

ICT CHECKLIST

Case Name: _____ **New Address:** _____
KAECSES #: _____ **Open:** _____ **County of Residence:** _____
KSCares #: _____ **Open:** _____ **Sending Office:** _____
New Office: _____

FIRST CONTACT RESOLUTION

- | | |
|---|--|
| <input type="checkbox"/> Update ADDR or CAAD (include county code & case location)
<input type="checkbox"/> Obtain ES-2126, send ES-3161, update LOTC
<input type="checkbox"/> Reauthorize last paid month of medical program(s)
<input type="checkbox"/> Update SESP
<input type="checkbox"/> Cancel TRPA, Check for unpaid AUSW's
<input type="checkbox"/> Clear/Check other alerts
<input type="checkbox"/> Send a review, application or Interim Report (as needed)
<input type="checkbox"/> Notify work programs
<input type="checkbox"/> Send V017 and/or C502 (DCF Offices)
<input type="checkbox"/> Update EXNS County Code (AF, GA, RE)
<input type="checkbox"/> Check JOTR (If outstanding invoice, keep until paid. If no outstanding invoice, send to new county) | <input type="checkbox"/> Process AFPD, GAPD
<input type="checkbox"/> Process FSAD
<input type="checkbox"/> Process SPEN
<input type="checkbox"/> Document transfer
<input type="checkbox"/> CARC KAECSES case
<input type="checkbox"/> Transfer KSCares case
<input type="checkbox"/> Process Applications, Reviews, IRS (as needed)
<input type="checkbox"/> Terminate CC plan, send appropriate notice
<input type="checkbox"/> PRAP Coding (ABAWD)
<input type="checkbox"/> Information due _____ (Add to WOAL)
<input type="checkbox"/> Email sent
<input type="checkbox"/> One Note Transfer Completed |
|---|--|

SENDING COUNTY CHECKLIST

- | | |
|--|--|
| <input type="checkbox"/> Pull current and banked files | <input type="checkbox"/> Mail current and banked files |
|--|--|

RECEIVING COUNTY CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> Check ADDR/CAAD for current address
<input type="checkbox"/> Check case location code on ADDR
<input type="checkbox"/> Check County Code of ADDR/EXNS
<input type="checkbox"/> Check all CARC alerts
<input type="checkbox"/> Check EXNS for FA, GA, TAF
<input type="checkbox"/> Send ES-3161
<input type="checkbox"/> Check ABAWD Status/PRAP coding
<input type="checkbox"/> PRAP Coding | <input type="checkbox"/> Update CC plan, SESP
<input type="checkbox"/> Update Work Program/SESP
<input type="checkbox"/> Issue supplements
<input type="checkbox"/> Process apps, reviews
<input type="checkbox"/> Change USD on ADDR
<input type="checkbox"/> Check income screens
<input type="checkbox"/> Info. due/Send to Purple staging area |
|---|--|