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To better serve the needs of both IM and CSRU, federal regulations require the public assistance client to assign to the state all rights to past and present support, to assist in locating an absent parent and establishing paternity on behalf of the child, and to cooperate in securing support payments due the child.

The ICAR/IABC referral system is used by income maintenance (IM) workers to refer cases to the Child Support Recovery Unit (CSRU), by CSRU workers to receive the referrals in ICAR, and by both staffs for automated information exchange. The system is called "Refer."

The ICSC, CASEMTCH, REFER2, and REFER3 screens allow IM staff direct access to the ICAR system when establishing a referral to ICAR, and allow CSRU staff access to IABC to monitor the referral.

The purpose of this chapter is to explain the steps and screens used in the referral process, the ICAR screens that are accessible to IM workers, and the screens related to child support rebates. Reference material on the ABC system is included for the convenience of child support staff.

Definitions

Custodial parent is a parent who lives with his or her children and functions as the caretaker for those children. In child support actions, the custodial parent is usually the payee.

Noncustodial parent is a parent who does not live with his or her children and does not function as the caretaker for those children. In child support actions, the noncustodial parent is usually the payor. The noncustodial parent is also termed the absent parent. The noncustodial parent may be either alleged or established as the natural or legal parent of the children.

Nonparental caretaker relative is a person who functions as the adult caretaker of the children and lives with those children. This person is a relative as specified by ADC policy. In child support actions, this person is usually the payee, as the custodial parent would be.

Referral Criteria

IM staff should refer the following to CSRU staff via the REFER system:

● Absent or deceased noncustodial parents of children who are active on an ADC case under a referral aid type and are living with a parent or nonparental caretaker relative. For the ADC program, a "child" includes persons who are 18, full-time students in a

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secondary school or equivalent course of study, and expected to complete that course of study before reaching age 19.

● Absent or deceased noncustodial parents of children who are active on a Medicaid case in a referral aid type and are living with a parent or nonparental caretaker relative. For the Medicaid program, "child" is defined as a person under the age of 18, including children eligible for SI-related Medicaid.

● Parents of children in foster care.

IM staff should refer medically needy cases at the time of initial approval, regardless of spend-down status, based on VIII-J-36, Cooperating in Establishing Paternity or Obtaining Support, and VIII-B.

IM staff should NOT refer the following to CSRU:

● Custodial parents on ADC cases where the child is deprived due to the incapacity or unemployment of one or both of their parents.

● Custodial parents on Medicaid cases when both parents of the children are living in the home.

● Absent or deceased noncustodial parents of minors on ADC or Medicaid who are living on their own. Child support considers these minors to be emancipated and does not pursue collection of support.

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Referral aid types for ADC and Medicaid cases:

SSI-related Medicaid	ADC and Medicaid	ADC-related Medicaid	Medically Needy	PMIC	Medicaid due to Foster Care	Medicaid for Mothers and Children (MAC)
14-6	30-0	30-M	37-E	37-7	40-9	91-0
20-M	30-2	30-8	37-F			92-0
24-0	30-4	31-1				
24-1	31-0	31-2				
24-2	31-4	31-7				
24-3	31-5	31-8				
24-4	32-8	31-9				
24-5	33-8	31-A				
24-6	35-0	31-B				
24-9		31-C				
54-0		37-0				
54-6		37-2				
60-M		37-3				
64-0		37-4				
64-1		37-5				
64-2		37-A				
64-3		37-B				
64-4		38-0				
64-5		38-1				
64-6						
73-3						

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Referral Information

The referral process originates with IABC data. At initial approval or referral, IABC sorts and communicates data for REFER and ICAR. Some of the IABC data gathered for other program or administrative purposes are also used for referral; other IABC data are gathered specifically for referral purposes.

TD01 Data

The **CSRU:WORKER** field is displayed on the IABC TD01 screen for IM workers' convenience. ICAR has an automated program that selects the CSRU worker at the time of the referral. This worker number appears on TD01 after assignment by the ICAR system and batch processing. IM staff receive a Worker Action Report (WAR) to inform them of worker assignments.

"Aid type" defines the benefits, funding of those benefits, and certain household characteristics of the IABC case. Aid types which begin with **3** have categorical relatedness to ADC. Aid types which begin with **1, 2, 5, 6,** or **7** have categorical relatedness to SSI. Aid types which begin with **4** relate to foster care or subsidized adoption, as do those that begin with **02.**

Case name and address provide necessary mailing information; case name also labels the case. A state identifier (state identification number), social security number, date of birth, sex, and name can identify a person.

IM staff must see that these forms are completed and distributed as appropriate:

The noncooperation field (NON COOP) on TD01 is used by IM staff to let CSRU know if a client is not cooperating with IM or to respond to CSRU's statement of client noncooperation. IM workers code this field only if they need to communicate with CSRU about client noncooperation. If no code is entered, the code shows **0** (cooperating.) If invalid coding is entered, message 033 occurs, and code **0** replaces the invalid entry. Valid noncooperation codes are:

Code	Description
0	Cooperating; default value.
1	Payee is not cooperating with IM; payee's needs are not removed.
2	Payee is not cooperating with CSRU; payee's needs are not removed.

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Code	Description
3	Payee is not cooperating with IM; payee's needs are removed.
4	Payee is not cooperating with CSRU; payee's needs are removed
5	Payee referred to IM for noncooperation.

IM staff enter codes 1 through 4 which are automatically referred to ICAR. Code 5 is automatically referred to IABC based on CSRU coding in ICAR.

When CSRU refers a noncooperation incident to IM, a WAR and a memo are generated through the system to IM. When IM responds to CSRU's referral of noncooperation, a calendar flag and narrative entry are created in ICAR.

TD02 and TD05 Data

Status codes describe a program's relationship to a case and the case's individual relationship to programs. Active program status codes are:

Code	Description
A	Opened.
B	Reinstated.
C	Reopened.
D	Pended.
E	Suspended.
I	Sanctioned.
M	Denied.
N	Canceled.
R	Closed for lump sum.
S	Never opened.

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TD03 Data

The birth state field (ST) on TD03 is for all children active on ADC or Medicaid. Information from this field is sent to CSRU. If no coding is present, fatal error 994 occurs. Valid codes are the official postal abbreviation of the state in which the child was born. If the birth state is unknown, enter **ZZ**. If the birth was outside the United States, enter **XX.**

The payee relationship field (REL) on TD03 is a required field on all ADC and Medicaid cases in the referral aid types. A relationship code must be present on all persons regardless of their program status. If the relationship code is not present, fatal error 990 occurs. Children should not be assigned a relationship code of **0** unless they are living on their own. Valid relationship codes are:

Code	Description:
0	Head of household.
1	Spouse.
2	Child, son or daughter.
3	Grandchild.
4	Sibling, brother or sister.
5	Cousin.
6	Nephew or niece.
7	Parent.
8	Stepchild.
9	Other, or no relationship.

The relationship codes are stored by case, rather than by state identification number. Therefore when adding a person with an existing state identification number to a different case, enter a relationship code on the new case. If a relationship code is not entered, the transaction causes fatal error 990.

The deprivation field (DEP) is a mandatory field for all children, regardless of case status, on an ADC or Medicaid case in the referral aid types. If no coding is present for a child, fatal error 991 occurs. If an entry is made for an adult, the entry is ignored and nonfatal error 045 occurs. If a child is deprived due to the absence of one parent and the death of

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the other, enter code A. Valid deprivation codes are:

Code	Description:
A	Child is deprived due to absence of one or both parents.
D	Child is deprived due to death of one or both parents.
I	Child is deprived due to incapacity of one or both parents.
N	Child is not deprived.
U	Child is deprived due to the unemployment of parents.

In the PATERNITY field (PAT) on TD03, the IM worker must indicate, by with Y or N, whether paternity has been established for the child. This is a required field for all children on ADC or Medicaid of referral aid types. Information from this field is sent to CSRU. If valid coding is not present, fatal error 993 occurs.

TD03 coding for a parent or nonparental caretaker relative must be present on all ADC or Medicaid cases when a child is referred to CSRU. This is necessary so that rebate checks are generated to the correct household. The parent or caretaker's state identification number is needed to complete the referral process.

If a caretaker has a TD03 state identification number showing for the case being worked (closed or active on ADC, Medicaid, or Food Stamps), then the requirement has been met.

If there is no caretaker associated with the case (no state identification number showing in active or closed status on TD03), then follow this procedure:

● See if the caretaker has a state identification number on the IABC system. If not, generate a state identification number through the ST01 screen.

● Add the caretaker to TD03 with an entry reason of A, C, or E. On applications, use the same entry reason as entered for others on the case. Personal information about the caretaker should be completed on TD03 through the relationship (REL) field. No status should be entered for a program, unless the caretaker is to be activated for a program.

Parents or non-needy caretaker relatives may object to providing their personal identifiers, such as social security number or birth date. Explain that this information is needed to route child support rebate checks more accurately to the household. At a minimum, the

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parents or caretakers should provide their birth date. If they do not give their social security number, enter zeros in the SSN field.

Referral Account Types

ICAR allows children of different account types to exist on the same case. An account type is automatically assigned to each child on the ICAR case.

Code	Account Type Description
10	State-paid foster care. This account type is used to identify a child whose foster care benefits are being paid entirely by the state (without IV-E federal funds) or who is no longer in foster care, but support delinquency remains owed to the Foster Care Recovery Unit for the period of time the child was in foster care and payments were not made.
11	ADC. This account type is used to identify a case in which public assistance is currently being paid, with the exception of foster care cases. This account type is also used on the repayment balance to designate amounts due the state of Iowa while assistance was paid.
12	Nonpublic assistance. This account type is used to identify a case in which public assistance is not currently being paid, but the support obligation is being enforced by the CSRU because of continued services, or through application for services.
13	Foster Care ADC. This account type is used for children receiving foster care benefits through the IV-E program.
14	ADC referral from another state. This account type is used for an ADC case referred from another state to the Iowa CSRU, or the Central Registry for enforcement purposes, or for a case with an assignment received from another state.
15	Nonpublic assistance referral from another state. This account type is used for a nonpublic assistance case referred from another state to the Iowa CSRU or the Central Registry for enforcement purposes.
16	Foster care referral from another state. This account type is used for a foster care case referred from another state to the Iowa Foster Care Recovery Unit, CSRU, or Central Registry, for enforcement purposes.

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Code	Account Type Description
17	Non-IV-D. This account type is used for all cases in which the CSRU, FCRU, or Central Registry is not involved with the enforcement of current support. Also use this account type for cases with a support obligation of alimony only, unless the payee is receiving ADC benefits.
18	Medicaid only. This account type is used to identify a case in which only Medicaid benefits are currently being provided. Support payments are distributed to the family. Any Medicaid support or Medicaid reimbursement obligations are assigned to the state of Iowa.
19	Medicaid-only referral from another state. This account type is used to identify a case in which Medicaid benefits are currently being provided a custodial parent located in another state, and that state has requested enforcement services from Iowa. All payments received under this account type are forwarded to the other state for final distribution.
30	Foster care payments. Once a child no longer receives state-paid foster care under an account type 10, and support continues to be owed for a period of time when the child was receiving foster care services, the ICAR system internally shares unpaid coupons remaining due the state of Iowa as this account type.
31	ADC repayment. Once a family no longer receives ADC benefits under an account type 11, and support continues to be owed for periods of time before cancellation of ADC, the ICAR system internally stores unpaid coupons remaining due the state of Iowa as this account type.
33	ADC-FC repayment. Once a child no longer receives IV-E/FC under a current account type 13, and support continues to be owed for periods of time before cancellation of IV-E/FC, the ICAR system internally stores unpaid coupons remaining due the state of Iowa as this account type.
34	ADC repayment referral from another state. Once another state notifies Iowa that a family is no longer receiving ADC benefits in another state, and support continues to be owed for periods of time before cancellation of ADC in that state. The ICAR system internally stores unpaid coupons remaining due that state as this account type.
36	Foster care repayment from another state. Once another state notifies us that a child no longer is in foster care in another state, and support continues to be owed for a period of time the child was in foster care, the ICAR system internally stores unpaid coupons remaining due for that period of time as this account type.

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Code	Account Type Description
40	Foster care state-paid medical support and medical reimbursement obligations. Medical support and medical reimbursement coupons are given this account type when a child is a current account type 10. Payments applied to a medical support and medical reimbursement coupon than gets passed to the Medical Services Division for reimbursement of Medicaid expenditures.
41	ADC, medical support, and medical reimbursement coupons obligations. Medical support and medical reimbursement coupons are given this account type when the case is a current account type 11. Payments applied to medical support and medical reimbursement coupons are then passed to the Medical Services Division for reimbursement of Medicaid expenditures.
42	Nonpublic assistance, medical support and medical reimbursement. Medical support and medical reimbursement coupons are given this account type when the case is a current account type 12. Payments applied to medical support and medical reimbursement coupons are paid directly to the family.
43	ADC-FC medical support and medical reimbursement obligation. Medical support and medical reimbursement coupons are given this account type when a child is a current account type 13. Payments applied to a medical support and medical reimbursement coupon are then passed to the Medical Services Division for reimbursement of Medicaid expenditures.
44	ADC referral from another state; medical support and medical reimbursement obligations. Medical support and medical reimbursement coupons are given this account when the case is a current account type 14. Payments applied to medical support and medical reimbursement coupons are forwarded to the other state for distribution.
45	Nonpublic assistance referral from another state, medical support and medical reimbursement obligations. Medical support and medical reimbursement coupons are given this account type when the case is a current account type 15. Payment applied to medical support and medical reimbursement coupons are forwarded to the other state for distribution.
46	Foster care referral from another state; medical support and medical reimbursement obligations. Medical support and medical reimbursement coupons are given this account type when a child has a current account type 16. Payments applied to medical support and medical reimbursement coupons are forwarded to the other state for distribution.

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Code	Account Type Description
47	Non-IV-D medical support and medical reimbursement obligations. Medical support and medical reimbursement coupons are given this account type when the case is a current account type 17. Payments applied to medical support and medical reimbursement coupons are paid directly to the family.

Initiating a Referral

IM workers use ICSC to refer persons from IABC to cases on ICAR. ICSC also links the ICAR case to selected persons, thus creating a completed referral.

IM workers shall view all existing cases for the child or the payee before either selecting an existing ICAR case to connect to or referring a new ICAR case.

When doing a search, IM workers go from ICSC to ICAR looking for an ICAR case containing the custodial parent and noncustodial parent of the IABC case. The child may or may not be on the ICAR case.

If found, that case is selected, reviewed, and brought back to ICSC to complete the referral. When a referral is selected, or created, or corrected, the system displays the updated action immediately. If no match is found, the IM worker creates a new ICAR case and brings it back to the ICSC screen to complete the referral.

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SCREEN: **CHILD SUPPORT ABSENT PARENT CASE NUMBER (ICSC)**

Purpose: To display persons belonging to an ICAR case number.

```
ICSC                          IOWA DHS SYSTEM                    DATE: 06/03/91
ICAR #:                                                          PAYEE: NA
                      CHILD SUPPORT ABSENT PARENT CASE NUMBER
STATE ID/NAME                   REFER  ROLE  A/D/R  CASE NUMBER   ICAR NUM   DATE
FIRST   LAST              TI (Y,N)




















*1=STOP 2=FRWD 3=NEXT SCRN 4=MORE DATA 6=UPDT 7=SRCH 8=EDIT   CD/SCRN:
  STATE ID:            IABC CASE NUMBER:                 ICAR NUMBER:
```

General: The ICSC screen displays information based on one of three identifiers. They are the IABC case number, the ICAR case number, and the state identification number.

When using the IABC case number as the identifier, ICSC displays information on all people associated with the IABC case, and with the ICAR cases they belong to. If a person is not referred, there is no information in the ICAR number field for that person.

When the state identification number is used as the identifier, ICSC displays the person and ICAR case. To determine if a person is linked to an ICAR case, type in the ICSC screen selection and the state identification number at the LINK menu or the ICSC system, and press **ENTER.** The ICSC screen displays the person's record, and whether or not the person is referred to an ICAR case.

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Procedure: The ICSC screen is not part of the IABC system but can be reached through the LINK system in one of several ways:

- By scrolling through an IABC case using the **PF2** key, e.g. when entering information on an ADC application on IABC, the system scroll is: TD01, TD02, RSCF, RSCA, TD05, TD03, TD06, ADOM, ICSC, and BCW1, etc. Go to the ICSC screen by pressing the **PF2** (system scroll) function. (Press **PF2** on ADOM to display ICSC.) After completing entries on ICSC, continue entry on the IABC case by pressing **PF2** to display the BCW1 screen.

- From ICAR, type LINK at the NEXT SCREEN prompt and ICSC in the NOTES field at the bottom of an ICAR screen showing the desired CSC number. Press **ENTER** to display the ICSC screen. To return to ICAR, type 3 ICAR at the CD/SCRN field at the bottom of the ICSC screen, and press **ENTER.**

- From ICAR, type LINK at the NEXT SCREEN prompt and press **ENTER.** From the LINK menu, choose ICSC and type the desired identifier. If this method is used, the worker can type 3 ICAR in the CD/SCRN field on ICSC to return to ICAR. Choose ICSC from the LINK menu, and FROMLINK at the CD/SCRN field to return to the originating ICAR screen. See also Link Systems Menu.

- ICSC can also be accessed from IABC by typing 3 ICSC on the CD/SCRN field at the bottom of any screen, and pressing **ENTER.** If the IABC screen is associated with a case, no IABC case number is needed. If the screen is not associated with the IABC case, type the case number desired. When returning, type 3 IABC at the CD/SCRN field at the bottom of the ICSC screen, and press **ENTER.** Write the ICAR number on the face sheet of the ADC or Medicaid case when selecting a case in the ICAR system. Doing so can save time if another search is required, because the case number is not brought back from ICAR.

Screen Fields

Depending on which identifier was used to access the ICSC screen, up to three different identifiers are displayed at the top of the screen: the IABC case number, the ICAR case number, and the state identification number. The identifier used to access ICSC is displayed in the upper left corner of the screen. If a CSRU worker enters ICSC via LINK with an ICAR number, the ICAR number is the identifier and is displayed in the upper left corner of the screen. If the identifier is the IABC case number, the ICSC screen displays the IABC

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case number in the upper left corner. The state identification number of the person coded as head of household (relationship code) is displayed in the upper right corner of the screen. The head of household's state identification number is automatically sent to ICAR when doing an ICAR search.

The upper left quarter of the screen lists the name and state identification number of any person associated with the identifier selected. If the identifier is the IABC case number, the screen may show inactive persons that are not linked to an ICAR case.

Type **Y** or **N** in the REFER field to identify whether the person is to be referred to an ICAR case.

The role code (ROLE) field identifies whether the person being referred is a child or an adult. An adult must be referred as the payee of the ICAR case when a child is referred to an ICAR case, with the exception of foster children.

Valid role codes are:

Code	Description
A	Natural or adoptive parent.
B	Stepparent.
C	Nonparental caretaker relative.
G	Minor parent living with parents or nonparental caretaker relative.
I	Foster child.
J	Child.

A, B, and C are adult codes, and G, I, and J are child codes.

The Add/Delete/Replace (A/D/R) column adds, deletes or replaces ICAR CSC numbers. When adding a new CSC number, type **A** in this field. When deleting or replacing an existing CSC number, type the **D** or **R** on the line showing the case being referred.

The IABC column shows the IABC number to which each person is associated. This is a view-only field. Information is displayed only after the worker has gone through the entire referral process. The ICAR number of the person who is referred is shown in a view-only field. Information is displayed only after a person has gone through the entire referral process. The final column shows date the referral was completed.

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Searching for an ICAR Case

The objective in doing a search is to find an established ICAR case for the child who is to be activated for ADC or Medicaid. Since ICAR cases are by noncustodial parents, cases containing children with different absent parents require more than one search. It is essential that IM staff do a complete search of all children of the same noncustodial parent before creating a new ICAR case.

The search function has been designed to carry the payee and one child's last name, state identification number and social security numbers from ICSC to ICAR. The payee information is sent over automatically, but the IM worker needs to designate which child to send over even when the ICSC screen contains only one child.

The ICAR system automatically searches for a match on the state identification number of the person selected. If a state identification number match is unsuccessful, the system searches for the social security number of the person selected and continues to search for a match in the following order:

Order	If a child is selected:	If a payee is selected:
1	Child state identification number.	Payee state identification number.
2	Child social security number.	Payee social security number.
3	Child last name.	Payee last name.
4	Payee state identification number.	None
5	Payee social security number.	None

To achieve the greatest possibility of a successful match between ICSC and ICAR, the IM worker should select a child on ICSC on whom to conduct the match. If a search fails on the first child selected, and no payee information is found by the system, select another child associated with the same IABC case and initiate another search. To designate which child to send, type Y in the Refer field of that child and press the **PF7** key. **PF7** displays the ICAR main menu screen.

To continue the search, IM workers should type CASEMTCH in the NEXT SCREEN field, and press **ENTER**, to display the CASE MATCH screen. When the ICAR Main Menu screen is displayed, the worker may also scroll forward (**PF8**) or backward (**PF7**) through the menu (if more than one page of menu items can be displayed) until the CASEMTCH

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option is displayed. Type one character beside the CASEMTCH option and press **ENTER**.

Search through the case information on the (CASEMTCH) screen for a match to the IABC case information on ICSC. If multiple screens of information exist, the worker needs to page forward (**PF8**) or page backward (**PF7**) to evaluate each possible match the system found on the person selected for searching on ICSC.

If a match is found on the child or payee selected, the message displayed is: MATCH SUCCESSFUL ON ABOVE HIGHLIGHTED PERSON

When a match is found, type one character in the select column to the left of the appropriate ICAR number and press **ENTER**. The IABC/ICAR REFER NCP DATA (REFER2) screen is automatically displayed, and is used to review and modify information regarding the noncustodial parent. All the information that matched in the search is highlighted along with the person's name. However, when a payee is selected for a search, the search is made for the payee only.

If a match attempt is made on a child and it is unsuccessful, the message displayed is: MATCH ON CHILD FAILED

If an attempt to match is made on a payee and it is unsuccessful, the message displayed is: MATCH ON PAYEE FAILED

When a match is not found, do not select a person on CASEMTCH; press **ENTER** or **PF6**. IABC/ICAR REFER NCP DATA (REFER2) screen is automatically displayed, and is used to add information regarding the noncustodial parent.

Initiate a search on all children associated with the same IABC case before setting up a new case on ICAR.

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SCREEN: **IABC/ICAR REFER CASE MATCH (CASEMTCH)**

Purpose: The IABC/ICAR REFER CASE MATCH (CASEMTCH) screen is used by IM workers to search ICAR for an existing case to link to their IABC case referral. The information displayed on this screen is the ICAR case match found by the system search the IM worker initiated on ICSC.

```
D479HR50              IOWA COLLECTION AND REPORTING SYSTEM      DATE: 03/03/91
                         IABC/ICAR REFER CASE MATCH             TIME: 07:08:36
  IABC CASE NUMBER:                       STATE ID:
  SEL ICAR CASE  NAME                              PER. INFO.  STATE ID   ROLE
  ___   _____  _____    _____   _____  ____







  PF5=INQUIRY, PF7=PAGE BACK, PF8=PAGE FORWARD, ENTER=SELECT DETAIL
  NEXT SCREEN:           NOTES:
  ENTER STATE ID AND PRESS PF5 TO INQUIRE
```

Procedure: When any ICAR screen is displayed, type CASEMTCH in the NEXT SCREEN field, and press ENTER to access the IABC/ICAR REFER CASE MATCH screen.

Use: Type CASEMTCH in the NEXT SCREEN field at the bottom of the ICAR Main Menu screen, and press ENTER to display the CASE MATCH screen.

When a match is found, the IM worker selects an existing ICAR case on CASEMTCH to link with the IABC case referral.

Field: **Description:**

IABC CASE NUMBER   The Iowa Automated Benefit Calculation (IABC) system case number. This is the ADC or Medicaid case to which the ICAR case is linked.

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This number is only for display purposes and cannot be modified on the ICAR system.

STATE ID

The unique identifier that is assigned to all persons listed on the IABC system. If the IM worker is not satisfied with the results of a search using one state identification number, then another state identification number associated with the IABC case can be entered in this field to continue the search.

SEL

To link IABC/ICAR case information, type one character in the SEL field next to the payor information to be linked. Press **ENTER** to select.

ICAR CASE

The Iowa Collection and Reporting (ICAR) case number associated with the displayed information.

NAME

The name of the person that is connected to the ICAR case number displayed.

PER. INFO

The personal information displayed in this field varies with the person's role on ICAR.

ROLE

The ICAR case role associated with the person data displayed. The ICAR case role may be one of the following:
PAYEE Custodial parent
CRTKR Caretaker (nonparental)
PAYOR Noncustodial parent
ALEGD Alleged father; paternity not established
CHILD Child

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Referring Individuals to an ICAR Case

When a suitable match is found and selected on the CASEMTCH screen, noncustodial parent information about the ICAR case is displayed on the REFER2 screen. The IM worker fills in any additional information known about the noncustodial parent in the appropriate fields on this screen, then presses **PF3** twice (once to validate, and a second time to modify the existing data.) The IABC/ICAR REFER OBL/PYMT/INS (REFER3) screen is automatically displayed.

When the worker attempts to modify a blank screen, one without any data at all, the system displays the message: PLEASE ENTER CASE NUMBER AND PRESS PF5.

When the worker attempts to add (**PF2**) an existing screen instead of modifying, the system displays the message: DATA ALREADY EXISTS. MUST PRESS PF3

When a suitable match is not found on the CASEMTCH screen, no data appears on the REFER2 screen. The IM worker fills in any information known about the noncustodial parent in the appropriate fields on this screen, then presses **PF2** twice (once to validate, and a second time to add the new data.) A new ICAR case containing this noncustodial parent data is now added to the ICAR system. The IABC/ICAR REFER OBL/PYMT/INS (REFER3) screen is automatically displayed.

The case is immediately established on-line with the noncustodial parent data only. The recipient (payee) and child information from the IABC system is added to the case in a nightly batch process. Therefore, the payee and child data on the ICAR case is not displayed until the next day.

When the worker attempts to add a blank screen, one without any data at all, the system displays the message: ENTRY MUST BE MADE BEFORE PRESSING PF2.

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SCREEN: **IABC/ICAR REFER NCP DATA (REFER2)**

Purpose: IM uses the REFER2 screen to record noncustodial parent information obtained from the ADC or Medicaid client. Fields are available on the REFER2 screen for entering information about NAME, SEX, SSN, BIRTHDATE, RACE, WEIGHT, HEIGHT, HAIR, and EYES. The REFER2 screen also provides fields for the noncustodial parent's home and work address. The IM worker enters this data directly on the ICAR system REFER2 screen.

```
D479HR51          IOWA COLLECTION AND REPORTING SYSTEM           DATE: 03/18/91
                     IABC/ICAR -REFER2- NCP DATA                 TIME: 05:14:59
 ICAR CASE NUMBER:                    IABC NUMBER:
 ALLEGED FATHER..:                    GOOD CAUSE.:
 NAME (LFMS.)....:                                    :                       :
 SEX (F/M.)......:           SSN.....:               BIRTHDATE:
 RACE..:     WEIGHT..:       HEIGHT..:        HAIR...:      EYES..:

 ADDRESS LINE 1..:
 ADDRESS LINE 2..:
 CITY/STATE/ZIP..:                   :    :         COUNTRY:
 PHONE NUMBER....:         -

 EMPLOYER ID.....:        -
 EMPLOYER NAME...:
 ADDRESS LINE 1..:
 ADDRESS LINE 2..:
 CITY/STATE/ZIP..:                   :    :    0000
 COMMENTS:

 PF2=ADD,  PF3=MODIFY,  PF5=INQUIRY,  PF6=REFER3,  PF7=BACK,  PF8=FORWARD,
 PF9=REFRESH,  PF10=ICBC SCREEN
 NEXT SCREEN:              NOTES:
 PLEASE ENTER CASE NUMBER AND PRESS PF5
```

Procedure: Select the IABC/ICAR -REFER2- NCP DATA screen from the ICAR Main Menu, or type **REFER2** at any NEXT SCREEN prompt, and press **ENTER.**

Use:

Field:	Description:
ICAR CASE NUMBER	The ICAR case number associated with the noncustodial parent information and the referral from IABC. Type the CSC number in this field for inquiry. Do not type the zeroes preceding the CSC number.

ICAR/IABC REFERRAL

The system automatically assigns a CSC number when the new responsible parent data is added (PF2.)

IABC CASE NUMBER

The IABC system case number. This is the ADC or Medicaid case to which the ICAR case is linked. This number is only for display purposes on the ICAR system.

ALLEGED FATHER

A Y in this field designates paternity is an issue for this case.

An N in this field indicates that paternity has been established for any child associated with the displayed ICAR/IABC case number, or that this is not applicable because the absent parent is the mother.

If multiple alleged fathers exist, the following message is displayed at the bottom of the screen:

Message:

MULTIPLE ALLEGED FATHERS EXIST. PRESS PF8 TO VIEW ADDITIONAL ALLEGED FATHERS.

The names and details regarding the other possible fathers may be viewed by pressing **PF8** (page forward) or **PF7** (page backward.)

An entry to this field is mandatory. An on-line edit exists to require an entry from the worker. If no entry is made to this field, the following message is displayed:

Message:

ALLEGED FATHER INDICATOR IS REQUIRED (Y/N)

When ALLEGED FATHER is **Y**, the system requires an entry in the COMMENTS field. Here, the IM worker designates any additional information about the alleged fathers or any paternity information associated with the case.

ICAR/IABC REFERRAL

GOOD CAUSE

The income maintenance worker enters a code in this field when the ADC or Medicaid client claims good cause exists for the client's refusal to cooperate in establishing paternity or obtaining support. This information is passed to the GOOD CAUSE field on the ICAR system PAYEE screen. IM enters the following good cause codes in this field on the REFER2 screen.

A Agency and client. IM has granted good cause and CSRU is not to proceed with any further action.

C Client only. IM has granted good cause but CSRU may proceed with further action.

D Claim denied by IM.

P Decision pending from IM.

N No claim. N is the default value for this field.

CSRU workers refer a good cause claim to IM using the GOOD CAUSE field on the ICAR PAYEE screen.

Form Number **Description**

CS-1105-5 Requirements of Support Enforcement.

CS-1106-5 Requirements of Claiming Good Cause.

SSA 4681 U4 Case Report on Claim of Good Cause for Refusing to Cooperate in Establishing Paternity and Securing Child Support.

NAME (LFMS)

The name of the noncustodial parent associated with the IABC/ICAR cases to be linked. Type

ICAR/IABC REFERRAL

the last name, press TAB, the first name, press TAB, etc.. If the noncustodial parent's name is unknown (i.e., paternity has not been established or the alleged father's name is unknown) the IM worker types UNKNOWN in the NAME (LFMS) field.

An entry to this field is mandatory. Two on-line edits exist to require an entry from the worker. If no entry is made to these fields, the following messages are displayed:

Message: LAST NAME IS REQUIRED
          FIRST NAME IS REQUIRED

SEX

An entry to this field is mandatory. An on-line edit exists to require an entry from the worker. If no entry is made to this field, the following message is displayed:

Message: M OR F IS REQUIRED

SSN

An entry to this field is not mandatory. If the social security number of the noncustodial parent is known, the IM worker enters it in this field. Valid entry is nine digits in xxx xx xxxx format.

BIRTHDATE

An entry to this field is not mandatory. If the birthday of the noncustodial parent is known, the IM worker enters it in this field. Valid entry is MM DD YYYY (12 24 1968).

RACE

An entry to this field is not mandatory. If the race of the noncustodial parent is known, the IM worker enters it in this field. Valid entry is any five alphabetic characters (CAUCA).

WEIGHT

An entry to this field is not mandatory. If the weight of the noncustodial parent is known, the IM worker enters it in this field. Valid entry is any three-digit number.

ICAR/IABC REFERRAL

HEIGHT

An entry to this field is not mandatory. If the height of the noncustodial parent is known, the IM worker enters it in this field. Valid entry is any three-digit number in X XX format (6 04).

HAIR

An entry to this field is not mandatory. If the hair color of the noncustodial parent is known, the IM worker enters it in this field. Valid entry is any three alphabetic characters (BLK).

EYES

An entry to this field is not mandatory. If the eye color of the noncustodial parent is known, the IM worker enters it in this field. Valid entry is any three alphabetic characters (BLU).

ADDRESS LINE 1
ADDRESS LINE 2
CITY/STATE/ZIP
COUNTRY
PHONE NUMBER

The address information of the noncustodial parent. When the IM worker enters address information and adds or modifies the screen, the address information passes to the payor address verification (ADDVER) screen on ICAR. After batch referral, the CSRU worker chooses whether or not to further verify the information. If verified on ADDVER, the address updates the PAYOR record.

Entry of any portion of an address is allowed by the system. If only a state is known, the system allows the IM worker to enter only a state code.

CITY/STATE/ZIP
CO
COUNTRY

The system does not allow an entry in the COUNTRY field when an entry has been made in the STATE field. The following on-line message displays if such an entry is attempted:

Message: COUNTRY IS NOT VALID WHEN A STATE EXISTS

EMPLOYER ID
EMPLOYER NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY/STATE/ZIP

The employer information of the noncustodial parent. When the IM worker enters employer information for the noncustodial parent and adds or modifies the screen, the EMPLOYER NAME ADDRESS SEARCH subscreen is displayed.

ICAR/IABC REFERRAL

SCREEN: **EMPLOYER NAME ADDRESS SEARCH** (Subscreen)

Purpose: The EMPLOYER NAME ADDRESS SEARCH subscreen is a list of employers registered with Job Service of Iowa and other employers not registered with Job Service of Iowa. From the EMPLOYER NAME ADDRESS SEARCH subscreen, the worker selects an employer identification number and address for the noncustodial parent on the screen.

```
D479HC41              IOWA COLLECTION AND REPORTING SYSTEM        DATE: 06/04/91
                         EMPLOYER NAME ADDRESS SEARCH             TIME: 07:45:00

SEL          EMPLOYER NAME / STATE ID              ADDRESS / CITY AND STATE

  _


  _


  _


  _


  _


  _


PF7-BACK, PF8-FORWARD, PF9-REFRESH
NEXT SCREEN:              NOTES:
SELECT EMPLOYER AND PRESS ENTER.
```

General: Job Service of Iowa has provided its list of registered employers to CSRU for use on the ICAR system. Since not every possible employer is registered with Job Service of Iowa, other employers are also included on the EMPLOYER NAME ADDRESS SEARCH subscreen.

Multiple pages of employers exist on the system. The system displays employers starting with the first letters the worker typed on REFER2, however, the worker may need to page forward (**PF8**) or page backward (**PF7**) to check for the appropriate employer name.

Job Service of Iowa assigns an employer identification number to each registered employer. These identification numbers all begin with the four-character code, IAJS. In addition, each employer is assigned a number to follow IAJS that is specific to that employer.

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Out-of-state employers may also be registered with Job Service of Iowa.

Since not every employer is registered with Job Service of Iowa, and therefore is not issued an IAJS employer identification number, the system issues an OTHR ID code for employers added to the EMPLOYER NAME ADDRESS SEARCH subscreen by CSRU or IM.

Employer Match is Found

To select an employer name and address from the EMPLOYER NAME ADDRESS SEARCH subscreen, type one character in the SEL field to the left of the employer name and press **ENTER.**

Special attention should be given to the policy on adding an employer address for a noncustodial parent who is collecting Unemployment Insurance Benefits (UIB) and adding an employer address for a noncustodial parent who is employed by Job Service of Iowa (actually works at Job Service.)

For persons collecting unemployment, the worker selects JOB SERVICE OF IOWA, 1000 E GRAND AVENUE, DES MOINES, IA; IAJS - 7.

For persons actually employed by Job Service of Iowa, the worker selects IOWA DEPT OF JOB SERVICE, 1000 E GRAND AVENUE, DES MOINES, IA; IAJS - 10.

It is very important to choose the correct one from the EMPLOYER NAME ADDRESS SEARCH subscreen. If the worker does not select IAJS - 7 or IAJS - 10 (whichever is appropriate), an invalid Job Service employer is added to the EMPLOYER NAME ADDRESS SEARCH subscreen and registered with an OTHR employer identification number.

After **ENTER** is pressed on the EMPLOYER NAME ADDRESS SEARCH subscreen, the system automatically displays the REFER2 screen again. The employer identification number, full name, and address for the employer is completed by the system and the worker proceeds to add or modify the screen data.

ICAR/IABC REFERRAL

Employer Match is Not Found

When the correct employer is not found on the EMPLOYER NAME ADDRESS SEARCH subscreen, do not type a character in the SEL field on the screen, press **ENTER** or **CLEAR**.

After **ENTER** or **CLEAR** is pressed on the EMPLOYER NAME ADDRESS SEARCH subscreen, the system automatically displays the REFER2 screen again. If a complete (name, street, city, state, zip) employer address is known, type the address and proceed to add or modify the screen data; the system can not add a partial employer address.

ICAR/IABC REFERRAL

SCREEN: **IABC/ICAR REFER OBL/PYMT/INS (REFER3)**

Purpose: To record legal actions concerning the custodial and noncustodial parent, and child support obligations and payments; also records general information about IM-exempted income and noncustodial parent health insurance.

```
D479HR52          IOWA COLLECTION AND REPORTING SYSTEM          DATE: 03/18/91
                  IABC/ICAR  -REFER3-  OBL/PYMT/INS             TIME: 05:45:22
ICAR CASE NUMBER:                    IABC CASE NUMBER:
                  RELATIONSHIP TO NONCUSTODIAL PARENT
MARRIAGE DATE....:                   MARRIAGE CITY/STATE:            :
DIVORCE DATE.....:                   DIVORCE CITY/STATE.:            :
ANY LEGAL ACTION PENDING?:     COUNTY WHERE ACTION IS PENDING:
ATTORNEY'S NAME.:
                            SUPPORT ORDER
EFFECTIVE DATE......:                COURT ORDER NBR:
C.O. COUNTY........:                 C.O. STATE......:
OBLIGATION AMT/FREQ:                 PER.............:
ARE PAYMENTS MADE TO COC OR IV-D AGENCY:            OR RECIPIENT:
IF MADE TO RECIP., ARE THEY TURNED OVER TO COC OR IV-D AGENCY..:
DATE OF LAST PAYMENT..:                        AMT OF LAST PAYMT:
                  EXEMPTED INCOME (FOR REBATE CALCULATIONS)
MO/YR:        AMT:         MO/YR:        AMT:        MO/YR:        AMT:
                            HEALTH INSURANCE
COMPANY NAME:                             POLICY #:
COMMENTS:


PF2=ADD, PF3=MODIFY, PF5=INQUIRY, PF6=REFER2, PF10=ICSC SCREEN
NEXT SCREEN:                 NOTES:
PLEASE ENTER CASE NUMBER AND PRESS PF5
```

Procedure: Select the IABC/ICAR REFER OBL/PYMT/INS screen from the ICAR Main Menu, or type **REFER3** at any NEXT SCREEN prompt, and press **ENTER.**

REFER3 is displayed if referral information exists for the case number. If it is not necessary to enter information on this screen, press **PF10** to return to ICSC. See Completing the Referral Process.

Use: To add a new REFER3 screen, type the information gathered on the noncustodial and custodial parents in the proper fields. Press **PF2** once to validate the information on the screen and a second time to add the information to the screen.

When the worker attempts to add a blank screen, one without any data at all, the system displays the message: ENTRY MUST BE MADE BEFORE PRESSING PF2.

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To modify an existing REFER3 screen, type the information in the fields to be modified. Press **PF3** twice, once to validate the information on the screen and a second time to modify the information on the screen.

When the worker attempts to modify a blank screen, one without any data at all, the system displays the message: PLEASE ENTER CASE NUMBER AND PRESS PF5.

When the worker attempts to add (**PF2**) an existing screen instead of modifying, the system displays the message: DATA ALREADY EXISTS. MUST PRESS PF3.

For each case press:

PF2 to ADD,
PF3 to MODIFY,
PF5 to make an INQUIRY, or
PF10 to return to the ICSC screen.

If for some reason the IM worker does not press the **PF2** or **PF3** key twice after adding or modifying information on the REFER3 screen and attempts to access the REFER2 screen, the system displays the message:

When adding (**PF2**):   DATA ON SCREEN HAS NOT BEEN ADDED. MUST PF2 TWICE TO ADD DATA

When modifying (**PF3**):   DATA ON SCREEN HAS NOT BEEN MODIFIED. MUST PF3 TWICE TO MODIFY

Then press **PF10** to return to ICSC.

Once a referral has been completed between persons on IABC and an ICAR case, information is transmitted between the two systems in a nightly batch process. Information regarding case and individual status and individual characteristics, e.g. relationship codes, is sent to the specific ICAR screens to build the ICAR cases. A new referral to ICAR is transferred as an **H** (hold) status in order to allow the CSRU worker time to review the case.

Child support workers are notified of new information or changing information on the IABC system through ICAR calendar flags and narratives. Once a referral has been completed, the case remains referred until deleted or replaced by a worker or until the ADC or Medicaid client is dropped from

ICAR/IABC REFERRAL

the IABC system.

Field: **Description:**

ICAR CASE NUMBER   The ICAR case number to inquire on.

IABC CASE NUMBER   The IABC case number associated with the
                                        ICAR case entered on the CASEMTCH screen.

RELATIONSHIP TO   Screen section title.
NONCUSTODIAL PARENT

MARRIAGE DATE   Date the noncustodial parent and recipient
                                        (payee) married, in MM DD YYYY format.
                                        Blanks are permitted where information is not
                                        known.

MARRIAGE CITY/STATE   Where the noncustodial parent and recipient
                                        (payee) were married, if known. Valid entry is
                                        city name and two-digit state code (i.e. IA.)
                                        Blanks are permitted where information is not
                                        known.

DIVORCE DATE   Date the noncustodial parent and recipient
                                        (payee) were divorced, in MM DD YYYY
                                        format. **Blanks** are permitted where information
                                        is not known.

                                        The IM worker may make a note to CSRU, using
                                        the COMMENTS field to indicate an
                                        approximate time frame; e.g. "the divorce was
                                        late in the year, 1988."

DIVORCE CITY/STATE   Where the noncustodial parent and recipient
                                        (payee) were divorced, if known. Valid entry is
                                        city name TAB or two-digit state code (i.e. IA.)

ANY LEGAL ACTION   Yes or No. An action can be divorce, custody,
                                        paternity, or other legal action relating to the
                                        case.

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COUNTY WHERE ACTION IS PENDING	Name of county where the action is pending, if any.
ATTORNEY'S NAME	Name of attorney, if any.
SUPPORT ORDER	Next screen section title.
EFFECTIVE DATE	Date that the support order becomes effective, in MM DD YYYY format. **Blanks** are permitted where information is not known.
COURT ORDER NBR	Court order number.
C.O. COUNTY	County where the court order was issued.
C.O. STATE	Two-character abbreviation of the state where the court order was issued.
OBLIGATION AMT/FREQ	Amount of the obligation.
PER	Frequency of the payment.

W Weekly.
BW Biweekly.
SM Semimonthly.
M Monthly.
BM Bimonthly.
Q Quarterly.
SA Semiannually.
A Annually.
SP Single payment.

PAYMENTS MADE TO: COC OR IV-D AGENCY	X Indicates payments are made to clerk of court or IV-D agency.
RECIPIENT	X Indicates payments are made to recipient.
IF MADE TO RECIP TURNED OVER TO COC OR IV-D AGENCY	Yes or No.

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DATE OF LAST PAYMENT	In MM DD YYYY format.
AMT OF LAST PAYMT	Amount of payment.
EXEMPTED INCOME (FOR REBATE CALCULATIONS)	Next screen section title.
MO/YR AMT	The date, in MM YYYY format to which the exemption applies, and the amount of the exemption for the designated month. The AMT is the amount of child support, up to $50.00, which is exempt as countable income for the month.
HEALTH INSURANCE	Next screen section title.
COMPANY NAME	The insurance company name.
POLICY #	The insurance policy number.
COMMENTS	Free-form comments are stored by the system when the ALLEGED FATHER field is Y.

ICAR/IABC REFERRAL

Completing the Referral Process

After the search is complete, the ICAR case number is displayed at the top of the originating ICSC screen. Write the ICAR case number on the case face sheet, and press **PF10** to return to ICSC.

If the case number is not displayed, one of two events occurred. Either **PF2** was not pressed twice on REFER2 to add the ICAR case, or **PF10** was not pressed to return to ICSC. If a case number is not displayed, initiate the search process again.

When the ICAR number is present, the referral can be completed by connecting the individuals to the ICAR case. To do this, enter the necessary information in the REFER, ROLE CODE, and **A/D/R** fields and press **PF6** to update the screen. ICSC is an online screen, so there is no waiting to see if the referral is complete. Each ICAR case requires a payee be referred as well.

Use the **PF8** option to edit the referral. Correct any errors noticed, and press **PF6** to complete the update.

It is possible to complete referrals on two IABC cases to the same ICAR case. An example of this is a household containing some children active on the MAC program while others are active on Medically Needy. If the children have the same noncustodial parent and payee, the same ICAR case can be referred to each case. This works only if both cases have the same payee.

After completing an ICAR case referral by using the **PF6** option, another search can be done by selecting another person and using the **PF7** option. If all ICAR cases have been referred and the worker wishes to leave the ICSC screen, press **PF2** to continue the system roll. BCW1 is the next screen in the sequence. The worker can type the next screen abbreviation in the CD/SCREEN field if there is no need to continue the system roll.

Once a referral has been completed between persons on IABC and an ICAR case, information is transferred between the systems in a nightly batch process. Information regarding case and individual status and individual characteristics, like relationship codes, is sent to the specific ICAR screens to build ICAR cases. A new referral is transferred to as an **H** status to allow the CSRU worker time to review the case.

WARS are generated during the nightly batch processing to ensure that the proper information is sent to ICAR. Each WAR is fatal to IABC transactions and does not undo the ICAR referral on ICSC. If a case remains in transaction status for three weeks, the referral is deleted automatically. WARS can be deleted on ICSC online by pressing the **PF8** (EDIT) key at time of entry to ICSC.

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It is important that the worker press the **PF8** (EDIT) key when a referral is completed. Doing so ensures that correct information is shared between IABC and ICAR. For IM workers, it prevents ICSC errors which prevent updating of IABC transactions during nightly batch processing. For a list of WAR messages, see XIV-B-Appendix.

Once a referral has been completed, the case remains referred until deleted or replaced by a worker or until the ADC or Medicaid client is dropped from the IABC system. CSRU workers are notified of new information on the IABC system through ICAR calendar flags and narratives. See Narratives, Calendar Flags and Statuses.

Correcting or Replacing Links

It is the responsibility of IM staff to refer noncustodial parent information accurately to CSRU. Therefore, if IM staff have referred a child to the wrong absent parent, IM staff should correct the referral. Since incorrect referrals can cause child support monies to be credited to the wrong account, rebates to be issued incorrectly, etc., corrections should be completed as soon as possible, but no longer than ten days from the date of discovery by IM, or notification by CSRU. Since the REFER system is online, corrections can be completed in a matter of minutes. CSRU staff are able to delete or replace a bad referral with an existing ICAR case but are not able to create a new referral. IM should inform CSRU when replacing a referral on ICSC.

Because replacement of referrals is not always edited by the system, it is strongly recommended that the **PF8** edit key be used. Press **PF8** after completing a referral on ICSC. The system edits the referral for the worker to correct. The worker should continue to press **PF8** all errors are corrected.

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Child Support Received

The child support rebate program provides for accurate routing of rebate checks by using state identification numbers of parents or nonparental caretaker relatives.

The system also automatically issues current support to the payee when the ADC case has been suspended for a month. The system issues the month's current support to the payee in the month of suspension, as it is received by CSC. The system also automatically prevents a rebate from being issued to the payee for current support paid to the family for the month of suspension.

Direct Support

The ICAR system identifies and reports direct support paid through CSC to ADC and Medicaid recipients. At the beginning of each calendar month, workers are notified what clients received direct support in the previous month via the tickler system. These tickler messages include the name and case number of the client as well as the amount and date the support was received. If not returned by the client, IM staff apply the direct support to ADC for the correct budget month.

Income Exempted from Direct Support

When IM staff are notified that an ADC recipient received child support directly, they must investigate to see if a rebate has been issued, or provided by exemption of income, based on support received by the state for the same month. If no rebate has been issued, IM staff must ensure that one is issued or exempted whether or not the direct support is returned to the Department. Direct support may or may not have gone through the Collection Service Center or Clerk of Court.

IM staff can ensure that rebates are issued in the following ways:

- The IM worker can send refunded the money to CSRU so that CSRU can issue a rebate if appropriate. Example: An ADC recipient receives $100 direct child support from the absent parent in September. The client notifies the IM worker and returns all of the support to the IM worker.

- Example: The same client receives the $100 in September but has spent $30 of it. The client returns the $70. When notified, the IM worker checks ISSV to see if a rebate has already been issued for September. If no rebate has been issued, the IM worker exempts the portion the client kept, up to $50.00, and notify CSRU via

ICAR/IABC REFERRAL

the REFER3 screen. The $70 that was returned is routed to CSRU. CSRU issues the other $20 rebate, if appropriate. If the client had already received a $50 rebate, the worker would count the money the client kept as unearned income towards ADC in the corresponding benefit month. The $70 would be routed to CSRU and no additional rebate would be issued.

- Example: The same client receives the $100 in September but has spent all of the support. The worker would check ISSV to see if a rebate has been issued, or provided by exemption, for September. If a rebate has not been issued, the worker would exempt $50 and report this to CSRU via the REFER3 screen. The worker would count the other $50 as unearned income in the corresponding benefit month. If a rebate has been issued, the worker would count all $100 as income in the corresponding benefit month.

Sometimes it is not easy to determine against which month direct support must be applied. To help the IM worker determine which month to count the support for or to exempt the support from, the following premises hold true, regardless of whether the direct child support went through the Collection Service Center or the Clerk of Court.

- If the person who received the child support is an applicant when the support is received, the $50 rebate exemption is given based on the month the person received the support, regardless of the month in which it was paid.

- If the person who received the child support is a recipient when the support is received, eligibility for the exemption is based on the month to which the CSC or COC applied the payment to the obligation. This is not necessarily the same month the payment was received by CSC, COC, or the recipient.

- Any support not exempted is counted toward benefits for the benefit month corresponding to the budget month in which the client received it.

Child Support Rebates

Rebate checks are issued each week based on the following conditions:

- When child support payments received for a month exceed $50.00, a $50.00 rebate check is issued for that month, in the week's processing. **$50 is the maximum rebate for a month's support.**

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- If, at the end of the month, the total of child support payments received for a month is less than $50.00, a rebate check is issued in the amount of the payments received for that month.

Rebates are mailed with a letter explaining how it is possible to receive more than one rebate check in a month and that rebate funds are taken into consideration when calculating food stamps.

ICAR/IABC REFERRAL

SCREEN: **$50 REBATE COUPON ALLOCATIONS** (Subscreen)

Purpose: To allow the worker to view rebate coupons.

```
D479HH29              IOWA COLLECTION AND REPORTING SYSTEM          DATE: 06/05/91
                         $50 REBATE COUPON ALLOCATIONS              TIME: 11:17:08


  CASE NUMBER........:
  PAYEE NAME.........:


  ACCT  RECEIPT  RECEIPT     COUPON      COUPON      ALLOC.      DIST.       REBATE
  TYPE  DATE     AMT         DATE        AMT         AMT         DATE        FLAG

















  RETURN=CLEAR
  PRESS CLEAR TO RETURN
```

Procedure: Select the ICAR $50 REBATE COUPON ALLOCATIONS screen from the
ICAR PAYREC screen by typing any character under SEL IND on the
PAYREC line for the desired receipt, and pressing **ENTER.**

Use: Press **CLEAR** to return to the ICAR PAYREC screen.

General: This screen displays system-generated rebates, not TD06 rebates, or
exemption rebates.

Field:	Description:
CASE NUMBER	ICAR case number.
PAYEE NAME	As shown on the CASE screen.
ACCT TYPE	See Referral Account Types.
RECEIPT DATE	Date of the receipt in MM DD YY format.

ICAR/IABC REFERRAL

RECEIPT AMT   Amount of the receipt.

COUPON DATE   Date of the coupon in MM DD YY format.

COUPON AMT   Amount of the coupon.

ALLOC. AMT   Amount allocated.

DIST. DATE   Distribution date in MM DD YY format.

ICAR/IABC REFERRAL

ADC Payout Calculation

As required by federal regulation, the REFER system automatically determines whether the Department has collected and retained more in child support than was paid out in ADC. This calculation is performed on the tenth of the first month in which recipient does not receive a grant.

The system adds up the entire amount of ADC that was paid to the family. The ADC payout is calculated from data contained on the ISSV file. Any calculation performed by the system includes grants issued since 1985. This amount is compared against money collected and retained by the Department for all of the ICAR cases on which the payee or children are members for the same time period.

If the amount of child support retained by the Department exceeds the total ADC payout, the worker is issued the following calendar flag for each ICAR case:

TOTAL CS RETAINED BY THE DEPT. EXCEEDS TOTAL ADC PAYOUT.
REVIEW CASE FOR POSS. SPECIAL ABSTRACT. CP DUE $XXXXXXX.XX.
OTHER ICAR CASES INVOLVED: XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX

The calendar flag identifies each of the ICAR cases that was involved in the calculation if more than one ICAR case was involved, and the total amount of money that is due the payee. The amount of any overage attributed to each individual ICAR case in multiple case scenarios is not currently identified. If the amount retained by the Department does not exceed the ADC payout, no calendar flag is issued.

ICAR/IABC REFERRAL

SCREEN: **IOWA ISSUANCE VERIFICATION SYSTEM (ISS0)**

Purpose: The Issuance Verification System (ISS0) is a history display of warrant and food stamp issuances made from the IABC system. The display is by IABC case number.

```
ISS0            IOWA ISSUANCE VERIFICATION SYSTEM
                              MENU

        OPTIONS

        ISS0 = MENU

        ISS1 = DISPLAY ISSUANCE VERIFICATION INFORMATION

        ISS2 = CORRECT WARRANT FUNDING SOURCE

        ISS3 = DISPLAY INDIVIDUALS ASSOCIATED WITH ISSUANCE

        LINK = OTHER DHS SYSTEMS




        ENTER OPTION:
```

Procedure: Type the desired menu selection in the ENTER OPTION field, and press **ENTER.**

Use: The ISSV system is used by the IABC system to prevent duplicate authorization of food stamp benefits. The ICAR system uses the ISSV system to prevent duplicate issuance of child support. The ISSV system also provides the client with information on child support rebate issuances through the Audio Response Unit.

ICAR/IABC REFERRAL

SCREEN: **FOOD STAMPS AND WARRANTS ISSUED (ISS1)**

Purpose: The display includes a history of food stamp issuances, warrant issuances, child support rebate issuances, child support income exempted for rebate purposes, and monies recouped, other than from grant reduction, from the client for ADC or food stamp recoupment claims.

```
ISS1              IOWA ISSUANCE VERIFICATION SYSTEM
CASE:                BENEFIT DATE:
                 FOOD STAMPS AND WARRANTS ISSUED
EFFECTIVE ISSUANCE/     ISSUE    SEQUENCE   ISSUE    ACTION     AID    CO    CONTROL
   DATE    REPAYMENT    AMOUNT    NUMBER    DATE     CODE      TYPE          NUMBER




















1=STOP                                                           OPTION:
```

Procedure: Type **ISS1** in the OPTION field on the ISSV menu, and press **ENTER**.

Use: The sequence number denotes the first, second, etc., issuance for the month. The Issuance/Repayment column denotes the type of issuance or recoupment. The action code for Food Stamp issuances are those listed in XIV-B-Appendix for TD06 field IMM/CAN or those generated by the system.

The action codes for warrants correspond to those listed in XIV-B-Appendix for TD06 field SP ALLOW CD. Monthly warrants and Food Stamps have an action code of **M**. IABC worker-issued child support rebates are displayed. Rebate issuances displayed on ISS1 have an action code of **J**. $50 rebate issuances have a type of Warrant, system-issued rebates have a type of Sys-Rebate, and income exempted for rebate purposes has a type of Exp-Rebate. This provides a complete history of income exempted for rebate purposes or monies issued to the client as a rebate.

ICAR/IABC REFERRAL

SCREEN: **FOOD STAMPS AND WARRANTS ISSUED (ISS3)**

Purpose: To display persons associated with food stamps and warrants issued.

```
ISS3                      IOWA ISSUANCE VERIFICATION SYSTEM
CASE:                     BENEFIT DATE:
                     FOOD STAMPS AND WARRANTS ISSUED
     ELIGIBLE STATE IDS MAY NOT BE CORRECT FOR ISSUE DATE PRIOR TO 04/91
EFFECTIVE     ISS/REPAY   ISSUE AMT    SEQ    ISSUE DATE    ACTION CD    CONTROL NO
STATE IDENTIFICATION NUMBER OF INDIVIDUALS ELIGIBLE FOR BENEFITS




















1=RETURN TO MENU                                              OPTION:


```

Procedure: Type **ISS3** in the OPTION field on the ISSV menu, and press **ENTER.**

General: The ICAR system uses the Issuance Verification system for determining when a responsible parent has met the obligation to the state for ADC payments made to now canceled ADC cases. ISSV data includes lines regarding monies "repaid" to the state from income tax offsets or other sources. These records have an Issuance/Repayment type of ADC-REPAY or FS-REPAY. ADC repay monies are deducted from the responsible parent's ADC obligation amount. State identification numbers of individuals included in ADC benefits are displayed on the Issuance Verification system ISS3 screen for months forward from October 1990.

ICAR/IABC REFERRAL

LINK Systems Menu

Most of the systems used by IM, social services, and CSRU staff are listed on the LINK master menu.

```
LINK                          IOWA DHS SYSTEMS
                        DEPARTMENT OF HUMAN SERVICES
                              SYSTEMS MENU


           OPTIONS                              OPTIONS

     IABC = ABC SYSTEM                    ICAR = CHILD SUPPORT RECOVERY
     ISSV = ISSUANCE HISTORY             ICSC = CHILD SUPPORT CASE NUMBER
     IEVS = INCOME VERIFICATION           SRRS = SERVICE REPORTING
     EBTS = ELECTRONIC BENEFIT TRANSFER   ACAN = CHILD ABUSE NEGLECT
     ABCT = ABC TICKLER MESSAGES          DCPD = DAY CARE PROVIDER
     SSNI = TITLE XIX MEDICAL ELIGIBILITY SDXD = STATE DATA EXCHANGE
     MNSC = MEDICALLY NEEDY SPENDDOWN      SSBI = BUYIN INFORMATION
     MMIS = MEDICAID PROVIDER             PADX = PA DATA EXCHANGE
     SSCH = FACILITY CLAIMS HISTORY       PIEX = STATE DATA EXCHANGE
     PRSM = PRESUMPTIVE MEDICAL           WKER = IM/SERV WORKER INFORMATION
     PROV = MEDIPASS PROVIDER INFORMATION SPAD = ADC/FS SCRATCHPAD
     OVPY = OVERPAYMENT RECOUPMENT        DCAS = HUMAN SERVICES DROPPED CASES
     RIRS = FEDERAL OFFSET                TPMM = THIRD PARTY LIABILITY


     ENTER OPTION:         SCREEN:
     IM CASE#:                  SRS CASE#:                  CB CASE#:
     STATE ID:             BEN DT:         PRG:    SSN:
```

LINK also describes a mechanism which allows workers to move freely through a number of Department computer systems without having to exit the system they are using. If while using a TD03 screen in IABC, a worker wishes to check ISSV, the worker can go to the CD/SCREEN option field, type 3 ISSV, and press ENTER. ISSV is automatically displayed. When finished, the worker can access another Department system, such as ICAR, or return to IABC. To return to IABC, the worker would type IABC in the ISSV screen ENTER OPTION field, and press ENTER. The worker would be returned to the same IABC TD03 screen as the worker started from.

LINK is included in this chapter because it was designed to facilitate sharing of IABC and ICAR data by IM and CSRU users. See XIV-C for additional information on LINK systems and screens. See XIV-D(2) for additional information on ICAR case maintenance screens.

ICAR/IABC REFERRAL

PF Key Functions on the IABC System

The function (PF) codes are listed at the bottom of IABC screens. Other than 3, these correspond to the function keys. The number can be entered at the code option at the bottom of the screen if the PF keys are not available. The numbers and an explanation of each are listed below:

Key	Function	Description
PF1	STOP	Erases any entries made on the screen.
PF2	FORWARD	If accessing ICSC from IABC, it continues the IABC system roll and displays BCW1. If LINK was used to access ICSC from ICAR, the originating ICAR screen is displayed.
PF3	NEXT SCREEN	Entering this number at the code field along with a screen selection displays the desired screen; 3 IABC, 3 ICAR, or 3 ICSC with a different identifier; IABC, ICAR or state identification number.
PF4	MORE DATA	Allows display of other persons associated with the ICAR or IABC case number identifiers if the ICSC screen is full.
PF6	UPDATE	This is the key used to complete a referral.
PF7	SEARCH	This key is used to take the payee and child state identification number, social security number, and last name of the child to ICAR for a case search.
PF8	EDIT	This key is used to edit the composition of a CSC case after modifying the case by adding, deleting, or replacing a person on that CSC case. The CSC case is edited on-line to ensure that a payee and at least one child are referred to the CSC number in question. Enter option 8 and the CSC number to edit. Error messages appear at the bottom of the screen. Re-enter this option until the case passes all edits.

ICAR/IABC REFERRAL

ICAR Screens

Within CSRU, system security is controlled by assigning screen access by security classification. Six security classifications are used by the ICAR system, and are assigned to the worker based on job classification.

ICAR Main Menu

The complete ICAR Main Menu consists of over 100 screens. Depending on the security classification of the worker accessing the ICAR system, the Main Menu may require more than one screen to display. Shown below is the ICAR Main Menu accessible to all IM workers.

```
D479BM01              IOWA COLLECTION AND REPORTING SYSTEM        DATE: 12/11/90
                                 MAIN MENU                        TIME: 15:25:14
                                                                  PAGE:  1

             _  NAMESRCH        NAME SEARCH
             _  PAYHIST         CASE PAYMENT HISTORY
             _  PAYREC          CASE PAYMENT RECORD
             _  VCASE           VIEW CASE
             _  VCHILD          VIEW CHILD SCREEN
             _  VCORTORD        VIEW COURT ORDERS
             _  VINSURER        VIEW INSURER INFORMATION
             _  VMEDICAL        VIEW MEDICAL INFORMATION
             _  VOBLGLST        VIEW OBLIGATION LIST
             _  VOBLIG          VIEW OBLIGATION DETAILS
             _  VPAYEE          VIEW PAYEE SCREEN
             _  VPAYOR          VIEW PAYOR SCREEN




 NEXT SCREEN:           NOTES:
 SELECT NEXT FUNCTION AND PRESS ENTER
```

Two methods can be used to access an ICAR screen from the Main Menu.

● The first method is to perform a select function. Type one character in the field to the left of the abbreviated screen name to select and press **ENTER**. For example, type **X** next to the VPAYOR screen name, and press **ENTER**. The VPAYOR screen is displayed.

● Or, type the abbreviated screen name in the NEXT SCREEN field at the bottom of the screen displayed, and press **ENTER**.

ICAR/IABC REFERRAL

PF Key Functions on the ICAR System

The definitions of the PF function keys for the ICAR system are described below.

Key	Function	Description
PF2	ADD	Use to add information on a blank screen on the system. To add information, the system requires the worker to press the **PF2** key twice; once to validate the information then again to add the information. Information is not added to the screen until the **PF2** key is pressed twice. Pressing **PF2** once only validates the screen information.
PF3	MODIFY	Use to modify existing screen information on the system. If any data already exists on a screen, the **PF3** function (rather than the **PF2** function) is used. The **PF3** indicates the entire screen is being modified as opposed to specific field information on the screen. To modify information, the system requires the worker to press the **PF3** key twice; once to validate the information then again to modify the information. Information is not modified on the screen until the **PF3** key is pressed twice. Pressing **PF3** once only validates the screen information.
PF5	INQUIRE	Use to display data on an ICAR screen. To display data, the system requires a valid ICAR case number to be typed in the CASE NUMBER: field on the screen before it displays any screen data. However, if the worker has inquired on a specific ICAR case number on a previous screen and then accesses another screen using the NEXT SCREEN field, the system automatically displays information for the same case on the new screen without requiring the worker to press **PF5**.

ICAR/IABC REFERRAL

Key	Function	Description
PF6		The **PF6** key varies from screen to screen. It usually provides an option for the worker to access an ICAR screen closely related to the screen currently displayed, without having to type the screen name in the NEXT SCREEN field.
PF7	PAGE BACKWARD	Use to scroll backward through records requiring more than one screen to display. The ICAR system displays a message at the bottom of the screen if multiple screen records exist. On the PAYHIST screen, the message TOP OF DATA displays when the worker is on the last page of the data.
PF8	PAGE FORWARD	Use to scroll forward through records requiring more than on screen to display. The ICAR system displays a message at the bottom of the screen if multiple screen records exist. On the PAYHIST screen, the message END OF DATA displays when the worker is on the first page of the data. On the COURTORD screen, the message THERE ARE MORE COURT ORDER RECORDS TO REVIEW displays when the worker is on the first page of the data.

ICAR/IABC REFERRAL

Key	Function	Description
PF9	REFRESH /CLEAR	Use to clear the input fields on the screen before entry of new data. The worker uses this key to add multiple records to a single screen. For example: Two alleged fathers exist for one child and IM needs to refer this information to CSRU. The REFER2 and REFER3 screens allow IM to enter more than one alleged father's information on a single case. The IM worker adds one alleged father's information on the REFER2 and REFER3 screens, then returns to the REFER2 screen of the same case, presses **PF9** (to clear the data previously entered) and adds information on the second alleged father of the child. Pressing **PF9** does not delete the information added on the first alleged father, **PF9** only clears the screen so the information on the second alleged father can be added without interfering with previously added data.
PF10 and PF11		These two keys differ from screen to screen. The function definition for any specific screen is listed at the bottom of that ICAR screen.
PF12	HELP	Use to proceed from one ICAR screen to another.

All ICAR screens use the **PF** Key functions in a similar way. However, not all of the **PF** functions listed above are valid for use on every ICAR screen.

The **PF** key functions valid for any specific screen are displayed at the bottom of that screen. Some ICAR screens offer multiple **PF** functions, while other screens offer only one **PF** function.

ICAR/IABC REFERRAL

SCREEN: **NAME SEARCH** (NAMESRCH)

Purpose: To display information about a person or make a record of the information needed for use with other screens.

Procedure: To begin a new case, determine whether the payor and payee are already involved in a case. That is, verify that this case is in fact new and has not been previously initiated.

Use: Select the NAME SEARCH screen from the ICAR Main Menu, or tab to any NEXT SCREEN prompt, type **NAMESRCH**, and press **ENTER.** Type information in the fields and press **PF5.** To obtain further information about one of the names listed, tab to the left of the name, type **S**, and press **ENTER.** The screen related to the case role of the name selected is displayed.

Field:	**Description:**
NAME (LFMS)	Search based on a known name. Type the information between the commas in last-first-middle-suffix format. The last name is mandatory. When the first initial is used, a search is conducted based upon that. If the first name is used, a search is conducted for an exact match

ICAR/IABC REFERRAL

only. Normally use the last name or last name and first initial. Never use a partial first name.

SOUNDS LIKE

Search based on what the name sounds like. Type the information between the commas in last-first-middle-suffix format. The last name is mandatory. Try different spellings and include the case role, if known.

CASE ROLE

Identify the person as the payee, payor, or child. Use if known to speed up the search. If used, it must be with **NAME** or **SOUNDS LIKE**.

SSN

Search based on a unique social security number. Never use in combination with another search parameter.

BANK ACCOUNT

Search based only on a bank account number. Never use in combination with another search parameter.

STATE ID

Search based only on a particular IABC ADC or foster care state identification number. Never use with another search parameter.

SEL

Type **S** next to the name and press **ENTER** to view the role screen. To view the PAYMENT LOOKUP screen, type **L** and press **ENTER**.

NAME

Name selected by the search.

SOC-SEC NUMBER

Social security number of the person selected.

PERSON ID NBR

CSC/ICAR person identification number.

RES CO

Last known county of residence of the payee or child.

CASE ROLE

Identifies the person as payee, payor, or child.

CASE WRKR

Identification number of the worker assigned to the case.

ICAR/IABC REFERRAL

SCREEN: **CASE PAYMENT HISTORY (PAYHIST)**

Purpose: To display case or payment history.

```
D479HR03              CHILD SUPPORT COLLECTION SYSTEM        DATE: 01/15/91
                          CASE PAYMENT HISTORY               TIME: 08:22:02
                                                             PAGE:

CASE NUMBER.........:              PAYOR NAME.........:
START DATE.........:               PAYEE NAME.........:
                                   BALANCE DUE.........:      0.00


RECEIPT      RECEIPT    AMOUNT                      HOLD      DISTR. FND  R
DATE         AMOUNT     APPLIED   ---PAID TO----    AMOUNT    DATE  SRC  C S









INQUIRE=PF5, BACKWARD=PF7, FORWARD=PF8, SELECT DETAIL=ENTER
NEXT SCREEN:            NOTES:
PLEASE ENTER CASE NUMBER AND PRESS PF5
```

Procedure: Select the CASE PAYMENT HISTORY screen from the ICAR Main Menu, or tab to any NEXT SCREEN prompt, type **PAYHIST**, and press **ENTER**. Type the CASE NUMBER and press **PF5**. Press **PF8** to page forward and **PF7** to page backward. To select a specific receipt to display, type **S** at the right end of the line, under **S**, and press **PF5**. The RECEIPTS BY BENEFICIARY screen is displayed.

Field:	Description:
PAYOR NAME	Payor's last name.
START DATE	Most recent payment date, or input a date and press PF5 to display payments.
PAYEE NAME	Payee's last name.
BALANCE DUE	Amount due the payee.
RECEIPT DATE	Date the payment was received.

ICAR/IABC REFERRAL

RECEIPT AMOUNT   Amount received.

AMOUNT APPLIED   Amount applied.

-- PAID TO --   Account type to which the payment was applied
                                        and the amount applied. A special abstract is
                                        displayed as a negative amount for the losing
                                        account type and a positive amount for the
                                        gaining account type.

HOLD AMOUNT   Amount to hold.

DISTR. DATE   Date funds are distributed.

FND SRC   Fund source code. See Frequently Used Codes
                                        in XIV-D.

R C   Reason code:
                                        20 Incorrectly applied
                                        25 Invalid source code

S   Type S on a line to display additional information
                                        related to that line. The RECEIPTS BY
                                        BENEFICIARY screen is displayed.

ICAR/IABC REFERRAL

SCREEN: **CERTIFIED PAY RECORD** (PAYREC)

Purpose: To display a case's certified payment record. View only.

```
D479HR08              IOWA COLLECTION AND REPORTING SYSTEM         DATE: 01/15/91
                            CERTIFIED PAY RECORD                    TIME: 08:22:19
                                                                   PAGE:    0

   CASE NUMBER........:              PAYOR NAME...........:
   START DATE.........:              PAYEE NAME...........:

   COURT ORDER NUMBER:
   COURT ORDER COUNTY:

   RECEIPT       AMOUNT                                    BATCH   SQ RECPT
     DATE        APPLIED      SOURCE OF FUNDS              DATE    NO  NBR




   NEXT SCREEN:            NOTES:
   ENTER CASE NUMBER AND PRESS PF5
```

Procedure: Select the CERTIFIED PAY RECORD screen from the ICAR Main Menu, or tab to NEXT SCREEN, type **PAYREC**, and press **ENTER**.

Type the case number and press **PF5**.

Press **PF8** to page forward and **PF7** to page backward.

Field:	Description:
PAYOR NAME	Payor's last name.
START DATE	Date the current pay record begins, or type a date, press **PF5**, to view payments applied after that date.
PAYEE NAME	Payee's last name.
COURT ORDER NBR	Current or last court order number.

ICAR/IABC REFERRAL

COURT ORD COUNTY   FIPS code of the county in which the current or last court order was issued.

RECEIPT DATE   Date the most recent payment was received.

AMOUNT APPLIED   Amount received on the above date.

SOURCE OF FUNDS   Plain language name of the originating source of the funds.

BATCH DATE   Date the receipt was processed (YYYYMMDD.)

SQ NO   Identification sequence number of this receipt.

RECPT NBR   Identification number assigned to the receipt.

ICAR/IABC REFERRAL

SCREEN: VIEW CASE (VCASE)

Purpose: To display case information. This is a view-only screen.

```
D479BS23              IOWA COLLECTION AND REPORTING SYSTEM          DATE: 01/18/91
                           VIEW CASE                                TIME: 11:57:23
CASE NUMBER........:                     FATHER UNKNOWN? :
                      LAST               FIRST        MIDDLE        SUF
PAYOR 1 NAME.......:               :                 :                      :
PAYOR 1 XREF CASE.:                      NO XREF?

PAYOR 2 NAME.......:               :                 :                      :
PAYOR 2 XREF CASE.:                      NO XREF?

PAYEE NAME.........:               :                 :                      :
PAYEE XREF CASE...:                      NO XREF?
CURRENT ACCT TYPE.:                      CURRENT START DATE:
CASE WORKER ID....:

CHILD..............:               :                 :                      :
CHILD XREF CASE...:
CASE OPEN DATE....:
STATUS (A/I/C.)...:                      SPOUSAL SUPPORT ONLY (Y/N):
REDIRECTION FLAG..:                      NSF HOLD FLAG (Y/N.).......:
TRANSITION FLAG...:                      NOTICE GENERATE...........:
PF2=ADD, PF3=MODIFY, PF5=INQUIRY, PF9=REFRESH
NEXT SCREEN:            NOTES: OBLCOR
PLEASE ENTER CASE NUMBER AND PRESS PF5
```

Procedure: Select the VIEW CASE screen from the ICAR Main Menu, or tab to any NEXT SCREEN prompt, type **VCASE**, and press **ENTER.**

Use: Type the case number and press **PF5.**

Field:	Description:
PAYOR 1 NAME	First payor name.
PAYOR 1 XREF CASE	Case number of the other case connected to the payor named in PAYOR 1 NAME.
NO XREF?	**N** Disconnect this person from the case number referenced in PAYOR 1 XREF CASE.
	Y Connect this person to the case number referenced in PAYOR 1 XREF CASE.
PAYOR 2 NAME	Second payor name.

<u>ICAR/IABC REFERRAL</u>

PAYOR 2 XREF CASE

Case number of the other case connected to the payor named in PAYOR 2 NAME.

NO XREF?

N Disconnect this person from the case number referenced in PAYOR 2 XREF CASE.

Y Connect this person to the case number referenced in PAYOR 2 XREF CASE.

PAYEE NAME

Name is displayed under the heading.

PAYEE XREF CASE

Case number of the other case connected to the payor named in PAYEE NAME. The case number is no longer displayed after the update is complete.

NO XREF?

N Disconnect this person from the case number referenced in PAYEE XREF CASE.

Y Connect this person to the case number referenced in PAYEE XREF CASE.

CURRENT ACCT TYPE

See <u>Referral Account Types</u>.

CURRENT START DATE

Date the current account type is effective.

CASE WORKER ID

Case worker identification number.

CHILD

Name is displayed under the heading.

CHILD XREF CASE

Case number of the other case connected to the payor named in CHILD. The case number is no longer displayed after the update is complete.

CASE OPEN DATE

Date current case was opened.

SPOUSAL SUPPORT ONLY (Y/N)

Y No child support payments are ordered.

N Child support payments are ordered.

CASE CLOSED (Y/N)

Y Case is no longer active.

ICAR/IABC REFERRAL

	N	Case is active.
NSF HOLD FLAG(Y/N)	Y	Payment is on hold for nonsufficient funds.
	N	Payment is not on hold for nonsufficient funds.
REDIRECTION FLAG	Y	CSC is no longer involved in the case and payment is made through the clerk of court.
	N	CSC is involved in the case referenced in case number and is responsible for receipt and distribution of funds.
NOTICE GENERATE	Y	Notices are generated to the payor and payee on the status of the account or direction of payments to CSC.
	N	Notices are not generated.

ICAR/IABC REFERRAL

SCREEN: **VIEW CHILD (VCHILD)**

Purpose: To view information about a child.

```
D479BC06            IOWA COLLECTION AND REPORTING SYSTEM         DATE: 01/18/91
                              VIEW CHILD                         TIME: 08:19:42

  CASE NUMBER........:        XREF CASE NUMBER:              NO XREF:
  PAYEE NAME.........:

  NAME (LFMS.).......:                   :              :                    :
  SEX (F/M.).........:        RELATIONSHIP...........:
  SSN................:
  CNTY OF RESIDENCE..:        STATE OF BIRTH.........:
  BIRTHDATE..........:        EMANC. DATE............:.
  EMANC. CHANGE TYPE:         EMANC. FLAG (Y/N.).....:
  STATE ID...........:        FC CURRENT TOTAL.......:
  CURRENT ACCT TYPE..:        CURRENT START DATE.....:
  NEXT ACCT TYPE.....:        NEXT START DATE........:
  CASE WORKER........:        CARETAKER CASE.........:
  DISTRIBUTION PCT...: 0.0000 BORN OUT OF WEDLOCK....:
  COMMENTS:                   PATERNITY ESTABLISHED.:



  PF2=ADD, PF3=MODIFY, PF4=DELETE, PF5=INQUIRY, PF7=PAGE BACK, PF8=PAGE FORWARD
  NEXT SCREEN:              NOTES:
  PLEASE ENTER CASE NUMBER
```

Procedure: Select the CHILD screen from the ICAR Main Menu or the CHILDREN
LIST screen (ENTER=SELECT DETAIL), or tab to NEXT SCREEN, type
CHILD, and press **ENTER**.

Field:	Description:
XREF CASE NUMBER	Cross-reference case number. The case number is not displayed after the update is complete.
NO XREF?	**N** Disconnect this child from the XREF CASE.
	Y Connect this person to the case number referenced in XREF CASE NUMBER.
PAYEE NAME	Name of the person receiving funds on behalf of the child.
NAME (LFMS)	Child name in last-first-middle-suffix format.

ICAR/IABC REFERRAL

RELATIONSHIP   Child's relationship to the payee.

SSN   Child's social security number.

CNTY OF RESIDENCE   Child's county of residence.

STATE OF BIRTH   Two-letter identification number of the state in which the child was born.

BIRTHDATE   Child's birth date.

EMANC. DATE   Date the obligation for the child ends. If left blank, ICAR inserts the eighteenth birthday.

EMANC. CHANGE TYPE   Emancipation change type.

                                N Court order specifically states the emancipation date, such as, shall pay until the child reaches 18 years of age.

                                R No specific emancipation date is contained in the court order, such as, shall pay until the child graduates from high school or reaches 18 years of age.

EMANC. FLAG   N Child is not emancipated.

                                Y Child is emancipated.

STATE I.D.   IABC state identification number.

FCRU CURRENT TOTAL   Used for foster care only. Total amount awarded to the account.

CURRENT ACCT TYPE   See Referral Account Types.

CURRENT START DATE   Foster care only: The date the rights to child support are assigned to foster care.

NEXT ACCT TYPE   Foster care only: Child's next account type. See Referral Account Types.

ICAR/IABC REFERRAL

NEXT START DATE

Foster care only: The date the rights of child support assigned to foster care are terminated.

CASE WORKER

Foster care only: Child's foster care caseworker's name.

CARETAKER CASE

Foster care only:

Y   Payee does not have a state identification number.

N   Payee has a state identification number.

BORN OUT OF
WEDLOCK

Mandatory field.

Y   Yes. Child born out of wedlock.

N   No. Child born in wedlock.

X   Not applicable. Enter on caretaker relative and foster care cases where the payor is the mother.

PATERNITY ESTABLISHED

Mandatory if BORN OUT OF WEDLOCK field is **Y.**

Y   Yes. Paternity established by court order, not a paternity affidavit.

N   No. No paternity court order.

ICAR/IABC REFERRAL

SCREEN: **VIEW COURT ORDERS (VCORTORD)**

Purpose: To display information about a court order. Exact duplicate of the COURT ORDER screen. This is a view-only screen.

```
D479HB21            IOWA COLLECTION AND REPORTING SYSTEM        DATE: 01/19/91
                          VIEW COURT ORDERS                     TIME: 11:41:04


CASE NUMBER.........:
PAYOR...............:
PAYEE...............:
-ORDER OBTAINED IN -
C.O. COUNTY FIPS....:              -OR- COUNTY NUMBER:
COURT ORDER NUMBER.:
     -URESA ORDER FILED IN-            URESA FILE NO:
     FILE COUNTY FIPS...:          -OR- COUNTY NUMBER:
ORDER DATE..........:
ORDER TYPE..........:
NOTICE ON M.I.W.....:
PETITIONER (FML.)...:                                                  MORE?
RESPONDENT (FML.)...:                                                  MORE?
PAYMENT FIPS........:
JUDGEMENT SATISFIED:              EFFECTIVE DATE:
SEND TO PAYEE.......:
C.O. REGISTERED IN.:       .        .        .        .
C.O. TRANSCRIBED TO:       .        .        .
PF2=ADD, PF3=MODIFY, PF5=INQUIRY, PF7=PAGE BACK, PF8=PAGE FORWARD,PF9=REFRESH
NEXT SCREEN:        NOTES:
PLEASE ENTER CASE NUMBER
```

Procedure: Select the VIEW COURT ORDERS screen from the ICAR Main Menu, or tab to any NEXT SCREEN prompt, type **VCORTORD**, and press **ENTER.**

Use: Type the case number and press **PF5.**

Press **PF8** to page forward for additional court orders and **PF7** to page backward.

Field:	Description:
PAYOR	Payor's name.
PAYEE	Payee's name.
C.O. COUNTY FIPS	FIPS code of the county where the court order originated.
COURT ORDER NUMB	Court order identifying number.

ICAR/IABC REFERRAL

ORDER DATE   Date the court order was filed.

ORDER TYPE   Court order type. See Frequently Used Codes in
                                    XIV-D.

NOTICE ON M.I.W.   Y   Mandatory income withholding notice sent.

                                    N   Mandatory income withholding notice not
                                        sent.

PETITIONER (LFM)   Petitioner's name in last-first-middle format.

MORE?   Y   Other petitioners are associated with the
                                        case.

                                    N   Other petitioners are not associated with the
                                        case.

RESPONDENT (LFM)   Respondent's name in last-first-middle format.

MORE?   Y   Other respondents are associated with the
                                        case.

                                    N   Other respondents are not associated with the
                                        case.

PAYMENT FIPS   Out-of-state cases only. FIPS code of the county
                                    where payments are to be sent.

JUDGEMENT SATISFIED   Not used.

EFFECTIVE DATE   Not used. Date the judgement was satisfied.

ICAR/IABC REFERRAL

SCREEN: **VIEW INSURER INFORMATION** (VINSURER)

Purpose: To display information related to an individual insurance company. Exact duplicate of the INSURER screen. View only.

```
D479HM15           IOWA COLLECTION AND REPORTING SYSTEM        DATE: 01/19/91
                           INSURER INFORMATION                 TIME: 14:31:41


INSURANCE CO..:
ADDRESS LINE 1:
ADDRESS LINE 2:
CITY/STATE/ZIP:












PF5=INQUIRY, PF7=PAGE BACK, PF8=PAGE FORWARD, PF9=REFRESH

NEXT SCREEN:           NOTES:
```

Procedure: Select the VIEW INSURER INFORMATION screen from the ICAR Main Menu, or type VINSURER at any NEXT SCREEN prompt and press **ENTER.**

Use: Type the INSURANCE CO name and press **PF5.** The INSURANCE COMPANY LIST screen is displayed. Select a company and this screen is displayed with the data for that company.

                 Press **PF8** to page forward and **PF7** to page backward.

Field:	**Description:**
INSURANCE CO	Medical insurance carrier.
ADDRESS LINE 1 and 2	Medical insurance carrier's address line 1.
CITY/STATE/ZIP	Medical insurance carrier's address line 3.

ICAR/IABC REFERRAL

SCREEN: **VIEW MEDICAL INSURANCE (VMEDICAL)**

Purpose: To display medical insurance information as it relates to the responsible parent and the responsible parent's child. Exact duplicate of the MEDICAL INSURANCE screen. View only.

```
D479HM14              IOWA COLLECTION AND REPORTING SYSTEM        DATE: 01/19/91
                             MEDICAL INSURANCE                    TIME: 142247

CASE NUMBER...:
PAYOR NAME....:
EMPLOYER NAME.:

POLICY NUMBER.:
INSURER ID....:
INSURANCE CO ..:
ADDRESS LINE 1:
ADDRESS LINE 2:
CITY/STATE/ZIP:
EFFECTIVE DATE:
END DATE .....:
ABC MED CODE..:                          EMPLOYER ADDR FLAG..:
COVERAGE TYPE...HOSP  PHY DEN  PRES  MED  EYE  MAJM  HOSPC NURS  EAR  ACC  DIS


PF5=INQUIRY, PF=6=DEPENDENT LIST, PF7=PAGE BACK, PF8=PAGE FORWARD

NEXT SCREEN:              NOTES:
PLEASE ENTER CASE NUMBER AND PRESS PF5
```

Procedure: Select the MEDICAL INSURANCE screen from the ICAR Main Menu, or type **VMEDICAL** at any NEXT SCREEN prompt and press **ENTER.**

Type the case number and press **PF5.**

Press **PF6** to display the INSURANCE DEPENDENT LIST Screen.

Press **PF8** to page forward and **PF7** to page backward.

Field:	Description:
PAYOR NAME	Responsible parent's name in last-first-middle initial format.
EMPLOYER NAME	Responsible parent's employer.

ICAR/IABC REFERRAL

POLICY NUMBER   Responsible parent's medical insurance policy identification number.

INSURER ID   Insurance company identification for the responsible parent.

INSURANCE CO   Responsible parent's medical insurance carrier.

ADDRESS LINE 1 and 2   Responsible parent's medical insurance carrier's address lines one and two.

CITY/STATE/ZIP   Responsible parent's medical insurance carrier's address line three.

EFFECTIVE DATE   Date the above policy went into effect.

END DATE   Date the policy expires.

ABC MED CODE   IABC medical insurance code. This is a two-character entry.

EMPLOYER ADDR FLAG   **Y**   Send claims to the employer.
                                 N   Send claims to the insurance company.

COVERAGE TYPE   **Y**   Coverage type in effect.
                                 N   Coverage type is not in effect.

                                 Code   **Coverage Types**

                                 ACC   Accident only.
                                 DEN   Dental.
                                 DIS   Specified disease.
                                 EAR   Hearing exam and hearing aids.
                                 EYE   Vision exam and eyeglasses.
                                 HOSP   Hospitalization.
                                 HOSPC   Hospital confinement indemnity.
                                 MAJM   Major medical.
                                 MED   Medical appliances.
                                 NURS   Nursing home care.
                                 PHY   Physician.
                                 PRES   Prescription drugs.

ICAR/IABC REFERRAL

SCREEN: **VIEW OBLIGATION LIST (VOBLGLST)**

Purpose: To display current obligations related to a case. Exact duplication of the OBLIGATION LIST screen. This is a view-only screen.

```
D479HE24              IOWA COLLECTION AND REPORTING SYSTEM           DATE: 01/19/91
                             VIEW OBLIGATION LIST                    TIME: 12:10:38

   CASE NUMBER.........:

   OBL.  C.O.                          EFFECTIVE   END              C.O.            COLA
   TYPE  TYPE   FREQ     AMOUNT        DATE        DATE             NUMBER          ADJ.   SEL








   PF5=INQUIRY, PF7=PAGE BACK, PF8=PAGE FORWARD, ENTER=SELECT DETAIL
   NEXT SCREEN:              NOTES: OBLCOR
   PLEASE ENTER CASE NUMBER AND PRESS PF5
```

Procedure: Select the VIEW OBLIGATION LIST screen from the ICAR Main Menu or tab to any NEXT SCREEN prompt, type **VOBLGLST**, and press **ENTER.** Type the CASE NUMBER and press **PF5.** Data about the obligation list is displayed.

Use: Press **PF8** to page forward and **PF7** to page backward. To select an obligation, tab to the right of the line (under **SEL**), type S and press **ENTER.** The VIEW OBLIGATION DETAILS screen is displayed.

Field: **Description:**

OBL. TYPE   Obligation types:
                                            CA   Alimony.
                                            CS   Child support.
                                            HP   House payment.
                                            IP   House insurance premium.
                                            MJ   Medical judgement.

ICAR/IABC REFERRAL

MR	Medical reimbursement.
MS	Medical support.
RE	Reimbursement.
VO	Voluntary payment.
ZZ	Use only if **RE** is entered in error and money is applied. If no money is applied, use the OBLIGATION CORRECTION screen to correct an error. The Corrections Subsystem does not rebuild RE coupons.

C.O. TYPE

Court order types:
AO	Administrative order.
DM	Divorce or dissolution of marriage or temporary maintenance.
JO	Juvenile order.
ON	No order; paternity not an issue.
OP	No order; paternity is an issue.
UN	URESA order; nonpaternity.
UP	URESA or Chapter 675 paternity order.
VP	Voluntary placement agreement.

FREQ

Obligation Frequencies:
A	Annually.
BM	Bimonthly.
BW	Biweekly.
M	Monthly.
Q	Quarterly.
SA	Semiannually
SM	Semimonthly.
SP	Single payment.
W	Weekly.

AMOUNT

Amount of the obligation.

EFFECTIVE DATE

Date the obligation went into effect.

END DATE

Date the obligation expired, or will expire.

C.O. NUMBER

Court order identification number.

SEL

Type **S** and press **ENTER** to display the VIEW OBLIGATION DETAILS (VOBLIG) screen.

ICAR/IABC REFERRAL

SCREEN: **VIEW OBLIGATION DETAILS (VOBLIG)**

Purpose: To display an obligation. Exact duplicate of the OBLIGATION screen. This
is a view-only screen.

```
D479BEZZ          IOWA COLLECTION AND REPORTING SYSTEM        DATE: 01/19/91
                       VIEW OBLIGATION DETAILS                TIME: 11:47:17


  CASE NUMBER.........:
  COURT ORDER NUMBER:
  COURT COUNTY.......:
  FIPS CODE..........:

  OBLIGATION TYPE...:    (REIMBURSEMENT ACCT TYPE:    AMT DUE:            )
  OBLIGATION AMOUNT.:        $.00
  OBLIGATION FREQ...:    (SEMI-MONTH DUE ON THE    AND THE    )
  EFFECTIVE DATE....:        00
  END DATE..........:        00
  PRIORITY INFO.....:

  UNEVEN OBLIGATION PER CHILD?   (Y/N)              CORRECTION FLAG
  DISPLAY DATE:
  COMMENTS:


  PF2=ADD, PF3=MODIFY, PF5=INQUIRY, PF7=PAGE BACK, PF8=PAGE FORWARD,
  PF11=GO TO COLA ADJUST. SCREEN
  NEXT SCREEN:           NOTES:
  PLEASE ENTER A CASE, COURT ORDER AND AN OBLIGATION
```

Procedure: Select the VIEW OBLIGATION DETAILS screen from the ICAR Main
Menu, or tab to any NEXT SCREEN prompt, type **VOBLIG**, and press
ENTER.

Use: Type the case number and press **PF5**.

Press **PF8** to page forward for additional obligations connected to this court
order, and **PF7** to page backward.

Field:	Description:
COURT ORDER NUM	Court order identification number.
FIPS CODE	County FIPS code.
OBL. TYPE	Obligation types: CA Alimony. CS Child support.

ICAR/IABC REFERRAL

HP	House payment.
IP	House insurance premium.
MJ	Medical judgement.
MR	Medical reimbursement.
MS	Medical support.
RE	Reimbursement.
VO	Voluntary payment.
ZZ	Use only if **RE** is entered in error and money is applied. If no money is applied, use the OBLIGATION CORRECTION screen to correct an error. The Corrections Subsystem does not rebuild RE coupons.

OBLIGATION AMOUNT

Amount of the obligation.

OBLIGATION FREQ

Obligation Frequencies:

A	Annually.
BM	Bimonthly.
BW	Biweekly.
M	Monthly.
Q	Quarterly.
SA	Semiannually
SM	Semimonthly.
SP	Single payment.
W	Weekly.

EFFECTIVE DATE

Date the obligation went into effect.

END DATE

Date the obligation expired, or will expire.

PRIORITY INFO

Optional free-form field. Usually used for out-of-state court order number.

UNEVEN OBLIGATION
PER CHILD?

Y Court order stipulates an unequal amount for each child.

N Court order stipulates an equal amount for each child or does not address the issue.

CORRECTION FLAG

Source: ICAR.

Y Detail has been added and the case is

ICAR/IABC REFERRAL

processed through the Corrections Subsystem.

N Modifications do not require the use of the Corrections Subsystem.

E An error was encountered during Corrections Subsystem processing. Processing did not complete.

blank Do not process through the Corrections Subsystem.

ICAR/IABC REFERRAL

SCREEN: **VIEW PAYEE (VPAYEE)**

Purpose: To display information about the payee.

```
D479HC01             IOWA COLLECTION AND REPORTING SYSTEM        DATE: 01/18/91
                            -- PAYEE --                          TIME: 08:18:01

CASE NUMBER........:                    PAYEE ID NUMBER.:

NAME (LFMS.).......:            :                    :                    :
TITLE..............:
ADDRESS LINE 1.....:
ADDRESS LINE 2.....:
CITY/STATE/ZIP.....:           :    :
COUNTRY............:
PHONE NUMBER.......:           PHONE EXTENSION...:
BIRTHDATE..........:           SEX (F/M.)........:
CNTY OF RESIDENCE..:           SSN...............:
STATE I.D..........:           NOTIFICATION SENT.:
CURRENT ACCT TYPE..:           CURRENT START DATE:
NEXT ACCT TYPE.....:           NEXT START DATE...:
ADC CURRENT TOTAL..:           ADC TOTAL FLAG....:
COMMENTS:


PF3=MODIFY, PF5=INQUIRY
NEXT SCREEN:          NOTES:
PLEASE ENTER CASE NUMBER AND PRESS PF5
```

Procedure: Select the PAYEE screen from the ICAR Main Menu, or tab to any NEXT SCREEN prompt, type **PAYEE**, and press **ENTER**. The case number and existing P ↓YEE data is carried forward and displayed.

Field:	Description:
PAYEE ID NUMBER	CSC/CSRU/FCRU payee identification number, not the state identification number.
NAME (LFMS)	Payor name in last-first-middle-suffix format.
TITLE	Mr., Mrs., Ms., Dr., etc.
ADDRESS LINE 1 and 2	Payee's address lines 1 and 2. If the country is not the USA, this line must include the city.
CITY/STATE/ZIP	Third line of payor's address.

ICAR/IABC REFERRAL

COUNTRY | Payor's country of residence, if other than the USA.

PHONE NUMBER | Payee's telephone number.

PHONE EXTENSION | Payee's telephone number extension.

BIRTHDATE | Payee's birth date in MM DD YY format.

CNTY OF RESIDENCE | See Frequently Used Codes in XIV-D for a list of Iowa counties.

SSN | Payee's social security number.

STATE I.D. | IABC state identification number.

NOTIFICATION SENT | ICAR-generated date of the last Direction of Payment Notice. If suffixed by **RD**, the notice was a redirection notice directing payments to the clerk of court.

CURRENT ACCT TYPE | See Referral Account Types.

CURRENT START DATE | Date the current account type is effective.

NEXT ACCT TYPE | Payee's next account type. See account type above.

NEXT START DATE | Date the next account type is effective if a date other than the first of the month is used, coupons are not affected until the first of the next month.

ADC CURRENT TOTAL | Aid to Dependent Children only. Total of ADC funds currently on this account.

ADC TOTAL FLAG | Not used.

ICAR/IABC REFERRAL

SCREEN: **VIEW PAYOR** (VPAYOR)

Purpose: To display information about the payor.

Procedure: Select the PAYOR screen from the ICAR Main Menu, or tab to any NEXT SCREEN prompt, type **VPAYOR**, and press **ENTER**. The case number and payor name are carried forward and displayed.

Field:	Description:
NAME (LFMS)	Payor name in last-first-middle-suffix format.
PAYOR ID NUMBER	ICAR payor identification number.
TITLE	Mr., Mrs., Ms., Dr., etc.
BANKRUPTCY	Y Payor is legally bankrupt.
	N Payor was bankrupt, but is not now.
	blank Payor not bankrupt. ICAR default.
SSN	Payor's social security number, with or without dashes.

ICAR/IABC REFERRAL

M.I.W. IN EFFECT

Y   Mandatory income withholding is in effect. Coupon books are not generated.

N   Mandatory income withholding is not in effect. ICAR default.

DATE SENT

Date the mandatory income withholding was added.

BIRTHDATE

Payor's birth date in MM DD YY format.

COUPON GEN DATE

Date the coupon book was generated.

REDO COUPON BOOK?

Y   Send coupon book to the payor. Resets to N after the weekly coupon book program runs.

N   Do not send coupon book. ICAR default.

BANK ACCOUNT NBR

Payor's bank account number.

PHONE NUMBER

Payor's telephone number.

PHONE EXTENSION

Payor's telephone number extension.

ADDRESS LINE 1

First line of payor's address.

ADDRESS LINE 2

Second line of payor's address.

CITY/STATE/ZIP

Third line of payor's address.

COUNTRY

Payor's country of residence, if other than the USA.

NOTIFICATION SENT

Date the last Direction of Payment Notice was generated. An **RD** suffix indicates a redirection notice directing payments to the clerk of court.

PAYOR 2 (LFMS)

Second payor name in last-first-middle-suffix format. Normally used for foster care. The PAYOR 2 NAME must be added on the CASE (CASE) screen before information can be added for payor 2 on this screen.

ICAR/IABC REFERRAL

TITLE	Mr., Mrs., Ms., Dr., etc.
SSN	Payor 2's social security number, with or without dashes.
M.I.W. IN EFFECT	**Y** Mandatory income withholding is in effect.
	N Mandatory income withholding is not in effect.
M.I.W. DATE SENT	Date the notice for mandatory income withholding was actually sent to the payor 2's employer.
BIRTHDATE	Payor 2's birth date in MM DD YY format.
COMMENTS	Comments displayed on this screen are printed on the worker's copy of the Monthly Management Report.
GENERATE COUPON BOOK	**Y** Coupon books are generated as scheduled.
	N Coupon books are not generated for a payor with an out-of-state court order.

ICAR/IABC REFERRAL

Messages

Any number of the following messages may appear, depending upon the type of case being referred. A list of the messages and their definitions follows:

PAYEE IS A MINOR   The payee is less than 18 years of age, but is receiving benefits as the adult head of household.

INCAP. PARENT   The payor is receiving benefits with the payee due to being incapacitated.

PAT. NOT ESTAB.   This case contains at least one child for whom paternity is not established.

MARRIED SEPARATED   The payor and payee are still legally married; therefore an administrative process can be used to establish an order.

DIVORCED   The payor and payee are legally divorced

C.O. INFO. EXISTS   Information regarding a support order has been entered on REFER3.

MULT PUT FATHERS EXIST   Multiple putative fathers have been referred for this payee. Therefore, multiple locate screens exist.

LOCATE INFO EXISTS   Whenever a case is referred with an alleged or unknown father, a LOCATE screen is created. This message directs the worker to check the LOCATE screen for additional data.

THIS PAYEE HAS   This third calendar flag is displayed only when
OTHER ICAR CASES   other ICAR cases for the payee exist. Other ICAR cases are displayed regardless of whether they have any relationship (other than the payee) to this referral.

Narrative 001:   (type of) REFERRAL FROM IABC. IABC CASE #XXXXXXX XX X PAYOR: (payor name) PAYEE: (payee name)

ICAR/IABC REFERRAL

REFERRAL TO AN EXISTING (A, I, or C status) **ICAR CASE**	The calendar flags and narratives for referrals to existing cases follow the same basic format as for referrals to new cases.
IABC CASE NUMBER REPLACEMENT	The IABC case number has changed but the account type has not, indicating a replacement of the IABC case number only. The ICAR system automatically updates this number.
Calendar Flag 004:	AN IABC SYSTEM CHANGE HAS BEEN MADE TO THE IABC CASE # ASSOCIATED WITH THIS CASE. PLEASE REVIEW.
Narrative 005:	AN IABC SYSTEM CHANGE HAS BEEN MADE TO THE IABC CASE # ASSOCIATED WITH THIS CASE FROM (old IABC case number) TO (new IABC case number)
IABC CASE WORKER ID REPLACEMENT	The IABC worker identification number has changed but the account type has not, indicating a replacement of the IABC case worker identification number only. The ICAR system automatically updates this number.
Narrative 007:	AN IABC SYSTEM CHANGE HAS BEEN MADE TO THE IABC CASE WORKER ID FROM (old IABC worker ID) TO (new IABC worker identification number)
IABC CASE NAME CHANGE (payee)	The IABC client (payee) name has changed. The ICAR system does not automatically update this information. The CSRU worker shall review and verify this information before updating the ICAR system.
Calendar Flag 005:	AN IABC SYSTEM CHANGE HAS BEEN MADE TO THE IABC CLIENT NAME. VERIFY FOR POSSIBLE CHANGE TO ICAR. NAME CHANGED TO (current name on ICAR)
IABC CHILD NAME CHANGE	A child's name has changed on the IABC system. The ICAR system does not automatically update this information. The CSRU worker shall review and verify this information before updating the

ICAR/IABC REFERRAL

ICAR system.

Calendar Flag 006:	AN IABC SYSTEM CHANGE HAS BEEN MADE TO THE IABC CHILD NAME. VERIFY FOR POSSIBLE CHANGE TO ICAR. NAME CHANGED TO (current name on ICAR)
RESIDENT COUNTY CHANGE (payee)	The IABC client (payee) resident county has changed. This may require a transfer of the CSRU case file from one CSRU worker to another. The ICAR system automatically updates this information.
Narrative 013:	AN IABC SYSTEM CHANGE OF THE IM WORKER COUNTY HAS BEEN MADE FROM (old county) TO (new county)
Calendar Flag 012:	IABC SYSTEM CHANGE OF IM WORKER COUNTY. VERIFY NEED TO TRANSFER OF CSRU FILE.
IABC ADDRESS CHANGE (payee)	The IABC client (payee) address has changed. The ICAR system automatically updates this information.
Narrative 011:	AN IABC SYSTEM CHANGE OF THE PAYEE'S ADDRESS HAS BEEN MADE. NEW ADDRESS IS:(new address information)
IABC PHONE NUMBER CHANGE (payee)	The IABC client (payee) phone number has changed. The ICAR system automatically updates this information.
Narrative 012:	AN IABC SYSTEM CHANGE OF PAYEE'S PHONE NUMBER HAS BEEN MADE FROM (old number) TO (new number)
STATE ID	A new or changed IABC state identification number has been added to the ICAR system. Do not confuse this change with a change due to the addition, modification, or deletion of new members to an IABC case. The ICAR system automatically updates this information.

ICAR/IABC REFERRAL

Narrative 010:	AN IABC SYSTEM-GENERATED STATE ID OF (state identification number) HAS BEEN ADDED TO ICAR.
BIRTHDATE ADDITION	A new birthday recorded on IABC. The ICAR system automatically updates this information.
Narrative 009:	AN IABC SYSTEM-GENERATED BIRTHDATE OF (MM/DD/YY) HAS BEEN ADDED TO ICAR FOR (person's name)
BIRTHDATE CHANGE	A change to an existing birthday recorded on IABC. The ICAR system automatically updates this information.
Narrative 008:	AN IABC SYSTEM-GENERATED BIRTHDATE OF (old MM/DD/YY) HAS BEEN CHANGED ON ICAR TO (new MM/DD/YY) FOR (person's name) VERIFY ACCURACY OF CHANGE.
Calendar Flag 007:	A D.O.B ON ICAR HAS BEEN CHANGED DUE TO A CHANGE ON IABC. VERIFY FOR ACCURACY. D.O.B CHANGED FOR: _____.
BIRTH STATE ADDITION	A new birth state recorded on IABC. The ICAR system automatically updates this information.
Narrative 014:	AN IABC SYSTEM-GENERATED BIRTH STATE OF (two-digit state code) HAS BEEN ADDED TO ICAR FOR (person's name)
BIRTH STATE CHANGE	A change to an existing birth state recorded on IABC. The ICAR system automatically updates this information.
Narrative 015:	AN IABC SYSTEM-GENERATED BIRTH STATE OF (old two-digit state code) HAS BEEN CHANGED ON ICAR TO (new two-digit state code) FOR (person's name)
Calendar Flag 013:	THE BIRTH STATE OF THE CHILD HAS BEEN CHANGED ON ICAR DUE TO A CHANGE ON IABC. VERIFY ACCURACY OF CHANGE.
SOCIAL SECURITY NUMBER ADDITION TO IABC AND ICAR	A new social security number is recorded on IABC. The ICAR system does not automatically

ICAR/IABC REFERRAL

update this information. The CSRU worker shall review and verify this information before updating the ICAR system.

Calendar Flag 009:   AN SSN HAS BEEN ADDED TO IABC. VERIFY ACCURACY BEFORE ADDING TO ICAR.

SOCIAL SECURITY NUMBER
ADDITION
TO IABC/CHANGE TO ICAR

A new Social Security Number is recorded on IABC. A social security number already exists on ICAR which may or may not agree with the new IABC SSN. The ICAR system does not automatically update this information. The CSRU worker shall review and verify this information before updating the ICAR system.

Calendar Flag 008:   AN SSN HAS BEEN ADDED TO IABC. SSN DOES NOT AGREE WITH INFO ON ICAR. VERIFY ACCURACY BEFORE ADDING TO ICAR.

SEX INDICATOR CHANGE

The sex code indicator has changed on the IABC system. The ICAR system does not automatically update this information. The CSRU worker shall review and verify this information before updating the ICAR system.

Calendar Flag 010:   A SEX CODE HAS BEEN CHANGED ON IABC. VERIFY ACCURACY BEFORE CHANGING ON ICAR.

ICAR/IABC REFERRAL

IV-D Continued Services

When a person is canceled from public assistance, the person may be eligible for continued CSRU services. This eligibility depends upon the type of public assistance being terminated and the person's history of public assistance.

Custodial parents who lose ADC (account type 11) are eligible for continued CSRU services.

Custodial parents who lose Medicaid-only assistance (account type 18) and previously received ADC benefits (previous account type 11) or previously received NPA services (previous account type 12) are eligible for continued CSRU services. The account type is changed to 12.

Custodial parents who lose Medicaid-only assistance (account type 18) and did not previously receive ADC benefits or NPA services (previous account type is **blank** or other account type than 11 or 12) are not eligible for continued CSRU services. The account type is changed to 17.

CSRU is responsible for sending notices to persons who are canceled public assistance advising them of their status with CSRU. Persons who are still eligible for continued CSRU services are sent a Notice of Continued Services. Persons who are not eligible for continued CSRU services are sent an NPA Application for CSRU services.

The ICAR system automatically determines a person's eligibility for continued CSRU services. After the system determines eligibility for continued CSRU services, a Notification of Continued Support is issued.

The CSRU worker shall send the NPA application out manually, based upon an ICAR system calendar flag advising them it is necessary to do so. The Notice of Continued Services, form 470-2611, is generated automatically by the system.

The following are system-generated after the custodial parent has lost public assistance and the computer has determined which document to issue:

If the custodial parent is eligible for continued CSRU services:

> Narrative: NOTICE OF CONTINUED SERVICES (FORM 470-2611) SENT TO CP.

If the custodial parent is not eligible for continued CSRU services:

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Narrative: CP NOT ELIGIBLE FOR CONTINUED SERVICES. WORKER TO SEND NPA APPLICATION TO CP.

This narrative generates the following calendar flag and narrative to the worker instructing the worker to send the NPA Application to the custodial parent.

Calendar Flag: CP NOT ELIGIBLE FOR CONTINUED SERVICES, CASE ACCOUNT TYPE CHANGED TO 17. SEND NPA APPLICATION (FORM 470-0188) TO CP.

Narrative: CP NOT ELIGIBLE FOR CONTINUED SERVICES. SYSTEM CHANGE OF CASE ACCOUNT TYPE 17.

If no payee address exists on the ICAR system, the application or notice (whichever is appropriate) is not sent. The case account type is changed to a non IV-D (account type 17) and noted in the narrative. The following system narrative is generated when a custodial parent address does not exist.

If custodial parent is eligible for continued CSRU services:

Narrative: NO ADDRESS FOR CP ON ICAR. NOTICE OF CONTINUED SERVICES (FORM 470-2611) NOT SENT.

If custodial parent is not eligible for continued CSRU services:

Narrative: NO ADDRESS FOR CP ON ICAR. NO NPA APPLICATION SENT.

This narrative generates the following calendar flag and narrative to the worker.

Calendar Flag: CP NOT ELIGIBLE FOR CONTINUED SERVICES. COURT ORDER ON SYSTEM, BUT NO ADDRESS FOR CP. SYSTEM CHANGE OF CASE ACCOUNT TYPE TO 17. NO NPA APPLICATION SENT. REVIEW CASE FOR POSSIBLE CLOSURE.

Narrative: CP NOT ELIGIBLE FOR CONTINUED SERVICES. COURT ORDER ON SYSTEM, BUT NO ADDRESS FOR CP. SYSTEM CHANGE OF CASE ACCOUNT TYPE TO 17. NO NPA APPLICATION SENT.

If no court order exists on the ICAR system, the case account type is changed to a non IV-D (account type 17) and the case is closed automatically by the system. The following system narrative is generated when no custodial parent address and no court order exists on ICAR.

If the custodial parent is eligible for continued CSRU services:

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Narrative: NO ADDRESS FOR CP ON ICAR. NOTICE OF CONTINUED SERVICES (FORM 470-2611) NOT SENT. NO COURT ORDER, CASE CLOSED BY SYSTEM.

If the custodial parent is not eligible for continued CSRU services:

Narrative: NO ADDRESS FOR CP ON ICAR. NO NPA APPLICATION SENT TO CP. NO COURT ORDER, CASE CLOSED BY SYSTEM.

This narrative generates the following calendar flag and narrative to the worker.

Calendar Flag: CP NOT ELIGIBLE FOR CONTINUED SERVICES. NO ADDRESS FOR CP, NO COURT ORDER ON CASE. SYSTEM CHANGE OF CASE ACCOUNT TYPE TO 17. CASE CLOSED BY SYSTEM.

Narrative: CP NOT ELIGIBLE FOR CONTINUED SERVICES. NO ADDRESS FOR CP, NO COURT ORDER ON CASE. SYSTEM CHANGE OF CASE ACCOUNT TYPE TO 17. CASE CLOSED BY SYSTEM. (same as above calendar flag)

ICAR/IABC REFERRAL

Narratives, Calendar Flags, and Statuses

Narrative 001:   REFERRAL FROM IABC.   IABC CASE #_____. PAYOR: _____ PAYEE: _____

Calendar Flag: None
Status: None

Narrative 002:   IM HAS DETERMINED THAT GOOD CAUSE IS TO BE GRANTED TO PAYEE, AND FURTHER ACTION ON THIS CASE MAY BE HARMFUL TO THE CUSTODIAL PARENT OR CHILD(REN.)   CSRU IS NOT TO PROCEED WITH FURTHER ACTION ON THIS CASE. THE CASE HAS BEEN PLACED IN AN INACTIVE STATUS.

Calendar Flag 024:   IM HAS DETERMINED THAT GOOD CAUSE IS TO BE GRANTED TO CP.   CSRU MAY NOT PROCEED WITH FURTHER ACTION. CASE HAS BEEN PLACED IN AN INACTIVE STATUS.

Status: None

Narrative 003:   IM HAS DETERMINED THAT GOOD CAUSE IS TO BE GRANTED TO PAYEE.   CSRU MAY PROCEED WITH FURTHER ACTION ON THIS CASE WITHOUT THE COOPERATION OF THE CUSTODIAL PARENT.

Calendar Flag 025:   IM HAS DETERMINED THAT GOOD CAUSE IS TO BE GRANTED TO CP.   CSRU MAY PROCEED WITH ACTION ON THE CASE.

Status: None

Narrative 004:   IM HAS DETERMINED THAT A SUFFICIENT BASIS FOR GOOD CAUSE DOES NOT EXIST.   CSRU IS TO PROCEED WITH FURTHER ACTION.

Calendar Flag 026:   IM HAS DETERMINED THAT A SUFFICIENT BASIS FOR GOOD CAUSE DOES NOT EXIST. CSRU MAY PROCEED TO ENFORCE.

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Status: None

Narrative 005:   AN IABC SYSTEM CHANGE HAS BEEN MADE TO
THE IABC CASE # ASSOCIATED WITH THIS CASE
FROM _____ TO _____.

Calendar Flag: None
Status: None

Narrative 006:   INFO: _____.

Calendar Flag: None
Status: None

Narrative 007:   AN IABC SYSTEM CHANGE HAS BEEN MADE TO
THE IABC CASE WORKER ID ____
FROM _____ TO _____.

Calendar Flag: None
Status: None

Narrative 008:   AN IABC SYSTEM GENERATED BIRTHDATE OF
MM/DD/YY HAS BEEN CHANGED ON ICAR TO
MM/DD/YY FOR _____.

Calendar Flag: None
Status: None

Narrative 009:   AN IABC SYSTEM GENERATED BIRTHDATE OF
MM/DD/YY HAS BEEN ADDED TO ICAR FOR

_____.

Calendar Flag: None
Status: None

Narrative 010:   AN IABC SYSTEM GENERATED STATE ID OF __ __
HAS BEEN ADDED TO ICAR. FOR _____.

ICAR/IABC REFERRAL

Calendar Flag:	None
Status:	None

Narrative 011:	AN IABC SYSTEM CHANGE OF THE PAYEE'S ADDRESS HAS BEEN MADE. NEW ADDRESS IS :

Calendar Flag:	None
Status:	None

Narrative 012:	AN IABC SYSTEM CHANGE OF PAYEE'S PHONE NUMBER HAS BEEN MADE FROM MM/DD/YY TO MM/DD/YY.

Calendar Flag:	None
Status:	None

Narrative 013:	AN IABC SYSTEM CHANGE OF THE IM WORKER COUNTY HAS BEEN MADE FROM _____ TO _____.

Calendar Flag:	None
Status:	None

Narrative 014:	AN IABC SYSTEM GENERATED BIRTH STATE OF _ _ HAS BEEN ADDED TO ICAR FOR _____.

Calendar Flag:	None
Status:	None

Narrative 015:	AN IABC SYSTEM GENERATED BIRTH STATE OF _ _ HAS BEEN CHANGED ON ICAR TO _ _ FOR _____.

Calendar Flag:	None
Status:	None

Narrative 016:	AN IABC SYSTEM CHANGE OF THE STATE ID HAS BEEN MADE FROM _ _ TO _ _ FOR _____.

Calendar Flag:	None

ICAR/IABC REFERRAL

Status: None

Narrative 017:   THE ICAR/IABC LINK HAS BEEN DELETED. ICAR
                     CASE WAS LINKED TO IABC CASE #_____.

Calendar Flag: None
Status: None

Narrative 018:   THE PAYEE'S NAME HAS BEEN CHANGED ON
                     IABC. PAYEE'S NAME ON ICAR WAS: _____.
                     PAYEE'S NAME CHANGED ON IABC TO: _____.

Calendar Flag: None
Status: None

Narrative 019:   PAYEE IS NOT COOPERATING WITH IM. IM HAS
                     NOT REMOVED PAYEE'S NEEDS FROM THE AFDC
                     GRANT.

Calendar Flag: None
Status: None

Narrative 020:   PAYEE IS NOT COOPERATING WITH IM. IM HAS
                     REMOVED PAYEE'S NEEDS FROM THE ADC
                     GRANT.

Calendar Flag: None
Status: None

Narrative 021:   THE ICAR/IABC LINK HAS BEEN REPLACED. IABC
                     CASE#_____.

Calendar Flag: None
Status: None

Narrative 022:   THE ICAR/IABC LINK HAS BEEN DELETED AS
                     CASE HAS NOT BEEN ACTIVE FOR THE PAST TWO
                     YEARS. ICAR CASE WAS LINKED TO THE

ICAR/IABC REFERRAL

FOLLOWING IABC CASE.

Calendar Flag:	None
Status:	None

Narrative 023:   AN INDIVIDUAL ON THE ICAR/IABC LINK HAS BEEN DELETED AS PERSON HAS NOT BEEN ACTIVE ON IABC FOR THE PAST YEAR. ICAR CASE WAS LINKED TO IABC CASE _____. PERSON DELETED: _____.

Calendar Flag:	None
Status:	None

Narrative 024:   CHILD'S NAME HAS BEEN CHANGED ON IABC.
CHILD'S NAME ON ICAR WAS: _____.
CHILD'S NAME CHANGED ON IABC TO:_____.

Calendar Flag:	None
Status:	None

Narrative 025:   A CHILD HAS BEEN ADDED TO THE ICAR CASE DUE TO BECOMING ACTIVE ON IABC.   NAME: _____.

Calendar Flag:	None
Status:	None

Narrative 026:   * REFERRAL FROM IABC TO EXISTING ICAR CASE
* WRKR: ____   TYPE: ____.

Calendar Flag:	None
Status:	None

Narrative 027:   PAYEE IS NOT COOPERATING WITH CSRU. IM HAS NOT REMOVED PAYEE'S NEEDS FROM THE ADC GRANT.

Calendar Flag:	None

ICAR/IABC REFERRAL

Status: None

Narrative 028:   PAYEE IS NOT COOPERATING WITH CSRU. IM HAS
                   REMOVED PAYEE'S NEEDS FROM THE AFDC
                   GRANT.

Calendar Flag: None
Status: None

Narrative 029:   A CHILD HAS BEEN UNLINKED FROM THIS ICAR
                   CASE ON ICSC. NAME: _____.

Calendar Flag: None
Status: None

Narrative 030:   IM WORKER HAS CHANGED THE ADDRESS FOR
                   THE PAYOR/ALLEGED FATHER. THE ADDRESS IS:

Calendar Flag 032: IM HAS CHANGED PAYOR/ALLEGED FATHER
                   ADDRESS. PLEASE VERIFY.

Status: None

Narrative 031:   IM HAS ENTERED NEW COMMENTS ON REFER2.

Calendar Flag 034: IM HAS ENTERED NEW COMMENTS ON REFER2.
                   REVIEW   INFORMATION   FOR   APPROPRIATE
                   ACTION.

Status: None

Narrative 032:   IM HAS ENTERED NEW COMMENTS ON REFER3.

Calendar Flag 035: IM HAS ENTERED NEW COMMENTS ON REFER3.
                   REVIEW   INFORMATION   FOR   APPROPRIATE
                   ACTION.

Status: None

ICAR/IABC REFERRAL

Narrative 033: AN IABC SYSTEM CHANGE HAS BEEN MADE TO
THE IABC PAYEE SSN FROM _____ TO _____.

Calendar Flag: None
Status: None

Narrative 034: IABC SYSTEM HAS CHANGED ICAR CASE ACCT
TYPE. OLD ACCT TYPE: _ _. NEW ACCT TYPE: _ _.

Calendar Flag: None
Status: None

ICAR/IABC REFERRAL

Forms

FORM: **470-0187 ASSIGNMENT OF SUPPORT PAYMENTS**

Purpose: To allow the worker to generate the Assignment of Support form, CS-3101-5.

Frequency: At the time of receipt of a referral with an out-of-state court order. The form is generated automatically for in-state court orders.

Copies: Three copies are produced by the worker on the FORMGEN screen.

Disposition: One copy of the form is retained by the worker for the CSRU case file.

                   One copy of the form is sent by local mail to the income maintenance worker responsible for the IABC case.

                   One copy of the form is sent by U.S. mail to the clerk of the district court where the order is filed.

FORM: **470-2858 TERMINATION OF SUPPORT PAYMENTS**

Purpose: To allow the worker to generate Termination of Support form 470-2858 for court orders that are no longer assigned.

Frequency: Manually generated by the worker if an assignment exists and for court orders no longer assigned. ICAR automatically generates form 470-2858 upon termination of a recipient's public assistance benefits for all children.

Copies: Three copies are produced by the worker on the FORMGEN screen.

Disposition: One copy of the form is retained by the worker for the CSRU case file.

                   One copy of the form is sent by local mail to the income maintenance worker responsible for the IABC case.

                   One copy of the form is sent by U.S. mail to the clerk of the district court where the order is filed.

ICAR/IABC REFERRAL

FORM: 470-0187 ASSIGNMENT OF SUPPORT PAYMENTS

Iowa Department of Human Services
To Clerk of District Court
In and for   County

From: Iowa Department of Human Services   Date:

To:

                                        ASSIGNMENT OF SUPPORT PAYMENTS

                                        Court Order #:

                                        ICAR Number:
Petitioner,
                                        IABC Number:
vs.
                                        Payee Name:

Respondent

Child(ren):

( ) Pursuant to the Code of Iowa, Sections 239.3 and 252A.13, you are here-
     by notified that support payments are assigned to the Iowa Department
     of Human Services effective the   day of   , 19 .

( ) Pursuant to Federal regulation 42 CFR 433.146 and the Iowa Administra-
     tive Code 441--75.14(4), you are hereby notified that medical support
     payments are assigned to the Iowa Department of Human Services, effec-
     tive the   day of   , 19 .

You are further advised that the Iowa Department of Human Services, pursuant
to the assignment entered herein, remains entitled to any delinquency which
is accrued as of the effective date of any subsequent termination and the
Department specifically reserves its right to said delinquency.

All correspondence and support payments received by your office, after the
receipt of this notice, shall be forwarded with the above ICAR number to the
Collection Services Center, P.O. Box 9125, Des Moines, Iowa 50306-9125.
                                        CS-3101-5 (Rev. 4/91) 470-0187

ICAR/IABC REFERRAL

FORM: 470-2858 TERMINATION OF SUPPORT PAYMENTS

```
                        Iowa Department of Human Services
                           To Clerk of District Court
                        In and for              County

    From:   Iowa Department of Human Services              Date:



    To:




    _____


                                        TERMINATION OF SUPPORT PAYMENTS

                                        Court Order #:

                                        ICAR Number:
    Petitioner,
                                        IABC Number:
    vs.
                                        Payee Name:


    Respondent
    _____

    Child(ren):




    _____

    ( )  Pursuant to the Code of Iowa, Sections 239.3 and 252  13, you are here-
         by notified that the Assignment of Support Payments previously entered
         herein is TERMINATED effective the      day of          , 19  .

    ( )  Pursuant to Federal regulation 42 CFR 433.146 and the Iowa Administra-
         tive Code 441--75.14(4), you are hereby notified that the Assignment
         of Medical Support payments previously entered herein is TERMINATED
         effective the      day of          , 19  .

    You are further advised that the Iowa Department of Human Services, pursuant
    to the assignment previously entered, remains entitled to any delinquency
    which has accrued as of the effective date of this termination and the
    Department specifically reserves its right to said delinquency.
    _____

    All correspondence and support payments received by your office, after the
    receipt of this notice, shall be forwarded with the above ICAR number to the
    Collection Services Center, P.O. Box 9125, Des Moines, Iowa  50306-9125.
                                                       470-2858 (4/91)
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State of Iowa
Department of Human Services
Des Moines

February 12, 1991

GENERAL LETTER NO. 14-D(1)-2

SUBJECT: Employees' Manual, Title XIV, Chapter D, "ICAR Procedures"; obsolete.

The information contained in this manual, previously issued as XIV-D(1), has been revised and issued as XIV-D.
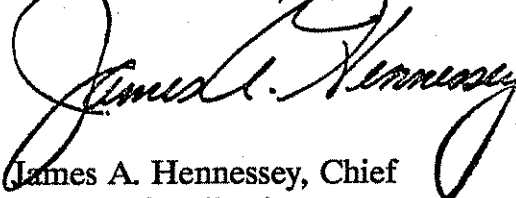
Effective Date

Upon receipt.

Material Superseded

Employees' Manual, Title XIV, Chapter D(1), "Iowa Collection and Reporting Procedures," Title page, Contents, and pages 1 through 62, dated March 13, 1990, shall be removed from the manual and destroyed.
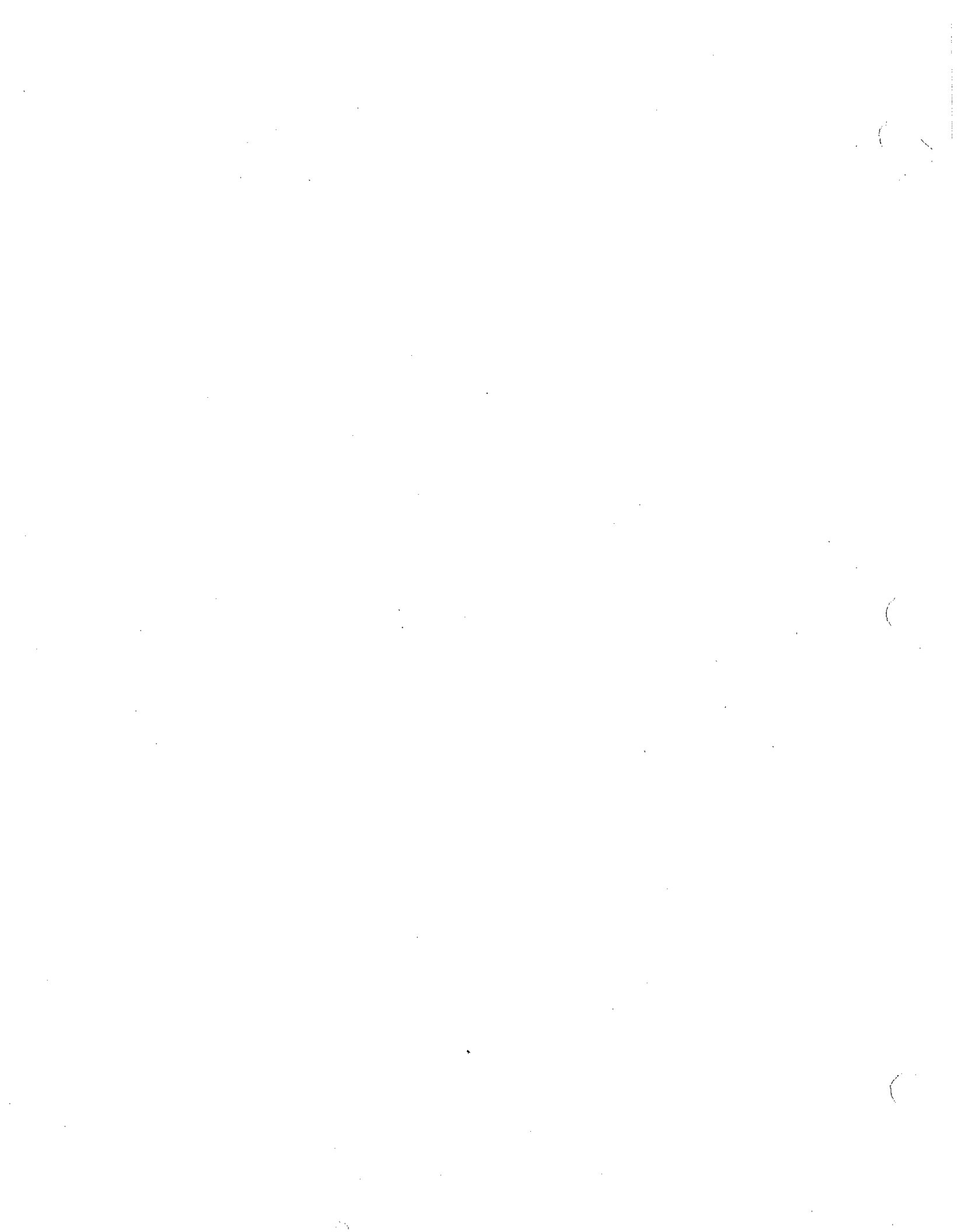
Additional Information

Please contact your supervisor if you need additional information.

DEPARTMENT OF HUMAN SERVICES
Charles M. Palmer, Director

James A. Hennessey, Chief
Bureau of Collections

State of Iowa
Department of Human Services
Des Moines

October 8, 1991

GENERAL LETTER NO. 14-D(1)-3

SUBJECT: Employees' Manual, Title XIV, Chapter D(1), "ICAR/IABC Referral," Title
           page, new; Contents (pages 1 and 2); new; and pages 1 through 94, new.

This manual contains general information about the Iowa Collection and Reporting system
ICAR/IABC Referral process screens and specific instructions for each screen.   An
explanation of each field on the screen, valid values for each field, available options, and
narratives, calendar flags, and statuses are provided.

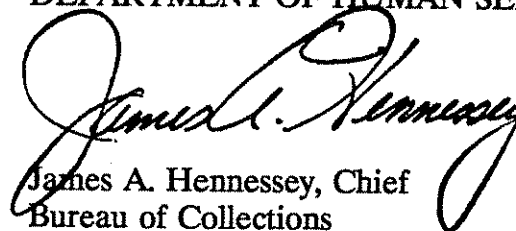Effective Date

Upon receipt.

Material Superseded

None.

Additional Information

Please contact your supervisor if you need additional information.

Charles M. Palmer, Director
DEPARTMENT OF HUMAN SERVICES

James A. Hennessey, Chief
Bureau of Collections