



WHO TO CALL WHEN YOU NEED ASSISTANCE

Participant Name: _____ ID: _____

MCO/Funding Source: _____ Budget Amount: _____

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