

W-2 Agency Transition

CARES Administrative Structure Changes to be Made by Local Agencies

There are several administrative structure areas that will need to be reviewed early in the transition period to check that:

- 1) Location addresses are correct for offices;
- 2) Worker location, phone number and email address are accurate;
- 3) Worker & Supervisor supervisory unit assignments are as needed;
3a) Creating & updating CARES administrative units, supervisory units and caseloads;
- 4) Service Providers are current for the WP office and Service Provider Location addresses are as needed.

Checking/correcting location addresses for offices:

CARES primary office addresses and location numbers are displayed by entering CMOF for the tran and the desired office number for the parm. Following is the address that is currently used when CARES processes use the location of office 1572 for a return address and when workers use location 1904 for worker location and client scheduling appointment letters.

If needed, this address can be changed by Central Office staff upon request of the responsible agency's Director or Security Officer. Note that any change to the shared Milwaukee W-2 eligibility office 5609 CARES address will be routed via the Milwaukee Operations staff for approval.

W-2 office address changes should also be communicated to the W-2 agency's DCF Regional Administrator so that the W-2 Agency Directory and W-2 Agency Locator can be updated on the DCF website. IM and FSET office address change request should be directed to the DHS CARES Call Center so DHS can make the needed changes in CARES and DHS directories.

CMOF	OFFICE MAINTENANCE	03/01/10 17:20																		
		DWDA25 J KANTER																		
OFFICE: 1572																				
COUNTY/TRIBE: 40 MILWAUKEE																				
OFFICE NAME: MILW SE W2 E&T, UMOs INC _____																				
OFFICE TYPE: JO WISCONSIN WORKS PR																				
W-2/COUNTY: __																				
VALIDATION METHOD: __																				
ACTIVE: Y ACTIVATED DT: 06 02 1997																				
INACTIVATED DT: __ __ ____																				
LOCATION: 1904																				
LOCATION TYPE: W																				
LOCATION SHORT NAME: MILW SE W2 E&T_																				
LOCATION CONTACT NAME:XXXXXXXXXXXXXXXXXXXXXXXXX_____																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;">NUMBER</td> <td style="width: 15%;">UNIT</td> <td style="width: 15%;">DIR</td> <td style="width: 15%;">ST/RURAL</td> <td style="width: 15%;">RT/BOX#</td> <td style="width: 10%;">SFX</td> <td style="width: 10%;">QUAD</td> <td style="width: 10%;">APT</td> </tr> <tr> <td>ADDRESS:</td> <td>2701_____</td> <td>__</td> <td>S_</td> <td>CHASE_____</td> <td></td> <td>AVE_</td> <td>__</td> <td>_____</td> </tr> </table>				NUMBER	UNIT	DIR	ST/RURAL	RT/BOX#	SFX	QUAD	APT	ADDRESS:	2701_____	__	S_	CHASE_____		AVE_	__	_____
	NUMBER	UNIT	DIR	ST/RURAL	RT/BOX#	SFX	QUAD	APT												
ADDRESS:	2701_____	__	S_	CHASE_____		AVE_	__	_____												
CITY: MILWAUKEE_____																				
STATE: WI																				
ZIP: 53207_____																				
PHONE NUMBER: 414 389 XXXX																				
FAX NUMBER: 414 XXX XXXX																				
PF13 CMOL																				
NEXT TRAN: _____																				
PARMS: 1572_____																				

W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

If additional location addresses are needed for your agency you can have alternate locations created for your offices on CMLO. These are generally used for identifying where staff are located for scheduling appointments and return addresses for Employer Verification and Six Month Reporting forms.

Alternate locations are also created through the WP Service Provider process. If created via that process there will be a Provider ID populated on CMLO.

CMLO	LOCATION MAINTENANCE	03/03/10 14:10 DWDA25 J KANTER																																				
→	LOCATION: 0235	LOCATION TYPE: E																																				
	LOCATION SHORT NAME: MILW DHS _____	OFFICE: 5040																																				
	LOCATION CONTACT NAME: _____																																					
	ADMIN AGENCY: _____	PROVIDER ID: _____ ←																																				
→	<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;">NUMBER</td> <td style="width: 10%;">UNIT</td> <td style="width: 10%;">DIR</td> <td style="width: 15%;">ST/RURAL</td> <td style="width: 10%;">RT/BOX #</td> <td style="width: 10%;">SFX</td> <td style="width: 10%;">QUAD</td> <td style="width: 10%;">APT</td> </tr> <tr> <td>ADDRESS:</td> <td>1220_____</td> <td>_____</td> <td>W_</td> <td>VLIET_____</td> <td>_____</td> <td>ST_</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td colspan="8">ESSB BENEFIT ISS CTR - 1ST FL_</td> </tr> <tr> <td></td> <td colspan="3">CITY: MILWAUKEE_____</td> <td>STATE: WI</td> <td colspan="4">ZIP: 53205_____</td> </tr> </table>		NUMBER	UNIT	DIR	ST/RURAL	RT/BOX #	SFX	QUAD	APT	ADDRESS:	1220_____	_____	W_	VLIET_____	_____	ST_	_____	_____		ESSB BENEFIT ISS CTR - 1ST FL_									CITY: MILWAUKEE_____			STATE: WI	ZIP: 53205_____				
	NUMBER	UNIT	DIR	ST/RURAL	RT/BOX #	SFX	QUAD	APT																														
ADDRESS:	1220_____	_____	W_	VLIET_____	_____	ST_	_____	_____																														
	ESSB BENEFIT ISS CTR - 1ST FL_																																					
	CITY: MILWAUKEE_____			STATE: WI	ZIP: 53205_____																																	
	PHONE NUMBER: 414 XXXX XXXX	FAX NUMBER: _____																																				
	PF13 CMLL																																					
	NEXT TRAN: _____	PARMS: 0235_____																																				

Checking that worker location, phone number and email are accurate:

CARES worker contact information can be viewed on SMUM, but is updated in the Wisconsin Integrated Security Application (WISA). Only a few local agency staff, primarily local agency Security Officers, have access to WISA to update these fields.

The Worker Office Address shown is derived from the CARES location number that is entered for the worker. The phone number and email is entered directly for each worker.

The Worker Office Address is used for the return address for Employer Verification and Six Month Reporting forms. The address of the worker scheduling appointments is the default address used for those appointments unless modified during the scheduling process. The appointment location can be modified directly on the scheduling screen or can be modified on SMFS (see below) for the scheduling worker. Note that SMFS changes are only effective while that CARES session is active.

Worker locations can be viewed in summary format on SMUL by using the county number as the parm. While this will display a large number of workers for a large county, it may be helpful as a tool to locate workers with a specific location number that needs to be replaced.

The worker phone number is displayed on Client Notices when the worker's name is displayed.

W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

```

SMUM                                USER DETAIL INFORMATION                                03/01/10 17:16
USERID: XMI1X2  COUNTY: 40                                DWDA25 J KANTER
SECURITY LEVEL: 50  WORKER TYPE: ES
NAME:  LAST XXXXXX_____ FIRST DARCY_____ MI  _  SUFFIX  ____
JOB FUNC: ES  TITLE: ECONOMIC SUPPORT SPECIALIST
POSITION BEGIN DATE: __ __ __  AGY START DATE: 09 01 98  AGY END DATE:  __ __ __
SUP UNIT:  840    SUPERVISOR NAME: HOLLY                    XXXXXX
COUNTY ONLY INQUIRY: N                                PROFILE CODES:      J A
CWW PROFILE: CWW-FEP-SUPERVISOR                                022710
STATUS: A                NUMBER  UNIT DIR ST/RURAL RT/BOX #    SUF DIR APT NO
WORKER OFFICE ADDRESS: 1915                N  MARTIN LUTHER KING    DR
ADDITIONAL ADDR INFO:                                PH: 414 267 9999
                                CITY: MILWAUKEE                STATE: WI  ZIP: 53212
LOCATION:  643                OFFICE/ROOM NUMBER: _____
EMPLOYER NAME: YWCA MILW                                EMPLOYER TYPE: PRIVATE

EMAIL: DARCY.XXXXXX@R1.YWCAMILW.ORG
NOTES: _____
SUP UNITS:  0840    0841    0842    0843
CASELOADS:
  
```

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SMFS                                CHANGE DEFAULT LOCATION                                03/01/10 16:59
                                                DWDA25 J KANTER
LOCATION: 1834
PRESS ENTER TO RETURN TO THE SECURITY MAINTENANCE MENU
NEXT TRAN: _____  PARS: _____
  
```

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SMUL                                STATEWIDE USER INFORMATION                                03/01/10 17:10
                                                DWDA25 J KANTER
S  LAST NAME                FIRST NAME                MI  USERID  ST  CTY  LOCN  LOCAL PHONE
_  XXXXXX                JXXXXXA                XMW108  A  40  2816  XXX 947 XXXX
_  XXXXX                DXXXN                E  XMI25A  A  40  1908  414 XXX 7598
_  XXXXX                ERNXXT                XMW357  A  40  2816
_  XXXXX                LXXA                M  XMI2UT  A  40  1907  414 XXX 5177
_  XXXXXXXX                XXX                XMI50D  A  40  0055
_  XXXXXX                BXXXXRA                XMI1QN  A  40  0643  414 267 XXXX
_  XXXXX                KXXXXA                R  XMI5BE  A  40  0055  414 XXX 6200
_  XXXXXXXXXXXXXXXX                MXXDA                XMW046  A  40  2816  XXX 947 XXXX
_  AKYEA                NXXXXXXXX                XMI4J4  A  40  2447  414 XXX 5892
_  ALARCON                IXXS                XMI11Q  A  40  1908  414 607 XXXX
_  ALEMAN                XEXXXER                XMI31D  A  40  0055  414 XXX 6200
_  ALEXANDER                XXXXL                XMI36J  A  40  1907  414 XXX XXXX
_  ALFORD                LXXXXXN                PWRHQ4  A  40  2316  414 XXX 5738
_  XXXXXX                LXXXXAN                A  XMI418  A  40  2447  414 XXX 5976

                                                PAGE : 1
PF15 - SMUM  PF17 - SMWP
NEXT TRAN: _____  PARS: 40_____  MORE...
  
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W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

Checking that Worker & Supervisor Supervisory Unit assignments are as needed:

Worker Supervisory Units assignments can be viewed on the 7th row of SMUM, but are updated in the Wisconsin Integrated Security Application (WISA). Only a few local agency staff, primarily local agency Security Officers, have access to WISA to update these fields. Contact CARES Security to request access to WISA. These can also be viewed by Sup Unit on CMSQ by entering the Sup Unit number/W in the parm.

Note that this field is distinct from the Supervisor Supervisory Unit assignments that are entered on CMSM and can be viewed at the bottom of a worker's SMUM screen.

Worker Supervisory Units are used by CARES in determining which CARES Supervisors are allowed to update workers' Client Scheduling Daily Schedules (CSDS) and delete workers' alerts on CMWA. Worker Supervisory Unit assignments are also used as an option for viewing some WP-related reports when the worker is not related to a caseload.

SMUM	USER DETAIL INFORMATION	03/01/10 17:16
USERID: XMI1X2	COUNTY: 40	DWDA25 J KANTER
SECURITY LEVEL: 50	WORKER TYPE: ES	
NAME: LAST XXXXXX	FIRST DARCY	MI _ SUFFIX _
JOB FUNC: ES	TITLE: ECONOMIC SUPPORT SPECIALIST	
POSITION BEGIN DATE: _ _ _	AGY START DATE: 09 01 98	AGY END DATE: _ _ _
SUP UNIT: 840	SUPERVISOR NAME: HOLLY	XXXXXX
COUNTY ONLY INQUIRY: N	PROFILE CODES: J A	
CWW PROFILE: CWW-FEP-SUPERVISOR		022710
STATUS: A	NUMBER UNIT DIR ST/RURAL RT/BOX #	SUF DIR APT NO
WORKER OFFICE ADDRESS: 1915	N MARTIN LUTHER KING	DR
ADDITIONAL ADDR INFO:		PH: 414 XXX 9999
	CITY: MILWAUKEE	STATE: WI ZIP: 53212
LOCATION: 643	OFFICE/ROOM NUMBER: _____	
EMPLOYER NAME: YWCA MILW		EMPLOYER TYPE: PRIVATE
EMAIL: DARCY.XXXXXX@R1.YWCAMILW.ORG		
NOTES:	_____	
SUP UNITS:	0840 0841 0842 0843	
CASELOADS:		

CMSQ	SUPERVISORY UNIT INQUIRY	03/02/10 09:27
	COUNTY/TRIBE: 40 MILWAUKEE	DWDA25 J KANTER
	OFFICE: 5606 MILWAUKEE SW W2,	
ADMINISTRATIVE UNIT NUM: 370	DESCRIPTION: REG 6 W-2 ADMIN	LOCATION: 1908
SUPERVISORY UNIT NUM: 643	DESCRIPTION: W2 FEP ELIG	LOCATION: 1908
SUPERVISOR ID: XMI1J6	YER XXXXX	UNIT TYPE: O
WORKER	*** PERMANENT ***	CSLD
ID	WORKER NAME	NUM DESCRIPTION NUM OF ALT WKR
XMI1YY	CAROL A XXXXXXXX	
XMI1ZH	MARGARITA R XXXXXX	
XMI2CB	LATRICE XXXXX	
XMI2DM	DESIREE XXXXXXXXXXXXXXXX	
XMI2H3	TELISA C XXXXXXXX	
XMI2JT	FRED XXXX	
XMI27J	TREVOR L XXXXXX	
NEXT TRAN: _____	PARMS: 643/W	

W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

Caseload Supervisory Units are used by CARES to determine the permanent Supervisor who will receive most supervisory-level alerts that are created for a case and the permanent and alternate Supervisors who will have access to a confidential case. This process determines the caseload to which the case is assigned and then determines the Supervisory Unit to which that caseload is assigned. Note that permanent and alternate Administrators of the Administrative Unit to which this Supervisory Unit is assigned will also have access to the confidential case.

CMSQ		SUPERVISORY UNIT INQUIRY		10/05/10 14:20	
		COUNTY/TRIBE: 47 PIERCE		DWDA25 J KANTER	
		OFFICE: 5547 PIERCE CO W2 PRO			
ADMINISTRATIVE UNIT NUM: 166		DESCRIPTION: W2 ELIGIBILITY		LOCATION: 2767	
SUPERVISORY UNIT NUM: 420		DESCRIPTION: W2 ELIGIBILITY		LOCATION: 2767	
SUPERVISOR ID: XWC002 GINA		X XXXXX		UNIT TYPE: O	
WORKER		*** PERMANENT ***		CSLD	
				NUM OF	
ID	WORKER NAME	NUM	DESCRIPTION	ALT WKR	
XWC007	LISA XXXXXXXX	424	W2 ELIGIBILITY		
XPI095	EMILY XXXXXXXX	513	TRANSFER		
XPI095	EMILY XXXXXXXX	3023	BC+, FS	2	
XPI100	STACY XXXXXXXX	3027	W2 ELIGIBILITY		
XPI099	CHRISTINA XXXXXX	3028	W2 ELIGIBILITY		
XPI007	CAROL X XXXXXXXX	3030	W2 ELIGIBILITY		
XPI091	HEATHER X XXXXX-XXXXXX	3032	SUPERVISOR		
XWC012	GLENDA XXXX	4554	W2 ELIGIBILITY		
XPI067	JUDI X XXXXXXXX	5515	W2 ELIGIBILITY	4	
XPI073	BETH X XXXXX	5620	W2 ELIGIBILITY		
XWC001	SHANNON X XXXXXX	5621	W2 ELIGIBILITY		
XWC002	GINA X XXXXX	5647	W2 ELIGIBILITY		
XPI064	KELLY XXXXX	5648	W2 ELIGIBILITY		
XWC003	GAIL XXXXXXXX	5667	W2 ELIGIBILITY		
NEXT TRAN: _____		PARMS: 420/C ←		MORE...	

CMSM		SUPERVISORY UNIT MAINTENANCE		10/05/10 14:22	
		COUNTY/TRIBE: 47 PIERCE		DWDA25 J KANTER	
		OFFICE: 5547 PIERCE CO W2 PRO			
		***** ENTER AN * TO DELETE THE SUPERVISORY UNIT _ *****			
ADM/OPER		ADM			
UNIT NUM	DESCRIPTION	ID	ADMINISTRATOR NAME		
0166	W2 ELIGIBILITY	XWC002 GINA	X XXXXX		
		ADM UNIT LOCATION: 2767 WORKFORCE CONNE			
SUP UNIT		SUP		*** PERMANENT ***	
NUMBER	TYPE	DESCRIPTION	ID	SUPERVISOR NAME ←	
420	O	W2 ELIGIBILITY_	XWC002 GINA	X XXXXX	
PERM SUP		BEG DT: 08 16 04 UNIT LOCATION: 2767 WORKFORCE CONNE			
		*** ALTERNATES ***		BEGIN	
CLR	SUP			END	
*	ID	SUPERVISOR NAME ←		DATE	
—	XWC001	SHANNON	X XXXXXX	08 16 04	
—	XPI087	RONDA	XXXXX XXXXXXXX	01 17 07	
—	_____			— — —	
—	_____			— — —	
—	_____			— — —	
—	_____			— — —	
NEXT TRAN: _____		PARMS: 420 _____			

W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

WISA Wisconsin Integrated Security Application		Environment: PRODUCTION	Application: CWW	Logout
Username: dwda25		Profile Name: WISA-CWW-LIMITED-UPDATE-USER-INFO		

Navigation Menu

- WISA Home
- CARES Worker Web Admin
- User Administration**

CWW User Profile Information

User Profile

Profile Details

Update Date:	07/01/2010	Updated By:	xmi3aa
User Name:	Y MONICA	Profile Name:	CWW-FEP
Start Date:	10/03/2005	End Date:	
Delete:	<input type="checkbox"/>		

CARES User Information

Update Date:	07/01/2010	Updated By:	xmi3aa
CARES Id:	XMI3E2		
Last Name:	MONICA	MI:	Y
First Name:		Suffix:	
Status:	A - Active		
Security Level:	25 - WORKER		
Worker Type:	ES - Economic Support Worker		
Job Function:	ES - ECONOMIC SUPPORT SPECIALIST		
County Only Inquiry:	N - No	Position Begin Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

Profile Codes:

Child Care Cd: (Pos-2)	Misc CARES Acc: (Pos-3)	Primary CARES Acc: N (Pos-4)	RACF Status: A (Pos-6)
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County/Tribe:	40 - MILWAUKEE COUNTY
Worker's Supervisory Unit:	1840 Supervisor Name: DARCY
Location:	1903 Room Num: <input type="text"/> Phone: <input type="text"/> Ext Number: <input type="text"/>
CARES Email:	MONICA. @R1.YWCAMILW.ORG

Agency Start Date:	05 / 03 / 2004	Agency End Date:	MM / DD / YYYY
Employer Name:	YWCA MILW	Employee Type:	PR - Private
Notes:	<input type="text"/>		

W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

Creating & updating CARES Administrative Units, Supervisory Units & Caseloads:

CARES administrative structure is a hierarchical structure with Caseloads and Workers attached to Supervisory Units, Supervisory Units attached to Administrative Units, Administrative Units attached to Offices, and Offices attached to Counties/Tribes.

MNUN	UNITS AND CASELOADS MENU	07/26/10 12:02 DWDA25 J KANTER
FUNCTION NUMBER	FUNCTION DESCRIPTION	TRAN CODE PARAMETERS (PARMS)
1 -	ADM UNIT MAINTENANCE	(CMAM) ADM OR /OFFICE
2 -	ADM UNIT INQUIRY	(CMAQ) ADM
3 -	SUPERVISORY UNIT MAINTENANCE	(CMSM) SUP OR /ADM
4 -	SUPERVISORY UNIT INQUIRY	(CMSQ) SUP/C (CASELOADS) OR SUP/W (WORKERS)
5 -	CASELOAD MAINTENANCE	(CMCM) CASELOAD OR /SUP
6 -	CASELOAD ASSIGNMENT	(CMCA) CASELOAD/(TO CASELOAD) OR CASELOAD/(C OR R/1ST LTR LASTNAME)
7 -	DISPLAY ADM UNIT DIRECTORY	(CMAD) (COUNTY)

To determine under which Admin Unit to create Sup Units, query CMAD with the County number in the Parm. <PF8> as needed to find the Admin Unit(s) belonging to your agency.

CMAD	ADMINISTRATIVE/OPERATING UNIT DIRECTORY	07/26/10 11:17 DWDA25 J KANTER
ADM UNIT	DESCRIPTION	OFF OFF NUM TYPE W2 PERM ADMINISTRATOR PHONE COUNTY NUMBER NUM
553	MAXIMUS W-2	1576 JO DONAL C XXXXX 41460XXXX5 40
554	MILES W-2 ELIG	5609 ES Y XXXES ROBXXXXXXXXN 8XXXXXXXXXX 40
555	SDC EAA W2 ELIG	5609 ES Y XXXWE SXXO 4XXXXX2910 40
556	YWCA WEA W2 ELG	5609 ES Y JEXXI DXXXXXXXXXXIN 41XXXX3XX6 40
557	UMOS W-2 ELIG	5609 ES Y XXXXX S XXXXXX 4XXXXXXXX94 40
558	MAXIMUS W-2 ELG	5609 ES Y XXXXX XXXXX XXXXXXXX85 40
559	PSI WEA W2 ELIG	5609 ES Y XXX A X XXXXXXER 4XXXXXXXX82 40
560	PCG SSIA W2 ELG	5609 ES Y XXXXA A GXXXY XXXXXX8329 40
563	MAXIMUS-KAISER	1574 JO XXXXX C XXXXX 4XXXXXXXXXX 40
NEXT TRAN: _____ PARMS: 40 _____		

If there is a need for a new Administrative Unit to be created, contact the W-2 Help Desk for assistance.

Note that the staff person creating or updating the sup units must be assigned as a permanent or alternate Administrator on the Admin Unit or have an officewide Security Level. To be assigned as an Administrator, the ID must have a Security Level of 75 or higher. S/he will also need a CARES access profile that allows update to CMAM, CMSM and CMCM. Currently those profiles include the two CARES primary profiles, FEP Supervisor and IM Supervisor, and the three BV/Misc CARES profiles with WISA/Caseload Management update, 'F', 'S' and 'T'. Please refer to the Security Manual, Chapter 6 for more information about CARES access requests.

W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

Updating Administrative Units:

To view the Administrator assignments for a specific Admin Unit, query CMAM with the Admin Unit number in the parm. Administrator assignments are added and deleted on CMAM. To be assigned as an Administrator, the ID must have a Security Level of 75 or higher and have update access to the office of the Admin Unit.

To change the permanent Administrator, enter the new CARES ID over the existing permanent Adm CARES ID.

To add an alternate Administrator, enter the CARES ID in any of the vacant rows with the current date as the Begin Date.

To delete an alternate Administrator, enter an asterisk to the left of the Adm ID field. The End Date does not need to be entered.

To delete a Administrative Unit, enter an asterisk in the delete field at the top of the screen. CARES edits will prevent deletion of any Admin Unit that still has a Sup Unit assigned to it.

After any entries, press <Enter> to save the updates. To verify that updates were made as required, query CMAM again for that Admin Unit. CARES does not keep any history of old assignments.

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CMAM          ADMINISTRATIVE/OPERATING UNIT MAINTENANCE          10/05/10 15:41
              COUNTY/TRIBE: 40 MILWAUKEE                          DWDA25 J KANTER
              OFFICE: 5609 MILWAUKEE W-2 E
              ***** ENTER AN * TO DELETE THE UNIT _ *****

UNIT  UNIT          ADM          *** PERMANENT ****          BEGIN
NUM  TYPE          DESCRIPTION  ID          ADMINISTRATOR NAME          DATE
    (ES/WP)
556  ES           YWCA WEA W2 ELG XMI26B  JENNIFER      XX XXXXXXXXXXXX          03 19 10
              UNIT LOCATION: 1903 MILW NE W2 E&T

          CLR  ADM          *** ALTERNATES ***          BEGIN          END
          *   ID          ADMINISTRATOR NAME          DATE          DATE
          _   XMI3AA  PXXXXXXIA    X XXXXX          06 30 10          _ _ _
          -   _____          _____          _____          _____
          -   _____          _____          _____          _____
          -   _____          _____          _____          _____
          -   _____          _____          _____          _____
          -   _____          _____          _____          _____

NEXT TRAN:  _____          PARMS: 556 _____

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W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

Updating Supervisory Units:

To find the Supervisory Units that are assigned to a specific Administrative Unit, query CMAQ with the Admin Unit number in the parm.

CMAQ	ADMINISTRATIVE/OPERATING UNIT INQUIRY	07/26/10 12:06	
	COUNTY/TRIBE: 40 MILWAUKEE	DWDA25 J KANTER	
	OFFICE: 5609 MILWAUKEE W-2 E		
	ADMINISTRATIVE UNIT NUM: 556	DESCRIPTION: YWCA WEA W2 ELG	
	ADMINISTRATOR ID: XMI26B JENNIFER	XX XXXXXXXXXXXX	
	ADM UNIT LOCATION: 1903 MILW NE W2 E&T		
SUP	SUPERVISOR	PERMANENT	
UNIT	DESCRIPTION	ID	
		SUPERVISOR NAME	
		NUM ALT	
1637	YWCA WEA W2 ELG	XMI4QN ANGELA XXXXXXXXXXX-XXXXX	5
1638	QA & TRAINING	XMI3AA PATRICIA A XXXXX	6
1639	FSET	XMI3AA PATRICIA A XXXXX	6
1640	YWCA WEA W2 ELG	XMI1X2 DARCY XXXXXX	5
NEXT TRAN: _____			PARMS: 556_____

W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

To view the Supervisor assignments for a specific Sup Unit, query CMSM with the Sup Unit number in the parm. Supervisor assignments are added and deleted on CMSM. To be assigned as a Supervisor, the ID must have a Security Level of 50 or higher and have update access to the office of the Sup Unit.

To change the permanent Supervisor, enter the new CARES ID over the existing permanent Sup CARES ID.

To add an alternate Supervisor, enter the CARES ID in any of the vacant rows with the current date as the Begin Date.

To delete an alternate Supervisor, enter an asterisk to the left of the Sup ID field. The End Date does not need to be entered.

To delete a Supervisory Unit, enter an asterisk in the delete field at the top of the screen. CARES edits will prevent deletion of any Sup Unit that still has caseloads or workers assigned to it.

After any entries, press <Enter> to save the updates. To verify that updates were made as required, query CMSM again for that Sup Unit. CARES does not keep any history of old assignments.

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CMSM                                SUPERVISORY UNIT MAINTENANCE                07/26/10 12:11
                                COUNTY/TRIBE: 40 MILWAUKEE                DWDA25 J KANTER
                                OFFICE: 5609 MILWAUKEE W-2 EL
***** ENTER AN * TO DELETE THE SUPERVISORY UNIT _ *****
ADM/OPER                          ADM
UNIT NUM  DESCRIPTION              ID              ADMINISTRATOR NAME
0556      YWCA WEA W2 ELG           XMI26B         GINA             X XXXXX
ADM UNIT LOCATION: 1903 MILW NE W2 E&T
SUP UNIT  UNIT                      SUP              *** PERMANENT ***
NUMBER   TYPE  DESCRIPTION              ID              SUPERVISOR NAME
1640     O    YWCA WEA W2 ELG           XMI1X2         DARCY            XXXXXX
PERM SUP  BEG DT: 07 01 10  UNIT LOCATION: 1903 MILW NE W2 E&T

CLR  SUP  *** ALTERNATES ***          BEGIN          END
*   ID   SUPERVISOR NAME             DATE           DATE
-   -   -   -   -   -   -   -   -   -
-   XMI3AA  PATRICIA   A XXXXX          07 01 10      _ _ _
-   XMI4QN  ANGELA     XXXXXXXXXXX-XXXXX  07 20 10      _ _ _
-   XMI2EQ  NICOLE     XXXXX            07 01 10      _ _ _
-   XMI18U  MARGARET  XXXXXX          07 01 10      _ _ _
-   XMI1W4  HOLLY     XXXXXX          07 01 10      _ _ _
-   _____          _ _ _          _ _ _

NEXT TRAN: _____  PARMS: 1640_____

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W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

If a new Supervisory Unit is needed, enter CMSM with the Admin Unit number following a '/' in the parm. Check that the correct Office and Admin Unit are displayed above before continuing. If not as expected, enter <PF12> to escape without saving. Note the new Sup Unit number.

Unit Type, Description, Sup ID and Location are required fields. The Unit Type, Description and Location are not used by CARES batch or online processes. Enter the same Location number as the Admin Unit Location unless specific locations are meaningful to your internal processing. The Description entry can be changed as needed for internal agency needs.

After entries are complete, press <Enter> to save the updates. To verify that updates were made as required, query CMSM again for that Sup Unit. If the new Sup Unit number isn't known, query CMAQ for that Admin Unit to find the new Sup Unit number.

```

CMSM                SUPERVISORY UNIT MAINTENANCE                07/26/10 13:44
                   COUNTY/TRIBE: 40 MILWAUKEE                   DWDA25 J KANTER
                   OFFICE: 5609 MILWAUKEE W-2 EL
***** ENTER AN * TO DELETE THE SUPERVISORY UNIT *****
ADM/OPER            ADM
UNIT NUM  DESCRIPTION  ID  ADMINISTRATOR NAME
0556      YWCA WEA W2 ELG  XMI26B  JENNIFER  XX XXXXXXXXXXXX
ADM UNIT LOCATION: 1903  MILW NE W2 E&T
SUP UNIT UNIT  SUP  *** PERMANENT ***
NUMBER  TYPE  DESCRIPTION  ID  SUPERVISOR NAME
-----
1652    -
PERM SUP BEG DT:                UNIT LOCATION: 0000

      CLR  SUP      *** ALTERNATES ***      BEGIN      END
      *   ID          SUPERVISOR NAME        DATE        DATE
      -----
      -----
      -----
      -----
      -----
      -----
      -----
      -----
NEXT TRAN: _____  PARMS: /556_____

```

W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

Updating Caseload Assignments:

When the W-2 Agency also is responsible for FoodShare and Medicaid processing, caseloads will be necessary for the FEP workers. If the W-2 Agency is only processing W-2, it is likely that the Income Maintenance worker will be the primary worker of each case and the W-2 Agency FEP workers will not need to be assigned as Caseload Workers. Caseload Worker assignments are added and deleted on CMCM. To be assigned as a Caseload Worker, the ID must have update access to the office of the Caseload.

Since all offices are now using office validation, Alternate Caseload Worker assignments are no longer needed since each worker with CARES eligibility update who is assigned the office of the case has update access to that case. Alternate Caseload Workers do not have access to the confidential cases in their assigned Caseloads. Only the Permanent Caseload Worker, the FEP assigned on WPWW for an open W-2 placement, and the permanent and alternate Supervisors and Administrators assigned to the Sup and Admin Units of the Caseload have access to a confidential eligibility case.

To change the permanent Caseload Worker, enter the new CARES ID over the existing permanent Caseload Worker CARES ID. If automated notification of the change needs to be sent to the case contacts enter "Y" in the Generate Letters Indicator field.

To delete an alternate Caseload Worker, enter an asterisk to the left of the Worker ID field. The End Date does not need to be entered.

To delete a Caseload, enter an asterisk in the delete field at the top of the screen. CARES edits will prevent deletion of any Caseload that still has cases or RFAs assigned to it.

After any entries, press <Enter> to save the updates. To verify that updates were made as required, query CMCM again for that Caseload. CARES does not keep any history of old assignments.

CMCM	CASELOAD MAINTENANCE	10/05/10 15:56	
	COUNTY/TRIBE: 47 PIERCE	DWDA25 J KANTER	
	OFFICE: 5547 PIERCE CO W2 PRO		
	***** ENTER AN * TO DELETE THE CASELOAD _*****		
ADMINISTRATIVE UNIT NUM:	166	DESCRIPTION: W2 ELIGIBILITY	LOCATION: 2767
SUPERVISORY UNIT NUM:	420	DESCRIPTION: W2 ELIGIBILITY	LOCATION: 2767
CASELOAD NUM:	9959	DESCRIPTION: W2 ELIGIBILITY_	LOCATION: 2767
CASE TRANSFER IND:	Y		
CLR WORKER	GENERATE LETTERS (Y/N): _	BEGIN	END
* ID	PERMANENT CASELOAD WORKER	DATE	DATE
XWC028	ISABEL XXXXXXXXX	05 08 07	
	ALTERNATE CASELOAD WORKERS		
-	_____	___	___
-	_____	___	___
-	_____	___	___
-	_____	___	___
-	_____	___	___
-	_____	___	___
-	_____	___	___
-	_____	___	___
-	_____	___	___
-	_____	___	___
-	_____	___	___
-	_____	___	___
-	_____	___	___
NEXT TRAN:	_____	PARMS: 9959	_____

W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

If a new Caseload is needed, enter CMCM with the Sup Unit number following a '/' in the parm. Check that the correct Office and Sup Unit are displayed above before continuing. If not as expected, enter <PF12> to escape without saving. Note the new Caseload number.

Description, Location, Case Transfer Ind, Generate Letters and Worker ID are required fields. The Description and Location are not used by CARES batch or online processes. Enter the same Location number as Sup Unit Location unless specific locations are meaningful to your internal processing. The Description entry can be changed as needed for internal agency needs. The Case Transfer Indicator is not used by the CWW Caseload Assignment process. The Generate Letters Indicator should only be entered as "Y" if the permanent Caseload Worker is being changed to a new worker and automated notification of that change needs to be sent to the case contacts.

After entries are complete, press <Enter> to save the updates. To verify that updates were made as required, query CMCM again for that Caseload. If the new Caseload number isn't known, query CMSQ with a parm of Sup Unit/C to find the new Caseload number. The Caseload number can also be found by querying SMUC with the Caseload Worker ID in the parm. The WKR TYP field will indicate whether the Caseload Worker assignment is Permanent (P) or Alternate (A).

```

CMCM                                CASELOAD MAINTENANCE                                10/05/10 15:50
                                COUNTY/TRIBE: 47 PIERCE                                DWDA25 J KANTER
                                OFFICE: 5547 PIERCE CO W2 PRO
                                ***** ENTER AN * TO DELETE THE CASELOAD _ *****
ADMINISTRATIVE UNIT NUM: 166  DESCRIPTION: W2 ELIGIBILITY  LOCATION: 2767
SUPERVISORY UNIT NUM: 420  DESCRIPTION: W2 ELIGIBILITY  LOCATION: 2767
CASELOAD NUM: 5011  DESCRIPTION: _____  LOCATION: 0000
CASE TRANSFER IND: _
CLR WORKER  GENERATE LETTERS (Y/N): _  BEGIN  END
* ID  PERMANENT CASELOAD WORKER  DATE  DATE
_____  10 05 10
ALTERNATE CASELOAD WORKERS
_  _____  _____  _____
_  _____  _____  _____
_  _____  _____  _____
_  _____  _____  _____
_  _____  _____  _____
NEXT TRAN: _____  PARMS: /420
  
```

```

SMUC                                USER CASELOAD DETAIL                                10/05/10 16:21
                                DWDA25 J KANTER
USERID: XWC028  NAME: ISABEL  XXXXXXXXXX
                                WKR  SUP  OFF
S CSLD  DESCRIPTION  TYP  UNIT  NUM  S CSLD  DESCRIPTION  TYP  UNIT  NUM
_ 4746 W2 ELIGIBILITY  P  0456  5541  _ 9958 W2 ELIGIBILITY  P  0899  5555
_ 9959 W2 ELIGIBILITY  P   0420  5547

NOTES:
PF13 - CMCA  PF14 - CMCM  PAGE: 1
NEXT TRAN: _____  PARMS: XWC028
  
```

W-2 Agency Transition

CARES Administrative Structure Changes to be Made by Local Agencies

Checking that Service Providers are current for the WP office and that Service Provider Locations are correct:

Service Providers are attached to CARES WP offices on WPPR and are used when enrolling participants and assigning components. WP agencies need to review the existing Service Providers for their WP office(s) on WPPR with the office number in the parm. Specific information for each Service Provider can then be viewed on WPPD.

While Service Providers may be shared across agencies and offices, it is only appropriate to modify actual Service Provider information for one that your agency has created. Service Provider names should not be changed entirely and reused in place of creating a new Service Provider.

CARES users with a Work Programs update profile and a Security Level of 50 or higher will be able to make these updates.

WPPD	SERVICE PROVIDER DETAIL	03/03/10 15:44 DWDA25 J KANTER												
SERVICE PROVIDER ID: 0725														
SERVICE PROVIDER NAME: PRIVATE IND COUNCIL OF MILW CO														
SERVICE PROVIDER CONTACT PERSON: ANGIE SXXXX														
LOCATION: 1512 LOCATION CONTACT PERSON: ANGIE SXXXX														
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">NUMBER</td> <td style="width: 10%;">UNIT</td> <td style="width: 10%;">DIR</td> <td style="width: 20%;">ST/RURAL</td> <td style="width: 15%;">RT/BOX#</td> <td style="width: 10%;">SFX</td> <td style="width: 10%;">QUAD</td> <td style="width: 10%;">APT</td> </tr> </table>			NUMBER	UNIT	DIR	ST/RURAL	RT/BOX#	SFX	QUAD	APT				
NUMBER	UNIT	DIR	ST/RURAL	RT/BOX#	SFX	QUAD	APT							
ADDRESS: 101 _____ W_ PLEASANT _____ ST__ __ _____														
SUITE 104 _____														
CITY: MILWAUKEE _____ STATE: WI ZIP: 53212 _____														
PHONE NUMBER: 414 225 2360 FAX NUMBER: 414 225 2375														
AFFILIATED ADMINISTRATIVE AGENCY: _____														
PRIOR AFFILIATED LOCAL OFFICE: 1572 CURRENT AFFILIATED LOCAL OFFICE: 1572														
TYPE OF SERVICE PROVIDED														
<table style="width: 100%; border: none;"> <tr><td style="width: 10%;">1</td><td style="width: 10%;">_____</td></tr> <tr><td>2</td><td>_____</td></tr> <tr><td>3</td><td>_____</td></tr> <tr><td>4</td><td>_____</td></tr> <tr><td>5</td><td>_____</td></tr> <tr><td>6</td><td>_____</td></tr> </table>			1	_____	2	_____	3	_____	4	_____	5	_____	6	_____
1	_____													
2	_____													
3	_____													
4	_____													
5	_____													
6	_____													
PF13 WPPD														
NEXT TRAN: _____ PARMS: 0725 _____														

W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

Existing and new providers can be added to an office by adding that Service Provider number on the input Provider ID field on WPPR for that office.

Service Providers that will no longer be used by the current agency should be removed from that office on WPPR by entering a 'd' in the Action field next to those providers. This will only remove the Service Provider connection to the office; it will not delete the Service Provider from CARES.

ACTION	PROVIDER ID	PROVIDER NAME
→	_____	
→	0133	UNITED MIGRANT OPPORTUNITY SER
→	0143	FORWARD SERVICE CORPORATION
→	0153	LAO FAMILY COMMUNITY, INC
→	0299	MILWAUKEE EMP. & TRNG- GATES
→	0534	NEW CONCEPT SELF DEV. CENTER
→	0696	MILWAUKEE URBAN LEAGUE, INC
→	0724	MATC

WPPR SERVICE PROVIDER LIST - BY OFFICE 03/01/10 17:23
 DWDA25 J KANTER
 OFFICE: 1575 MILW NW W2 E&T, MAXI
 PF13 WPPD PF14 WPPD PAGE: 1
 NEXT TRAN: _____ PARMS: 1575 MORE...

New Service Providers numbers are created on WPPD by entering "/a" in the parm. Note that the Affiliated Administrative Agency and Type of Service Provided fields are not required entries. Prior and Current Affiliated Local Office are both required fields and must be the same Office number when adding a Service Provider.

WPPD	SERVICE PROVIDER DETAIL	10/01/10 14:20
		DWDA25 J KANTER
SERVICE PROVIDER ID: _____		
SERVICE PROVIDER NAME: _____		
SERVICE PROVIDER CONTACT PERSON: _____		
LOCATION: LOCATION CONTACT PERSON: _____		
ADDRESS: _____ NUMBER UNIT DIR ST/RURAL RT/BOX# SFX QUAD APT		
CITY: _____ STATE: ___ ZIP: _____		
PHONE NUMBER: _____ FAX NUMBER: _____		
AFFILIATED ADMINISTRATIVE AGENCY: _____		
PRIOR AFFILIATED LOCAL OFFICE: _____ CURRENT AFFILIATED LOCAL OFFICE: _____		
TYPE OF SERVICE PROVIDED		
	1	_____
	2	_____
	3	_____
	4	_____
	5	_____
	6	_____
PF13 WPPD		
NEXT TRAN: _____ PARMS: /A_____		

W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

After entering the Service Provider data and pressing <Enter> to save, the new Service Provider ID and corresponding Location number are displayed at the bottom of the menu page.

```

MNWD                                WORK PROGRAMS SUBMENU D                10/01/10 14:26
                                         DWDA25 J KANTER

FUNCTION                                TRAN
NUMBER                                CODE    PARAMETERS (PARMS)

 1 - SERVICE PROVIDER DETAIL            (WPPD)  SERVICE PROVIDER ID / A(ADD)
                                         OR C (CHANGE)
 2 - SERVICE PROVIDER LIST - BY OFFICE  (WPPR)  OFFICE
 3 - OFFICE LIST - BY SERVICE PROVIDER  (WPPO)  SERVICE PROVIDER ID
 4 - ADMIN AGENCY COUNTY PROFILE        (WPCP)  COUNTY
 5 - ADMIN AGENCY PROFILE               (WPAP)  AAID/A(ADD) OR C(CHANGE)
 6 - ADMIN AGENCY ENTITY PROFILE        (WPEP)  AA ENTITY ID
 7 - COMPONENTS/STATUS MAINTENANCE     (WPCM)  COMPONENT CODE/A (ADD)
 8 - WORK PROGRAMS DRIVER FLOW          (WPDA)  PIN NUM
 9 - EMPLOYABILITY PLAN SUMMARY         (WPES)  PIN NUM
10 - FACT FINDING                       (WPPF)  PIN/(OFFICE) OR (A) [ADD]

*** PLEASE ENTER THE NUMBER OF THE DESIRED FUNCTION ___

PARMS: /A_____

NEXT TRAN: WPPD      PARMS: /A_____
RECORD ADDED. ID FOR THE PROVIDER IS 0195, NEW LOCN IS 2803
  
```

If the new Service Provider ID was not recorded before leaving this menu screen, it can be found on WPPR by entering the office number in the parm and then viewing the Service Providers attached to that office.

```

WPPR                                SERVICE PROVIDER LIST - BY OFFICE    10/01/10 14:32
                                         DWDA25 J KANTER

OFFICE: 0811 DANE CO W2 EMPLOYMEN

ACTION    PROVIDER ID    PROVIDER NAME
-----
  -          0177    TEENS IN SCHOOL
  -          0179    CHRIS' TEST PROVIDER 2
  -          0195    TEST EMPLOYMENT AGENCY ←

PF13 WPPO  PF14 WPPD
NEXT TRAN: _____ PARMS: 0811_____

PAGE:      2
  
```


W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

WPPD	SERVICE PROVIDER DETAIL	10/01/10 14:40 DWDA25 J KANTER
SERVICE PROVIDER ID: 0195 SERVICE PROVIDER NAME: TEST EMPLOYMENT AGENCY_____		
SERVICE PROVIDER CONTACT PERSON: JANE DOE_____		
LOCATION: 2803 LOCATION CONTACT PERSON: _____		
ADDRESS: 315_____ E_ TESTING_____ DR_ _ _		
CITY: MADISON_____ STATE: WI ZIP: 53703_____		
PHONE NUMBER: 608 XXX 9999 FAX NUMBER: 608 231 XXXX		
AFFILIATED ADMINISTRATIVE AGENCY: _____		
PRIOR AFFILIATED LOCAL OFFICE: 0811 CURRENT AFFILIATED LOCAL OFFICE: 0811		
TYPE OF SERVICE PROVIDED		
	1	_____
	2	_____
	3	_____
	4	_____
	5	_____
	6	_____
PF13 WPPO NEXT TRAN: _____ PARMS: 0195_____		

To view the WP offices to which a Service Provider is attached, query WPPO with the Service Provider number in the parm.

WPPO	OFFICE LIST - BY SERVICE PROVIDER	10/05/10 17:19 DWDA25 J KANTER
SERVICE PROVIDER ID: 0110 NAME: KAISER GROUP		
ACTION	OFFICE	OFFICE DESCRIPTION
-	1711	MANITOWOC CO W2 EMPLOYMENT & T
-	1731	SHEBOYGAN CO W2 EMPLOYMENT & T
-	2715	MANITOWOC CO FOODSHARE EMPL &
-	2735	SHEBOYGAN CO FOODSHARE EMPL &
PF13 WPPR PF14 WPPD NEXT TRAN: _____ PARMS: 0110_____		
		PAGE: 1

W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

Additional location addresses are created for a Service Provider on WPPD by entering the Service Provider number/a in the parm. These alternate locations are primarily used by local agencies for scheduling WP appointments using CARES Client Scheduling functionality. The Service Provider ID, Service Provider Name and Service Provider Contact Person will be carried forward and protected. The location, contact and affiliated office fields will be available for update.

```

WPPD                                SERVICE PROVIDER DETAIL                                10/05/10 17:25
                                                                DWDA25 J KANTER

SERVICE PROVIDER ID:                0588
SERVICE PROVIDER NAME:              WORKFORCE CONNECTIONS, INC_____
SERVICE PROVIDER CONTACT PERSON:    Gina BXXXX _____
LOCATION:                             LOCATION CONTACT PERSON: _____
      NUMBER UNIT DIR  ST/RURAL RT/BOX#   SFX QUAD  APT
ADDRESS: _____
      CITY: _____ STATE: __ ZIP: _____
PHONE NUMBER: _____ FAX NUMBER: _____

AFFILIATED ADMINISTRATIVE AGENCY:    _____
PRIOR AFFILIATED LOCAL OFFICE: _____ CURRENT AFFILIATED LOCAL OFFICE: _____
TYPE OF SERVICE PROVIDED  1      _____
                          2      _____
                          3      _____
                          4      _____
                          5      _____
                          6      _____

PF13 WPPO
NEXT TRAN: _____ PARS: 0588/A_____
  
```

To view the additional Service Provider locations, enter <PF8> when querying a Service Provider on WPPD that displays "MORE..." in the lower right hand corner of the screen.

```

WPPD                                SERVICE PROVIDER DETAIL                                10/05/10 17:22
                                                                DWDA25 J KANTER

SERVICE PROVIDER ID:                0588
SERVICE PROVIDER NAME:              WORKFORCE CONNECTIONS, INC_____
SERVICE PROVIDER CONTACT PERSON:    Gina BXXXX _____
LOCATION: 1334 LOCATION CONTACT PERSON: _____
      NUMBER UNIT DIR  ST/RURAL RT/BOX#   SFX QUAD  APT
ADDRESS: 111_____ E_ STATE_____ ST__ __ _____
      CITY: MAUSTON_____ STATE: WI ZIP: 53948_____
PHONE NUMBER: 608 847 4899 FAX NUMBER: 608 847 5385

AFFILIATED ADMINISTRATIVE AGENCY:    0086
PRIOR AFFILIATED LOCAL OFFICE: 1671 CURRENT AFFILIATED LOCAL OFFICE: 1671
TYPE OF SERVICE PROVIDED  1      _____
                          2      _____
                          3      _____
                          4      _____

PF13 WPPO
NEXT TRAN: _____ PARS: 0588_____ MORE...
  
```

W-2 Agency Transition CARES Administrative Structure Changes to be Made by Local Agencies

WPPD	SERVICE PROVIDER DETAIL	10/05/10 17:23 DWDA25 J KANTER												
<p>SERVICE PROVIDER ID: 0588 </p> <p>SERVICE PROVIDER NAME: WORKFORCE CONNECTIONS, INC _____</p> <p>SERVICE PROVIDER CONTACT PERSON: Gina BXXXX _____</p> <p>LOCATION: 2604 LOCATION CONTACT PERSON: _____</p> <p style="margin-left: 40px;">NUMBER UNIT DIR ST/RURAL RT/BOX# SFX QUAD APT</p> <p>ADDRESS: 220 _____ S_ MAIN _____ ST_ _____</p> <p style="margin-left: 40px;">CITY: VIROQUA _____ STATE: WI ZIP: 54665 _____</p> <p>PHONE NUMBER: 608 637 XXXX FAX NUMBER: 608 XXX XXXX</p> <p>AFFILIATED ADMINISTRATIVE AGENCY: _____</p> <p>PRIOR AFFILIATED LOCAL OFFICE: 1681 CURRENT AFFILIATED LOCAL OFFICE: 1681</p> <p>TYPE OF SERVICE PROVIDED</p> <table style="margin-left: 40px; border: none;"> <tr><td>1</td><td>_____</td></tr> <tr><td>2</td><td>_____</td></tr> <tr><td>3</td><td>_____</td></tr> <tr><td>4</td><td>_____</td></tr> <tr><td>5</td><td>_____</td></tr> <tr><td>6</td><td>_____</td></tr> </table> <p>PF13 WPPD </p> <p>NEXT TRAN: _____ PARMS: 0588 _____ MORE...</p>			1	_____	2	_____	3	_____	4	_____	5	_____	6	_____
1	_____													
2	_____													
3	_____													
4	_____													
5	_____													
6	_____													

If you have questions about making these updates, please contact:
 DCF W-2 CARES Help Desk:
 (608) 261-6317, option 3
 dcfw2careshd@wisconsin.gov