD OF 11/01/2003 THRU 11/30/2003

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:38
AS OF DATE: 12/01/2003

CT/TRB: 03 BARRON COUNTY

INVS RFR NUMBER	CASE NUMBER	PROVIDER NUMBER	TYPE CODE	SOURCE CODE	INVS DECISION DATE	CAT CODE
OFFICE: 5003 BARRON CO DSS						
4400017524	8101916202	0000000000	FRD	FEV	11/06/2003	FS
OFFICE 5003 TOT # OF INVS RFR = 1					TOT # OF CATEGORIES = FS	1
CT/TRB 03 TOT # OF INVS RFR = 1					TOT # OF CATEGORIES = FS	1

REPORT ID: CARES-BV242RA-MON

WISCONSIN CARES SYSTEM
CLAIMS WITH REFUND DUE

PAGE: 1
RUN DATE: 12/09/2003
RUN TIME: 20:24
AS OF DATE: 12/09/2003

CT/TRB: 13 DANE COUNTY
OFFICE: 5513 DANE CO W2 PROGRAM

WORKER	CLAIM NUMBER	PROGRAM CODE	LAST RECOVERY DATE	REFUND AMOUNT	PAYEE PIN NUMBER	* * * * * * PAYEE NAME * * * * * * * *
XDA013	1900198291	FS	10/18/2002	57.00	2500981941	JAQUITA J BARNER
	7900198287	WW	09/24/2002	67.00	2500981941	JAQUITA J BARNER
XDA075	5900197405	FS	03/18/2002	44.00	6519863157	DAWN M NORIEGA
OFFICE TOTALS			COUNT	AMOUNT		
			3	168.00		
COUNTY/TRIBE TOTALS			COUNT	AMOUNT		
			3	168.00		

REPORT ID: CARES-CRBV252A-MON

WISCONSIN CARES SYSTEM
REPORT OF ACTIVE CLAIMS WITH NOTIFICATION DATE

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:45
AS OF DATE: 12/01/2003

CT/TRB: 01 ADAMS COUNTY
OFFICE: 5001 ADAMS CO DEPT OF HEALTH & SOC SERV

PROGRAM TYPE: ADC

ERROR TYPE	PRIMARY PERSON			CLAIM NUMBER	CLAIM STS	NOTICE DATE	LAST PAY DATE	CLAIM AMOUNT	OUTSTANDING BALANCE	ORIGINAL CASE	CAT	SE
FR	FUENTES	CHRISTINE	M	6900115756	0	02/13/98	10/08/96	377.00	352.00	6103693268	ADCR	1
	GIPSON	ROBIN	M	9900073299	0	05/18/95		1,698.00	1,698.00	5103072858	ADCZ	1
	LOESCHER	ELAINE	A	8900043168	0	12/31/91	03/10/98	3,310.00	2,892.35	7102664737	ADCZ	1
	NARANCICH	SUSANNE	J	8900131968	0	06/10/97	11/17/03	2,814.00	1,447.00	3104038937	ADCR	1
	NOBLE	ANGELA	E	9900144549	0	03/12/98	04/16/98	1,278.00	1,252.00	0104104309	ADCR	1
	THURBER	LORETTA	M	4900094854	0	02/01/96	01/12/00	4,789.00	4,432.85	4101683794	ADCR	1
	VOISS	KATHY	A	3900060303	0	03/23/95	06/17/97	2,758.00	2,112.00	0102904928	ADCZ	1
	WILHOYT	KRISTINE	J	0900135580	0	09/17/97	01/12/00	981.00	723.94	3100982584	ADCR	1

ERROR TOTALS	COUNT	TOT OUTS BAL
	8	14,910.14

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REPORT ID: CARES-CRBV252B-MON              WISCONSIN CARES SYSTEM                                    PAGE:      1
                               REPORT OF ACTIVE CLAIMS WITHOUT NOTIFICATION DATE               RUN DATE: 12/01/2003
                                                                                                RUN TIME: 23:45
                                                                                             AS OF DATE: 12/01/2003
CT/TRB: 11  COLUMBIA COUNTY
OFFICE: 5011  COLUMBIA CO HSD

PROGRAM TYPE:  FS

ERROR  PRIMARY PERSON                       CLAIM     CLAIM   NOTICE    LAST        CLAIM  OUTSTANDING  ORIGINAL    CAT  SE
TYPE                                        NUMBER     STS     DATE    PAY DATE     AMOUNT     BALANCE    CASE

 FR    MARTIN         JAMES          G  6900207156   O                               0.00        0.00 4112411049   FS    1

ERROR TOTALS                                      COUNT    TOT OUTS BAL

                                                    1            0.00
```

REPORT ID: CARES-BV262A-MON

WISCONSIN CARES SYSTEM
OVERPAYMENT COLLECTIONS BY AGENCY
FOR PERIOD OF 11/01/2003 THRU 11/30/2003

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:38
AS OF DATE: 11/30/2003
STATE: 99

CT/TRB: 02 ASHLAND COUNTY
OFFICE: 5502 ASHLAND CO WISCONSIN WORKS PROGRAM
PROGRAM TYPE: MA

DATE	CLAIM NUMBER	ERROR TYPE	PAYMENT AMOUNT	PAYMENT TYPE	PAYMENT SOURCE	PAYEE PIN	* * * * * * * PAYEE NAME * * * * * * *			ORIGINATING COUNTY
11/04/2003	7900203657	CE	25.00	CA	RPA	0502796821	KARA	J FRYER		02
TOTALS FOR DATE: 11/04/2003		COUNT:	1	TOTAL:		25.00	CASH:	25.00	COUPON:	.00
11/26/2003	7900203657	CE	25.00	CA	RPA	0502796821	KARA	J FRYER		02
TOTALS FOR DATE: 11/26/2003		COUNT:	1	TOTAL:		25.00	CASH:	25.00	COUPON:	.00

FRAUD TOTALS:	COUNT: 0	TOTAL:	.00	CASH:	.00	COUPON: .00
CLIENT ERROR TOTALS:	COUNT: 2	TOTAL:	50.00	CASH:	50.00	COUPON: .00
NON-CLIENT ERROR TOTALS:	COUNT: 0	TOTAL:	.00	CASH:	.00	COUPON: .00
TOTALS FOR PROGRAM TYPE: MA	COUNT: 2	TOTAL:	50.00	CASH:	50.00	COUPON: .00
FRAUD TOTALS:	COUNT: 0	TOTAL:	.00	CASH:	.00	COUPON: .00
CLIENT ERROR TOTALS:	COUNT: 2	TOTAL:	50.00	CASH:	50.00	COUPON: .00
NON-CLIENT ERROR TOTALS:	COUNT: 0	TOTAL:	.00	CASH:	.00	COUPON: .00
LEARNFARE PENALTY TOTALS:	COUNT: 0	TOTAL:	.00	CASH:	.00	COUPON: .00
TOTALS FOR OFFICE: 5502	COUNT: 2	TOTAL:	50.00	CASH:	50.00	COUPON: .00
FRAUD TOTALS:	COUNT: 0	TOTAL:	.00	CASH:	.00	COUPON: .00
CLIENT ERROR TOTALS:	COUNT: 2	TOTAL:	50.00	CASH:	50.00	COUPON: .00
NON-CLIENT ERROR TOTALS:	COUNT: 0	TOTAL:	.00	CASH:	.00	COUPON: .00
LEARNFARE PENALTY TOTALS:	COUNT: 0	TOTAL:	.00	CASH:	.00	COUPON: .00
TOTALS FOR CT/TRB: 02	COUNT: 2	TOTAL:	50.00	CASH:	50.00	COUPON: .00

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REPORT ID: CARES-BV262A-WKX                    WISCONSIN CARES SYSTEM                                  PAGE:      1
                                           OVERPAYMENT COLLECTIONS BY AGENCY                      RUN DATE: 12/05/2003
                                        FOR PERIOD OF 11/29/2003 THRU 12/05/2003                  RUN TIME: 21:50
                                                                                               AS OF DATE: 12/05/2003
CT/TRB: 03 BARRON COUNTY                                                                             STATE:  99
OFFICE: 5003 BARRON CO DSS
PROGRAM TYPE: FS
                   CLAIM      ERROR      PAYMENT  PAYMENT  PAYMENT  PAYEE                                           ORIGINATING
      DATE         NUMBER     TYPE       AMOUNT   TYPE     SOURCE   PIN         * * * * * * * PAYEE NAME * * * * * * *   COUNTY

   12/04/2003   9900222559   CE         100.00   CA       RPA   5533751645   RALPH          HIEMSTRA                  03

TOTALS FOR DATE: 12/04/2003    COUNT:     1      TOTAL:          100.00      CASH:          100.00    COUPON:           .00
-------------------------------------------------------------------------------------------------------------------------

   FRAUD TOTALS:               COUNT:     0      TOTAL:             .00      CASH:             .00    COUPON:           .00
   CLIENT ERROR TOTALS:        COUNT:     1      TOTAL:          100.00      CASH:          100.00    COUPON:           .00
   NON-CLIENT ERROR TOTALS:    COUNT:     0      TOTAL:             .00      CASH:             .00    COUPON:           .00
                                        ------              --------------         --------------            --------------
TOTALS FOR PROGRAM TYPE: FS    COUNT:     1      TOTAL:          100.00      CASH:          100.00    COUPON:           .00
                                        ======              ==============         ==============            ==============
```

REPORT ID: CBV264RA

WISCONSIN CARES SYSTEM
OVERPAYMENT COLLECTIONS FOR DES BY ORIGINATING AGENCY
FOR PERIOD OF 11/01/2003 THRU 11/30/2003

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:38
AS OF DATE: 12/01/2003

AGENCY: 99 DES
ORIGINATING CT/TRB: 01 ADAMS COUNTY
ORIGINATING OFFICE: 5001 ADAMS CO DEPT OF HEALTH & SOC SERV
PROGRAM TYPE: ADC

DATE	CLAIM NUMBER	ERROR TYPE	PAYMENT AMOUNT	PAYMENT TYPE	PAYMENT SOURCE	PAYEE PIN	* * * * * * * PAYEE NAME * * * * * * *		ORIGINATING COUNTY/TRIBE
11/17/2003	8900131968	FR	50.00	CA	VCC	3512910688	SUSANNE	J NARANCICH	01

TOTALS FOR DATE: 11/17/2003	COUNT:	1	TOTAL:	50.00	CASH:	50.00	COUPON:	.00		
FRAUD TOTALS:	COUNT:	1	TOTAL:	50.00	CASH:	50.00	COUPON:	.00		
CLIENT ERROR TOTALS:	COUNT:	0	TOTAL:	.00	CASH:	.00	COUPON:	.00		
NON-CLIENT ERROR TOTALS:	COUNT:	0	TOTAL:	.00	CASH:	.00	COUPON:	.00		
TOTALS FOR PROGRAM TYPE: ADC	COUNT:	1	TOTAL:	50.00	CASH:	50.00	COUPON:	.00		
FRAUD TOTALS:	COUNT:	0	TOTAL:	50.00	CASH:	50.00	COUPON:	.00		
CLIENT ERROR TOTALS:	COUNT:	0	TOTAL:	.00	CASH:	.00	COUPON:	.00		
NON-CLIENT ERROR TOTALS:	COUNT:	0	TOTAL:	.00	CASH:	.00	COUPON:	.00		
LEARNFARE PENALTY TOTALS:	COUNT:	0	TOTAL:	.00	CASH:	.00	COUPON:	.00		
TOTALS FOR OFFICE: 5001	COUNT:	1	TOTAL:	50.00	CASH:	50.00	COUPON:	.00		
FRAUD TOTALS:	COUNT:	1	TOTAL:	50.00	CASH:	50.00	COUPON:	.00		
CLIENT ERROR TOTALS:	COUNT:	0	TOTAL:	.00	CASH:	.00	COUPON:	.00		
NON-CLIENT ERROR TOTALS:	COUNT:	0	TOTAL:	.00	CASH:	.00	COUPON:	.00		
LEARNFARE PENALTY TOTALS:	COUNT:	0	TOTAL:	.00	CASH:	.00	COUPON:	.00		
TOTALS FOR CT/TRB: 01	COUNT:	1	TOTAL:	50.00	CASH:	50.00	COUPON:	.00		

REPORT ID: CBV266RA

WISCONSIN CARES SYSTEM
JAL COLLECTIONS BY AGENCY
FOR PERIOD OF 11/01/2003 THRU 11/30/2003

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:38
AS OF DATE: 12/01/2003

CT/TRB: 05 BROWN COUNTY
OFFICE: 5505 BROWN CO WISCONSIN WORKS PROGRAM

DATE	CLAIM NUMBER	PAYMENT AMOUNT	PAYMENT TYPE	PAYMENT SOURCE	PAYEE PIN	* * * * * * * PAYEE NAME * * * * * * *		ORIGINATING COUNTY
11/03/2003	0900216780	70.00	CA	RPA	2507824425	MICHELLE	J SCHILTZ	05
TOTALS FOR DATE: 11/03/2003	COUNT: 1	TOTAL: 70.00	CASH: 70.00	INKIND: .00				
11/06/2003	3900220053	67.00	CA	RPA	3500589031	CELESTE	V TINNON	05
	9900216289	66.00	CA	RPA	8528692035	APRIL	M FOWLES	05
TOTALS FOR DATE: 11/06/2003	COUNT: 2	TOTAL: 133.00	CASH: 133.00	INKIND: .00				
11/21/2003	4900221794	38.86	CA	RPA	7507525180	DUSTY	L CHOUINARD	05
TOTALS FOR DATE: 11/21/2003	COUNT: 1	TOTAL: 38.86	CASH: 38.86	INKIND: .00				
11/24/2003	8900217658	35.00	CA	RPA	7501179611	CLARISSA	A KNIPP	05
TOTALS FOR DATE: 11/24/2003	COUNT: 1	TOTAL: 35.00	CASH: 35.00	INKIND: .00				
TOTALS FOR OFFICE: 5505	COUNT: 5	TOTAL: 276.86	CASH: 276.86	INKIND: .00				
TOTALS FOR CT/TRB: 05	COUNT: 5	TOTAL: 276.86	CASH: 276.86	INKIND: .00				

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REPORT ID: CBV268RA                    WISCONSIN CARES SYSTEM                    PAGE:  1
                                JAL COLLECTIONS FOR DES BY ORIGINATING AGENCY     RUN DATE: 12/01/2003
                                    FOR PERIOD OF 11/01/2003 THRU 11/30/2003      RUN TIME: 23:38
                                                                                  AS OF DATE: 12/01/2003

AGENCY: 99 DES
ORIGINATING CT/TRB: 40 MILWAUKEE COUNTY
ORIGINATING OFFICE: 5601 MILWAUKEE W2 REG 1, YW WORKS
                      CLAIM      PAYMENT  PAYMENT  PAYMENT  PAYEE
      DATE           NUMBER      AMOUNT    TYPE    SOURCE    PIN      * * * * * * * PAYEE NAME * * * * * * *    COUNTY    ORIGIN

   11/28/2003  6900162306          21.00  CA       JAL    250510492  1 SONYA R THICKLEN                          40

TOTALS FOR DATE: 11/28/2003   COUNT:     1      TOTAL:          21.00      CASH:          21.00    INKIND:           .00

TOTALS FOR DATE: 11/28/2003   COUNT:     1      TOTAL:          21.00      CASH:          21.00    INKIND:           .00
TOTALS FOR OFFICE: 5601       COUNT:     1      TOTAL:          21.00      CASH:          21.00    INKIND:           .00
                              ======                    ==============             ==============             ==========
```

REPORT ID: CARES-CRBV272A-MON

WISCONSIN CARES SYSTEM
JOB ACCESS LOAN CLAIMS
FOR PERIOD ENDING 11/30/2003

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:38
AS OF DATE: 12/01/2003

CT/TRB: 01 ADAMS COUNTY
OFFICE: 5001 ADAMS CO DEPT OF HEALTH & SOC SERV
CLAIM STATUS: CLOSE

------- PRIMARY PERSON ------		CLAIM NUMBER	CASE NUMBER	CREATION DATE	APPLICATION AMOUNT	*----CLAIM AMOUNTS----* CASH	INKIND	*-OUTSTANDING BALANCES* CASH	INKIND	WKR ID
BABCOCK	AUDREY	6900156206	7106906174	12/02/1998	137.10	137.10	0.00	0.00	0.00	XAD007
BARRETT	CARLA	8900152778	2000005454	09/10/1998	687.45	687.45	0.00	0.00	0.00	XAD009
CHASE	LOIS	3900150933	9102736799	07/31/1998	133.95	133.95	0.00	0.00	0.00	XAD009
COLBURN	CAROLYN	6900141336	4101467251	11/13/1997	129.58	129.58	0.00	0.00	0.00	XAD009
COLBURN	CAROLYN	8900192828	4101467251	11/02/2001	185.71	185.71	0.00	0.00	0.00	XAD009
DAVIS	MELANIE	4900155284	7106712779	11/05/1998	324.11	324.11	0.00	0.00	0.00	XAD009
HARROD	REGINA	2900157622	7102074476	01/11/1999	90.17	90.17	0.00	0.00	0.00	XAD007
KINNE	ROXANNE	0900173050	8101919571	03/10/2000	332.34	332.34	0.00	0.00	0.00	XAD003
TAYLOR	MARLENE	6900155486	6101699285	11/11/1998	359.79	359.79	0.00	0.00	0.00	XAD003

CLOSE	CLAIM TOTALS	COUNT	CASH	INKIND
		9	2,380.20	0.00

```
REPORT ID: CARES-CBV282RA-MON                    WISCONSIN CARES SYSTEM                                PAGE:      1
                                             RECOUPMENT/OFFSET ACTIVITY REPORT                    RUN DATE: 12/05/2005
                                                                                                  RUN TIME: 19:24
CT/TRB: 01 ADAMS COUNTY                                                                        AS OF DATE: 12/05/2005
OFFICE: 5001 ADAMS COUNTY HEALTH AND HUMAN SERVICES
 PROGRAM TYPE: FS

 ERROR   TYPE: CE

      CLAIM NUMBER  POSTED        RECOUPMENT     RECOUPMENT  CASE        CAT    SEQ  PRIMARY PERSON
                     DATE           AMOUNT          TYPE                             LAST           FIRST
      1900233651  11/17/2005          10.00          R       8117937280  FS     01   COOK           BETTY
      5900060265  11/17/2005          16.00          R       5102895893  FS     01   HALE           TONI
      6900213246  11/17/2005          23.00          R       5112493356  FS     01   KYLLOE         KENNETH
      6900209456  11/17/2005          15.00          R       5108000952  FS     01   PRETSCH        CARLA
      0900238450  11/17/2005          60.00          R       7103778671  FS     01   ZEPPLIN        WENDI

 PROGRAM TYPE: AFDC

FRAUD                        0              .00
CLIENT ERROR                 0              .00
NON CLIENT ERROR             0              .00
                        ------       ----------
OFFICE AFDC TOTAL            0              .00
                        ======       ==========

 PROGRAM TYPE: FS

FRAUD                        0              .00
CLIENT ERROR                 5           124.00
NON CLIENT ERROR             0              .00
                        ------       ----------
OFFICE FS   TOTAL            5           124.00
                        ======       ==========

 PROGRAM TYPE: WW

FRAUD                        0              .00
CLIENT ERROR                 0              .00
NON CLIENT ERROR             0              .00
CF LEVY                      0              .00
CF WARRANT                   0              .00
LEARNFARE PENALTY            0              .00
                        ------       ----------
OFFICE WW   TOTAL            0              .00
                        ======       ==========
```

REPORT ID: CRBV284Z

WISCONSIN CARES SYSTEM
BENEFIT RECOVERY
CARES DATA EXTRACT FOR
FRAUD INVESTIGATION TRACKING MONTHLY COST REPORTS

PAGE: 1
RUN DATE: 12/05/2003
RUN TIME: 21:50
AS OF DATE: 12/05/2003

NUMBER OF INVESTIGATION REFERRALS READ: 50
NUMBER OF COST RECORDS WRITTEN : 50
NUMBER OF COST OVERMATCH RECS WRITTEN : 5

REPORT ID: CRBV286A

WISCONSIN CARES SYSTEM
FRAUD INVESTIGATION TRACKING COST REPORT BY AGENCY
FOR PERIOD OF 11/01/2003 THRU 11/30/2003

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:38
AS OF DATE: 12/01/2003

CT/TRB: 03 BARRON COUNTY CONTRACT #: C685 CT/TRB FEIN #: COMMODITY CD: 93260-10000 BULLETIN #: 22-93260-702 PURCHASE ORDER #:
VENDOR #:

CASE NUMBER	INVS RFR NUMBER	OUTSIDE AGENCY	INVEST COST	INVEST EXPENSE #1	INVEST EXPENSE #2	TOTAL CURR COST & EXP	MAX ALLOW COST	PAYMENT AMOUNT	CAT	CATEGORY COST	CATEGORY PYMT AMT
OFFICE: 5003 BARRON CO DSS											
112713231	0400040220	OBR	450.00	0.00	0.00	450.00	500.00	450.00	FS	225.00	225.00
									MA	225.00	225.00
100777811	0400040100	OBR	450.00	0.00	0.00	450.00	500.00	450.00	FS	450.00	450.00
OFFICE 5003 TOTALS			900.00	0.00	0.00	900.00	1,000.00	900.00	FS	675.00	675.00
									MA	225.00	225.00
CT/TRB 03 TOTALS			900.00	0.00	0.00	900.00	1,000.00	900.00	FS	675.00	675.00
									MA	225.00	225.00

REPORT ID: CRBV286C

WISCONSIN CARES SYSTEM
FRAUD INVESTIGATION TRACKING COST REPORT IRC AGENCY
FOR PERIOD OF 11/22/2003 THRU 11/28/2003

PAGE: 1
RUN DATE: 11/28/2003
RUN TIME: 23:32
AS OF DATE: 11/28/2003

CT/TRB: 40 MILWAUKEE COUNTY CONTRACT #: C709 CT/TRB FEIN #: COMMODITY CD: 93260-10000 BULLETIN #: 22-93260-702 PURCHASE ORDER #:
VENDOR #:

CASE NUMBER	INVS RFR NUMBER	OUTSIDE AGENCY	INVEST COST	INVEST EXPENSE #1	INVEST EXPENSE #2	TOTAL CURR COST & EXP	MAX ALLOW COST	PAYMENT AMOUNT	CAT	CATEGORY COST	CATEGORY PYMT AMT
OFFICE: 5040 MILW CO DSS											
101987831	7400040407	IRC	425.00	0.00	0.00	425.00	425.00	425.00	FS	141.67	141.67
									MA	141.67	141.67
									WW	141.67	141.67
117369547	8400040488	IRC	425.00	0.00	0.00	425.00	425.00	425.00	FS	212.50	212.50
									MA	212.50	212.50
102624458	7400040317	IRC	425.00	0.00	0.00	425.00	425.00	425.00	FS	425.00	425.00
OFFICE 5040 TOTALS			1,275.00	0.00	0.00	1,275.00	1,275.00	1,275.00	FS	779.17	779.17
									MA	354.17	354.17
									AF/WW	141.67	141.67
CT/TRB 40 TOTALS			1,275.00	0.00	0.00	1,275.00	1,275.00	1,275.00	FS	779.17	779.17
									MA	354.17	354.17
									AF/WW	141.67	141.67

REPORT ID: CBV288RA — WISCONSIN CARES SYSTEM — PAGE: 1

FRAUD INVESTIGATION TRACKING COST OVERMATCH REPORT BY AGENCY — RUN DATE: 12/01/2003

FOR PERIOD OF 11/01/2003 THRU 11/30/2003 — RUN TIME: 23:38

AS OF DATE: 12/01/2003

CT/TRB: 05 BROWN COUNTY — CT/TRB FEIN #: — BULLETIN #: 22-93260-702

VENDOR #: — CONTRACT #: C686 — COMMODITY CD: 93260-10000

CASE NUMBER	INVS RFR NUMBER	OUTSIDE AGENCY	TOT INVS COST	TOT INVS EXPENSE #1	TOT INVS EXPENSE #2	TOTAL INVS COST & EXP	MAX ALLOWABLE COST	COST OVERMATCH	PURCHASE ORDER #	CAT	CATEGORY OVERMATCH
OFFICE: 5505 BROWN CO WISCONSIN WORKS PROGR											
2108131523	2400034682		673.00	207.00	0.00	880.00	500.00	207.00		FS	103.50
										MA	103.50
3111897338	0400039120		552.00	0.00	0.00	552.00	500.00	52.00		FS	17.33
										MA	17.33
										WW	17.33
4107374947	2400038152		449.00	104.00	0.00	553.00	500.00	53.00		FS	26.50
										MA	26.50
OFFICE 5505 TOTALS			1,674.00	311.00	0.00	1,985.00	1,500.00	312.00		FS	147.33
										MA	147.33
										AF/WW	17.33
CT/TRB 05 TOTALS			1,674.00	311.00	0.00	1,985.00	1,500.00	312.00		FS	147.33
										MA	147.33
										AF/WW	17.33

REPORT ID: CARES-BV292A-MON

WISCONSIN CARES SYSTEM
NEWLY ESTABLISHED CLAIM SUMMARY
FOR PERIOD OF 11/01/2005 THRU 11/30/2005

PAGE: 1
RUN DATE: 12/05/2005
RUN TIME: 19:24
AS OF DATE: 12/05/2005

CT/TRB: 03 BARRON COUNTY

		*** FRAUD *** COUNT	DOLLARS	*** CLIENT ERROR *** COUNT	DOLLARS	*** NON-CLIENT ***		*** TOTAL *** COUNT	DOLLARS
AFDC		0	0.00	0	0.00	0	0.00	0	0.00
FS		0	0.00	2	786.00	0	0.00	2	786.00
WW		0	0.00	0	0.00	0	0.00	0	0.00
CC		0	0.00	0	0.00	0	0.00	0	0.00
MA		0	0.00	1	590.00	0	0.00	1	590.00
SC		0	0.00	0	0.00	0	0.00	0	0.00
JAL								0	0.00
5003 BARRON CO DSS	TOTAL	0	0.00	3	1,376.00	0	0.00	3	1,376.00
AFDC		0	0.00	0	0.00	0	0.00	0	0.00
FS		0	0.00	2	786.00	0	0.00	2	786.00
WW		0	0.00	0	0.00	0	0.00	0	0.00
CC		0	0.00	0	0.00	0	0.00	0	0.00
MA		0	0.00	1	590.00	0	0.00	1	590.00
SC		0	0.00	0	0.00	0	0.00	0	0.00
JAL								0	0.00
0003 BARRON COUNTY	TOTAL	0	0.00	3	1,376.00	0	0.00	3	1,376.00

REPORT ID: CARES-BV292B-QTR

WISCONSIN CARES SYSTEM
NEWLY ESTABLISHED CLAIM SUMMARY
FOR PERIOD OF 01/01/2005 THRU 12/31/2005

PAGE: 1
RUN DATE: 01/03/2006
RUN TIME: 21:06
AS OF DATE: 01/03/2006

CT/TRB: 01 ADAMS COUNTY

		*** COUNT	FRAUD *** DOLLARS	*** CLIENT ERROR *** COUNT	DOLLARS	*** NON-CLIENT *** COUNT	DOLLARS	*** TOTAL *** COUNT	DOLLARS
	AFDC	0	0.00	0	0.00	0	0.00	0	0.00
	FS	0	0.00	2	3,396.00	0	0.00	2	3,396.00
	WW	0	0.00	0	0.00	0	0.00	0	0.00
	CC	0	0.00	0	0.00	0	0.00	0	0.00
	MA	0	0.00	0	0.00	0	0.00	0	0.00
	SC	0	0.00	0	0.00	0	0.00	0	0.00
	JAL							0	0.00
5001	ADAMS CO DEPT OF HEA TOTAL	0	0.00	2	3,396.00	0	0.00	2	3,396.00
	AFDC	0	0.00	0	0.00	0	0.00	0	0.00
	FS	0	0.00	2	3,396.00	0	0.00	2	3,396.00
	WW	0	0.00	0	0.00	0	0.00	0	0.00
	CC	0	0.00	0	0.00	0	0.00	0	0.00
	MA	0	0.00	0	0.00	0	0.00	0	0.00
	SC	0	0.00	0	0.00	0	0.00	0	0.00
	JAL							0	0.00
0001	ADAMS COUNTY TOTAL	0	0.00	2	3,396.00	0	0.00	2	3,396.00

REPORT ID:CARES-BV410A-NON

WISCONSIN CARES SYSTEM
REFUND ISSUANCE REPORT BY AGENCY
FOR THE MONTH OF NOVEMBER 2003

PAGE: 2
RUN DATE: 12-01-2003
RUN TIME: 23:37
AS OF DATE: 12-01-2003

CT/TRB: 37 MARATHON COUNTY
OFFICE: 5037 MARATHON CO DSS
CATEGORY: FS

WORKER ID	CLAIM NUMBER	SSN	REFUND DATE	REFUND AMOUNT	REFUND TYPE	PAYEE PIN NUMBER	NAME
XMR025	1900215571		11-18-2003	146.00	CFD	503955784	DAVID R BUTZLAFF

OFFICE TOTALS	NUMBER	AMOUNT
	1	146.00

COUNTY TOTALS	NUMBER	AMOUNT
	1	146.00

REPORT ID: CBV414RA

WISCONSIN CARES SYSTEM
INVESTIGATION REFERRAL REPORTS BY WORKER
FOR PERIOD OF 11/01/2003 THRU 11/30/2003

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:38
AS OF DATE: 12/01/2003

CT/TRB: 03 BARRON COUNTY

WORKER ID	INVS RFR NUMBER	CASE NUMBER	PROVIDER NUMBER	TYPE CODE	SOURCE CODE	RFR FOR INVS ?	INVS START DATE	INVS DUE DATE	CREATION DATE	CAT CODE
OFFICE: 5003 BARRON CO DSS										
XBA008	3400040913	5114809351		FEV	REV				11/10/2003	FS MA
XBA025	5400041105	4117665847		FEV	FEV	Y	11/20/2003	12/20/2003	11/20/2003	FS
XBA044	3400041173	3117642439		FEV	FEV				11/25/2003	FS
XBA062	5400040915	1116355515		FRD	TIP				11/10/2003	FS
OFFICE 5003	TOT # OF FEV RFRS =	3	TOTAL # OF FEV CATS =	FS	3					
				MA	1					
	TOT # OF FRD RFRS =	1	TOTAL # OF FRD CATS =	FS	1					
OFFICE: 5503 BARRON CO W2 PROGRAM										
XBA008	2400040912	0106425706		FEV	FEV				11/10/2003	FS
	4400040974	8106868885		FEV	IUC				11/13/2003	FS
OFFICE 5503	TOT # OF FEV RFRS =	2	TOTAL # OF FEV CATS =	FS	2					
CT/TRB 03	TOT # OF FEV RFRS =	5	TOTAL # OF FEV CATS =	FS	5					
				MA	1					
	TOT # OF FRD RFRS =	1	TOTAL # OF FRD CATS =	FS	1					

REPORT ID: CARES-BV418A-MON

WISCONSIN CARES SYSTEM
MILWAUKEE CLAIMS DETAIL REPORT

FOR STATE USE ONLY

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:38
AS OF DATE: 12/01/2003

CT/TRB: 40 MILWAUKEE COUNTY

USER	PROGRAM	CASE	CLAIM	PIN	FIRST NAME	LAST NAME	OUTSTANDING BALANCE	NOTICE DATE	REFERRAL SOURCE
SUP UNIT NUMBER: 0000									
XMIJ47	WW C	2111122220	5900222875	7501988099	SANDRA	ORTEGA	224.00	2003-11-17	OST
XMIJ47	WW C	7113760571	4900222584	6525659728	TERRY	WILLIAMS	492.00	2003-11-10	OST
XMIJ47	WW C	6100637901	3900222333	6501072964	MARVELLA	JACKSON	589.75	2003-11-04	OST
XMI0VG	WW C	6100833409	5900222325	6503255462	JULIET	JOHNSON	83.00	2003-11-04	OST
XMI0VG	WW C	0102618984	9900222719	0504963406	CAROL	TISDALE	1199.00	2003-11-13	TIP
XMI0VG	WW C	2100227823	4900222544	2505065021	KAREN	MCMILLIAN	5101.00	2003-11-10	OST
XMI0VG	WW C	5113186759	4900222864	5500253077	CANDANCE	SPIVEY	673.00	2003-11-17	OST
XMI0VG	WW C	0102618984	7900222717	0504963406	CAROL	TISDALE	540.00	2003-11-13	TIP
XMI0VG	WW C	7113731872	7900222877	1505890632	LATONYA	MC KINNIE	566.00	2003-11-17	OST
XMI21E	WW C	9105503299	6900222516	0501205349	LIVIA	JOHNSON	535.00	2003-11-07	OST
XMI21E	WW C	7113542271	7900222287	0500639515	DARLISSA	WILLIAMS	570.00	2003-11-03	FEV
XMI21E	WW C	9114464993	8900222498	6500346874	REGINALD	DAVIS	864.00	2003-11-07	OST
SUP UNIT NUMBER: 0030									
XMI2HJ	CC	6110214868	0900220510	6525195853	ANTONIA	BERZOZA	2353.00	2003-11-13	OST
XMI2HJ	CC	4110185441	5900211075	9500758318	DELLA	GIVENS	792.00	2003-11-13	UCQ
XMI2HJ	CC	1112742611	5900220525	0506540723	HEATHER	BALDWIN	362.00	2003-11-10	OST
XMI2HJ	CC	2108312323	4900213514	5501468778	LATASHA	WHITE	3477.00	2003-11-14	REV
XMI286	CC	4102138218	5900220515	4503316842	DAVETTE	HOLT	3626.55	2003-11-17	UCQ
XMI286	CC	2106286023	7900220187	1500478423	JOANN	MOBLEY	730.00	2003-11-13	OST
XMI286	CC	1100432043	0900220100	1505106818	YOLANDA	BIRTS	4062.00	2003-11-17	OST
XMI286	CC	6106534560	2900222922	1503824322	CHARLES	HAYES	420.00	2003-11-19	OST
XMI286	CC	6109035262	9900220499	6522926121	JAMIE	JOHNSON	1768.00	2003-11-17	REV
XMI481	CC	2100307932	9900221489	2504302223	TOMIKA	BONDS	260.92	2003-11-18	UCQ
XMI481	CC	2110636327	9900221779	2503568246	LATOYA	HALL	154.00	2003-11-11	REV
XMI481	CC	2109690526	9900222319	6504885281	KRISTINA	SPENCER	830.00	2003-11-19	OST
XMI481	CC	5101040312	2900220632	5504647452	DEMETRIA	WATSON	1792.03	2003-11-12	OST
XMI481	CC	4100742312	6900219776	4503977342	MISTY	RAYMOND	2475.00	2003-11-04	OST
XMI481	CC	0106147803	6900222196	0517205661	ANDREA	ATHY	1988.00	2003-11-07	OST
XMI481	CC	9104765991	1900222461	1502900220	MARCIA	WARD	970.30	2003-11-18	OST
XMI481	CC	8108012082	0900219720	8520929664	LASHUNDA	THOMPSON	528.22	2003-11-13	REV
XMI481	CC	4104630144	0900220590	3504656344	DENESHA	THOMPSON	1142.40	2003-11-13	OST
XMI481	CC	8105374889	0900221990	8515783525	CRYSTAL	EDWARDS	450.64	2003-11-17	OST
XMI481	CC	5100446820	1900221381	5503575857	ANTOINETTE	EDWARDS	244.00	2003-11-17	OST
XMI481	CC	0100768334	9900222269	0500782601	PEGGY	WOODS	1232.00	2003-11-07	OST
XMI481	CC	7116028374	8900219428	7535823971	LATICIA	LOVELACE	3138.10	2003-11-10	OST
XMI481	CC	4102064028	7900222447	4506008383	TAMAR	DAY	21203.70	2003-11-19	OST
XMI481	CC	1102826308	8900222328	1506065627	MARSHA	BROOM	5426.98	2003-11-20	UCQ
XMI481	CC	5105036352	9900219529	7505994816	LISA	LOTT	624.00	2003-11-11	OST
XMI481	CC	5109017352	8900222538	1502429314	DEBORAH	MARKS	3200.00	2003-11-18	OST
XMI481	CC	0102483957	9900216299	0500389306	LINDA	FOUNTAIN	1615.84	2003-11-12	OST
XMI481	CC	3102446931	5900221105	1504415515	SAKEENA	HOLMAN	2359.20	2003-11-14	OST
XMI481	CC	7103536473	5900222025	5501097664	LAKELSHA	NELSON	3429.33	2003-11-07	REV
XMI481	CC	9100737526	4900222204	9505349394	MICHELLE	NABORS	902.02	2003-11-07	OST
XMI481	CC	8108296188	4900220664	1500409723	GLORIA	BELL	2420.00	2003-11-20	REV
XMI481	CC	1109881215	3900219443	9500924439	CHRISTORA	FIELDS	1368.00	2003-11-17	OST
XMI481	CC	3104368236	3900222453	3500746462	KEISHA	MAHOLMES	3152.89	2003-11-18	OST

REPORT ID: CARES-BV422A-MON

WISCONSIN CARES SYSTEM
PROGRAM INTEGRITY ALLOCATION REPORT BY AGENCY
FOR PERIOD OF 11/01/2003 THRU 11/30/2003
FOR STATE USE ONLY

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:38
AS OF DATE: 12/01/2003

CT/TRB: 01 ADAMS COUNTY
OFFICE: 5001 ADAMS CO DEPT OF HEALTH & SOC SERV

ACTIVITIES	TANF	FS	MA	CC	TOTAL
NEW FRONT END VERIFICATION REFERRALS	0	0	0	0	0
NEW FRAUD INVESTIGATION REFERRALS CREATED	0	0	0	0	0
OVERPAYMENT COLLECTION CLAIMS	14	19	0	0	33
NEW REFERRALS FOR FRAUD PROSECUTION/DISPOSITION	0	0	0	0	0
TOTAL	14	19	0	0	33
RATIO	0.42424	0.57576	0.00000	0.00000	100%

REPORT ID: CRBV426A WISCONSIN CARES SYSTEM PAGE: 1
ADJUSTED COST ALLOCATION FRAUD DATA RUN DATE: 12/01/2003
CALENDAR YEAR 2003 RUN TIME: 23:38
AS OF DATE: 12/01/2003

ALL OPEN FEV AND FRD CASES

MONTH	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	855	868	920	970	910	947	930	947	1009	1050	977	0

OPEN CASE COUNTS BY PROGRAM

FS	457	461	491	522	494	505	499	518	554	581	546	0
MA	251	256	251	277	255	267	260	260	284	290	273	0
CC	102	105	118	113	101	117	109	106	104	115	107	0
WW	45	46	60	58	60	58	62	63	67	64	51	0

COST ALLOCATION RATIOS (PERCENTAGE)

FS	53.5	53.1	53.4	53.8	54.3	53.3	53.7	54.7	54.9	55.3	55.9	0.0
MA	29.4	29.5	27.3	28.6	28.0	28.2	28.0	27.5	28.1	27.6	27.9	0.0
CC	11.9	12.1	12.8	11.6	11.1	12.4	11.7	11.2	10.3	11.0	11.0	0.0
WW	5.3	5.3	6.5	6.0	6.6	6.1	6.7	6.7	6.6	6.1	5.2	0.0
ALL	100.1	100.0	100.0	100.0	100.0	100.0	100.1	100.1	99.9	100.0	100.0	0.0

REPORT ID: CRBV426B WISCONSIN CARES SYSTEM PAGE: 1
COMPLETED FRAUD INVESTIGATION DATA RUN DATE: 12/01/2003
CALENDAR YEAR 2003 RUN TIME: 23:38
AS OF DATE: 12/01/2003

TOTAL UNDUPLICATED FRAUD INVESTIGATION IR NUMBERS

MONTH	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	253	267	256	285	270	258	280	251	258	269	229	0

CASE COUNTS BY PROGRAM

FS	191	194	174	214	206	196	206	179	184	192	159	0
MA	115	120	101	108	116	103	100	108	108	105	108	0
CC	58	55	49	44	56	46	58	53	47	46	40	0
WW	20	21	13	14	14	19	15	19	24	12	23	0
ALL	384	390	337	380	392	364	379	359	363	355	330	0

PROGRAM RATIOS (PERCENTAGE)

FS	49.7	49.7	51.6	56.3	52.6	53.8	54.4	49.9	50.7	54.1	48.2	0.0
MA	29.9	30.8	30.0	28.4	29.6	28.3	26.4	30.1	29.8	29.6	32.7	0.0
CC	15.1	14.1	14.5	11.6	14.3	12.6	15.3	14.8	12.9	13.0	12.1	0.0
WW	5.2	5.4	3.9	3.7	3.6	5.2	4.0	5.3	6.6	3.4	7.0	0.0
ALL	99.9	100.0	100.0	100.0	100.1	99.9	100.1	100.1	100.0	100.1	100.0	0.0

REPORT ID: CARES-BV433A-BOM

WISCONSIN CARES SYSTEM
PROVIDERS WITH DUNNING NOTICE(S) SENT
FOR THE PERIOD OF 11/01/2003 THRU 11/30/2003

PAGE: 1
RUN DATE: 12/01/03
RUN TIME: 20:46
AS OF DATE: 12/01/03

CT/TRB: 13 DANE COUNTY

PROVIDER	PROVIDER NUMBER	INSTALMENT AMOUNT	STRIKES	CLAIM NUMBER	PAYMENT AMOUNT	OUTSTANDING AMOUNT	ASSIGNED WORKER ID
COREATTA KEYS	0000565040	0.00	2	0000050490	0.00	153.65	XDA055
		0.00	2	0000050500	0.00	141.05	XDA055
		0.00	2	0000050510	0.00	45.20	XDA055
		0.00	2	1000050491	0.00	153.65	XDA055
		0.00	2	1000050501	0.00	141.05	XDA055
		0.00	2	1000050511	0.00	153.65	XDA055
		0.00	2	2000050492	0.00	153.65	XDA055
		0.00	2	2000050502	0.00	153.65	XDA055
		0.00	2	2000050512	0.00	153.65	XDA055
		0.00	2	3000050493	0.00	153.65	XDA055
		0.00	2	3000050503	0.00	153.65	XDA055
		0.00	2	3000050513	0.00	153.65	XDA055
		0.00	2	4000050484	0.00	153.65	XDA055
		0.00	2	4000050494	0.00	141.05	XDA055
		0.00	2	4000050504	0.00	153.65	XDA055
		0.00	2	5000050485	0.00	153.65	XDA055
		0.00	2	5000050495	0.00	141.05	XDA055
		0.00	2	5000050505	0.00	153.65	XDA055
		0.00	2	6000050486	0.00	153.65	XDA055
		0.00	2	6000050496	0.00	141.05	XDA055
		0.00	2	6000050506	0.00	153.65	XDA055
		0.00	2	7000050487	0.00	153.65	XDA055
		0.00	2	7000050497	0.00	141.05	XDA055
		0.00	2	7000050507	0.00	153.65	XDA055
		0.00	2	8000050488	0.00	153.65	XDA055
		0.00	2	8000050498	0.00	141.05	XDA055
		0.00	2	8000050508	0.00	153.65	XDA055
		0.00	2	9000050489	0.00	153.65	XDA055
		0.00	2	9000050499	0.00	141.05	XDA055
		0.00	2	9000050509	0.00	153.65	XDA055
				TOTAL	0.00	4,400.25	
TERESA M TRIPLETT	5000574945	0.00	1	4000050514	0.00	173.20	XDA055
		0.00	1	5000050515	0.00	173.20	XDA055
		0.00	1	6000050516	0.00	173.20	XDA055
		0.00	1	7000050517	0.00	138.56	XDA055
				TOTAL	0.00	658.16	
					0.00	5,058.41	

TOTALS FOR CT/TRB : 13

REPORT ID: CARES-BV434A-BOM

WISCONSIN CARES SYSTEM
PROVIDERS WITH 3 PAST DUE NOTICES
FOR THE PERIOD OF 11/01/2003 THRU 11/30/2003

PAGE: 1
RUN DATE: 12/01/03
RUN TIME: 20:46
AS OF DATE: 12/01/03

CT/TRB: 40 MILWAUKEE COUNTY

PROVIDER	PROVIDER NUMBER	DAYS DELINQUENT	THIRD NOTICE SENT DATE	CLAIM NUMBER	NOTIFICATION DATE	OUTSTANDING AMOUNT
CUDDLE CORNER COMMUNITY CHILD	4000571694	030	12/01/2003	5000050465	04/05/2003	77.47
		030	12/01/2003	6000050466	12/01/2003	72.68
		030	12/01/2003	7000050467	12/01/2003	93.60
					TOTAL:	243.75
CHRISTIAN DEVINE INFNT & TDDLR	9000573499	030	12/01/2003	2000050462	03/22/2003	186.00
		030	12/01/2003	3000050463	12/01/2003	171.00
		030	12/01/2003	4000050464	12/01/2003	171.00
					TOTAL:	528.00
						771.75

TOTALS FOR CT/TRB: 40

REPORT ID: CARES-BV442-QTR

WISCONSIN CARES SYSTEM
AFDC COLLECTIONS AND RECOUPMENTS REPORT
FOR QUARTER 07/01/2003 THRU 09/30/2003

PAGE: 1
RUN DATE: 09/30/2003
RUN TIME: 23:51
AS OF DATE: 09/30/2003

MONTH: SEPTEMBER 2003 AFDC

ORIG CASE	CLAIM NUMBER	CLM IND	RECOUP CASE	W2 RECOUPMENTS	OFFSETS	CASH COLLECTIONS	TOTAL COLLECTIONS	REFUNDS	ADJUSTMENTS
				0.00	0.00	1,769.00	1,769.00	0.00	0.00
0100197981	9900102429	AF	0000000000	0.00	0.00	79.00	79.00	0.00	0.00
0100320929	0900012040	AF	0000000000	0.00	0.00	40.00	40.00	0.00	0.00
0100515681	8900014168	AF	0000000000	0.00	0.00	38.08	38.08	0.00	0.00
0100607519	4900118294	AF	0000000000	0.00	0.00	20.00	20.00	0.00	0.00
0100984762	3900019143	AF	0000000000	0.00	0.00	127.10	127.10	0.00	0.00
0101671237	7900026747	AF	0000000000	0.00	0.00	432.00	432.00	0.00	0.00
0101928114	9900076929	AF	0000000000	0.00	0.00	169.60	169.60	0.00	0.00
0102295107	0900075760	AF	0000000000	0.00	0.00	25.00	25.00	0.00	0.00
0102674892	5900044085	AF	0000000000	0.00	0.00	415.00	415.00	0.00	0.00
0102938857	2900061022	AF	0000000000	0.00	0.00	40.00	40.00	0.00	0.00
0102958211	1900104351	AF	0000000000	0.00	0.00	15.00	15.00	0.00	0.00
0102961344	4900104474	AF	0000000000	0.00	0.00	100.00	100.00	0.00	0.00
0103008128	7900066207	AF	0000000000	0.00	0.00	35.00	35.00	0.00	0.00
0103011862	6900124126	AF	0000000000	0.00	0.00	71.42	71.42	0.00	0.00
0103080619	2900122492	AF	0000000000	0.00	0.00	23.80	23.80	0.00	0.00
0103472771	6900105566	AF	0000000000	0.00	0.00	119.72	119.72	0.00	0.00
0103519777	9900091209	AF	0000000000	0.00	0.00	75.00	75.00	0.00	0.00
0104085771	6900101426	AF	0000000000	0.00	0.00	50.00	50.00	0.00	0.00
1100227571	4900092374	AF	0000000000	0.00	0.00	25.00	25.00	0.00	0.00
1100268642	7900121477	AF	0000000000	0.00	0.00	187.00	187.00	0.00	0.00
1100490515	6900013886	AF	0000000000	0.00	0.00	50.00	50.00	0.00	0.00
1101289422	1900022471	AF	1101357819	62.00	0.00	0.00	62.00	0.00	0.00
1101357819	7900161727	AF	0000000000	0.00	0.00	26.40	26.40	0.00	0.00
1101372036	5900055925	AF	0000000000	0.00	0.00	121.77	121.77	0.00	0.00
1101398710	6900059836	AF	0000000000	0.00	0.00	15.00	15.00	0.00	0.00
1101407999	3900030183	AF	0000000000	0.00	0.00	45.00	45.00	0.00	0.00
1101642181	2900036582	AF	0000000000	0.00	0.00	50.00	50.00	0.00	0.00
1101699477	8900027048	AF	0000000000	0.00	0.00	0.00	0.00	0.00	51.58
1101894610	3900029633	AF	0000000000	0.00	0.00	25.00	25.00	0.00	0.00
1101939729	5900030215	AF	0000000000	0.00	0.00	95.22	95.22	0.00	0.00
1102065803	8900137478	AF	0000000000	0.00	0.00	50.00	50.00	0.00	0.00
1102648281	6900106796	AF	0000000000	0.00	0.00	12.50	12.50	0.00	0.00
1102679381	1900044411	AF	0000000000	0.00	0.00	12.50	12.50	0.00	0.00
1102679381	0900044410	AF	0000000000	0.00	0.00	0.00	0.00	0.00	398.00
1102679437	4900044424	AF	0000000000	0.00	0.00	0.00	0.00	0.00	41.00
1102679437	9900044649	AF	0000000000	0.00	0.00	218.00	218.00	0.00	0.00
1102681296	6900044566	AF	0000000000	0.00	0.00	125.00	125.00	0.00	0.00
1102691143	6900045416	AF	0000000000	0.00	0.00	19.04	19.04	0.00	0.00
1102718262	9900047959	AF	0000000000	0.00	0.00	25.00	25.00	0.00	0.00
1102781657	0900052680	AF	0000000000	0.00	0.00	75.22	75.22	0.00	0.00
1102882518	0900104490	AF	0000000000	0.00	0.00	47.62	47.62	0.00	0.00
1102886742	0900058040	AF	0000000000	0.00	0.00	30.00	30.00	0.00	0.00
1102978906	2900104822	AF	0000000000	0.00	0.00	70.08	70.08	0.00	0.00
1102987476	4900999904	AF	0000000000	0.00	0.00	79.92	79.92	0.00	0.00
1102987476	2900099902	AF	0000000000	0.00	0.00	380.00	380.00	0.00	0.00
1102988421	9900101199	AF	0000000000	0.00	0.00	533.76	533.76	0.00	0.00
1103001396	4900101114	AF	0000000000	0.00	0.00	896.22	896.22	0.00	0.00
1103020056	1900067441	AF	0000000000	0.00	0.00	380.95	380.95	0.00	0.00
1103494112	3900082073	AF	0000000000	0.00	0.00				

REPORT ID: CARES-BV552A-MON

WISCONSIN CARES SYSTEM
OPEN CLAIM REFERRALS FROM BVRF WITHOUT CLAIMS
FOR MONTH OF DECEMBER 2003

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:38
AS OF DATE: 12/01/2003

CT/TRB: 02 ASHLAND COUNTY
WORKER ASSIGNED: XAS038

REFERRAL NUMBER	REFERRAL DATE	CASE NUMBER	OVER PAYMENT BEGIN DATE	OVER PAYMENT END DATE	INVS RFR NUMBER	CATEGORY	CASE WORKER ID	REFERRAL WORKER ID
0900221410	10/10/2003	0104336307	07/23/2003	07/31/2003	0000000000	WW C	XDU012	XAS038
3900221553	10/14/2003	8101524801	10/01/2003	10/31/2003	0000000000	FS	XAS038	XAS038

REPORT ID: CARES-BV602A-DLY

WISCONSIN CARES SYSTEM
BENEFIT RECOVERY
E-PAYMENT MANUAL POSTING REPORT FOR DATE OF 05/24/2005

PAGE: 1
RUN DATE: 05/25/2005
AS OF DATE: 05/25/2005

PIN/PRV IND	PIN/PRV NUMBER	* * * * * NAME AND ADDRESS * * * * *	MANUAL PROCESS	PROGRAM CODE	PAYMENT SRC CD	PAYMENT AMOUNT
N	9516023860	DENISE L HARLAN	NO CLAIMS	MA	ACH	10.00
N	9524317991	DONALD L FOWLER	NO CLAIMS	FS	ACH	10.15

---- END OF REPORT ----

********** Bottom of Data **********

********** Bottom of Data **********

REPORT ID: CARES-BV602B-DLY

WISCONSIN CARES SYSTEM
BENEFIT RECOVERY
E-PAYMENT POSTING REPORT FOR DATE OF 05/24/2005

PAGE: 1
RUN DATE: 05/25/2005
AS OF DATE: 05/25/2005

PIN/PRV IND	PIN/PRV NUMBER	* * * * * * * * * * NAME * * * * * * * * * *	PROGRAM CODE	CLAIM NUMBER	PAYMENT SRC CD	PAYMENT AMOUNT
N	9100644609	SALLY S JONES	CC	5100005475	ACH	100.00
N	9100644609	SALLY S JONES	FS	3100005473	ACH	100.00
N	9100644609	SALLY S JONES	MA	9100005479	ACH	100.00
N	9100644609	SALLY S JONES	WW	7100005477	ACH	100.00
		TOTAL STATE E-PAYMENTS COLLECTED				400.00

---- END OF REPORT ----

********** Bottom of Data **********

REPORT ID: CRBV905A

WISCONSIN CARES SYSTEM
BENEFIT RECOVERY
CARES DATA EXTRACT FOR IRS & DOR TAX INTERCEPT
EXCEPTION REPORT

PAGE: 1
RUN DATE: 01/12/05
RUN TIME: 22:34
AS OF DATE: 2005-01-12

PIN NUMBER	CLAIM NUMBER	CAT CODE	OUTSTANDING BALANCE	CASE NUMBER	* * * * * * * * * * NAME * * * * * * * * * *	ERROR MESSAGE
0500509417	1900222951	FS		5119739652	DONALD J MCLIN	T0265 CASE CLOSED < 31 DAYS
0501531009	2900116972	FS		1100691812	VONSHEILA REED	T0265 CASE CLOSED < 31 DAYS
0502171006	0900225340	FS		0101848358	CHRISTINE WHITE	T0265 CASE CLOSED < 31 DAYS
0502171049	0900225340	FS		0101848358	DAMEIN HARPER	T0265 CASE CLOSED < 31 DAYS
0502852704	1900095021	FS		0102609861	LOUIS MEATHENEY	T0265 CASE CLOSED < 31 DAYS
0503288705	7900089967	FS		0100579884	ANNETTE A LEE	T0265 CASE CLOSED < 31 DAYS
0503674508	2900138472	FS		0102904928	KATHY A VOISS	T0265 CASE CLOSED < 31 DAYS
0503825701	3900101283	FS		3103888431	MILICENT F BUTLER	T0265 CASE CLOSED < 31 DAYS
0503905909	0900150240	FS		5102004654	LYNN A KOCBUS	T0265 CASE CLOSED < 31 DAYS
0504067109	8900228808	FS		8104117882	WENDY M IZZO	T0265 CASE CLOSED < 31 DAYS
0504112406	9900087889	FS		0103018361	THELMA HENRY	T0265 CASE CLOSED < 31 DAYS
0504372700	8900211618	FS		0101584971	YOLANDA M GATES	T0265 CASE CLOSED < 31 DAYS
0505428008	1900172961	FS		0100124666	SANDRA A KHAIL	T0265 CASE CLOSED < 31 DAYS
0505529238	5900218895	FS		9101288300	ERIK C NELSON	T0265 CASE CLOSED < 31 DAYS
0506592201	2900080752	FS			LETICIA IBARRA	T0011 SSN IS NOT VERIFIED
0506821005	6900059486	ADC			MECHE MONTERO	T0011 SSN IS ZERO
0506824306	5900177485	FS			ROSARIO GUTIERREZ	T0011 SSN IS ZERO
0506829502	2900140892	ADC			MARTHA E ROMO	T0011 SSN IS ZERO
0506829502	2900140892	FS			MARTHA E ROMO	T0011 SSN IS ZERO
0506846105	3900201653	FS			ADELAIDA HERNANDEZ	T0011 SSN IS NOT VERIFIED
0507187377	0900218380	FS		5115507251	JUSTIN J JOHNSON	T0265 CASE CLOSED < 31 DAYS
0508108900	0900038350	ADC			MIRIAM O FALAH	T0011 SSN IS ZERO
0508108900	0900038350	FS			MIRIAM O FALAH	T0011 SSN IS ZERO
0508785502	8900033178	ADC			LAURA VALDEZ	T0011 SSN IS ZERO
0509130411	7900208497	FS		5100412844	WARREN O WASHINGTON	T0265 CASE CLOSED < 31 DAYS
0511317182	6900223536	FS			WILLIE E HATNEY	T0011 SSN IS ZERO
0511741138	8900115848	ADC			KATHLEEN M FRY	T0011 SSN IS ZERO
0512064121	5900165085	FS		0103638202	KENNETH E JOHNSON	T0265 CASE CLOSED < 31 DAYS
0515317560	5900221635	MA			MARIA D CORONA	T0011 SSN IS NOT VERIFIED
0515335347	0900170970	FS			SILVIA ROMERO	T0011 SSN IS ZERO
0515357189	4900130814	FS			DIANA M PARKS	T0011 SSN IS ZERO
0515809624	7900147367	ADC			AMPARO DEALVA	T0011 SSN IS ZERO
0517655225	0900167140	FS			OFELIA MALDONADO	T0011 SSN IS ZERO
0518326608	2900183022	FS			CAROLYN JONES	T0011 SSN IS ZERO
0520238176	4900200114	FS		0107653508	ANNICE LAMPKINS	T0265 CASE CLOSED < 31 DAYS
0523460431	3900229423	FS			ROBERTO A LOPEZ	T0011 SSN IS ZERO
0525526463	3900220723	FS			EDDYBERTO MACHADO	T0011 SSN IS NOT VERIFIED
0526795506	2900215802	FS			MIZAEL LOPEZ AGUIRRE	T0011 SSN IS ZERO
0526795522	2900215802	FS			GAUDELIA LOPEZ	T0011 SSN IS ZERO
0527385107	1900215721	FS			STANLEY LEWIS	T0011 SSN IS ZERO
0529575914	4900227134	FS		0112487807	LAURA A LARA	T0265 CASE CLOSED < 31 DAYS
0531793559	2900228892	FS			LEMARLON WOODARD	T0011 SSN IS ZERO
0531895572	8900221228	MA			SOLEDAD ENRIQUEZ	T0011 SSN IS ZERO
0532255828	1900218321	MA			MARGARITA G SERRATO	T0011 SSN IS ZERO
0537529691	3900223643	FS			MARSHALENE L MC CRORY	T0011 SSN IS ZERO
0540543683	9900227719	FS			FRANCISCO J RUIZ	T0011 SSN IS ZERO

REPORT ID: CBV909RA

WISCONSIN CARES SYSTEM
BENEFIT RECOVERY
INTERCEPT POSTING DETAIL REPORT FOR DATE OF 12/12/2003

PAGE: 1
RUN DATE: 12/12/2003
RUN TIME: 22:12
AS OF DATE: 12/12/2003

CT/TRB: 99 DES INTERCEPT CYCLE TOP CYCLE 0349

PROGRAM TYPE: FS

INTERCEPT NUMBER	PIN NUMBER	* * * * * * * * * * NAME * * * * * * * * * *	PMT SRC	CLAIM NUMBER	PGM CODE	ERR TYP	POSTED AMOUNT	REFUNDED AMOUNT
24	1515078311	ASHLEY L STEVENS	ITI	0900122780	FS	IV	366.80	.00
34	2506150226	ABEL T VILLARREAL	ITI	1900045831	FS	IV	31.80	.00
9	7501992871	JEROME ACKERMAN	ITI	1900109691	FS	IV	94.80	.00
35	0515467626	BENJAMIN H KALL	ITI	1900164721	FS	IV	114.80	.00
36	5514686426	SHELLY A ROBINSON	ITI	5900130025	FS	IV	40.70	.00
27	1505188717	DELOS R MULLIKIN	ITI	8900053048	FS	IV	70.80	.00
19	2526244056	THEOTIS WHITE	ITI	8900194348	FS	IV	131.35	.00
12	2508268470	RUTH K CROSS	ITI	0900148570	FS	CE	135.55	.00
1	0500421005	DAVID L MC KEE	ITI	0900160340	FS	CE	292.00	.00
11	1502047713	SALLY M HENRY	ITI	0900197720	FS	CE	22.30	.00
33	3508884848	ERNEST MC COTTRY	ITI	0900198110	FS	CE	49.80	.00
6	7531223104	ZACHARY R POWELL	ITI	0900203510	FS	CE	97.55	.00
3	0500421005	DAVID L MC KEE	ITI	1900160341	FS	CE	609.00	.00
41	7528794767	STANLEY YOUNG	ITI	1900202631	FS	CE	170.65	.00
31	3516027193	LOIS A NESBIT	ITI	2900143902	FS	CE	49.80	.00
2	0500421005	DAVID L MC KEE	ITI	2900160342	FS	CE	151.01	.00
25	6512866819	GERI DOUGHERTY	ITI	2900203642	FS	CE	87.80	.00
39	4522273550	HILLWARD TURNER	ITI	3900194933	FS	CE	40.80	.00
29	8505340981	JEFFREY A LICHTWALT	ITI	4900027294	FS	CE	20.80	.00
37	8512957280	JANETTE LUNDE	ITI	4900118474	FS	CE	54.80	.00
7	7500976682	WALTER EDWARDS	ITI	4900189654	FS	CE	32.80	.00
42	3507368030	ROBERT L TROTTER	ITI	5900148205	FS	CE	80.45	.00
14	8508830912	MARION V RYAN	ITI	5900158965	FS	CE	76.80	.00
23	9503736391	EVELYN WALKER	ITI	6900137646	FS	CE	134.35	.00
38	9513784452	FREDDIE D DUDLEY	ITI	6900164356	FS	CE	16.40	.00
16	3527099967	LAMONT E NICHOLSON	ITI	6900209296	FS	CE	92.53	.00
5	5525170540	FRANK G SIPPEL	ITI	7900194037	FS	CE	37.88	.00
32	7505524275	BURNIE G PAULEY	ITI	8900083518	FS	CE	74.25	.00
43	3507368030	ROBERT L TROTTER	ITI	8900148198	FS	CE	31.50	.00
10	4515865480	DONALD M DORSHAK	ITI	8900178698	FS	CE	83.80	.00
22	5503411854	PAMELA J BANNISTER	ITI	8900183608	FS	CE	.00	.00
15	4519963770	LEE B HOLLOWAY	ITI	8900188998	FS	CE	19.80	.00
8	6503132387	ANITA M GOECKS	ITI	8900207018	FS	CE	178.00	.00
4	7527126591	CESAR OCHOA-CASIQUE	ITI	9900192399	FS	CE	309.42	.00
40	9506502293	CECIL D ODEGAARD	ITI	9900204709	FS	CE	45.80	.00
20	4508440045	DONALD A PERROT	ITI	1900069871	FS	NC	71.00	.00
21	4508440045	DONALD A PERROT	ITI	2900073912	FS	NC	43.00	.00
28	4505222144	CONSTANCE R LA BELLE	ITI	2900199012	FS	NC	22.80	.00
18	8503103184	TAMMY A ZILISCH	ITI	5900191785	FS	NC	542.00	.00
26	1524367702	MARK J EPPLE	ITI	5900197475	FS	NC	14.80	.00
17	8503103184	TAMMY A ZILISCH	ITI	7900189987	FS	NC	585.90	.00
30	2504183640	KOREN A MARTIN	ITI	8900116558	FS	NC	20.00	.00
13	3522638051	MARJORIE S KALLIN	ITI	8900177388	FS	NC	61.80	.00

POSTING SUMMARY:	DOR		IRS		TOTAL	
	COUNT	AMOUNT	COUNT	AMOUNT	COUNT	AMOUNT
PROGRAM TYPE: FS						

REPORT ID: CBV910RA

WISCONSIN CARES SYSTEM
BENEFIT RECOVERY
INTERCEPT POSTING EXCEPTION REPORT FOR DATE OF 12/12/2003

PAGE: 1
RUN DATE: 12/12/2003
RUN TIME: 22:12
AS OF DATE: 12/12/2003

CT/TRB: 99 DES
INTERCEPT CYCLE: TOP CYCLE 0349

RSN CODE	INTERCEPT NUMBER	PIN NUMBER	* * * * * * * * NAME * * * * * * * * * *		PMT SRC	INTERCEPT AMOUNT	CLAIM NUMBER	PGM CODE	ERR TYP	REFUND AMOUNT
CRF	22	5503411854	PAMELA	J BANNISTER	ITI	29.80	8900183608	FS	CE	

POSTING SUMMARY:	DOR	IRS	TOTAL
INTERCEPT AMOUNT POSTED	0.00	5,207.99	5,207.99
INTERCEPT AMOUNT NOT POSTED	0.00	29.80	29.80
TOTAL INTERCEPT AMOUNT	0.00	5,237.79	5,237.79
TOTAL REFUND AMOUNT	0.00	0.00	0.00

POSTING SUMMARY - RECORD COUNTS :

NUMBER OF CLAIMS READ	=	43
NUMBER OF CLAIMS POSTED	=	42

REASON CODES :

AMT - INTERCEPT AMOUNT IS INVALID
CLM - CLAIM NUMBER DOES NOT EXIST
CPN - PIN IS NOT LIABLE FOR THIS CLAIM
CRF - ALL CLAIMS CLOSED WITH EXISTING REFUND
PGM - IRS INTERCEPT CANNOT BE POSTED TO CLAIM PGM

PSC - PAYMENT SOURCE CODE IS INVALID
REF - REFUND IS CREATED FOR THE CLAIM
TMC - MORE THAN 25 CLAIMS FOR THE INTERCEPT
HLD - CLAIM INTERCEPTED IS IN HELD STATUS
WRI - CLAIM INTERCEPTED IS IN WRITTEN OFF STATUS

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REPORT ID: CBV920RZ                                                    PAGE: 1
                                                                  RUN DATE: 12/12/2003
                                                                    RUN TIME: 22:11
                                                               AS OF DATE: 12/12/2003

                        WISCONSIN CARES SYSTEM
                            BENEFIT RECOVERY
          BATCH REFORMAT OF TAX INTERCEPT ADDRESSES FOR CARES
                            SUMMARY INFORMATION

     CRES ADDRESS RECORDS READ ..................... :      000000044
     CRES ADDRESS RECORDS IN ERROR ..................... :      000000003
     CRES ADDRESS RECORDS FOR CARES UPDATE.............. :      000000041

                              ---- END OF REPORT ----
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REPORT ID: CBV925RA                    WISCONSIN CARES SYSTEM                    PAGE:     1
                                          BENEFIT RECOVERY                    RUN DATE: 12/12/2003
                                BATCH UPDATE OF TAX INTERCEPT ADDRESSES       RUN TIME: 22:12
                                             ERROR REPORT                     AS OF DATE: 12/12/2003

                AGENCY: 03

                                                    CARES
   PIN                                              UPDATED?  * * * * * * * * * * ERROR MESSAGES * * * * * * * * * *
NUMBER     NAME AND ADDRESS                                    FNL-ROUTE NOT DETERMINED      FNL-ZIP 4 NOT DETERMINED
5514686426 SHELLY          A ROBINSON                     N     FNL-OUT OF STREET RANGE       FNL-DIRCT/SFX NOT DETERMD
           2179 MEADOW CREEK LN                               FNL-DELIVRY TYPE NOT DET
           RICE LAKE       WI 54868-8774

                                          ---- END OF AGENCY ----
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REPORT ID: CBV925RZ                                                    PAGE:    1
                                                                  RUN DATE: 12/12/2003
                                                                  RUN TIME: 22:12
                                                                  AS OF DATE: 12/12/2003

                        WISCONSIN CARES SYSTEM
                          BENEFIT RECOVERY
                BATCH UPDATE OF TAX INTERCEPT ADDRESSES
                        SUMMARY INFORMATION

                AGENCY: 99

                  CRES ADDRESS RECORDS READ ..... :      000000044
                  ERROR REPORT RECORDS WRITTEN ..... :   000000003
                  INFORMATIONAL REPORT RECORDS WRITTEN ... : 000000017
                  CARES ADDRESSES UPDATED ..... :        000000041

                                  ---- END OF REPORT ----
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REPORT ID: CBV995RA

WISCONSIN CARES SYSTEM
BENEFIT RECOVERY
RECOUPMENT DISCREPANCY
DURING BENIFIT PERIOD 12/01/2003

(BV VS BI)

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:41
AS OF DATE: 12/01/2003

COUNTY	OFFICE	CASE NUM	PROGRAM	BENEFIT DT	BV POSTED AMOUNT	BI RECOUP AMOUNT	DISCREPANCY AMOUNT	CLAIM NUM	CURRENT CLM BAL	CLAIM STATUS
40	5604	1101664380	FS	2003-12-01	42.00	21.00	21.00	6900172076	1,859.00	O
51	5551	9102934566	FS	2003-12-01	42.00	21.00	21.00	8900217248	565.00	O

REPORT ID: CBV995RB

WISCONSIN CARES SYSTEM
BENEFIT RECOVERY
RECOUPMENT DISCREPANCY
DURING BENIFIT PERIOD 12/01/2003

(BI VS BV)

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:41
AS OF DATE: 12/01/2003

COUNTY	OFFICE	CASE NUM	PROGRAM	BENEFIT DT	BI RECOUP AMOUNT	BV POSTED AMOUNT	DISCREPANCY AMOUNT	CLAIM NUM	CURRENT CLM BAL	CLAIM STATUS
71	5571	4103105941	FS	2003-12-01	51.00	50.00	1.00	4900205794	0.00	C
								8900205798	1,548.00	O

REPORT ID: CBV998RA

WISCONSIN CARES SYSTEM
BV RECOVERY RECONCILIATION REPORT

PAGE: 1
RUN DATE: 12/01/2003
RUN TIME: 23:38
AS OF DATE: 12/01/2003

CLAIM NUMBER	ORIGINAL CLAIM BALANCE	PAYMENT AMOUNT	RECOUPMENT AMOUNT	ADJUSTMENT AMOUNT	REFUND AMOUNT	CALC OUTS BAL AMOUNT	CARES OUTS BAL AMOUNT	DIFFERENCE IN OUTS BAL AMTS
0900010130	402.00	0.00	402.00	0.00	101.00	101.00	0.00	101.00-
0900013720	677.00	0.00	677.00	0.00	25.00	25.00	0.00	25.00-
0900013730	328.00	0.00	328.00	0.00	38.00	38.00	0.00	38.00-
0900014400	241.00	0.00	241.00	0.00	6.00	6.00	0.00	6.00-
0900014420	464.00	0.00	464.00	0.00	44.00	44.00	0.00	44.00-
0900015900	231.00	0.00	231.00	0.00	33.00	33.00	0.00	33.00-
0900016920	336.00	0.00	336.00	0.00	40.00	40.00	0.00	40.00-
0900016960	184.00	0.00	184.00	0.00	10.00	10.00	0.00	10.00-
0900017270	250.00	0.00	250.00	0.00	44.00	44.00	0.00	44.00-
0900018240	248.00	0.00	248.00	0.00	21.00	21.00	0.00	21.00-
0900020100	670.00	0.00	670.00	0.00	17.00	17.00	0.00	17.00-
0900020180	658.00	0.00	658.00	0.00	140.00	140.00	0.00	140.00-
0900021240	153.00	0.00	166.00	0.00	23.00	10.00	0.00	10.00-
0900022200	332.00	0.00	332.00	0.00	68.00	68.00	0.00	68.00-
0900022650	33.00	0.00	33.00	0.00	33.00	33.00	0.00	33.00-
0900028940	38.00	0.00	38.00	0.00	8.00	8.00	0.00	8.00-
0900030260	578.00	0.00	578.00	0.00	45.00	45.00	0.00	45.00-
0900030440	19.00	0.00	19.00	0.00	19.00	19.00	0.00	19.00-
0900031230	314.00	0.00	314.00	0.00	16.00	16.00	0.00	16.00-
0900031770	364.00	0.00	364.00	0.00	16.00	16.00	0.00	16.00-
0900031930	226.00	0.00	226.00	0.00	25.00	25.00	0.00	25.00-
0900032400	155.00	0.00	155.00	0.00	10.00	10.00	0.00	10.00-
0900032440	626.00	0.00	682.00	0.00	146.00	90.00	0.00	90.00-
0900032690	227.00	0.00	227.00	0.00	29.00	29.00	0.00	29.00-
0900032780	503.00	2.00	545.00	0.00	68.00	24.00	0.00	24.00-
0900033400	708.00	0.00	708.00	0.00	13.00	13.00	0.00	13.00-
0900034440	781.00	0.00	781.00	0.00	56.00	56.00	0.00	56.00-
0900037860	238.00	144.00	94.00	0.00	9.00	9.00	0.00	9.00-
0900038270	65.00	0.00	65.00	0.00	3.00	3.00	0.00	3.00-
0900038520	233.00	0.00	233.00	0.00	54.00	54.00	0.00	54.00-
0900040360	440.00	0.00	440.00	0.00	4.00	4.00	0.00	4.00-
0900040680	32.00	0.00	32.00	0.00	9.00	9.00	0.00	9.00-
0900042960	118.00	0.00	73.00	45.00-	21.00	21.00	0.00	21.00-
0900046000	14.00	0.00	14.00	0.00	8.00	8.00	0.00	8.00-
0900047020	209.00	0.00	209.00	0.00	18.00	18.00	0.00	18.00-
0900050010	62.00	0.00	62.00	0.00	8.00	8.00	0.00	8.00-
0900051180	208.00	0.00	208.00	0.00	36.00	36.00	0.00	36.00-
0900051330	110.00	0.00	110.00	0.00	58.00	58.00	0.00	58.00-
0900052350	97.00	0.00	97.00	0.00	6.00	6.00	0.00	6.00-
0900056680	354.00	0.00	354.00	0.00	42.00	42.00	0.00	42.00-
0900057140	473.00	43.00	430.00	0.00	23.00	23.00	0.00	23.00-
0900057860	225.00	0.00	225.00	0.00	62.00	62.00	0.00	62.00-
0900058330	110.00	0.00	110.00	0.00	20.00	20.00	0.00	20.00-
0900061800	298.00	0.00	303.00	0.00	10.00	5.00	0.00	5.00-
0900062060	322.00	0.00	322.00	0.00	40.00	40.00	0.00	40.00-
0900067560	227.00	0.00	227.00	0.00	26.00	26.00	0.00	26.00-
0900067930	108.00	0.00	108.00	0.00	12.00	12.00	0.00	12.00-
0900071240	424.00	0.00	424.00	0.00	10.00	10.00	0.00	10.00-
0900072140	216.00	0.00	216.00	0.00	52.00	52.00	0.00	52.00-