

Welcome to the Division of Family And Children Services
Integrated Systems Sign On Menu

OP System	Description
1 CRS	(Client Registration System)
2 \$TARS	(Support, Tracking, Accounting and Reporting System)
3 EBT	(Electronic Benefits Transfer System)
4 SUCCESS	(System Uniform Calculation Consolidation Economic Support Services)
5 SUCCINQ	(Success Statewide Inquiry)
6 SUCCSTAT	(Success Status Messages)
7 RESERVED	(Reserved for future use)
8 EAPS	(Energy Assistance Program)
9 CCRS	(Child Care Reporting System)
10 RESERVED	(Reserved for future use)
11 JIS	(Job Information System)
12 DSO	(Debt Setoff System)

Please enter your selection: __

RACF ID: _____ PASSWORD:

NEW PASSWORD:

Please type in UserId, Password and Option

OR Press PF3 to Log Off

Payment Source codes

Application Fee	Z	Lottery Intercept	L
Bond Activation	B	Other Fee	O
Certified List	C	Private Collection Agcy	P
Driver's Lic Suspension	D	Professional License Suspension	E
Fee, Certified	I	Property Lien	K

FIDM	J	Purge (LUMP SUMS)	H
Ftax AFDC	F	Regular Collection (Made by NCP)	A
Ftax Fees***	X	Rev Mod Fee	M
FTAX Non AFDC	G	State Tax Intercept	S
Insurance Settlement	R	STAX Fee	Y
Interstate	I	Unemployment	U
IRS Full Service Collection	T	Wage Assignment (Employer)	W
		Worker's Comp	Q

Payment Type	
A	Cash
C	Check
D	Credit Card
E	Electronic Funds Transfer
M	Money Order
N	Non Money Money

Escrow Type

AFDC Disregard	A	Interest Paid	G
AFDC Out of State	T	Non AFDC Out of State	O
AFDC Recipients	S	Non IV-D Payment	D
Blood Test	B	Non AFDC Recipients	N
Dormant Funds (Escrow)	C	Pre-STARS Adjustment	Z
Dormant Funds (Unident)	U	Refund Payment	R
Erroneous Rcpt. Returns	X	Retained AFDC	E
Fees	F	Spousal Support	M
GAP Payments	P	Third Party	Y
Incentive	I	Waver	W

The total payment is full amount applied to case. Escrow amount is how much of that payment is sent to the custodial parent. If there is nothing in the check date, and nothing in the escrow amount/date, that payment was retained by the state.

FILE INQUIRY SUBMENU - OMEN

OMEN

Selection ?

Client SSN		Carrier Code
Client ID		Carrier Name
Client L Name		Worker ID
Client M Init		Worker L Name
Client F Name		LO/CO
Client DOB		Unit Type
Inc Match Type		Unit Supv
Tax Year	ST/FED	Load ID

- | | |
|----------------------------|--|
| A. Inc Discrepancy Inquiry | J. DRS Inquiry |
| B. Inc Discrepancy Update | K. DRS Update |
| C. DOL Wage Inquiry | L. Tax Intercept Inquiry |
| D. DOL UCB Inquiry | M. Tax Intercept Update |
| E. JTPA Inquiry | N. Health Insurance Carriers - By Code |
| F. Error Log | O. Health Insurance Carriers - By Name |
| G. BENDEX Inquiry | P. W-4 ERS Inquiry |
| H. SDX Inquiry | Q. SVES Request |
| I. Worker ID | |

Message 0013

0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"