NORMAN CASH MANAGEMENT SYSTEM

GENERAL DESIGN DOCUMENT

NORMAN CASH MANAGEMENT SYSTEM

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12/13/95

NORMAN CASH MANAGEMENT SYSTEM

GENERAL DESIGN

PURPOSE:

The purpose of the Norman Payment Authorization System is to allow Norman Liaisons the ability to determine how much money an Agency has remaining within their DCFS Norman Cash Advance funds before authorizing additional funds to be used. This system will also give the Norman Liaisons and the Norman Monitor access to information regarding Norman cash assistance for individual families and specific providers as well as cash advance funds. In addition, it will automatically generate several reports which will be used as informational, preventative, and tracking tools.

BACKGROUND:

The Norman consent decree mandates DCFS to provide certain emergency services/money (see Appendix E - Norman Type of Service Codes) to prevent separation of families who are in jeopardy for reasons of money alone or to reunify families whose only barrier is monetary.

ACR, DCP supervisors and Norman Liaisons currently certify and decertify families and Norman Certification/Decertification is tracked historically on CYCIS. Case Managers, identifying a cash assistance need, complete a "Request for Cash, AFDC and Housing Assistance" form (Appendix F) to be sent to their Norman Liaison for approval. If the request is approved, the Liaison contacts the provider Agency that writes out the checks.

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DCFS provides monies to the provider agencies in the form of a lump sum cash advance. As the need arises for the Agency to provide money or services to the Norman families, they use the lump sum cash advance and later send detail vouchers to DCFS identifying what family the money was used for and what services were provided. This, along with the cash advance, is processed through the Department's Vouchering System and ultimately, the Office of the Comptroller generates a check to the provider agency.

The current, mostly manual system, has numerous inadaquacies:

1. Liaisons and supervisors have no way of knowing 'cash on hand' for an agency.

2. Although DCFS staff have asked the Agencies to notify them when their cash advance gets low, typically we do not find out until the Agency is totally out of money. This means the Agency can not write any more checks until another cash advance can be processed - approximately 2 to 5 weeks. If the Comptroller is out of general revenue funds, the request may be put in hold status also.

3. Norman Liaisons have no way of enforcing that the family who is to receive the money from the Agency is a Norman certified family or even an open family case.

4. Detailed vouchers which tell us which individual family received money are not received from the Agency for several weeks which makes tracking cash advances and actual family payments virtually impossible with the current system.

5. An individual family is only allowed to receive a set amount of money within a set time period but there are no checks on the current system to alert the Norman Liaison to this condition before more money is approved.

6. If the family ID on the billing statement is incorrect, these cases may never be entered into the Voucher System making it impossible to track Norman expenditures.

7. It is not easy for the Liaison to identify Norman payments as relating to reunification services, preventative services or both.

8. The only cash assistance reporting which has been available is hard copy and is not as up to date as is required.

9. Manual logs must be kept to trace authorization and expenditures. Data from logs and an unreconciled financial system is used to prepare Norman monitoring/reporting requirements.

10. The Norman Liaisons do not have an established/consistent way with which to communicate with provider agencies.

11. Business staff have no way of knowing what monies have been authorized prior to entry into the vouchering system for payment.

FUNCTIONAL SYSTEM REQUIREMENTS

Enhancements and modifications to the existing Norman system can be broken into two parts; those functions affecting the cash advance tracking and those affecting the cash assistance tracking. The following summarizes the functional "requirements" necessary to meet the needs of the Norman Monitor and the Norman Liaisons.

CASH ADVANCE

• Automatic cash advance "referral" when agency lump sum cash advance is lower than desired ("less than desired amount" calculated per provider's initial FY contract amount).

• Automatic contract extension "referral" when agency contract balance is less than desired ("less than desired amount" calculated per provider's initial FY contract amount).

• Online display of cash advance monies and contract monies available by contract (Appendix A).. Contract number can be found on currently available CO-09 screen by inputting provider ID.

• Online display of cash assistance monies by region/site/field. (Appendix A).

• Online transfer of cash advance monies that have been requested but not used from previous contract to current contract (Appendix A).

CASH ASSISTANCE

• Require family case to be opened and certified prior to payment authorization.

• Create online authorization entry and historical tracking system.

• Track payments as "reunification", "prevention", or both.

• Generate report of authorized payments to Norman Liaisons.

• Require agency to have enough 'cash advance' before authorizing payment.

• Generate semi-annual court monitor reporting.

• Reconcile authorized payments with vouchered payments and generate reporting.

• Identify cases that have received previous cash assistance over the last year prior to authorization of payment- if over allowance, do not authorize payment.

• Provide display of payment information by variables including family, contract number, prevention/reunification/both, payment status, date range, region/site/field.

• Automatic decertification of cases .- When last child in placement is returned to "HMP" or "HAP" automatically decert after 6 months regardless if child cases closed or not.

• Create shell document on AS400 for form "Request for Cash, AFDC, and/or Housing Assistance" (Appendix F).

• Create shell document on AS400 for "Letter to Family" and Appeal Rights document. (Appendix D).

• Provide security for access to NM-01 for both screen entry and print capability and ability for Division Norman Liaison to change Norman priority as supervisiors become trained or staff turnovers occur (Appendix A).

CASH ADVANCE PROCESS

• Weekly batch database job will identify all Norman providers who have less than desirable amounts of cash advance monies or contract monies left. Providers will be categorized as follows:

INITIAL CONTACT AMOUNT	REMAINING CONTRACT AMOUNT	REMAINING ADVANCE
$200,000 +	$20,000	$20,000
$90,000-$200,000	$10,000	$10,000
$20,000-$89,999	$5000	$5000
<$20,000	$2000	$2000

      (IE. If a provider has a contract for $100,000, and if the remaining contract amount and/or the remaining cash advance amount is $10,000 or less, this provider will be identified as needing additional funding.)

• System will automatically generate cash advance request notification report (Appendix H) thru electronic mail to the lead Norman Liaison and the Division Norman Liaison.

• System will automatically generate 'contract extension' notification request (Appendix H) thru electronic mail to the lead Norman Liaison and the Division Norman Liaison.

• Norman Liaison (downstate) or Division Norman Liaison (Cook) completes 'Norman Emergency Assistance Billing Summary' (Appendix G) form for cash advance request and sends to regional business office for entry.

• Cash advance request entered into vouchering system - balance displays on NM-01 (Appendix A) and history on NM-04 (Appendix A).

• NM-04 lists cash advance by Contract number. If correct contract number is not known, it can be determined by accessing already existing screen CO-09 and keying provider ID.

• If there is a contract extension problem, Norman Liaison (downstate) or Division Norman Liaison (Cook) needs to get an extension before applying for any more cash advances.

• Division Norman Liaison has the ability to transfer cash advance amount requested on the prior years contract but not used to current year's contract using NM-07 screen.

CASH ASSISTANCE PROCESS

• Case Manager sends "Request for Cash, AFDC and/or Housing Assistance" form on AS400 to Norman Liaison/Supervisor with filled out Sections 1, 2 and 3 (Appendix F).

• Norman Liaison/Supervisor approves/disapproves request.

• If approved, Norman Liaison/Supervisor enters information into the Norman Payment Authorization System via the NM-01 Screen (Appendix A).
　　* Liaison/Supervisor enters whether this is a
　Reunification case, a Prevention case, or both.
　　* The system will edit against "type" entered and
　display an informational message when the following
　is not adhered to:
　　　　- If intact family case, type is prevention.
　　　　- If placement case and goal for all children in
　　　　family is 'return home', type is reunification.
　　　　- If placement case where some of the children
　　　　are at home and goal for all children in placement is
　　　　not 'return home', type is prevention.
　　　　- If placement case and some children in family
　　　　have a "return home" goal but others have a
　　　　different goal, type is both.
　　* If cash assistance received this last year is equal
　to or greater than staff is allowed to
　authorize, transaction will not be generated.
　　　　-'Last year' is calculated from current date
　　　　back one year.
　　　　-Supervisors can approve up to $800 per
　　　　year.
　　　　-Norman Liaisons can approve up to $1200 per
　　　　year.
　　　　-Divison Norman Liaison must approve
　　　　anything over $1200.
　　　　-Division Norman Liaison has the ability to change
　　　　Norman priority as supervisiors become trained or
　　　　staff turnover occurs using NM-06.

* If cash advance remaining less than amount needed, will not allow entry of transaction.
* Contract amount displayed on screen will alert Norman Liaison/Supervisor to future shortages
* If case not certified, message will inform Norman Liaison/Supervisor and they can depress PF4 (CM-35) to certify.
* If case not open, it must be opened/reopened before approval of Norman money can occur.
* RACF (System security package) will allow only Norman Liaisons and Supervisors to authorize cash assistance.

• Supervisors will send a form letter on the AS400 to the family notifying them of Norman funds authorized and appeal rights (Appendix D).

• Norman Liaison/Supervisor may screen print NM-01 (Appendix A) and fax it to the provider agency along with AS400 form filled out by Case Manager that shows who is to receive checks.

• Agency cuts the check.

• Agency completes 'Norman Emergency Billing Summary' form (Appendix G) which shows what families and for what services their money has been spent on and returns to the Norman Liaison for signoff.

• Norman Liaison performs signoff and sends to regional business unit for entry.

• The Vouchers are entered onto the Voucher System via already existing screens VP-11 and VP-15 after business office data entry staff validate that voucher information is authorized.

• These vouchers are then reconciled weekly thru a job which checks payment amount, Family ID, Provider ID and Type of Service code entered thru the vouchering process against pre-approved payments on NM-01, Payment Authorization Screen, (Appendix A).

> * Payments that are reconciled will display on screen NM-02 (Appendix A) by family ID, NM-03 (Appendix A) by contract number, and NM-05 by region or region/site/field as "PAID/APRV"status.
>
> * Payments that have not been reconciled but have been authorized thru NM-01 will show as "APRV" status on screen NM-02 (Appendix A) and NM-03 (Appendix A).
>
> * Payments that have been paid but not approved will show on NM-02 and NM-03 as "PAID" status.
>
> * System will generate report 'Norman Authorized Payments which have not been Paid' (Appendix H) to Norman Liaison. This will be a running record of all payments authorized but not vouchered and vouchered but not authorized.

• 'Norman Assistance Authorization Notification' report (Appendix H) will be generated monthly for the Norman Liaisons to track authorizations sent to the provider agencies.

• "Money authorized by Division Norman Liaison over $1200" report (Appendix H) will be generated quarterly.

APPENDIX A- SCREENS

NM-01

```
.........1.........2.........3.........4.........5.........6.........7.........8
01 | DCFS               NORMAN PAYMENT AUTHORIZATION SYSTEM           MM/DD/YY | 01
02 | NM - 01                    PAYMENT AUTHORIZATION                 HH:MM:SS | 02
03 |                                                                     MORE | 03
04 | FAMILY ID: _____ XXXXXXXXXXXXXXXXXXXXXXXX    AUTHORIZATION DATE: XX/XX/XX| 04
05 |                                                                          | 05
06 | PROVIDER ID:  _____ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               | 06
07 |                                                                          | 07
08 | CONTRACT# _____ CASEWORKER ID: _____ XXXXXXXXXXXXXXXXXXXXXXXXXX | 08
09 |                                                                          | 09
10 | TYPE (P/R/B): _   TYPE SERVICE CODE: ____   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 10
11 |                                                                          | 11
12 | AMOUNT REQUESTED: _____    PAYMENT DATE: XX/XX/XX VOUCHER: XXXXXXXX  | 12
13 |                                                                          | 13
14 | (ELEVEN THOUSAND TWO HUNDRED TWENTY THREE)                               | 14
15 |------------------------------------------------------------------------- | 15
16 |                          CURRENT INFORMATION                             | 16
17 |                                                                          | 17
18 | CASH ASSISTANCE APPROVED/RECEIVED THRU LAST 12 MONTH $XXXXXXXXXX          | 18
19 | TOTAL CASH ASSISTANCE APPROVED/RECEIVED FROM FY 96   $XXXXXXXXXX          | 19
20 | CONTRACT AMOUNT REMAINING:                           $XXXXXXXXXX          | 20
21 | NORMAN CASH ADVANCE REMAINING:                       $XXXXXXXXXX          | 21
22 |                                                                          | 22
23 | PF1-ADD, PF2-CHANGE, PF3-DELETE, PF4-CM-35, PF5-TOP OF DATA, PF7-FWD, PF8-BWD | 23
24 | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(MESSAGE LINE)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX| 24
............................................................................
              1       2       3       4       5       6       7       8
```

*   System will validate by ID the appropriateness of the transaction.
*   System will redisplay data on an "add" of numerous related transactions for easy entry.

```
...........1.........2.........3.........4.........5.........6.........7.........8
01 | DCFS                    NORMAN PAYMENT AUTHORIZATION SYSTEM              MM/DD/YY | 01
02 | NM - 02                     NORMAN FAMILY PAYMENT DATA                   HH:MM:SS | 02
03 |                                                                             MORE | 03
04 |            FAMILY ID            FAMILY NAME           CASE STATUS                 | 04
05 |            _____         XXXXXXXXXXXXXX              XXXXX                      | 05
06 |                                                                                  | 06
07 |  DATE: __/__ TO __/__  TYPE: (P/R/B) _ PROVIDER ID: _____  STATUS: (A/P/N) _    | 07
08 |----------------------------------------------------------------------------------| 08
09 | DATE       PAYMENT   TYPE SERVICE  PROVIDER ID   CONTRACT#      TYPE       STATUS | 09
10 | XX/XX/XX     $XX       XXXX          XXXXX     XXXXXXXXXX PREVENTION    APPR/PAID| 10
11 | XX/XX/XX     $X,XXX    XXXX          XXXXX     XXXXXXXXXX PREVENTION    PAID     | 11
12 | XX/XX/XX     $XX       XXXX          XXXXX     XXXXXXXXXX REUNITICATION APPR     | 12
13 | XX/XX/XX     $XXX      XXXX          XXXXX     XXXXXXXXXX PREVENTION    APPR     | 13
14 | XX/XX/XX     $X,XXX    XXXX          XXXXX     XXXXXXXXXX REUNIFICATION PAID     | 14
15 | XX/XX/XX     $XXX      XXXX          XXXXX     XXXXXXXXXX BOTH          APPR     | 15
16 | XX/XX/XX     $XX       XXXX          XXXXX     XXXXXXXXXX PREVENTION    APPR     | 16
17 | XX/XX/XX     $XX       XXXX          XXXXX     XXXXXXXXXX PREVENTION    APPR     | 17
18 |                                                                                  | 18
19 |                                                                                  | 19
20 |                                                                                  | 20
21 |                                                                                  | 21
22 |                                                                                  | 22
23 |  PF7-FWD, PF8 BWD                                                                 | 23
24 | XXXXXXXXXXXXXXXXXXXXXXXXXX(MESSAGE LINE)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX| 24
   ......................................................................
          1         2         3         4         5         6         7         8
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        .........1.........2.........3.........4.........5.........6.........7.........8
01 | DCFS                    NORMAN PAYMENT AUTHORIZATION SYSTEM          MM/DD/YY | 01
02 | NM - 03                     CASH ASSISTANCE BY CONTRACT              HH:MM:SS | 02
03 |                                                                          MORE | 03
04 | CONTRACT#: _____  PROVIDER ID: XXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX| 04
05 | DATE __/__ TO __/__ TYPE SERVICE: ____  TYPE: (P/R/B) _  STATUS: (A/P/N) _    | 05
06 |                                                                               | 06
07 |                NORMAN CASH ADVANCE FUNDS REMAINING      $XX,XXX               | 07
08 |                CONTRACT AMOUNT REMAINING                $XX,XXX               | 08
09 |-------------------------------------------------------------------------------| 08
10 |    DATE        PAYMENT       TYPE SERV      FAMILY ID    TYPE (R/P/B)   STATUS | 09
11 |                                                                               | 10
12 | XX/XX/XX      $XXX           XXXX          XXXXXXX      PREVENTION    APPR/PAID| 11
13 | XX/XX/XX      $XX            XXXX          XXXXXXX      REUNITICATION PAID     | 12
14 | XX/XX/XX      $XXX           XXXX          XXXXXXX      PREVEN        APPR     | 13
15 | XX/XX/XX      $X,XXX         XXXX          XXXXXXX      REUNIF        PAID     | 14
16 |                                                                               | 15
17 |                                                                               | 16
18 |                                                                               | 17
19 |                                                                               | 18
20 |                                                                               | 19
21 |                                                                               | 20
22 |                                                                               | 22
23 |    PF7 FWD, PF8-BWD                                                            | 23
24 | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(MESSAGE LINE)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX| 24
        .........................................................................
               1         2         3         4         5         6         7         8
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        .........1.........2.........3.........4.........5.........6.........7.........8
01 | DCFS                    NORMAN PAYMENT AUTHORIZATION SYSTEM              MM/DD/YY | 01
02 | NM - 04                      CASH ADVANCE BY CONTRACT                    HH:MM:SS | 02
03 |                                                                             MORE | 03
04 | CONTRACT#: _____  PROVIDER ID: XXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX| 04
05 | DATE  __/__ TO __/__  .                                                          | 05
06 |                                                                                  | 06
07 |             NORMAN CASH ADVANCE FUNDS REMAINING       $XXX,XXX                   | 07
08 |             NORMAN CONTRACT AMOUNT REMAINING          $XXX,XXX                   | 08
09 |----------------------------------------------------------------------------------| 09
10 |                                                                                  | 10
11 |                    DATE              PAYMENT        VOUCHER#                      | 11
12 |                  XX/XX/XX              $XXX         XXXXXXX                       | 12
13 |                  XX/XX/XX               $XX         XXXXXXX                       | 13
14 |                  XX/XX/XX              $XXX         XXXXXXX                       | 14
15 |                  XX/XX/XX            $X,XXX         XXXXXXX                       | 15
16 |                                                                                  | 16
17 |                                                                                  | 17
18 |                                                                                  | 18
19 |                                                                                  | 19
20 |                                                                                  | 20
21 |                                                                                  | 21
22 |                                                                                  | 22
23 |    PF7-FWD, PF8-BWD                                                               | 23
24 | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(MESSAGE LINE)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX| 24
        .................................................................................
                1         2         3         4         5         6         7         8
```

```
          .........1.........2.........3.........4.........5.........6.........7.........8
01 | DCFS                      NORMAN PAYMENT AUTHORIZATION SYSTEM              MM/DD/YY | 01
02 | NM - 05                   CASH ASSISTANCE BY REGION/SITE/FIELD            HH:MM:SS | 02
03 |                                                                              MORE | 03
04 | REGION/SITE/FIELD: __ __ __                      XXXXXXXXXXXXXXXXXXXXXXXXX         | 04
05 | DATE __/__ TO __/__                              XXXXXXXXXXXXXXXXXXXXXXXXX         | 05
06 | TYPE SERVICE: ____ TYPE (P/R/B) _ STATUS: (A/P/N) _ XXXXXXXXXXXXXXXXXXXXXXXXX      | 06
07 |                                                                                   | 07
08 |-----------------------------------------------------------------------------------| 08
09 |                                                                                   | 09
10 |  DATE       PAYMENT TYPE PRV ID CONTRACT# RSF     FAMILY    REQSTR STATUS    TYP| 10
11 |             SERV                                  ID                       RPB| 11
12 | XX/XX/XX      $XXX XXXX XXXXXX XXXXXXXXXX XXXXX XXXXXXXX XXXXX APPR/PAID RUN| 12
13 | XX/XX/XX       $XX XXXX XXXXXX XXXXXXXXXX XXXXX XXXXXXXX XXXXX PAID      PRV| 13
14 | XX/XX/XX      $XXX XXXX XXXXXX XXXXXXXXXX XXXXX XXXXXXXX XXXXX APPR/PAID BTH| 14
15 | XX/XX/XX    $X,XXX XXXX XXXXXX XXXXXXXXXX XXXXX XXXXXXXX XXXXX APRV      RUN| 15
16 |                                                                                   | 16
17 |                                                                                   | 17
18 |                                                                                   | 18
19 |                                                                                   | 19
20 |                                                                                   | 20
21 |                                                                                   | 21
22 |                                                                                   | 22
23 |    PF7-FWD, PF8-BWD                                                                | 23
24 | XXXXXXXXXXXXXXXXXXXXXXXXXXX(MESSAGE LINE)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX| 24
          .........................................................................
                  1         2         3         4         5         6         7         8
```

```
         ........1.........2.........3.........4.........5.........6.........7.........8
01 | DCFS                      NORMAN PAYMENT AUTHORIZATION SYSTEM              MM/DD/YY | 01
02 | NM - 06                            NORMAN PRIORITY                        HH:MM:SS | 02
03 |                                                                                    | 03
04 |                                                                                    | 04
05 |                                                                                    | 05
06 |                                                                                    | 06
07 |    WORKER ID: _____   XXXXXXXXXXXXXXXXXXXXXXXXXXX   SSN: XXX-XX-XXXX               | 07
08 |                                                                                    | 08
09 |              IMS ID: _____        PRIORITY: (FROM 0 TO 3) _                       | 09
10 |                                                                                    | 10
11 |                                                                                    | 11
12 |                                                                                    | 12
13 |                                                                                    | 13
14 |                                                                                    | 14
15 |                                                                                    | 15
16 |                                                                                    | 16
17 |                                                                                    | 17
18 |                                                                                    | 18
19 |                                                                                    | 19
20 |                                                                                    | 20
21 |                                                                                    | 21
22 |                                                                                    | 22
23 |    PF2 - CHANGE IMS ID AND NORMAN PRIORITY                                          | 23
24 | XXXXXXXXXXXXXXXXXXXXXXXXXXXXX(MESSAGE LINE)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX| 24
         ................................................................................
                  1         2         3         4         5         6         7         8
```

```
.........1.........2.........3.........4.........5.........6.........7.........8
01 | DCFS                    NORMAN PAYMENT AUTHORIZATION SYSTEM            MM/DD/YY | 01
02 | NM - 07                       CASH ADVANCE TRANSFER                    HH:MM:SS | 02
03 |                                                                                 | 03
04 | FROM CONTRACT#: _____   PRV ID: XXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 04
05 |                                                                                 | 05
06 |   TO CONTRACT#: _____   PRV ID: XXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 06
07 |                                                                                 | 07
08 | TRANSFER AMOUNT (NORMAN CASH ADVANCE FUNDS REMAINING) _____               | 08
09 |                                                                                 | 09
10 | CONTRACT AMOUNT REMAINING                             XXXXXXXXXXX               | 10
11 |                                                                                 | 11
12 | PAID BUT NOT APPROVED AMOUNT                          XXXXXXXXXXX               | 10
13 |                                                                                 | 13
14 | APPROVED BUT NOT PAID AMOUNT                          XXXXXXXXXXX               | 10
15 |                                                                                 | 15
16 | APPROVED AND PAID AMOUNT                              XXXXXXXXXXX               | 10
17 |                                                                                 | 17
18 |                                                                                 | 18
19 |                                                                                 | 19
20 |                                                                                 | 20
21 |                                                                                 | 21
22 |                                                                                 | 22
23 |    PF2 - TRANSFER CONTRACT CASH ADVANCE                                          | 23
24 | XXXXXXXXXXXXXXXXXXXXXXXXXXXXX(MESSAGE LINE)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX| 24
.................................................................................
        1         2         3         4         5         6         7         8
```

APPENDIX B

GENERAL SCREEN SPECIFICATIONS

NM-01 - NORMAN PAYMENT AUTHORIZATION

INQUIRY
ADD
CHANGE
DELETE

This is the Main Norman screen where entry of any and all cash assistance information is completed.

Required Fields
family ID
provider ID
contract number
caseworker ID
type
type service code
amount requested

Display Only Fields
family name
provider name
caseworker name
type service code narrative
cash assistance received last year
contract amount remaining
norman cash advance remaining

NM-02 - NORMAN FAMILY PAYMENT DATA

INQUIRY

This is an inquiry only screen used to determine the history of Norman payments to an individual family. For a family, the following information will be displayed: payment date, payment amount, type service code, provider ID, type(prevention, reunification, or both) and paid/approved status.

Required Fields
family id
date

Optional Fields
type (prevention, reunification, or both
provider ID
status

NM-03 - PROVIDER CASH ASSISTANCE

INQUIRY

This is an inquiry only screen used to determine currently available cash assistance funds for contract. The following information will be displayed: provider id and name, payment date, payment amount, type service code, family ID, type (reunification,prevention, or both), and pay/approved status.

Required Fields
contract number
date

Optional Fields
type service
type
status

NM-04 - PROVIDER CASH ADVANCE

INQUIRY

This is an inquiry only screen used to look at a history of what cash advances have been paid to a provider. For eac h provider, the following information will be displayed: payment date of cash advance and cash advance amount.

Required Fields
contract number
date

Optional Fields

NM-05 - CASH ASSISTANCE BY REGION/SITE/FIELD

INQUIRY

This is an inquiry only screen used to look at a history of what cash assistance payments have been made. Region or region/site/field code and date is all that is required entry for viewing this screen. For each region or region/site/field the following information will be displayed: payment date, payment amount, type service code, provider ID, contract number, region/site/field, family ID, requesting caseworker ID, paid/approved status, type (reunification,prevention, or both).

Required Fields
region/site/field
date

Optional Fields
type service
type
status

NM-06 - NORMAN PRIORITY

INQUIRY
CHANGE

This is an inquiry and change screen used to set up IMS ID and Norman priority. Worker ID is all that is required entry for viewing this screen. For each worker the following information will be displayed: worker name, worker social security number, IMS ID, Norman Priority.

Required Fields   Optional Fields
worker ID

NM-07 - CONTRACT CASH ADVANCE TRANSFER

INQUIRY
CHANGE

This is an inquiry and change screen used to transfer cash advance from one contract to another. Contract number "from" required entry for viewing this screen. For transfer Contract number "to" is required   The following information will be displayed: provider "from" ID an Name, provider "to" ID an Name, suggested transfer amount, contract,amount remaining, paid but not approved amount, approved but not pay amount, approved and paid amount.

Required Fields   Optional Fields
Contract number "from"   Contract number "to"
                                                   Transfer amount

APPENDIX C

NORMAN AUTHORIZATION SYSTEM ERROR MESSAGES

INQUIRY FUNCTIONS:

1. Family ID required for processing.

2. Inquiry required prior to scrolling.

3. Information is already on screen..

4. Top of data..

5. End of data..

6. No data available.

7. Invalid PFKey depressed.

8. Invalid screen selection.

9. Critical error has occurred....Call ISD at (217) 785-0590.

10. Screen transfer error... Call ISD at (217) 785-0284.

ADD FUNCTION

1. "ADD" (PF1) not valid with transfer.

2. Family ID required for processing.

3. Invalid/Missing family ID.

4. Case closed - Must have open family case.

5. Family case must be Norman certified.

6. Approval data missing.

7. Approval data invalid.

8. Provider ID required for processing.

9. Invalid/Missing provider ID.

10. Caseworker ID required for processing.

11. Invalid/Missing caseworker ID.

12. Contract Number required for processing.

13. Invalid/Missing contract number.

14. "Type" must be "R" , "P", or "B".

15. Type service code must be valid for Norman (Cash Advance) payments.

16. Approval amount invalid.

17. Family not registered. Press PF1 to confirm approval.

18. Family does not contain children in valid placement - Press PF1 to confirm appr.

19. No children in family with return home goal. Press PF1 to confirm approval.

20. "Type" entered does not match "type" calculated "x". Press PF1 to confirm Appr.

21. Amount requested exceeds amount of cash advance. **Request Denied**.

22. No money remaining in contract. **Request Denied.**

23. Requested payment amount exceeds that which is allowed. **Request Denied**.

24. Requested amount of payment approved.

25. Requested amount of payment reconciled.

26. Approval date must not exceed current date.

27 Critical error has occurred ... call ISD at (217) 785-0284.

CHANGE FUNCTION

1.."Change" (PF2) not valid with transfer. If transferring, press enter.

2. Family ID required for processing.

3. Invalid/Missing family ID.

4. Case closed - Must have open family case.

5. Family case must be Norman certified.

6. Approval data missing.

7. Approval data invalid.

8. Provider ID required for processing.

9. Invalid/Missing provider ID.

10. Caseworker ID required for processing.

11. Invalid/Missing caseworker ID.

12. Contract Number required for processing.

13. Invalid/Missing contract number.

14. "Type" must be "R" , "P", or "B".

15. Type service code must be valid for Norman (Cash Advance) payments.

16. Approval amount invalid.

17. Family not registered. Press PF2 to confirm approval.

18. Family does not contain children in valid placement - Press PF2 to confirm appr.

19. No children in family with return home goal. Press PF2 to confirm approval.

20. "Type" entered does not match "type" calculated "x". Press PF2 to confirm Appr.

21. Amount requested exceeds amount of cash advance. **Request Denied**.

22. No money remaining in contract. **Request Denied.**

23. Requested payment amount exceeds that which is allowed. **Request Denied**.

24. Requested amount of payment approved.

25. Requested amount of payment reconciled.

26. Approval date must not exceed current date.

27. Critical error has occurred ... call ISD at (217) 785-0284.

DELETE FUNCTION

1.."Delete" (PF3) not valid with transfer. If transferring, press enter.

2. Approval amount invalid.

3. Authorization deleted.

4. Record does not exist. Please re-enter.

5. Date for delete past. Record can not be deleted.

6. Reconciliation complete. Record can not be deleted.

7. Provider ID can not be changed for delete.

8. Contract number can not be changed for delete.

9. Type service code can not be changed for delete.

10. "Type" can not be changed for delete.

11. Case worker ID can not be changed for delete.

12. Approval amount can not be changed for delete.

13. Family ID can not be changed for delete.

14. Approval date can not be changed for delete.

15. Critical error has occurred ... call ISD at (217) 785-0284.

APPENDIX D

Date_____

_____

_____

_____

Dear_____:

This is to advise you that your request for cash assistance pursuant to the provisions of the Norman consent decree has been reviewed and decided as follows:

- O   Approved $_____ for _____

    Approved $_____ for _____

    Approved $_____ for _____

- O   Disapproved for $_____ for _____
    Reason:_____

    Disapproved for $_____ for _____
    Reason:_____

Should you have any questions about this decision, please contact your case worker. You may also call me at (___) _____.

In accordance with paragraph 10 of the Norman consent decree, you may appeal this decision. The attached notice regarding your appeal rights explains how to file an appeal.

Yours truly,

Regional Norman Liaison

Attachment: Notice of Appeal Rights

NOTICE TO CLASS MEMBERS

To Children, Parents and Guardians (not including foster parents):

Under the Consent Order in Norman v. Suter (89 C 1624, Ill. N.D., E.D.), the Illinois Department of Children and Family Services ("DCFS") is required to notify you, for the purposes of the Consent Order only, of (1) DCFS' general policies, (2) the list of available hard services DCFS may provide you or assist you in obtaining, (3) your right to request such services, (4) your right to appeal from the delay, denial or reduction of any of such services, and (5) how you may make an appeal.

In compliance with the Consent Order, this letter is being sent to you.

GENERAL POLICIES DCFS' general policies are as follows;

A. DCFS shall not remove or assist in the removal of your child because of

    1. your living conditions;
    2. your inability to provide your child's subsistence needs;
    3. your lack or absence of
        a. income
        b. shelter
        c. utility services
        d. food
        e. clothing
        f. furniture
        g. other subsistence needs
        h. any other feature of your physical environment which DCFS has
            considered in the decision to remove or return your child.

Your child may be removed from your home or the home of the person responsible for your child's welfare if DCFS has made reasonable efforts to prevent or eliminate the removal of your child, but the reasonable efforts would not prevent your child's life or health of being in risk of imminent danger. Examples of reasonable efforts are assistance in locating and securing housing, temporary shelter, cash assistance, food, clothing, child care, emergency caretakers, or advocacy with public and community agencies providing such services.

B. DCFS shall not remove any child or prevent the return of any child
    because you
    1. live in a shelter;
    2. live with friends or relatives;
    3. live in a place with building-code violations;
    4. live in a place that is considered too small for the family size.

Your child may be removed if there is a reason to believe that the circumstances or conditions of the child are such that continuing in the place of residence presents an imminent danger to the child's life or health. Before returning the child to such living situations DCFS shall determine if the child will reside there and a bed is provided for the child.

C. DCFS shall not remove a child from a parent's custody because of the parent's failure to protect the child from the perpetrator of a domestic violence. DCFS may remove a child from a parent's custody if

1. staying in the place of residence places the child's life or health in risk of imminent risk of danger, and
2. DCFS has made reasonable efforts to keep the child in the parent's custody, and
3. Despite such reasonable efforts, the need to remove the child still exits.

Reasonable efforts include not only the efforts listed above but also efforts such as referring the parent for services to obtain an order of protection, exploring possible alternative housing, and locating and transporting the family to a shelter for battered women. DCFS shall not remove a child from the custody of a parent on the ground that the parent lives in such a shelter, and DCFS shall return the child to the custody of a parent who lives in such a shelter, if the return of the child to the parent is otherwise appropriate.

HARD SERVICES. The list of available hard services DCFS may provide you or assist you in obtaining are as follows:

1. Cash
2. Shelter
3. Utility services
4. Food
5. Clothing
6. Furniture
7. Other goods or services to meet subsistence or other needs relating to features of the physical environment which DCFS has considered in its decision to remove or return your child.

RIGHT TO REQUEST SERVICES. You have the right to request any of DCFS' available hard services to prevent the removal of your child from your custody or to help the return of your child to your custody, when the a the reason for removal or failure to return your child is that you are not meeting subsistence needs of your child or you are unable to provide adequate living circumstances for your child.

RIGHT TO APPEAL AND HOW TO APPEAL. If your request for hard services is being delayed, was denied or reduced, you have the right to appeal the DCFS action or inaction. To appeal a DCFS decision, you must sent a written request within 60 calendar days of date of the notice of decision. You should send your written request to appeal to Theresa Hayberry-Dunn, Deputy Director, Division of Administrative Review, DCFS, 100 W. Randolph Street, Suite 6-200, Chicago, Illinois, 60601.

APPENDIX E

NORMAN TYPE OF SERVICE CODES

4 0 0 1	ADVANCE TO CASH ASSIST PROV-NORMAN CLASS
4 0 0 2	SHELTER/SECURITY DEPOSIT/NORMAN CLASS
4 0 0 3	SHELTER-FIRST MONTHS RET/NORMAN CLASS
4 0 0 4	SHELTER-ADDIT RENT PAYMENT/NORMAN CLASS
4 0 0 5	SHELTER - REPAIRS / NORMAN CLASS
4 0 0 6	UTILITIES - PREVIOUS / NORMAN CLASS
4 0 0 7	UTILITIES - INITIAL COSTS / NORMAN CLASS
4 0 0 8	FOOD / NORMAN CLASS
4 0 0 9	ADMINISTRATION FEE / NORMAN CLASS
4 0 1 0	HOUSING ADVOCACY / NORMAN CLASS
4 0 1 1	CLOTHING / NORMAN CLASS
4 0 1 2	FURNITURE / EQUIPMENT / NORMAN CLASS
4 0 1 3	TRANSPORTATION / NORMAN CLASS
4 0 1 4	MISCELLANEOUS / NORMAN CLASS

APPENDIX F

REQUEST FOR CASE, AFDC AND/OR HOUSING ASSISTANCE

<u>Type of Housing Assistance:</u>
(complete Sections 1 & 2)

<u>Type of Cash Assistance:</u>
(complete Sections 1,2,3)

Emergency Housing___
Long-Term Housing___
Income Assistance___
Access to Community Resources___

Norman___   FR
Harris___   FF(maint)___
DPA___   FF(reunif)___
Enhancement___

<u>AFDC Reunification Assistance:</u> ___
(complete Section 1)

<u>Section 1:</u> (to be completed by case manager on ALL cases)

Name of Client: _____   R___F___

CYCIS ID#: _____   ████████████   POS Agency: _____

Client's Mailing Address: _____

_____

Household Composition:

NAME	CURRENT LIVAR	BIRTH DATE	RELATION TO CLIENT	PLANNED 02 DATE
____	____	____	_____	____
____	____	____	_____	____
____	____	____	_____	____
____	____	____	_____	____
____	____	____	_____	____

Problem Description: _____
_____
_____
_____
_____

Family Income/Resources: _____

Has client been certified as a member of the <u>Norman</u> class?

o Yes   If "yes", by whom?   CP supervisor___
                                       ACR___
o No   Norman liaison___

Complete ONLY for DPA Special Assistance

    DPA Case # _____   SS # ___-__-___

Items Requested(indicate # for each furniture item):
Beds _____   Crib _____   Kitchen Table _____   Rent _____
Clothing _____   Kitchen Chairs ___   Food _____   HH Supplies _____

REVIEW OF CASH ASSISTANCE REQUESTS

Section 1: (to be completed by DCFS monitoring worker if a private
          agency managed case)

   o Reviewed and approval recommended as requested

   o Approval recommended with the following changes: --

      _____

      _____

      _____

   O Disapproval recommended

      Reason: _____

      _____

-Monitoring Worker: _____.   Date: _____

Section 2: (to be completed by ~~Approved~~ Norman liaison/Supervisor)

   o Approved as follows:

      Payee: _____   Amount: $_____   TSC: __

      Payee: _____   Amount: $_____   TSC: __

      Payee: _____   Amount: $_____   TSC: __

   o Disapproved as follows:

      Payee: _____   Amount: $_____

      Reason: _____

      Payee: _____   Amount: $_____

      Reason: _____

      Payee: _____   Amount: $_____

      Reason: _____

      Family Approved (YTD): $_____ (Norman only)

~~Approved~~ Norman Liaison/Supervisor _____   Date: _____

Regional Administrator: _____.   Date: _____
(required if division approval is being requested)

Section 2: Alternative Resources

Other Resources Explored/Available to Client: _____

_____
_____
_____
_____
_____
_____

Section 3: Cash Assistance Request

A. Payee: _____   Amount: $_____

   Purpose: _____
            _____

   Check to be: O Mailed to _____
                               _____

                  o Picked up by _____

B. Payee: _____   Amount: $_____

   Purpose: _____
            _____

   Check to be: o Mailed to _____
                               _____

                  o Picked up by _____

C. Payee: _____   Amount: $_____

   Purpose: _____
            _____

   Check to be: o Mailed to _____
                               _____

                  o Picked up by _____

Case Manager: _____   Date: _____

Supervisor: _____   Date: _____

Client Name _____

Type Cash Assistance _____

Section 2: (to be completed by division Norman liaison, if required

  o Approved as follows:

     Payee: _____   Amount: $_____

     Payee: _____   Amount: $_____

     Payee: _____   Amount: $_____

  o Disapproved as follows:

     Payee: _____   Amount: $_____

     Reason: _____

     Payee: _____   Amount: $_____

     Reason: _____

     Payee: _____   Amount: $_____

     Reason: _____

Division Norman Liaison: _____   Date: _____

Section 3: (to be completed and returned to DCFS by cash assistance
            provider)

  Cash Assistance Provider(name): _____

  Contract #: _____

  Check #: _____ Payee: _____ Amount: $_____

  Check #: _____ Payee: _____ Amount: $_____

  Check #: _____ Payee: _____ Amount: $_____

Cash Assistance Provider: _____   Date: _____

APPENDIX G

NORMAN EMERGENCY ASSISTANCE BILLING SUMMARY

FOR DCFS USE ONLY

Voucher No. _____

Voucher Date 10/24/94

Appropriation No. 0 0 1 4 1 8 1 7 4 9 0 0 0 1 0 0

Detail Object 4 4 6 1

Region/Site Field 2 4 - 1 - 0 0

1. Provider No. 0 0 4 9 7 2

2. Contract No. 0 0 3 9 7 2 - 1 1 0 5

Provider Name ___Catholic Charities, Rockford___ FEIN No. ___36 2181998___

Address ___921 W. State Street___

___Rockford, IL.___ Zip Code 61109

Phone (815) 965-0895

4. Service Reporting Period FROM: 07-01-94 TO: 09-30-94

5. Date Submitted 09-06-94

6. Regional Norman Liaison Linda Quincy

7. Worker Name	8. Client's Name	9. DCFS I.D.	10. Service Date	11. Service Code	12. Check No.	13. Total

14. Sub Total	
15. Adj. Pages	
16. TOTAL	

ADVANCE REQUEST

Date of Request	Service Units	
9-26-94	S.C. 4001	$ 5,250.00 ✓
	S.C. 4009	$ 0
	Total $	5,250.00

Advance—Contract
Yr. to Date $ 12,587.50

Expenditures—Contract
Yr. to Date (662.50)

Administration—Contract
Yr. to Date (662.50)

Cash on Hand $ _____

DISTRIBUTION OF COPIES

(1) Comptroller
(2) DCFS Central
(3) Regional Office
(4) Receiving Officer
(5) Provider

The merchandise or service billed above has been received and complies with our specification or request.

_____ 10/14/94
RECEIVING OFFICER   DATE   CLERK

CERTIFICATION OF RECEIVING AGENCY

It is hereby certified that the services or material represented in this voucher were received or authorized, that the amount is correct and hereby approved for payment. If applicable, the reporting requirements of Section 5.1 of "An Act to create the Bureau of the Budget have been met.

_____ 9-26-94
HEAD OF UNIT OR AUTHORIZED AGENCY   DATE

Thomas Q. Brent 10-24

CFS 1042-N
IL 410 0500
403 SN

APPENDIX H - REPORTS

NORMAN PAYMENT AUTHORIZATION NOTIFICATION

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
OFFICE OF INFORMATION SERVICES
NORMAN PAYMENT AUTHORIZATION NOTIFICATION

REGION: XX - XXXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER ID: XXXXX   PROVIDER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FAMILY ID	FAMILY NAME	SERVICE CODE	CASE MANAGER ID	CASE MANAGER NAME	AUTHORIZATION AMOUNT	TYPE
XXXXXXXX	XXXXXXXXXXXXXX	XXXX	XXXXX	XXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	PREVENTION
XXXXXXXX	XXXXXXXXXXXXXX	XXXX	XXXXX	XXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	REUNIFICATION
XXXXXXXX	XXXXXXXXXXXXXX	XXXX	XXXXX	XXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	BOTH
XXXXXXXX	XXXXXXXXXXXXXX	XXXX	XXXXX	XXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	BOTH
XXXXXXXX	XXXXXXXXXXXXXX	XXXX	XXXXX	XXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	REUNIFICATION
XXXXXXXX	XXXXXXXXXXXXXX	XXXX	XXXXX	XXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	REUNIFICATION
XXXXXXXX	XXXXXXXXXXXXXX	XXXX	XXXXX	XXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	BOTH
XXXXXXXX	XXXXXXXXXXXXXX	XXXX	XXXXX	XXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	PREVENTION
XXXXXXXX	XXXXXXXXXXXXXX	XXXX	XXXXX	XXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	PREVENTION
XXXXXXXX	XXXXXXXXXXXXXX	XXXX	XXXXX	XXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	PREVENTION

Notes: 1) Sequence Family ID within Provider ID within Region. Break by Region.
        2) Distribution: Division Norman Liaison (All Regions)
                          Norman Liaison (Region Specific)
        3) Frequency: Monthly

PROVIDERS WHOSE CASH ASSISTANCE MONEY IS LOW

REGION XX/XX/XX XXXXXXXXXXXXXXXXXXXXXXXX

NORMAN PROVIDERS WITH CONTRACTS $200,000 + :

PROVIDER ID	PROVIDER NAME	CURRENT CASH BALANCE
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX

NORMAN PROVIDERS WITH CONTRACTS $90,000 - $200,000 :

PROVIDER ID	PROVIDER NAME	CURRENT CASH BALANCE
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX

NORMAN PROVIDERS WITH CONTRACTS $20,000 - $89,999 :

PROVIDER ID	PROVIDER NAME	CURRENT CASH BALANCE
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX

NORMAN PROVIDERS WITH CONTRACTS < $20,000 :

PROVIDER ID	PROVIDER NAME	CURRENT CASH BALANCE
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX

NOTES:
1) Sequence report by contract amount categories
2) Distribution thru E-MAIL to: Lead Norman Liaison (Region Specific)
                                Division Norman Liaison (All Regions)
3) Frequency: WEEKLY

39

NORMAN AUTHORIZED PAYMENTS WHICH HAVE NOT BEEN PAID

REPORT DATE: MM/DD/YY   DEPARTMENT OF CHILDREN AND FAMILY SERVICES   PAGE: 999,999
REPORT NAME: CFCM4037-A   OFFICE OF INFORMATION SERVICES   JOB NAME: CFSCMMXX
                              NORMAN AUTHORIZED PAYMENTS WHICH HAVE NOT BEEN RECONCILED

REGION: XX - XXXXXXXXXXXXXXXXXXXXXXXX

FAMILY ID	FAMILY NAME	PROVIDER ID	PROVIDER NAME	CASE MANAGER ID	CASE MANAGER NAME	AUTHORIZATION AMOUNT	DATE AUTHORIZED
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX
XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXX	$XX,XXX	XX/XX/XX

NOTES:
1) Sequence report by Family ID
2) Distribution : Lead Norman Liaison (Region Specific)
                  Division Norman Liaison (All Regions)
3) Frequency: Monthly

40

PROVIDERS WHOSE CONTRACT MONEY IS LOW

REGION XX/XX/XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NORMAN PROVIDERS WITH CONTRACTS $200,000 + :

PROVIDER ID	PROVIDER NAME	CURRENT CASH BALANCE
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX

NORMAN PROVIDERS WITH CONTRACTS $90,000 - $200,000 :

PROVIDER ID	PROVIDER NAME	CURRENT CASH BALANCE
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX

NORMAN PROVIDERS WITH CONTRACTS $20,000 - $89,999 :

PROVIDER ID	PROVIDER NAME	CURRENT CASH BALANCE
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX

NORMAN PROVIDERS WITH CONTRACTS < $20,000 :

PROVIDER ID	PROVIDER NAME	CURRENT CASH BALANCE
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XX,XXX

NOTES:
1) Sequence report by contract amount categories
2) Distribution thru E-MAIL to: Lead Norman Liaison (Region Specific)
                                Division Norman Liaison (All Regions)
3) Frequency: Daily

41

MONEY AUTHORIZED BY DIVISION NORMAN LIAISON OVER $1200

FAMILY ID	FAMILY NAME	SERVICE CODE	CASE MANAGER ID	CASE MANAGER NAME	AUTHORIZATION AMOUNT	R/S/F
XXXXXXXX	XXXXXXXXXXXXXXX	XXXX	XXXXX	XXXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	1A/ /01
XXXXXXXX	XXXXXXXXXXXXXXX	XXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	1A/ /04
XXXXXXXX	XXXXXXXXXXXXXXX	XXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	1B/ /12
XXXXXXXX	XXXXXXXXXXXXXXX	XXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	1B/ /17
XXXXXXXX	XXXXXXXXXXXXXXX	XXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	2A/ /01
XXXXXXXX	XXXXXXXXXXXXXXX	XXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	3A/ /71
XXXXXXXX	XXXXXXXXXXXXXXX	XXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	5A/ /45
XXXXXXXX	XXXXXXXXXXXXXXX	XXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	6B/04/12
XXXXXXXX	XXXXXXXXXXXXXXX	XXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	6C/01/01
XXXXXXXX	XXXXXXXXXXXXXXX	XXXX	XXXXXX	XXXXXXXXXXXXXXX XXXXXXXXX	$XX,XXX	6D/01/12

Notes: 1) Sequence Family ID
        2) Distribution: Jeanine Smith, Norman Court Monitor
                          Mary Sue Morsch, Associate Director
        3) Frequency: Quarterly

MONEY AUTHORIZED BY DIVISION NORMAN LIAISON OVER $1200 - SUMMARY

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
OFFICE OF INFORMATION SERVICES
MONEY AUTHORIZED BY DIVISION NORMAN LIAISON OVER $1200
SUMMARY

R/S/F	TOTAL AMOUNT OF AUTHORIZATION	NUMBER OF FAMILIES
XX/XX/XX	$XX,XXX	XXXX
XX/XX/XX	$XX,XXX	XXXX
XX/XX/XX	$XX,XXX	XXXX
XX/XX/XX	$XX,XXX	XXXX
XX/XX/XX	$XX,XXX	XXXX
XX/XX/XX	$XX,XXX	XXXX
XX/XX/XX	$XX,XXX	XXXX
XX/XX/XX	$XX,XXX	XXXX
XX/XX/XX	$XX,XXX	XXXX
XX/XX/XX	$XX,XXX	XXXX
XX/XX/XX	$XX,XXX	XXXX

Notes: 1) Sequence R/S/F
        2) Distribution: Jeanine Smith, Norman Court Monitor
                          Mary Sue Morsch, Associate Director
        3) Frequency: Quarterly

APPENDIX I

DATA BASE REQUIREMENTS

CFTBNM1000

NEW

(APPROVAL / VOUCHER TABLE. 8,000 RECORDS PER YEAR.
READ/ADD/CHANGE/DELETE)

PRV_ID+OBLIG_ID+FAM_ID+TIME_STAMP IS A KEY

PRV_ID	CHAR(06)	NOT NULL
OBLIG_ID	CHAR(10)	NOT NULL
FAM_ID	CHAR(08)	NOT NULL
TIME_STAMP	TIMESTAMP	NOT NULL
RSF_CODE	CHAR(06)	NOT NULL WITH DEFAULT
PAY_IND	CHAR(01)	NOT NULL WITH DEFAULT
APRV_IND	CHAR(01)	NOT NULL WITH DEFAULT
TYPE_SERV_CODE	CHAR(04)	NOT NULL WITH DEFAULT
REUN_PREV_ENT	CHAR(01)	NOT NULL WITH DEFAULT
REUN_PREV_CLC	CHAR(01)	NOT NULL WITH DEFAULT
WKR_ID	CHAR(06)	NOT NULL WITH DEFAULT
ENT_WKR_ID	CHAR(06)	NOT NULL WITH DEFAULT
AUTH_DATE	DATE	NOT NULL WITH DEFAULT
PMT_DATE	DATE	NOT NULL WITH DEFAULT
AUTH_PMT_AMT	DECIMAL(11:2)	NOT NULL WITH DEFAULT
VOUC_ID	CHAR(08)	NOT NULL WITH DEFAULT
CASH_ADV_TYPE	CHAR(01)	NOT NULL WITH DEFAULT
RPT_DATE	DATE	NOT NULL WITH DEFAULT
CHNG_DATE	DATE	NOT NULL WITH DEFAULT
ENT_DATE	DATE	NOT NULL WITH DEFAULT

Data Set for load CFS9986.PPF96.N4001

CFTBNM2000

New
    (CASH ADVANCES TABLE. 500 RECORDS PER YEAR.
                READ/ADD/CHANGE/DELETE)

PRV_ID+OBLIG_ID+PMT_DATE+PMT_TIME IS A KEY

PRV_ID	CHAR(06)	NOT NULL
OBLIG_ID	CHAR(10)	NOT NULL
PMT_DATE	DATE	NOT NULL
PMT_TIME	TIME	NOT NULL
TYPE_SERV_CODE	CHAR(04)	NOT NULL WITH DEFAULT
CASH_ADV_AMT	DECIMAL(11:2)	NOT NULL WITH DEFAULT
VOUC_ID	CHAR(08)	NOT NULL WITH DEFAULT
CHNG_DATE	DATE	NOT NULL WITH DEFAULT
ENT_DATE	DATE	NOT NULL WITH DEFAULT

Data Set for load CFS9986.PPF96.Y4001

New

(REGION SITE FIELD.TABLE 50 RECORDS PER YEAR. 700 RECORDS CURRENT
READ/ADD/CHANGE/DELETE)

RSF_CODE IS A KEY

RSF_CODE	CHAR(06)	NOT NULL
REGN_SITE_CODE	CHAR(04)	NOT NULL WITH DEFAULT
TEAM_TYPE	CHAR(03)	NOT NULL WITH DEFAULT
ESTABL_DATE	DATE	NOT NULL WITH DEFAULT
CLOS_DATE	DATE	NOT NULL WITH DEFAULT
FLD_NAME	CHAR(25)	NOT NULL WITH DEFAULT
RSF_STR_ADDR	CHAR(40)	NOT NULL WITH DEFAULT
RSF_CITY_ADDR	CHAR(20)	NOT NULL WITH DEFAULT
RSF_ST_ADDR	CHAR(02)	NOT NULL WITH DEFAULT
RSF_ZIP5_ADDR	CHAR(05)	NOT NULL WITH DEFAULT
RSF_ZIP4_ADDR	CHAR(04)	NOT NULL WITH DEFAULT
PRT_NAME	CHAR(06)	NOT NULL WITH DEFAULT
CHNG_DATE	DATE	NOT NULL WITH DEFAULT
ENT_DATE	DATE	NOT NULL WITH DEFAULT

CFTBNM9100

New

(REGN/SITE TABLE 40 RECORDS CURRENT READ ONLY)

REGN_SITE_CODE IS A KEY

REGN_SITE_CODE	CHAR(04)	NOT NULL
REGN_CODE	CHAR(02)	NOT NULL WITH DEFAULT
SITE_NAME	CHAR(25)	NOT NULL WITH DEFAULT
SITE_STR_ADDR	CHAR(40)	NOT NULL WITH DEFAULT
SITE_CITY_ADDR	CHAR(20)	NOT NULL WITH DEFAULT
SITE_ST_ADDR	CHAR(02)	NOT NULL WITH DEFAULT
SITE_ZIP5_ADDR	CHAR(05)	NOT NULL WITH DEFAULT
SITE_ZIP4_ADDR	CHAR(04)	NOT NULL WITH DEFAULT
CHNG_DATE	DATE	NOT NULL WITH DEFAULT
ENT_DATE	DATE	NOT NULL WITH DEFAULT

CFTBNM9200

(REGION TABLE. 16 RECORDS CURRENT READ ONLY)

REGN_CODE IS A KEY

REGN_CODE	CHAR(02)	NOT NULL
ADMN_REGN_CODE	CHAR(01)	NOT NULL WITH DEFAULT
REGN_NAME	CHAR(25)	NOT NULL WITH DEFAULT
REGN_STR_ADDR	CHAR(40)	NOT NULL WITH DEFAULT
REGN_CITY_ADDR	CHAR(20)	NOT NULL WITH DEFAULT
REGN_ST_ADDR	CHAR(02)	NOT NULL WITH DEFAULT
REGN_ZIP5_ADDR	CHAR(05)	NOT NULL WITH DEFAULT
REGN_ZIP4_ADDR	CHAR(04)	NOT NULL WITH DEFAULT
CHNG_DATE	DATE	NOT NULL WITH DEFAULT
ENT_DATE	DATE	NOT NULL WITH DEFAULT

New

(ADMINISTRATIVE REGION 4 RECORDS CURRENT. READ ONLY)

ADMN_REGN_CODE IS A KEY

ADMN_REGN_CODE	CHAR(01)	NOT NULL
ADMN_REGN_NAME	CHAR(25)	NOT NULL WITH DEFAULT
COOK_DOWN_STATE	CHAR(01)	NOT NULL WITH DEFAULT
ADMN_REGN_STR_ADDR	CHAR(40)	NOT NULL WITH DEFAULT
ADMN_REGN_CITY_ADDR	CHAR(20)	NOT NULL WITH DEFAULT
ADMN_REGN_ST_ADDR	CHAR(02)	NOT NULL WITH DEFAULT
ADMN_REGN_ZIP5_ADDR	CHAR(05)	NOT NULL WITH DEFAULT
ADMN_REGN_ZIP4_ADDR	CHAR(04)	NOT NULL WITH DEFAULT
CHNG_DATE	DATE	NOT NULL WITH DEFAULT
ENT_DATE	DATE	NOT NULL WITH DEFAULT

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Mod

	CWKR_ID	CHAR(6)	NOT NULL
	SOC_SECUR_NUM	CHAR(9)	NOT NULL WITH DEFAULT
NEW	IMS_ID	CHAR(8)	NOT NULL WITH DEFAULT
NEW	NORMAN_PRIORITY	CHAR(1)	NOT NULL WITH DEFAULT
	ENT_DATE	DATE	NOT NULL WITH DEFAULT
	CHNG_DATE	DATE	NOT NULL WITH DEFAULT