

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
1 W. Wilson St.
Madison WI 53703

To: Electronic Case File Handbook Users

From: Jori Mundy, Bureau Director
Bureau of Eligibility and Enrollment Policy

Re: **Electronic Case File Handbook Release 23-02**

Release Date: 10/21/2023

Effective Date: 10/21/2023

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| EFFECTIVE DATE | The following policy additions or changes are effective 10/21/2023 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text. |
| POLICY UPDATES | |
| Document List & Codes | Updated form names, numbers, links, grammar, and terms Added new code MADR |
| Document Separator Sheets and Send in Documents Page | Updated section title, references to titles, and screenshots |

Document List & Codes

This page lists all document codes used in the ECF. All document codes are available in ECF View and CWW. Only the codes ~~noted~~listed below can be selected when scanning in ECF Capture.

Restricted documents ~~will~~are not ~~be~~ visible to all users

Restricted documents are only visible to select users. See Confidential / Restricted Documents for more information.

Active Scan Codes

The codes in the following table ~~can be applied to~~ are used for documents scanned with ECF Capture.

Finding a document ~~on~~ in this list

Method 1:

Click a column header to sort the table by that column. The first click will sort entries from A-Z. A second click will sort from Z-A.—

Method 2:

Use ~~your~~ the browser's find function to search for a specific document type or keyword on the page. Click on the page, and then press

CTRL + F

for the Find dialogue box.

| Category / Program | Document Type | Document Code | Restricted | Required | PIN / SSN Specific | Description / Form Numbers / Special Instructions |
|---------------------------------|---|---------------|----------------|----------|--------------------|---|
| Disability Determination Bureau | Authorization to Disclose Information for DDB | ADDD | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> Authorization to Disclose Information to Disability Determination Bureau (F-14014<u>F-14014</u>) |
| Disability Determination Bureau | Additional Medical Documents for DDB | ADDMD | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> Medicaid Presumptive Disability (F-10130<u>F-10130</u>) <p><i>This was formerly considered a <u>DDB</u> form until May 2012.</i></p> |
| Asset Information | Annuity Contracts | ANNC | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> Annuity Contracts |

| Case Information | Applications (Non-CAF) | APP | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ Any RFAs or applications for Medicaid or FoodShare. ◦ W-2 and Related Program Application (DCF-F-DWSP2471 / DCF-F-DWSP2471-HDCF-F-DWSP2471-E / DCF-F-DWSP2471-S) ◦ W-2 and Related Programs Registration (DCF-F-DWSP14880-E / DCF-F-DWSP14880-E-SDCF-F-DWSP14880-E-S) ◦ Child Care ◦ Emergency Assistance Application - Part 1 (DCF-F-DWSP2010 / DCF-F-DWSP2010-H / DCF-F-DWSP2010-SDCF-F-DWSP2010-SDCF-F-DWSP2010-E / DCF-F-DWSP2010-S) ◦ Job Access Loan Application (DCF-F-DWSP2482-E / DCF-F-DWSP2482-E-H / DCF-F-DWSP2482-E-SDCF-F-DWSP2482-E-S) ◦ Back - Up Application/Participant Signature (DCF-F-DWSP11154 / DCF-F-DWSP11154-H / DCF-F-DWSP11154-SDCF-F-DWSP11154-E / DCF-F-DWSP11154-E-S) ◦ Refugee application paper workpaperwork and applications for other programs such as W-2 emergency payments. ◦ County issued programs ◦ BadgerCare Plus - Express Enrollment for Pregnant Women Application (F-10081) / Temporary Enrollment for Family Planning Only Services (F-10119) / Disaster FoodShare Application(F-16060) / FoodShare Wisconsin Registration (F-16019A) / FoodShare Wisconsin Application (F-16019BF-) |
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[16060](#)/ [Wisconsin FoodShare Application \(F-16019\)](#)/ [Medicaid Disability Application \(F-10112\)](#)/ [BadgerCare Plus Supplement to FoodShare Wisconsin Application \(F-10138\)](#) / [Wisconsin Medicaid, BadgerCare Plus, and Family Planning Only Services Registration Application \(F-10129\)](#) / [Senior Care Application \(F-10076\)](#) / [Wisconsin Medicaid for the Elderly, Blind, or Disabled Application Packet \(F-10101\)](#) / [Wisconsin Medicaid Supplement to FoodShare Wisconsin Application \(F-10140\)](#) / [\(F-10100\)](#)

- FSET Non-cooperation form letters asking the FoodShare be reinstated.
- Wisconsin Veterans Home at King - Medicaid Review ([F-10147](#))

Special Instructions:

- CAF scanning varies based on if it was generated by CARES or provided by a ~~Client~~ [applicant](#).
 - CARES Generated: Scan the signature page only. Do not scan the multiple pages of printed responses.
 - ~~Client~~ [Applicant/Member](#) provided (mail-in, walk-in, etc): Scan all pages, excluding instructions. Include Combined Application forms, blue fold-outs, white mail-ins.
- CARES generated ACCESS applications (Apply for Benefits) are automatically stored in the ECF with the APP code.

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| | | | | | | <ul style="list-style-type: none"> ◦ When searching for APPs in ECF View, search for both CAF and APP. ◦ CARES generated reviews were inadvertently labeled as CHG. until the system can be changed, search for CHG for CARES generated Reviews/Renewals. ◦ CARES generated SMRFs were inadvertently labeled as CHG. Until the system can be changed, search for CHG for CARES generated <u>SMRFs, Reviews/Renewals</u> |
| Asset Information | Asset Information - Other | AST | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ Life Estate legal documents ◦ Land contracts ◦ Trusts ◦ Tax Bill ◦ Assessment ◦ Retirement account information ◦ Home equity loan ◦ Divestment Paperwork ◦ F-10196 Undue Hardship |
| Asset Information | Bank Accounts | BNK | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ Checking ◦ Savings ◦ Certificates of deposit (CDs) ◦ Bank Inquiry |
| Expenses | Child Care Expense | CCE | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ Child Care receipts ◦ Manual Child Care Authorization Sheets |
| Miscellaneous / County Specific | Complete Case File | CCF | Not Restricted | Optional | Not PIN Specific | <ul style="list-style-type: none"> ◦ A case cover sheet to indicate that it is a complete case file. <p>Special Instructions</p> <ul style="list-style-type: none"> ◦ This code is intended to be used in Milwaukee County, but can be used in other locations, as appropriate. |

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| Miscellaneous / County Specific | Child Care Miscellaneous | CCMSC | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> Any other Child Care related document not otherwise specified. |
| Case Information | Child Care Worksheet | CCWS | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> All CC related worksheets, including manual Child Care payment worksheets DES-11559 Child Care Payment Worksheet for edited Licensed Child Care Providers DES-11560 Child Care Payment Worksheet for Certified and Accredited Certified Child Care Providers DES-11561 Child Care Payment Worksheet for Attendance Based Payments to Licensed Child Care Providers DES-11562 Child Care Payment Worksheet for Enrollment Based Payments to Licensed Child Care Providers. |
| Case Information | Change Reporting Form | CHG | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> FoodShare Wisconsin Information Change Report (F-16006F-10183) Medicaid Change Report (F-10137) FoodShare Wisconsin Income Change Report (F-16066) DWSP-2001 (Change Report) ACCESS Report My Changes Change Reports are stored in the ECF with the CHG code. |
| Restricted | CIP/COP Info | CIP | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> COP Assessment CIP/COP Approval Letters Waiver Requests Family Care (pilot program) documents |

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| | | | | | | <ul style="list-style-type: none"> ◦ Interagency Notification of Termination of Medicaid Waiver Eligibility for a Community Waiver Participant (F-10142) ◦ Unprocessed Family Care, Pace, or Partnership, PACE, and IRIS Program Requested Disenrollment Request (F-00009)(F-02403) |
| Health Care | Monthly Copay Limit Met Letter | CMCA | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ 5% Cost Share Monthly y-Copay Limit Met Letter (Individual Open in CARES Case) |
| Health Care | Monthly Copay Limit Met Letter | CMNC | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ 5% Cost Share Monthly Copay Limit Met Letter (Individual not found in Open CARES Case or SSI) |
| Restricted | Child Support | CS | Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ All Child Support non-expense related documents including: <ul style="list-style-type: none"> • Initial or subsequent paternity orders • Court orders regarding support payments ◦ Referrals to child support including: <ul style="list-style-type: none"> • Good Cause Claim (DCF-F-DWSP2019-E / DCF-F-DWSP2019-H / DCF-F-DWSP2019-S) • Good Cause Notice (DCF-F-DWSP2018 / DCF-F-DWSP2018-H / DCF-F-DWSP2018-S) • / DCF-F-DWSP2019-S) • Child Support Cooperation and Good Cause (DCF-P-5600 / DCF-P-5600-S) • Notice of Assignment: Child Support, Family Support, Maintenance, and Medical |

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| | | | | | | <p>Support (DCF-F-DWSP2477-E / DCF-F-DWSP2477-S)</p> <ul style="list-style-type: none"> • Notice of Assignment: Child Support, Family Support, Maintenance, and Medical Support (DCF-F-DWSP2477 / DCF-F-DWSP2477-H / DCF-F-DWSP2477-SDCF-F-DWSP2477-E / DCF-F-DWSP2477-S) ◦ Notice of Assignment: Child Support, Family Support, Maintenance, and Medical Support (DCF-F-DWSP2477 / DCF-F-DWSP2477-H / DCF-F-DWSP2477-S) Any legal documents regarding Child Support should use the CS code and not LEGAL. <p>Special Instructions</p> <ul style="list-style-type: none"> ◦ For specific Child Support expenses, use CSE. |
| Expenses | Child Support Expense | CSE | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ All Child Support expense related documents, including documents related to child support payments. |
| Restricted | Child Welfare | CW | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Any child welfare related documents including: <ul style="list-style-type: none"> • BadgerCare Plus Former Foster Care Youth (FFCY) (F-10184F-10184) • BadgerCare Plus Child Welfare Parent / Caretaker Relative (CWPC) Communication (F-10185F-10185) |

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| Nonfinancial Information | Declining Aid forms | DAF | Not Restricted | Optional | Not PIN Specific | <ul style="list-style-type: none"> ◦ Voluntarily Declining Aid (DCF-F-DWSP2233 / DCF-F-DWSP2233-H / DCF-F-DWSP2233-S) DCF-F-DWSP2233-E-S) |
| Restricted | Death Certificates | DC | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Death Certificates |
| Disability Determination Bureau | DDB Related Information | DDB | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ All manual DDB cases ◦ All contents of the DDB packet (red folder) ◦ Manual DDB decision letters. <p>Special Instructions</p> <ul style="list-style-type: none"> ◦ Red folders were made obsolete after the automation of DDB processing in October 2007, except for manual DDB cases in rare instances. Use DDB for all manual DDB cases. ◦ New, more specific document codes were added in October 2007 for For other types of DDB documents used in the automated DDB process. See ADDD, MADA, ADDMD, DDDOC, and DDWSH for details. DDWSH, DDB, MADA, and MADR for details. |
| Case Information | Document Tracking Sheet | DTS | Not Restricted | Optional | Not PIN Specific | <ul style="list-style-type: none"> ◦ Use for Document tracking sheets (DTS) only. |
| Case Information | Electronic Benefit Transfer | EBT | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ EBT related documentation. |
| Income | Earned Income | EI | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Paychecks ◦ Check stubs ◦ Paystubs ◦ Employer statements |

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| | | | | | | <ul style="list-style-type: none"> ◦ etc <p>-</p> <p>Special Instructions</p> <ul style="list-style-type: none"> ◦ Treat as a multi-page document if more than one per job. |
| Restricted | Estate Recovery Program Disclosure Forms | ERPD | Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ Estate Recovery Program Disclosure Forms |
| Income | EVF-E Form | EVFE | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ EVF - E form <p>Special Instructions</p> <ul style="list-style-type: none"> ◦ Must be scanned at the agency. Not scanned at the DPUs. |
| Nonfinancial Information | EVF-H form | EVFH | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ EVF-H form <p>Special Instructions</p> <ul style="list-style-type: none"> ◦ Centrally scanned. ◦ If the client turned in the form at your agency, you may scan it and act on the change. |
| W2/FSET | FSET Participant Agreement Form | FAGR | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ FoodShare Employment and Training (FSET) Program Participation Agreement (F-00136) |
| W2/FSET | FSET Assessments | FAS | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ TABE ◦ Vocational assessments ◦ WI careers ◦ Training certificates ◦ Information obtained during the enrollment of an FSET individual ◦ Documentation regarding ABAWD exemptions. |

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| Asset Information | All Funeral/Burial Related Info | FB | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ Primarily related to funeral or burial assets. |
| W2/FSET | FSET Correspondence and Letters | FCORR | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ All other FSET program documents in which an appropriate document type does not exist. |
| W2/FSET | FSET Education | FEDU | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Documentation that is used to verify education received and contacts made with educational institutions or services. |
| W2/FSET | FSET Employment Information | FEMP | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Documentation for the FSET employment confirmation. |
| W2/FSET | FSET Enrollment Paperwork | FEN | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Copy of enrollment appointment letters ◦ Documentation obtained during the enrollment into FSET. |
| W2/FSET | FSET Exemption Documents | FEXP | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Documents or forms used for ABAWD exemption determination. |
| W2/FSET | FSET Good Cause | FGC | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Documents that support the granting of good cause. |
| Case Information | Fair Hearing Requests and Decisions | FH | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ DHA-28 and other written requests for a fair hearing. |
| W2/FSET | FSET Job Logs | FJL | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ All job search log documents ◦ Documentation used to verify contact with employers including <ul style="list-style-type: none"> • copies of business cards • employer letters |
| W2/FSET | FSET Job Information Detail | FJOB | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ All job search log documents ◦ Any documentation used to verify contact with employers including: |

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| | | | | | | <ul style="list-style-type: none"> ? Copies of business cards ? Employer letters |
| W2/FSET | FSET Miscellaneous Documents | FMSC | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Documents or forms that do not fit into another category. |
| W2/FSET | FSET Out of State Inquiries | FOSI | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Information about benefits received in other states - Out of State Inquiry. |
| Restricted | Fraud Related Information | FRAUD | Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ All documents supporting fraud claims, minus copies that can be obtained from CARES, Fraud and Front End referral forms. ◦ Supporting documents for overpayments related to fraud. <p>Special Instructions</p> <ul style="list-style-type: none"> ◦ For all other overpayments, refer to OP. ◦ For IPV related documents, refer to SANC. |
| W2/FSET | FSET Returned Mail | FRET | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Envelopes from mail that has been returned to the agency. |
| W2/FSET | FSET Release of Information | FROI | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Release of information form authorizing the disclosure of confidential information, school enrollment, and attendance information. |
| W2/FSET | FSET Resume/Job Application | FRSM | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Resume or job application worked on while in the FSET program. |
| W2/FSET | FSET Employment Plan | FSEP | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ The FSET employment plan for a participant, including: <ul style="list-style-type: none"> • Goals • Action steps |

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| | | | | | | <ul style="list-style-type: none"> Assigned activities |
| W2/FSET | FSET Supportive Services | FSS | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> Documents that support the issuance of supportive services. |
| W2/FSET | FSET Verification Information | FVER | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> Documents or forms used for verification inquiries. |
| W2/FSET | FSET Workfare/Work Experience Documents | FWFWE | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> Documentation used to verify workfare or work experience including: <ul style="list-style-type: none"> copies of business cards employer letters phone logs. |
| Disability Determination Bureau | Health and Employment Counseling Program (HEC) Application Form/Decision Letter | HEC | Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> Letter approving or denying a MAPP applicant or member's request for HEC enrollment for MAPP non-financial eligibility. |
| Nonfinancial Information | Proof of Identity | ID | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> Any identity or citizenship document or form including: <ul style="list-style-type: none"> birth certificate baptismal certificate immigration status docs drivers license passport state ids county ids P-140 Any documents used to meet the MA/BC citizenship and identity verification requirement including: |

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| | | | | | | <ul style="list-style-type: none"> • Statement of Identity for Children Under 18 Years of Age (F-10154) - Assign these to the primary person • Statement of Citizenship and/or Identity for Special Populations (F-10161) <p>Special Instructions:</p> <ul style="list-style-type: none"> ◦ Do not scan birth queries or birth notification letters from the state. ◦ See <u>DC</u> for Death Certificates. |
| Income | In-Kind Income Verification Form | INKD | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ F-02577 Proof of In-Kind Hours (F-02577) |
| Nonfinancial Information | Legal Documents | LEGAL | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Guardianship papers ◦ Power of attorney ◦ Divorce ◦ Separation ◦ Marriage certificates ◦ Bankruptcy papers ◦ Notice of Intent to File a Lien ◦ Affidavits of Lost ◦ Destroyed ◦ Stolen Benefits (FIS-12768). <p>Special Instructions:</p> <ul style="list-style-type: none"> ◦ For all Child Support legal documents, refer to <u>CS</u>. |
| Asset Information | Life Insurance Policies | LIP | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ Term, group, or whole (face and cash value) ◦ Life Insurance Information request ◦ Life Insurance Inquiry (F-10144) <p>Special Instructions</p> |

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| | | | | | | <ul style="list-style-type: none"> ◦ There is no need to copy <u>the</u> full policy <u>if</u> that can be obtained from Insurance Agent. |
| Disability Determination Bureau | MADA Application | MADA | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ <u>Medicaid Disability Application (F-10112)</u> ◦ <u>Medicaid Disability Application Addendum - Telephonic Signature (F-10112A)</u> |
| <u>MAPP</u> | <u>MADR Redetermination</u> | <u>MADR</u> | <u>Restricted</u> | <u>Required</u> | <u>PIN/SSN Specific</u> | <ul style="list-style-type: none"> ◦ <u>Medicaid Disability Redetermination Report (F-10114)</u> |
| Restricted | MA Manual Eligibility Forms | MAEF | Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ Medicaid / BadgerCare Plus Remaining Deductible Update (<u>F-10109</u>) ◦ MA Cert Form (3070) in order of initial date of certification ◦ <u>Medicaid/BadgerCare Plus Eligibility manual certification form (F-10110). Previously known as 3070.</u> ◦ Spousal impoverishment allocation forms ◦ Authorization for Retroactive CTS (<u>F-22564</u>) ◦ Emergency MA paperwork ◦ Good Faith Medicaid / BadgerCare Plus Certification (<u>F-10111</u>) |
| Restricted | Medical Assessments | MAS | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Wisconsin Well Woman Medicaid Determination (F-10075) <u>Application and Renewal (F-10075)</u> ◦ Drug test results and all documents formerly coded as MDE (Physician's Evaluation): <ul style="list-style-type: none"> • Mental health or other incapacitation docs |

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| | | | | | | <ul style="list-style-type: none"> • Special needs documents (child care) • Pregnancy verification. • Drug Test Results • Temporary Stay for Nursing Home • Medicaid Purchase Plan (MAPP) - Work Requirement Exemption (†) <p>Special Instructions</p> <ul style="list-style-type: none"> • See DC for Death Certificates F-10127) |
| Restricted | Medical Expenses/Deductible Documents | ME | Restricted | Optional | Not PIN Specific | <ul style="list-style-type: none"> ◦ Cover sheet and all verifications of medical costs ◦ Other health insurance ◦ Pharmacy and doctor bills. ◦ Copies of checks for BadgerCare premiums and payment coupons ◦ Medicaid Purchase Plan (MAPP) Member / Premium Information (F-10122) |
| Nonfinancial Information | Miscellaneous Nonfinancial | MNF | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Use this document code for any nonfinancial document that doesn't have a specific code. For example: <ul style="list-style-type: none"> • Designation of a BadgerCare Plus Essential Person (F-10186) • Wisconsin Funeral and Cemetery Aids program application Program Application (F-10141) |
| Correspondence | Notice of Decision | NOD | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ Non-CARES generated Notices of decision including: |

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| | | | | | | <ul style="list-style-type: none"> • Medicaid Member Asset Allocation Notice (F-10098) • Community Spouse Asset Share (F-10096) • Medicaid Income Allocation Notice (F-10097) • Funeral and Cemetery Aids Program Reimbursement Notice (F-10143) • Notice of Denial of Benefits/Negative Change in Benefits (F-16001) • Notice of Approval of Benefits/Positive Change in Benefits (F-16015) • Medicaid Manual Notice for Cost of Care Contribution (F-10108) |
| Miscellaneous / County Specific | Other County Documents | OCNTY | Not Restricted | Optional | Not PIN Specific | <ul style="list-style-type: none"> ◦ County generated documents or forms that do not fit into another category. ◦ Does not include documents generated by the customer or State forms, or any SeniorCare form. |
| Case Information | Overpayment/Underpayment Recoupment | OP | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Overpayments, underpayment and benefit recovery documents used for over payment or under payment calculation ◦ -Wisconsin Works (W-2) Repayment Agreement (DCF-F-DES10790) ◦ Overpayment Recoupment Notice ◦ FoodShare Wisconsin Nonfinancial Worksheet (F-16073) ◦ FoodShare Worksheet (F-16033) ◦ Wisconsin Works (W2) Overpayment Recoupment Notice (DCF-F-DES10787) |

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| | | | | | | <ul style="list-style-type: none"> ◦ BV worksheets ◦ Associated letters ◦ Sheriff's reports and manual wage verification used to calculate overpayments ◦ Request for Write Off or Adjustment DWSD-11439 ◦ State Letter of 'Acknowledgment of Receipt' <p>Special Instructions</p> <ul style="list-style-type: none"> ◦ For overpayments related to fraud, see FRAUD |
| W2/FSET | Performance Outcome | POPD | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Performance Outcome Payment Documents |
| Case Information | Pre-Printed Renewal Form | PPRF | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ Scan all pages received, including the signature page. |
| Nonfinancial Information | Internal or State QC Info | QC | Not Restricted | Optional | Not PIN Specific | <ul style="list-style-type: none"> ◦ FoodShare TCRs ◦ Other Quality Control or Quality Assurance documents. |
| Case Information | Authorization of Representative Forms | REP | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ Wisconsin Works (W-2) and Related Programs Authorization of Participant Representation Representative (DCF-F-DWSP2375DCF-F-DWSP2375-E / DCF-F-DWSP2375-HDCF-F-DWSP2375-E-S / DCF-F-DWSP2375-SDCF-F-DWSP2375-E-SW) ◦ FoodShare Authorized Buyer ◦ The Authorized Representative section of ACCESS ACCESS Apply For Benefits, if completed. |

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| Correspondence | Returned Mail | RET | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ Scan the envelope and all contents. <p>Special Instructions:</p> <ul style="list-style-type: none"> ◦ When searching for returned mail in the ECF, search for both UCOR and RET document codes. |
| Case Information | Retailer Initiated Adjustment Notice | RIA | Not Restricted | Optional | Not PIN Specific | <ul style="list-style-type: none"> ◦ Retail Initiated Adjustment Notice |
| Restricted | Release of Information Forms | ROI | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Release of information form including: <ul style="list-style-type: none"> • Authorization for Disclosure of Confidential Information (DCF-F-DWSP10779-E) • School Enrollment and Attendance Information Release (DCF-F-DES11297DCF-F-DES11297-E) |
| Restricted | Residential Substance Use Document | RSUD | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Residential Substance Use Disorder Treatment for BadgerCare Plus and Medicaid Members document (F02766F-02766) |
| Nonfinancial Information | Sanctions | SANC | Not Restricted | Optional | Not PIN Specific | <ul style="list-style-type: none"> ◦ Documents related to sanctions, except W-2 hourly, including: <ul style="list-style-type: none"> • FoodShare / FSET sanctions approved or denied and sanction cures • Drug felony • All IPV documents, including W-2. <p>Special Instructions:</p> <ul style="list-style-type: none"> ◦ For W-2 hourly sanction and strike documents, refer to WSGC |

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| Nonfinancial Information | Spousal Allocation Statement | SAS | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Spousal Allocation Statement |
| Asset Information | Stocks and Bonds Info | SB | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ Savings Bonds |
| Nonfinancial Information | School Information | SCHL | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ School related documents used for all programs, except Learnfare, including: <ul style="list-style-type: none"> • School schedules used for Child Care authorizations • Financial Aid Information • Student Financial Aid Report (F-16021) <p>Special Instructions:</p> <ul style="list-style-type: none"> ◦ For Learnfare, refer to WLCM |
| Nonfinancial Information | Separate Eating forms FoodShare Buy and Make Food Separately form | SEF | Not Restricted | Optional | Not PIN Specific | <ul style="list-style-type: none"> ◦ Household information request |
| Income | Self-employment income | SEI | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ SEIRF's ◦ SEIRFs ◦ Other self-employment info ◦ Tax forms for the most current tax year ◦ Self-Employment Income Report DWSP-2131 ◦ Self-Employment Income Report (F-00107) ◦ Self-Employment Income Report (F-00107) Room and board documents/forms ◦ Self-Employment Income Worksheet-Corporation (F-16034) |

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| | | | | | | <ul style="list-style-type: none"> ◦ Self-Employment Income Worksheet: Partnership (Schedule K-1 and Form 1065 (F-16036) (F-16036)) ◦ Self Employment Income Worksheet - Sole Proprietor Farm and Other Business (F-16037) ◦ Self-Employment Income Worksheet - Subchapter S Corporation Corporation (Schedule K-1 and Form 1120S) (F-16035) |
| Case Information | SMRF Form | SMRF | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ FoodShare Six-Month Report and Instructions (F-16076) <p>Special Instructions:</p> <ul style="list-style-type: none"> ◦ CARES generated SMRFS were inadvertently labeled as CHG. Until the system can be changed, search for CHG for CARES generated SMRFS. |
| Nonfinancial Information | Spousal Signature Form | SSF | Not Restricted | Required | PIN / SSN Specific | Request for Community Spouse Signature form (F-02733) |
| Restricted | SSI/SSDI/Referral/Advocacy Documents | SSIA | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ SSI/SSDI/Referral/Advocacy Documents |
| Nonfinancial Information | Social Security Card | SSN | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Application for a SSN ◦ Social Security Number Referral (F-16022) <p>Special Instructions:</p> <ul style="list-style-type: none"> ◦ Only scan cards where the number has not yet been validated or has a mismatch in CARES. |
| SSI Medicaid | SSI Medicaid Copay Limit Set | SSOT | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ One-time 5% Cost Share Copay Limit Set Letter for SSI Medicaid members |

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| Expenses | Shelter/Utility Expense | SUE | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ Leases ◦ Residence forms ◦ Lease forms ◦ Shelter forms ◦ Proof of rent ◦ Utility bills such as phone or electric ◦ Tax payments ◦ Mortgage ◦ Property taxes ◦ Section 8 papers ◦ CDA papers ◦ Homeless agreement ◦ In /Out of Nursing Home form ◦ Other residency verification ◦ <u>etc</u> |
| Expenses | Tax Deductions | TD | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Documents that serve as verification for Tax Deductions. |
| Nonfinancial Information | Tax Filing Information | TFI | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ All documents that serve as verification for Tax Filers and Tax Dependents. |
| Miscellaneous / County Specific | Transform Milwaukee Jobs | TMJ | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Transform Milwaukee Jobs APP & Eligibility Documents |
| Nonfinancial Information | Treatment Needs Question | TNQ | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> • Treatment Needs Question (F-02547) returned by member to submit TNQ. |
| Restricted | TPL/Accident Report | TPL | Restricted | Optional | Not PIN Specific | <ul style="list-style-type: none"> ◦ TPL/Accident Report |
| Disability Determination Bureau MAPP | MAPP Premium Temporary Waiver Form | TWMP | Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ F-02603 <u>Request for a Temporary Waiver of MAPP Premium (F-02603)</u> |

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| Miscellaneous / County Specific | Uncategorized Correspondence | UCOR | Not Restricted | Optional | Not PIN Specific | <ul style="list-style-type: none"> ◦ Letters to other agencies and notes from the customer <u>applicants or members</u> including: <ul style="list-style-type: none"> • Notices with changes • EOS forms send to another state to check for open benefits • Call Center <u>Problem Resolution Team</u> E-mail correspondence • emails <u>Emails</u> from customers <u>applicants or members</u> reporting changes • etc <p>Special Instructions</p> <ul style="list-style-type: none"> ◦ For returned mail from the post office see <u>RET</u>. ◦ For confidential documents to W-2 service providers, refer to <u>WSPC</u>. ◦ Prior to November 2011 UCOR was used for returned mail from the post office. When searching for returned mail in the ECF, search for both the UCOR and RET doc codes. |
| Asset Information | Undue Hardship | UH | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ <u>Divestment Penalty and Undue Hardship Notice Plus</u> Waiver Request (F-10193 <u>F-10193</u>) ◦ Other undue hardship-related documentation. |
| Income | Unearned Income | UI | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ Child Support ◦ Alimony ◦ Social Security ◦ Verification of Veterans Benefits (F- <u>10162</u>) ◦ Kinship Care |

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| | | | | | | <ul style="list-style-type: none"> ◦ etc |
| Case Information | Requesting Verification | VER | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ All non-CARES generated request for verification documents including: <ul style="list-style-type: none"> • Checklists • Agency letters • Request for Verification (DCF-F-DWSP2303 / DCF-F-DWSP2303-H / DCF-F-DWSP2303-M / DCF-F-DWSP2303-S) • etcRequest for Verification (DCF-F-DWSP2303-E / DCF-F-DWSP2303-E-S) |
| Asset Information | Vehicle Info | VI | Not Restricted | Required | Not PIN Specific | <ul style="list-style-type: none"> ◦ Vehicle Information |
| W2/FSET | W-2 Alcohol, Substance Abuse Information | WAA | W-2 Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Documents about alcohol and substance abuse. ◦ This code includes but is not limited to: <ul style="list-style-type: none"> • assessments • diagnoses • treatment notes |
| W2/FSET | W-2 Attendance Tracking | WAT | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Documents that verify attendance at a W-2 activity including: <ul style="list-style-type: none"> • Individual timesheets • Group sign-in sheets • Computer printouts • Education and training attendance documentation • Facilitated job search activity tracking. <p>Special Instructions</p> |

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| | | | | | | <ul style="list-style-type: none"> ◦ For independent job search logs, refer to WJSL ◦ For other documents related to school, refer to SCHL |
| W2/FSET | W-2 Barrier Screening Tool Documents | WBS | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ All Barrier Screening Tool (BST) documents ◦ Wisconsin Works (W-2) Barrier Screening Tool Agreement (DCF-F-DWSP13578 / DCF-F-DWSP13578-S) <p>Special Instructions</p> <ul style="list-style-type: none"> ◦ Do not scan a paper copy of the tool unless the tool is not entered into the BST system. |
| W2/FSET | Household Budget Worksheet for W-2 | WBW | Not Restricted | Optional | Not PIN Specific | <ul style="list-style-type: none"> ◦ Household Budget Worksheet for Wisconsin Works (W-2) (DCF-F-DWSP2443) DCF-F-DWSP2443-E) |
| W2/FSET | WP Cover Letter | WCL | Not Restricted | Optional | PIN/SSN Specific | Work Programs participant Cover Letter. |
| W2/FSET | Documentation Referral to Other Agency | WDR | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Referrals to outside agencies such as the DVR and CAP programs assessment referral forms, etc. ◦ Work program referrals, supportive services referrals, etc. <p>Special Instructions</p> <ul style="list-style-type: none"> ◦ For referrals within an agency, refer to OCNTY. |
| W2/FSET | W-2 Domestic violence information | WDV | W-2 Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Documents about domestic violence. |

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| W2/FSET | Electronic Funds Transfer | WEFT | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Electronic Funds Transfer (DCF-F-DWSP10791) Electronic Funds Transfer (DCF-F-DWSP10791-E / DCF-F-DWSP10791-E-S) |
| W2/FSET | W-2/FSET Employability Plan | WEP | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ The signature page of the CARES printed EP ◦ Any paper EPs not contained in CARES ◦ Wisconsin Works (W-2) Employability Plan (DCF-F-DES10788 DCF-F-DES10788-E / DCF-F-DES10788-E-S) ◦ Any other supporting documentation used to supplement the information contained in the EP. |
| W2/FSET | Requesting Verification for EA | WEVCL | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Emergency Assistance Verification Checklist |
| W2/FSET | W-2 Agency Extension Record | WEX | W-2 Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ DWSW-11661-E W-2 Agency Time Limit Extension Record. |
| W2/FSET | Fact Finding Documents | WFF | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Fact Finding Review Appointment Notice (DCF-F-DWSP10782-E / DCF-F-DWSP10782-E-S) ◦ Request for a Wisconsin Works (W-2) Fact Finding Review (DCF-F-DWSP10783-E / DCF-F-DWSP10783-E-H / DCF-F-DWSP10783-E-S DCF-F-DWSP10783-E / DCF-F-DWSP10783-E-S) ◦ Fact Finding Review Summary and Decision (DCF-F-DWSP10784-E / DCF-F-DWSP10784-E-S) ◦ Fact Finding Review Voluntary Withdrawal (DCF-F-DWSP11155-E / DCF-F-DWSP11155-E-H / DCF-F-DWSP11155-E-S) |

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| W2/FSET | W-2 Job Search Log | WJSL | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ All job search log documents and any documentation used to verify contact with employers, including: <ul style="list-style-type: none"> • Copies of business cards • Employer letters • etc <p>Special Instructions</p> <ul style="list-style-type: none"> ◦ For all other attendance tracking, including facilitated job search activities, refer to WAT. |
| W2/FSET | Learnfare Case Management Plan | WLCM | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Learnfare release ◦ Other school enrollment ◦ Attendance information ◦ Learnfare Case Management Plan (DCF-F-DES10789)DCF-F-DES10789-E / DCF-F-DES10789-E-S) |
| W2/FSET | Medical Exam W2 | WME | W-2 Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Medical Exam & Capacity Form W2 |
| W2/FSET | Miscellaneous Work Program Documents | WMSC | Not Restricted | Optional | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ All other work program documents in which an appropriate document type does not exist. |
| W2/FSET | Out of State Inquiry | WOSI | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Information about benefits received in other states ◦ Out of State Inquiry (W-2) form (DES-4021) |
| W2/FSET | W-2/FSET Participation Agreement | WPA | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Wisconsin Works (W-2) Participation Agreement (DCF-F-DWSP10755 / DCF-F-DWSP10755-BRM / DCF-F-DWSP10755-H / DCF-F-DWSP10755-NE / DCF-F-DWSP10755-S / DCF-F-DWSP10755-Y) |

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| | | | | | | <ul style="list-style-type: none"> ◦ Wisconsin Works (W-2) Participation Agreement (DCF-F-DWSP10755-E / DCF-F-DWSP10755-E-S) ◦ FoodShare Employment and Training (FSET) Program Participation Agreement (F-00136) |
| W2/FSET | W-2 Placement-Related Forms | WPF | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ All W-2 placement related forms, including: <ul style="list-style-type: none"> • Trial Job Employer Agreement (DES-10759) • Wisconsin Works (W-2) Work Training Site Agreement (DCF-F-DWSP10792DCF-F-DWSP10792-E / DCF-F-DSWP10795-E-SW) • W-2 Case Management Services Agreement (DWSP-13269) • Worksite evaluations and participant's progress reports. <p>Special Instructions</p> <ul style="list-style-type: none"> ◦ For worksite attendance or any other attendance documents, refer to WAT. |
| W2/FSET | W-2 Physical, Mental Health Information | WPM | W-2 Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Documents about physical health, mental health, and disabilities and impairments <i>except the W-2 Medical Examination and Capacity Form and disability-related assessments</i>. ◦ This code includes but is not limited to: <ul style="list-style-type: none"> • assessments • diagnoses • treatment notes |
| W2/FSET | WP Resume | WRS | Not Restricted | Optional | PIN/SSN Specific | Work Programs participant Resume document. |

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| W2/FSET | Sanction and Good Cause Documentation | WSGC | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ For all W-2 non-participation or non-cooperation related documents including: <ul style="list-style-type: none"> • Hourly non-participation • Non-participation strikes • Good cause documents. <p>Special Instructions</p> <ul style="list-style-type: none"> ◦ For IPV-related docs, refer to SANC. |
| W2/FSET | W-2 Service Provider Correspondence | WSPC | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Documents to service providers outside of the W-2 agency that are confidential. <p>Special Instructions</p> <ul style="list-style-type: none"> ◦ For non-confidential documents to service providers, refer to UCOR. |
| W2/FSET | W-2 Supportive Services Plan | WSSP | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Supportive Service Plan (DCF-F-DWSW12956-E) |
| W2/FSET | Non-Medical Assessments | WVAS | Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ All non-medical assessment documentation including: <ul style="list-style-type: none"> • Vocational assessments • Career/employment readiness assessments • Education assessments • AODA assessments • Domestic violence assessments • Self-declared needs assessments • Family profiles • etc |
| W2/FSET | W-2 Vocational, Functional Assessments | WVF | W-2 Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Documents about disability-related assessments. |

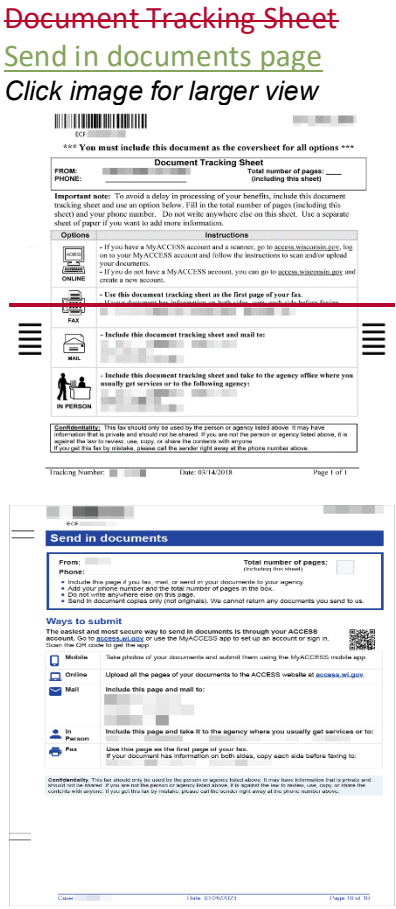
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| | | | | | | <ul style="list-style-type: none"> ◦ This code includes but is not limited to: <ul style="list-style-type: none"> ● vocational assessments ● functional assessments |
| W2/FSET | Vendor Payment Request | WVPR | Not Restricted | Required | PIN / SSN Specific | <ul style="list-style-type: none"> ◦ Vendor Payment Request (DCF-F-DWSP3147 / DCF-F-DWSP3147-S) |

Document Separator Sheets and Send in Documents Page

Documents are automatically separated in ECF Capture with either a [Send in documents page](#) (previously called Document Tracking Sheet -DTS) or a [Separator Sheet](#). Both the [DTS](#) and [Send in documents page](#) and separator sheets tell ECF Capture that a new document has begun. [In this](#) way, you can scan stacks of documents at once and ensure they are grouped accurately.

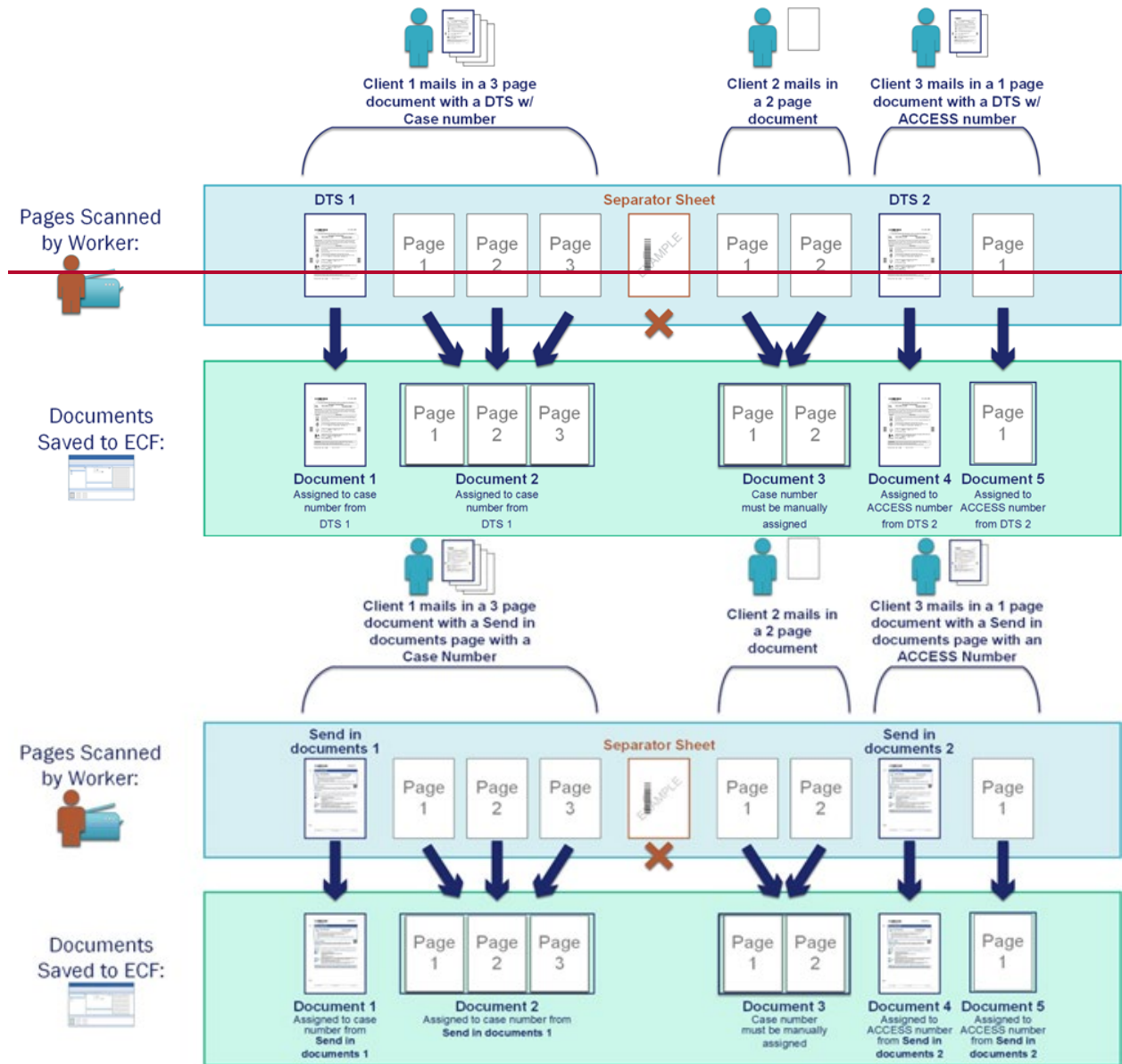
The [DTS](#) and [Send in documents page](#) both separates documents (like a separator sheet) and automatically adds an associated case number, RFA number, or ACCESS number to a document for indexing. Always use the [DTS](#) and [Send in documents page](#) when provided.

[Download and print a PDF version of a separator sheet here.](#)

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| |  <p>Document Tracking Sheet Send in documents page Click image for larger view</p> <p>*** You must include this document as the coversheet for all options ***</p> <p>FROM: [redacted] Total number of pages: [redacted] PHONE: [redacted] (including this sheet)</p> <p>Important note: To avoid a delay in processing of your benefits, include this document tracking sheet and use an option below. Fill in the total number of pages (including this sheet) and your phone number. Do not write anywhere else on this sheet. Use a separate sheet of paper if you want to add more information.</p> <p>Options</p> <ul style="list-style-type: none"> ONLINE <ul style="list-style-type: none"> If you have a MyACCESS account and a scanner, go to access.wisconsin.gov, log on to your MyACCESS account and follow the instructions to scan and/or upload your documents. If you do not have a MyACCESS account, you can go to access.wisconsin.gov and create a new account. BY FAX <ul style="list-style-type: none"> Use this document tracking sheet as the first page of your fax. MAIL <ul style="list-style-type: none"> Include this document tracking sheet and mail to: IN PERSON <ul style="list-style-type: none"> Include this document tracking sheet and take to the agency office where you usually get services or to the following agency? <p>Confidentiality: This fee should only be used for the person or agency listed above. If they have information that is private and should not be shared, if you are not the person or agency listed above, it is agreed the fee will be waived, one copy of these instructions will be provided. If you get this fee by mistake, please call the number right away at the phone number above.</p> <p>Tracking Number: [redacted] Date: 01/14/2018 Page 1 of 1</p> <p>Send in documents</p> <p>FROM: [redacted] Total number of pages: [redacted] PHONE: [redacted] (provide this number)</p> <p>Ways to submit</p> <p>The easiest and most secure way to send in documents is through your ACCESS account. Or access.wisconsin.gov or use the MyACCESS app to set up an account or sign in. Scan the QR code to get the app.</p> <ul style="list-style-type: none"> Mobile Take photos of your documents and submit them using the MyACCESS mobile app. Online Upload all the pages of your documents to the ACCESS website at access.wi.gov. Mail Include this page and mail to: In Person Include this page and take it to the agency where you usually get services or to: Fax Use this page as the first page of your fax. If your document has information on both sides, copy each side before faxing to: <p>Confidentiality: This fee should only be used for the person or agency listed above. If they have information that is private and should not be shared, if you are not the person or agency listed above, it is agreed the fee will be waived, one copy of these instructions will be provided. If you get this fee by mistake, please call the number right away at the phone number above.</p> <p>Case: [redacted] Date: 01/04/2018 Page 10 of 10</p> | <p>Separator Sheetsheet Click image for larger view</p> <p>EXAMPLE</p> |
| <p>Separates documents while scanning</p> | <p>✓</p> | <p>✓</p> |
| <p>Saves to ECF</p> | <p>✓</p> | <p>Automatically deleted when scan job is created</p> |

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| Adds a case, RFA, or ACCESS number which automatically indexes the document | ✓ | ✗ |
| Can be placed at the beginning of scan job | ✓ | Should only be placed between documents, not at the beginning of a scan job |
| Can be reused | ✗ | ✓ |

Example of Use



Click image for larger view

In the above image, multiple pages of documents were received from different clients. The pages for the first and third client each include a [DTS Send in documents page](#), while the pages for the second client do not. The worker can scan all of these documents at the same time using the provided [DTS and Send in documents page or](#) adding a separator sheet.

The worker prepares the documents to scan by placing them in the following order:

1. Client 1 - [DTS Send in documents page](#)
2. Client 1 - page 1
3. Client 1 - page 2
4. Client 1 - page 3
5. Separator [Sheet](#)
6. Client 2 - page 1
7. Client 2 - page 2
8. Client 3 - [DTS Send in documents page](#)
9. Client 3 - Page 1

The [DTS Send in documents page](#) and separator sheet always go before the document being scanned. ECF Capture uses the barcodes on the [DTS Send in documents page](#) and separator sheet to split the documents as follows:

1. Client 1 [DTS Send in documents page](#) with case number or ACCESS number included for indexing
2. Client 1 three page document with case number or ACCESS number included for indexing
3. Separator [Sheet](#) (automatically deleted when **Create Job** is selected.)
4. Client 2 two page document
5. Client 3 [DTS Send in documents page](#) with case number or ACCESS number included for indexing
6. Client 3 one page document with case number or ACCESS number included for indexing

The separator sheet is automatically deleted by ECF Capture when the scan job is created. The use of a [DTS Send in documents page](#) by Client 1 and Client 3 means their documents already have the corresponding case number or ACCESS number included. The two-page document that used a separator sheet will need a case number, RFA number, or ACCESS number assigned during Indexing.