

DCF Imaged Forms Desk Aid

Creating Tasks for Documents:

- Imaging a document for DCF will not create a task in KEES.
 - DCF staff need to add a task for the document to the appropriate BPM tracker using appropriate BPM Standard Comments.

Instructions for Baskets:

KEES Applications

DO NOT USE

Case – Task

DO NOT USE

Case – No Task

Use for PPS Medical documents only

DCF Non-Medical

Document types within this basket will be used by DCF for Non-Medical programs. A task will need to be added to the BPM Tracker if appropriate for EES after a document is imaged.

Any documents listed below should NOT be imaged by DCF staff:

EATSS Reports

Psychological Evaluations

SASSI Reports/Turn Around Forms

DV/SA Reports/Turn Around Forms

SAFE at Home Documents

SNAP QC Documents/Turn Around Forms

Support Staff: Route hard copy documents to the appropriate EES workers, Employment Services staff, or SNAP QC reviewer.

EES Workers and Employment Services Staff: Take appropriate action and retain the documents in a hard copy file.

SNAP QC Staff: Retain the documents in a separate QC file.

Case No-Task

Document Types	Form #	Form Name
Application	DO NOT USE	DO NOT USE
Adoption Assistance Review	DO NOT USE	DO NOT USE
Appeal	DO NOT USE	DO NOT USE
Barcoded Document	DO NOT USE	DO NOT USE
Barcoded Document Expedited	DO NOT USE	DO NOT USE
BCC Review	DO NOT USE	DO NOT USE
CH Review	DO NOT USE	DO NOT USE
Concerns	DO NOT USE	DO NOT USE
Correspondence	DO NOT USE	DO NOT USE
Employer Contact Record	DO NOT USE	DO NOT USE
Expense	DO NOT USE	DO NOT USE
Fax	DO NOT USE	DO NOT USE
Income	DO NOT USE	DO NOT USE
IR	DO NOT USE	DO NOT USE
Journaling	DO NOT USE	DO NOT USE
Legal	DO NOT USE	DO NOT USE
Legal Representative	DO NOT USE	DO NOT USE
LTC Communication	MS-2126	Notification of Nursing Facility Admission/Discharge
LTC Communication	ES-3160	Notification of Medicaid/HCBS Services Referral
LTC Communication	ES-3161	Notification of Medicaid/HCBS Working Healthy Services
LTC Communication Urgent Need	DO NOT USE	DO NOT USE
Medical	DO NOT USE	DO NOT USE
Overpayment	DO NOT USE	DO NOT USE

Case No-Task

Document Types	Form #	Form Name
Passive Review Letter	DO NOT USE	DO NOT USE
Personal Identifying Information		Photo ID
Personal Identifying Information *Don't forget to 2nd level index		SSN
Personal Identifying Information *Don't forget to 2nd level index		Death Certificate
Personal Identifying Information *Don't forget to 2nd level index		Birth Certificate
Personal Identifying Information *Don't forget to 2nd level index		Shot Records
Personal Identifying Information *Don't forget to 2nd level index		Alias Name
Personal Identifying Information *Don't forget to 2nd level index	ES-3850	Record of Identity and Citizenship Documentation
PE Tool	DO NOT USE	DO NOT USE
Perm Cust Sub Review	DO NOT USE	DO NOT USE
PPS	DO NOT USE	DO NOT USE
PPS Forms	PPS 5120	Ack. Of Referral Notfication, Move, Placement Change
PPS Forms	PPS 5460	JO Notice of Change in IV-E Medical Eligibility or CSE Status
PPS Legal	DO NOT USE	DO NOT USE
Release of Info	DO NOT USE	DO NOT USE
Resources	DO NOT USE	DO NOT USE
Returned Mail-In State		Any Returned Mail with a Forwarding Address Listed in Kansas
Returned Mail-No Fwd Address		Any Returned Mail and No Forwarding Address is Listed

DCF Non-Medical Basket

Document Types	Form #	Form Name
Application <i>*If expedited application, then priority of expedited with a due date of 7 days.</i>	ES-3100	Application for Benefits
Application <i>*If expedited application, then priority of expedited with a due date of 7 days.</i>	ES-3100S	Application for Benefits Spanish
Application <i>*If expedited application, then priority of expedited with a due date of 7 days.</i>	ES-3100AP	Additional Persons
Application <i>*If expedited application, then priority of expedited with a due date of 7 days.</i>	ES-3100DT	Acknowledgement of TANF Suspicion-Based Drug Testing Policy
Application <i>*If expedited application, then priority of expedited with a due date of 7 days.</i>	ES-3102	Important Information About Cooperation
Application <i>*If expedited application, then priority of expedited with a due date of 7 days.</i>	ES-1610	Kansas Early Head Start Child Care Partnerships Referral for Child Care Assistance
Application <i>*If expedited application, then priority of expedited with a due date of 7 days.</i>	E-6	Self-Assessment
Application <i>*If expedited application, then priority of expedited with a due date of 7 days.</i>	P-15	Application Signature Request

DCF Non-Medical Basket

Document Types	Form #	Form Name
Application <i>*If expedited application, then priority of expedited with a due date of 7 days.</i>		CAPP Application
Adoption Assistance Review	DO NOT USE	DO NOT USE
Appeal		Notice of Withdrawal of Appeal
Appeal		Request for Administrative Hearing
Appeal	B-4	Motion to Dismiss
Appeal	B-5	Appeal Summary
Barcoded Document	DO NOT USE	DO NOT USE
Barcoded Document Expedited	DO NOT USE	DO NOT USE
BCC Review	DO NOT USE	DO NOT USE
CH Review	DO NOT USE	DO NOT USE
Concerns	ES-1600	Civil Rights Complaint
Correspondence		Case Closure or Withdrawal
Correspondence		Change of Address
Correspondence		CSS Correspondence or Paper Referrals
Correspondence		EBT Correspondence
Correspondence		e-Mail Correspondence from client, another department, agency, etc.
Correspondence		Hotline Referral
Correspondence		Letter from Social Security for Proof of Applying
Correspondence		Ongoing Investigation Request Form
Correspondence		Out of State Verification
Correspondence		PPS Correspondence
Correspondence		Request/Response for Child Care Provider Enrollement
Correspondence	C103	Enrollment Fee Request Form
Correspondence	ES-1512	Change Report Form
Correspondence	ES-3109	TANF Ineligibility Notice
Correspondence	ES-3820	Notice of Eligibility Review
Correspondence	ES-4101	TANF Months in Kansas
Correspondence	ES-4102	TANF Request for Months in Other States
Correspondence	I005	General Correspondence to Collaterals
Correspondence	I011	Field Notice-Expunged FS/Cash Claim Change
Correspondence	P-3	Protective Payee Agreement & Attachment
Correspondence	V012	Incomplete Change-New HH Member

DCF Non-Medical Basket

Document Types	Form #	Form Name
Correspondence	V030	Separate Purchase and Prepare Statement
Critical Correspondence		Chain of Custody Form
Critical Correspondence		Drug Test Results from the MRO
Critical Correspondence	FRS-1	Referral for Alleged Social Services Childcare
Critical Correspondence	ES-1606	Request for Supervisory Approval-Child Care Exceeding 215 Per Month
Critical Correspondence	ES-1611	Request for DCF Child Care Assistance at Flint Hills Job Corps Child Development Center
Critical Correspondence	ES-1627	Request for Social Services Childcare
Critical Correspondence	ES-1627a	Request for Enhanced Rate for Special Care
Critical Correspondence	ES-3107	Waiver of Timely Notice of Action
Critical Correspondence	ES-3141	Request for Alternate Payee
Critical Correspondence	ES-4107	Expedited Paternity Request
Critical Correspondence	ES-4108	Collection Site Passport
Critical Correspondence	ES-4418	KeyTrain Referral/Turnaround Form
Employer Contact Record	ES-4306F	Food Assistance Employer Contact Record
Expense		Verification of Court Ordered Child Support
Expense	P-6	Landlord Letter
Expense	V004	Landlord/Residency Verification Request
Expense	V014	Dependent Care Verification Request
Expense	I002	Landlord Letter
Fax	DO NOT USE	DO NOT USE
Income		CHCP KSCARES Child Care Provider/Verification of Income
Income		Self-Employment Worksheet
Income		Tax Return
Income		Verification of Self-Declaratory Child Support
Income		Verification of Voluntary Child Support
Income		Verification of Court Ordered Child Support
Income	W-2	Daily Business Log Sheet
Income	V003	Request for Employment Information
Income	V006	Unreported Income Verification Request
Income	V015	Potential Benefits Request
Income	ES-3116	Simplified Reporting for FS Households
Income	ES-3116S	Simplified Reporting for FS households Spanish
Income	I001	Employer Letter

DCF Non-Medical Basket

Document Types	Form #	Form Name
IR	ES-3114	Food Assistance Interim Report
IR	ES-3114S	Food Assistance Interim Report Spanish
Journaling		Interview Script/Review Template
Journaling		KASPER
Journaling		Obituary
Journaling		Ongoing Narrative
Journaling		Underpayment Information
Journaling		Work Programs Penalty Checklist for Supervisory Review (TANF Only)
Journaling	B-1	Food Assistance Disqualification Consent Agreement
Journaling	B-3	TANF Disqualification Consent Agreement
Journaling	ES-1510	Computation of Food Assistance Benefit
Journaling	ES-3103	Income/Expense Worksheet
Journaling	ES-3105.1	Request for Information
Journaling	ES-3143	Food Assistance Replacement During Household Disasters
Journaling	ES-4307	Penalty Tracking Sheet
Journaling	ES-4312	ABAWD Eligibility Tracking Form
Journaling	X-8	ICT Checklist
Journaling	W-13	Child Care Plan Hours Worksheet
Legal		Adoption Paperwork
Legal		Deed
Legal		Fraud Judgement
Legal		Promissory Note
Legal	P-5	Statement of Common Law Marriage
Legal Representative		Legal Guardianship Papers
LTC Communication	DO NOT USE	DO NOT USE
LTC Communication Urgent Need	DO NOT USE	DO NOT USE
Medical	ES-4309	Doctor's Statement
Medical	ES-4310	Need of Care
Non-Medical Review	ES-3100R	Non-Medical Review Form
Non-Medical Review	ES-3100RS	Non-Medical Review Form Spanish
Overpayment		OPAY Food Assistance Overpayment
Overpayment	B-7	Overpayment Checklist
Overpayment	ES-3142	EBT Benefit Repayment Agreement
Overpayment	V103	EBT Benefit Repayment Agreement
Personal Identifying Information		Alias Name

DCF Non-Medical Basket

Document Types	Form #	Form Name
Personal Identifying Information		Birth Certificate
Personal Identifying Information		Consumer's Primary Health Insurance Card
Personal Identifying Information		Death Certificate
Personal Identifying Information		Divorce Decree
Personal Identifying Information		Marriage License
Personal Identifying Information		Photo ID
Personal Identifying Information		Proof of Residency
Personal Identifying Information		Shot Records
Personal Identifying Information		SSN
Personal Identifying Information	ES-3850	Record of Identity and Citizenship Documentation
Personal Identifying Information	IM-3120.6	SAVE Verification Report
Personal Identifying Information	P-7	Declaration of Identity Child
Personal Identifying Information	P-8	Declaration of Citizenship
Personal Identifying Information	P-9	Declaration of Identity Disabled Adult
PE Tool	DO NOT USE	DO NOT USE
Perm Cust Sub Review	DO NOT USE	DO NOT USE
PPS	DO NOT USE	DO NOT USE
PPS Forms	PPS 5120	Ack. Of Referral Notification, Move, Placement Change
PPS Forms	PPS 5460	JO Notice of Change in IV-E Medical Eligibility or CSE Status
PPS Legal	DO NOT USE	DO NOT USE
Release of Info		Durable Power of Attorney
Release of Info	ES-3101	Release of Information
Release of Info	ES-3178	Authorization Form for the Release of Information
Release of Info	V009	Authorization for the Release of Information
Resources		Bank Verification Fax Form
Resources		Kelly Blue Book Value
Resources		Parcel Searches
Resources		Property Appraisals
Resources	I003	Bank Letter
Resources	I004	Life Insurance Letter
Returned Mail-In State		Any Returned Mail with a Forwarding Address Listed in Kansas
Returned Mail-No Fwd Address		Any Returned Mail and No Forwarding Address is Listed
Returned Mail-No Fwd Address PR Letter	DO NOT USE	DO NOT USE

DCF Non-Medical Basket

Document Types	Form #	Form Name
Returned Mail-Out of State		Any Returned Mail and Forwarding Address is Listed as Out of State
Returned Mail-PR Letter	DO NOT USE	DO NOT USE
Review	DO NOT USE	DO NOT USE
Spousal Impoverishment	DO NOT USE	DO NOT USE
Trust\Annuity <i>*Note: Routed to DCF Worker</i>	DO NOT USE	DO NOT USE
Trust\Annuity <i>*Note: Routed to DCF Worker</i>	DO NOT USE	DO NOT USE
Trust\Annuity Clearance <i>*Note: Print to ImageNow and email DCF Policy</i>		Supporting documentation to B-6
Trust\Annuity Clearance <i>*Note: Print to ImageNow and email DCF Policy</i>	B-6	Request for Trust/Annuity Clearance
Unsigned CH Review	DO NOT USE	DO NOT USE
Work Programs		Documents Associated to FAET and/or GOALS
Work Programs		Payment for Performance 'Customized Placement' Billing Signature Verification
Work Programs		Self-Sufficiency Agreement
Work Programs	ES-4304	TANF Work Hours Verification Checklist
Work Programs	ES-4306	Employer Contact Record and Any Supporting Documents
Work Programs	ES-4308	Hardship Exemption Calculator
Work Programs	ES-4310	Medical Documentation - Need for Care
Work Programs	ES-4313	Statement of Understanding for Vehicle Purchase
Work Programs	ES-4317	KHPOP Questionnaire for TANF Customer
Work Programs	ES-4322	Community Service/Work Experience Assignment and Site Report
Work/School Schedule or Other Info	ES-1640	State of Understanding-Employed Income Eligible Child Care Assistance
Work/School Schedule or Other Info	ES-1640a	Educational Plan Completion Tracking
Work/School Schedule or Other Info	ES-4103	School Enrollment Verification
Work/School Schedule or Other Info	V001	School Verification Request
Working Healthy 6 Month Review	DO NOT USE	DO NOT USE
12 Month Report	ES-3115	12 Month Food Assistance Report Form
12 Month Report	ES-3115S	12 Month Food Assistance Report Form Spanish