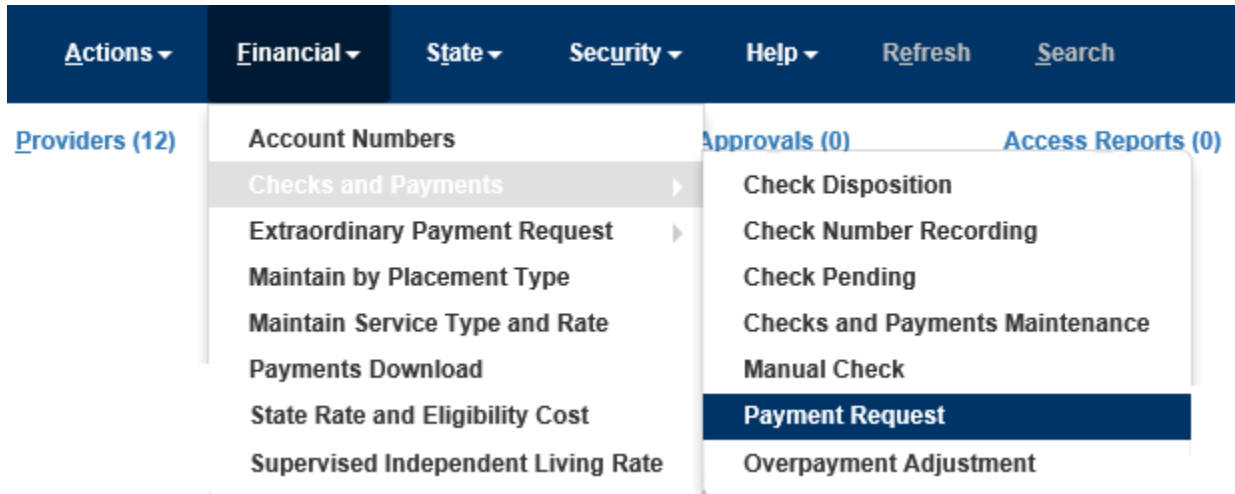


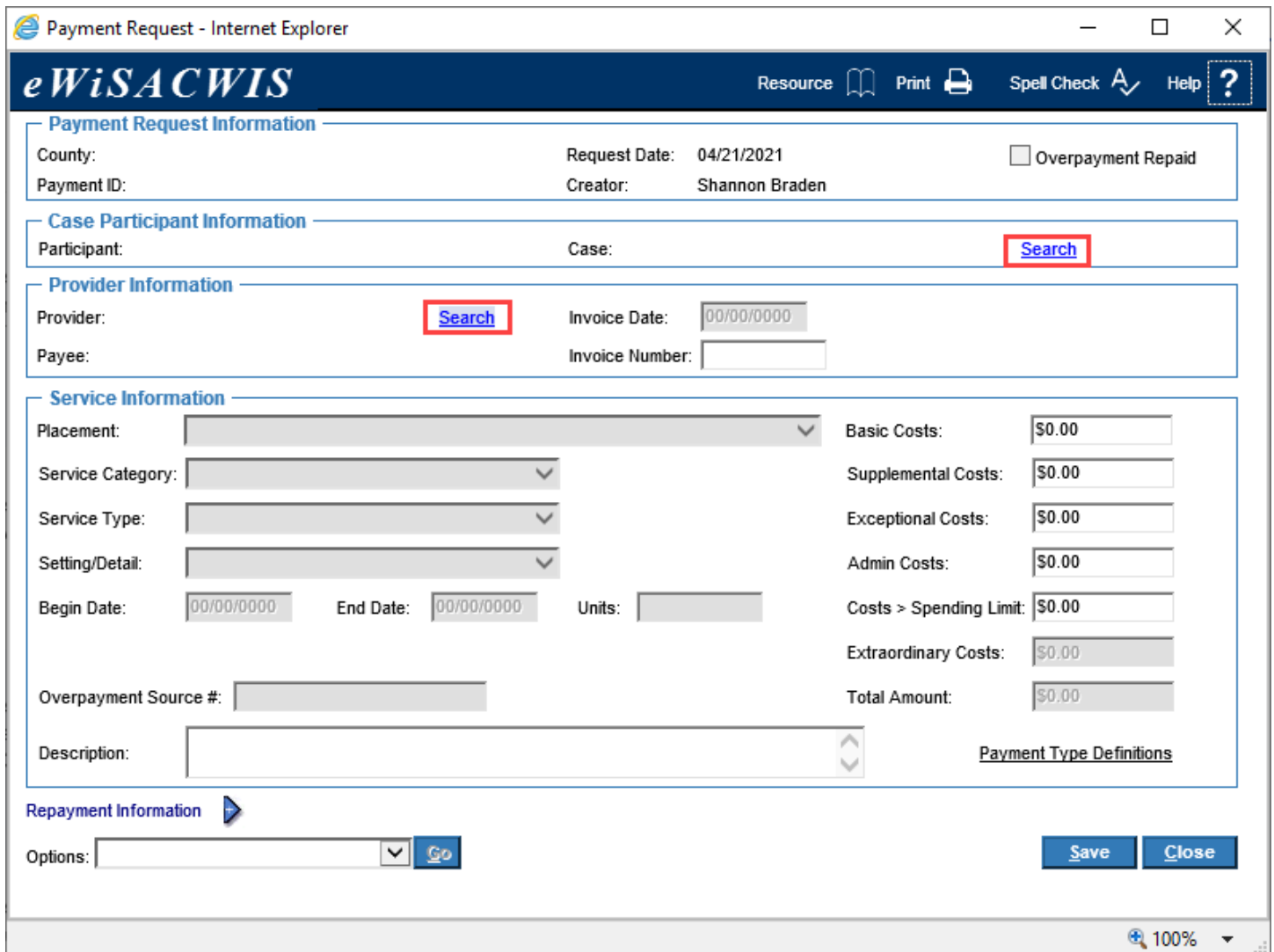
# Creating a COVID-Youth Aging Out One Time Payment



**Note:** To enter the COVID onetime payment, you must have the Reporting Category documented for the “One Time Payment - COVID-Youth Aging Out” Service Type on the Maintain Service Type and Rate page.

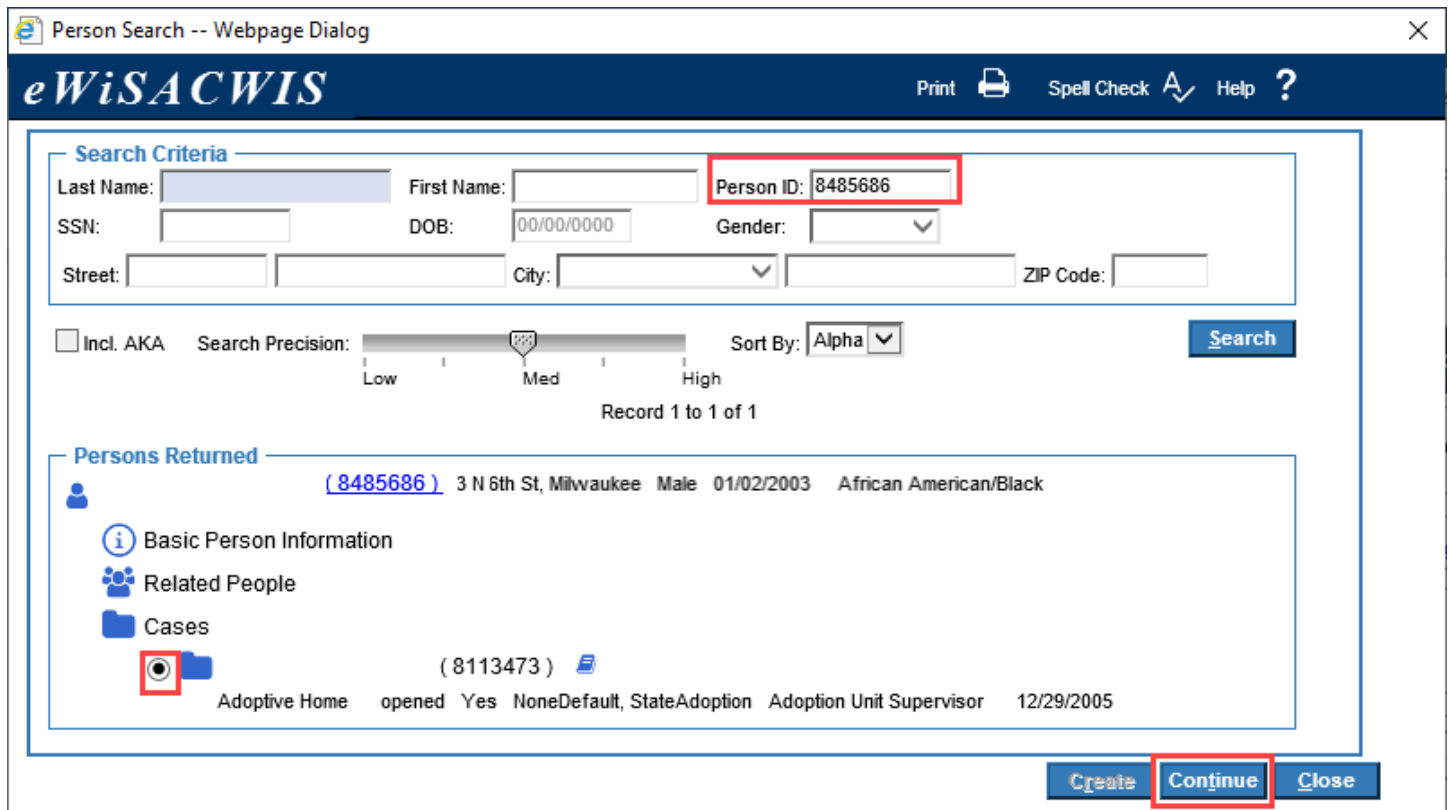
1. Select Financial > Checks and Payments > Payment Request. This opens the Payment Request page.



2. From the Payment Request page, search the Case Participant and Provider using their associated [Search](#) hyperlinks.



- When searching out the case participant, you will begin by searching out the participant's name or the Person ID. Once returned, expand the participant icon  and then expand the Cases icon . You will want to select the radio button next to the case where you want the payment created (there may be more than one case - so it is important to select the correct case). Click Continue to return to the Payment Request page.



Person Search -- Webpage Dialog

**eWiSACWIS** Print Spell Check Help ?

**Search Criteria**

Last Name:  First Name:  **Person ID: 8485686**


SSN:  DOB: 00/00/0000 Gender:


Street:  City:  ZIP Code:


Incl. AKA Search Precision:  Sort By: Alpha


Record 1 to 1 of 1



**Persons Returned**

 [\(8485686\)](#) 3 N 6th St, Milwaukee Male 01/02/2003 African American/Black

 Basic Person Information

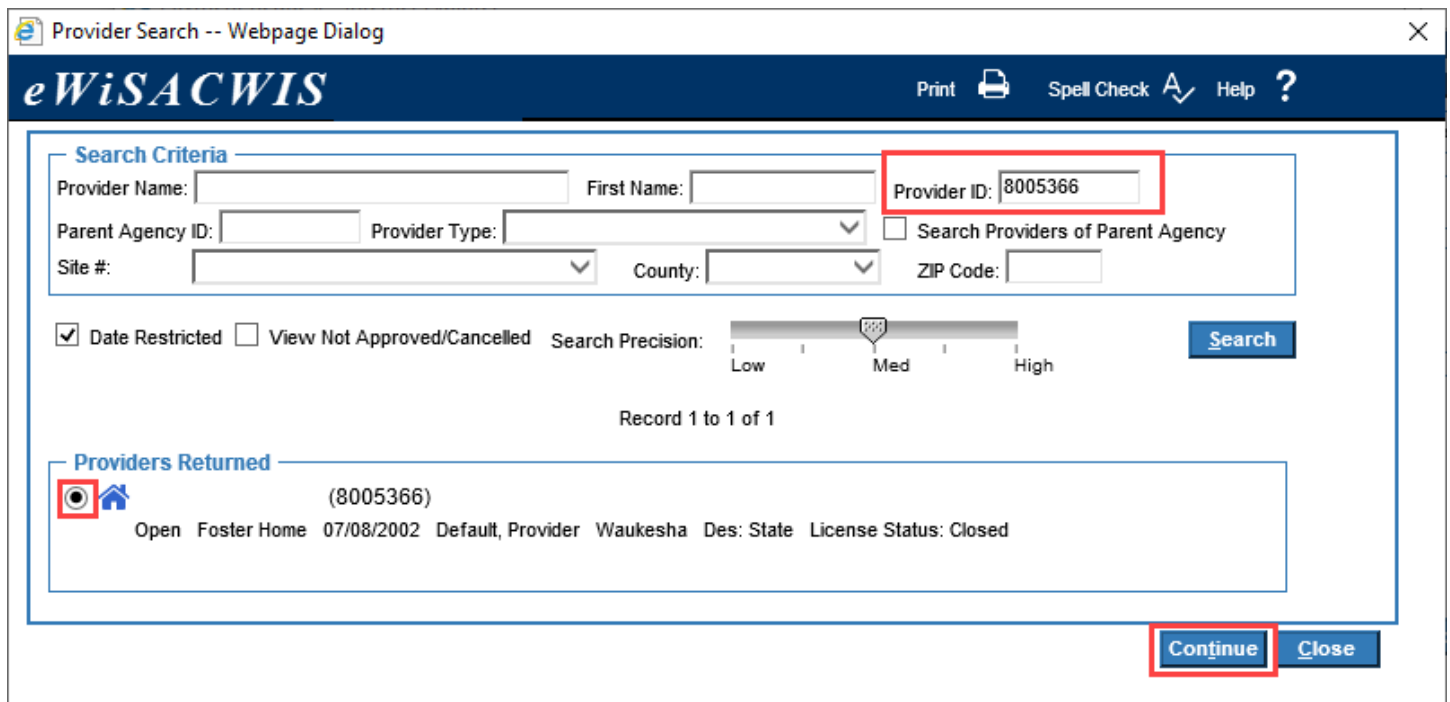
 Related People

 Cases

 [\(8113473\)](#) 

Adoptive Home opened Yes NoneDefault, StateAdoption Adoption Unit Supervisor 12/29/2005

- When searching out the provider, you will begin by searching out the provider's name or the Provider ID. Once returned, select the radio button next to the case where you want the payment created (there may be more than one provider - so it is important to select the correct provider). Click Continue to return to the Payment Request page.



Provider Search -- Webpage Dialog

**eWiSACWIS** Print Spell Check Help ?

**Search Criteria**

Provider Name:  First Name:  **Provider ID: 8005366**



Parent Agency ID:  Provider Type:   Search Providers of Parent Agency

Site #:  County:  ZIP Code:

Date Restricted  View Not Approved/Cancelled Search Precision:

Record 1 to 1 of 1

**Providers Returned**

  [\(8005366\)](#)

Open Foster Home 07/08/2002 Default, Provider Waukesha Des: State License Status: Closed

5. Once you have selected the participant and provider, document the specifics surrounding the service and the rate.
  - a. Choose the Out of Home Placement from the "Placement" drop-down.
  - b. Choose "One Time Payment - COVID-Youth Aging Out" from the "Service Category" drop-down.
  - c. Choose "One Time COVID - Youth Aging Out Payment" from the "Service Type" drop-down.
  - d. Choose the "Direct Service" option from the "Setting/Detail" drop-down.
  - e. Enter a date in the Begin Date field.
  - f. Enter the amount in the Costs > Spending Limit field (do not enter an amount in the Total Amount field).

Payment Request - Internet Explorer

**eWiSACWIS** Resource Print Spell Check Help ?

**Payment Request Information**

County: Request Date: 04/21/2021  Overpayment Repaid  
 Payment ID: Creator: Shannon Braden

**Case Participant Information**

Participant: Case: [Search](#)

**Provider Information**

Provider: [Search](#) Invoice Date: 00/00/0000  
 Payee: Invoice Number:

**Service Information**

Placement:  Basic Costs: \$0.00  
 Service Category: One Time Payment - COVID-Youth Aging Out Supplemental Costs: \$0.00  
 Service Type: One Time COVID-Youth Aging Out Payment Exceptional Costs: \$0.00  
 Setting/Detail: Direct Service Admin Costs: \$0.00  
 Begin Date: 04/01/2021 End Date: 04/01/2021 Units:  Costs > Spending Limit: \$300.00  
 Extraordinary Costs: \$0.00  
 Overpayment Source #:  Total Amount: \$300.00  
 Description:  [Payment Type Definitions](#)

**Repayment Information**

Options:

100%

6. Click Save. Since counties do not have the ability to approve these payments, DCF staff will need to do so. Please contact Shannon Braden ([Shannon.Braden@wi.gov](mailto:Shannon.Braden@wi.gov) or 920.785.7829) so she can approve the pending payment. If you try to approve the payment, you may receive an error message like this:

