# WHO TO CALL WHEN YOU NEED ASSISTANCE

**Participant Name:** _____ **ID:** _____

**MCO/Funding Source:** _____ **Budget Amount:** _____

| Type of Issue or Question | Contact Information | Portal |
|---|---|---|
| **BUDGET**<br>✓ Budget issue<br>✓ Budget amount<br>✓ Budget not available<br>✓ Reassessment<br>✓ Individual Service Plan | **Case Manager**<br>Name: _____<br>Phone: _____<br>Email: _____ | URL: https://loriknapp.carvinsoftware.com/<br>Username: _____<br>Password: _____ |
| **ENROLLMENT**<br>✓ Enrolling a new worker<br>✓ Enrollment question<br>✓ Changing Employer of Record<br>✓ Adding an Authorized Representative<br>✓ Enrollment paperwork<br>**Demographic Changes**<br>**Worker Terminations** | **Fiscal Employer Agent: Lori Knapp Choice™**<br>Enrollment Phone: _____<br>Enrollment Email: _____ | **Direct Care Worker Information**<br>Name: _____<br>ID: _____ |
| **PAYROLL**<br>✓ Payroll<br>✓ Timesheets<br>✓ Payroll Schedule<br>✓ Payroll taxes<br>✓ W-2 Questions<br>✓ W-2 Reissues | **Fiscal Employer Agent: Lori Knapp Choice™**<br>Payroll Phone: _____<br>Payroll Email: _____<br>W-2 Phone: _____<br>W-2 Email: _____ | **Direct Care Worker Information**<br>Name: _____<br>ID: _____ |
| **Report Abuse, Neglect, or Exploitation** | Adult Protective Services: _____<br>Fiscal Employer Agent:<br>Lori Knapp Choice™: 608.326.0434<br>Case Manager: _____ | |