

The background features a grid of colorful dots in shades of green, cyan, yellow, grey, and black, arranged in a pattern that tapers towards the right side of the slide.

COVID Unwinding: Address Change  
ACCESS and MyACCESS  
System Analyst: Mai Xiong  
IMAC June 19, 2022

# Topics

- ▶ Project Overview
- ▶ Information from CARES Worker Web
- ▶ Notification in ACCESS
- ▶ Notification in MyACCESS (mobile application)
- ▶ Questions

# Project Overview

## **Background:**

Members may have moved during the COVID pandemic but may not have updated their addresses. This may result in members not receiving notices and other member correspondence. ACCESS and MyACCESS has been updated to display a notification when a member logs in. Members are shown their current mailing address and contact information on file and asked to update it every six months, if their information has changed.

## **Vision:**

When a member logs into ACCESS or MyACCESS, their existing address and phone number(s) on file with CARES will display and load on the screen, and the user will be able to edit the following fields:

- Household Address
- Mailing Address
- Home Phone Number
- Cell Phone Number
- Work Phone Number
- Message Phone Number

The member will have the opportunity to review the information prior to submission and make additional change as needed.

# CWW: General Case Information Page

The information from the General Case Information Page from CWW, will be displayed for members to see in ACCESS and MyACCESS.

- Household Address
- Contact Information
- Mailing Address

**General Case Information** Cancel Reset

**Case Information**

Effective Period

Last Updated: 03/10/2021

**Case File Location**

\*File Location: IN - INTAKE      \*File Location Date: 01 / 05 / 2021

**Information Provider**

\*First Name: EYE      MI:      \*Last Name: DROPS      Suffix:      \*IP In Household: Yes

**Signature Details**

\*Health Care Signature: Y - Yes      CTS Signature:      FoodShare Signature:      Child Care Signature:      BC+ Core Plan Signature:     

**Household Address** Find Matching Cases

\* County of Residence: 13 - DANE COUNTY       Populate with office address (for homeless Primary Persons)

Number: 1819      Unit:      Direction:      \*St / Rural Rt / Box Number: ABERG      Suffix: AVE - AVENUE      Quadrant:      Apt:     

Additional Address Info: SUITE D

\*City: MADISON      \*State: WI - WISCONSIN      \*ZIP: 53704      Phone:     

W-2 Geographical Area:      Override W-2 Geographical Area:     

\*Address Verification: NQ - NOT QUESTIONABLE      Post Office Suggested Address Verification: 0

**Contact Information**

# CWW: General Case Information Page Cont.

## Contact Information

Work Phone:    X  Message Phone:    X

Cell Phone:

Do you want to receive text messages from your W-2 agency?

Preferred Contact Method:  Preferred Contact Time:

Preferred Contact Method if Deaf or Hard of Hearing:

## Mailing Address

### Effective Period

Last Updated:

### Address Information

Find Matching Cases

Household has an alternate mailing address:

Delete Reason:

Number	Unit	Direction	St / Rural Rt / Box Number	Suffix	Quadrant	Apt
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Address Info


City	State	ZIP	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>

Post Office Suggested Address Verification:

ACCESS

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the frame, creating a dynamic, layered effect. The rest of the background is plain white.

# Contact Information Notification in ACCESS

 ACCESS Dev

[Account Home](#)



**Confirm or Update Your Contact Information**

It's important to make sure your correct mailing address is always on file. You can report an address change when you renew or apply for benefits or by calling your agency. Please review the mailing address and primary phone number we currently have on file below and select confirm or update. You can also select "Skip for now" and go to your account home page.

**Mailing Address**  
999 W VLIET AVE  
SUITE # 3  
MILWAUKEE WI 53212  
**Phone:** (414) 555-1212

Please click confirm if your mailing address and primary phone number is still same.  
Please click update if you have a change to report.

Confirm  Update

[Skip for Now](#)  [Next](#) 

# Selecting Update

When members select “update” address from the notification, it will take them through the Report My Change (RMC) flow.

**ACCESS** Acceptance

Account Home

Start People Submit

**Your Contact Information**  
You told us that your contact information has changed. On the right side of the page, you can see the information we have on file. On the left side of the page, you will see boxes where you can change, add or remove information about how to get in touch with you. When you are done, click the Next button.

Please keep in mind:  
• If there has not been a change and the information is correct, you should leave the answer in the box the way it is.  
• The right side of the page will not change until a worker processes your application.

**Please Tell Us Your Changes:**

**Where You Live**  
If you're staying in a shelter or living with a friend or family member, you can give us that agency or person's address. Be sure to put the name of the person or agency on the second line, and write c/o in front of the name.

Address Line 1: 123 MASKING  
Address Line 2: Apt 8  
City: MADISON  
State: Wisconsin  
Zip Code: 55555555  
What county do you live in? Milwaukee

I am homeless right now.

By homeless, we mean you are staying at a shelter or don't have a place to stay at night. To read more about what we mean by homeless, click the Help button.

**Information on File:**  
123 MASKING  
Apt 8  
MADISON  
WI  
55555555  
Milwaukee

**Mailing Address**  
If your mailing address is the same as the address you gave above, it's okay to leave this blank.  
If you're homeless, please give us a mailing address. If you're using the address of a friend, family member or agency, put the name of the person or agency on the second line, and write c/o in front of the name.  
If you don't want us to send any mail about your benefits to the address you gave above, please give us a mailing address.

Address Line 1:  
Address Line 2:  
City:  
State: < click here to choose >  
Zip Code:

**Your Phone Numbers**  
For the phone numbers, please be sure to include area codes. If you don't have one of the items listed below, just leave it blank.

Home Phone : 555 555 555 Ext :  
Work Phone : Ext :  
Cell Phone : 555 555 555 Ext :  
Message Phone : Ext :

What is the best way to get in touch with you during the weekday? Cell Phone  
If you are deaf or hard of hearing and you have asked us to get in touch by phone, what method do you use? < click here to choose >  
What is the best time to call you during the weekday? < click here to choose >

5555555555  
5555555555  
Cell Phone

Go to Account Home Back Next

**Contact us** Website support: 800-362-3002 Health care and FoodShare enrollment support

**Helpful links** ForwardHealth prog Find a free or low-co



# Selecting Confirm/Skip for Now

If the member selects “confirm,” they will be brought to the landing page.

If the member selects “skip for now,” they will be brought to the landing page but the next time they log into their ACCESS account, they will be presented with the notification.

The screenshot shows the 'Account Home' page with a sidebar menu and a main content area. The sidebar menu includes sections for 'My Letters', 'My Health Care', 'Get a New Card', 'My Account', 'My Benefits', 'My Documents', and 'Learn More'. The main content area features a 'My Benefits' section with a table of benefits and their status.

Account Home

**My Letters**

- [View My Letters](#)
- [Manage My Email](#)

**My Health Care**

- [Manage My HMO](#)
- [Treatment Needs Question](#)
- [BadgerCare Plus Health Survey](#)
- [Request Explanation of Medical Benefits \(EOMB\)](#)

**Get a New Card**

- [ForwardHealth Card](#)

**My Account**

- [Manage My Account](#)

**My Benefits**

- [Report My Changes](#)
- [Apply For Benefits](#)
- [Renew My Benefits](#)

**My Documents**

- [Submitted Documents](#)
- [Needed Documents](#)

**Learn More**

- [Other Programs](#)
- [IRS 1095-B Tax Information](#)

**My Benefits**

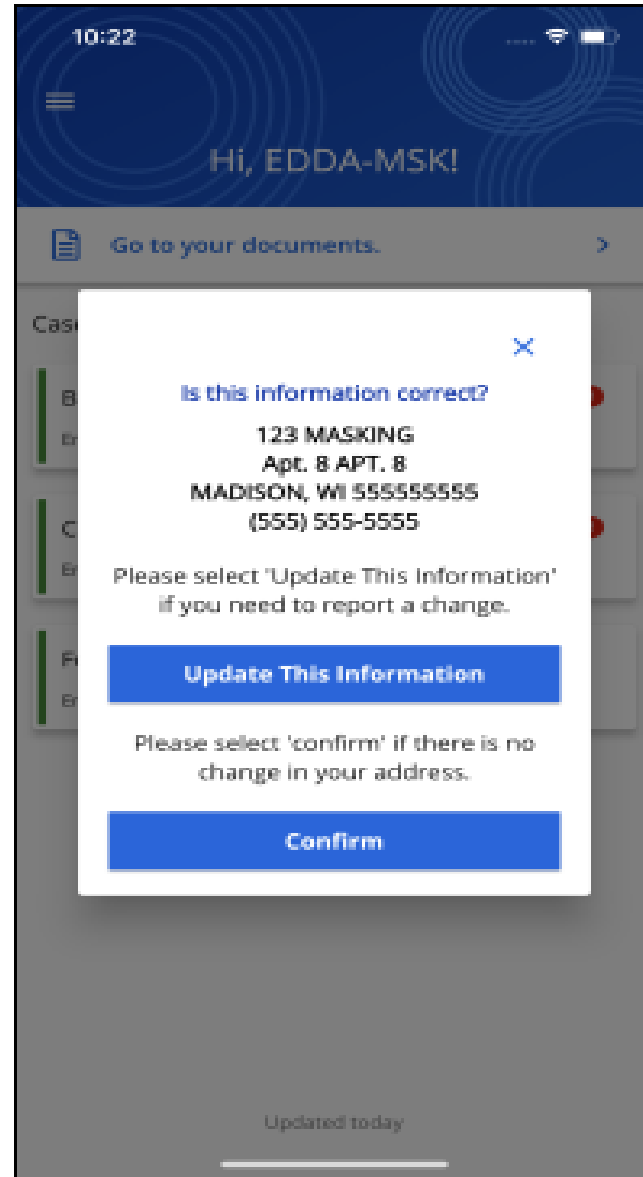
This information is current as of Thursday May 12, 2022.

Benefits	Status	Details
FoodShare	HEATHER is not getting FoodShare benefits in May 2022.	
BadgerCare Plus	In May 2022, HEATHER is getting BadgerCare Plus benefits.	
W-2	HEATHER is not eligible for W-2 in May 2022.	

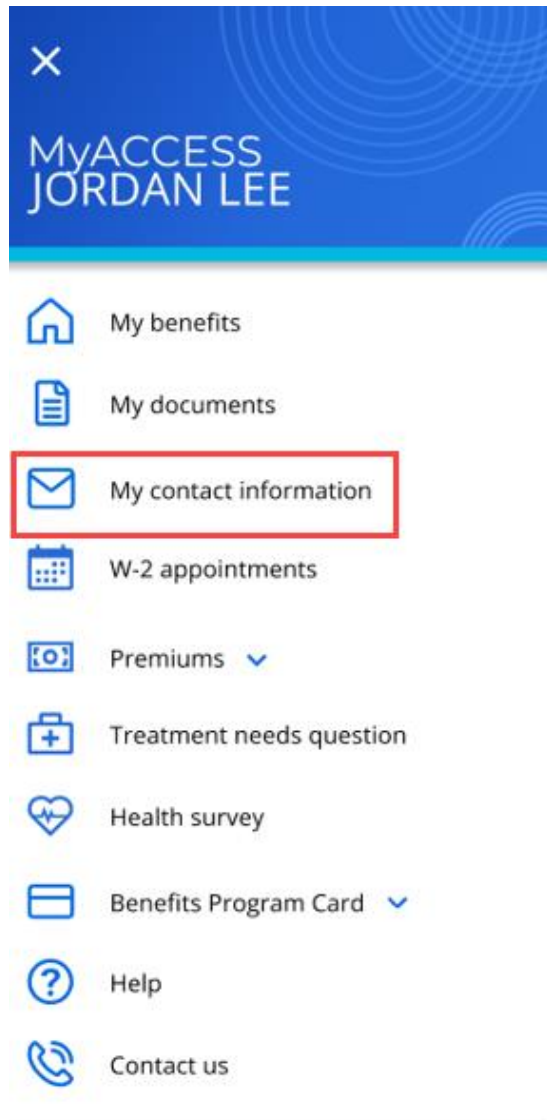
**MyACCESS**

# My Contact Information Notification

NOTE: The information on the member is mockup data and created for the purpose of displaying the change for Address Change for COVID Unwinding.



# My Contact Information Cont.



My contact information

Please review the below address and contact information. Select 'Next' once you have finished making changes.

**My Current Household Address** [Clear](#)

Address Line 1  
333 Gabriella Lane

Address Line 2

City Milwaukee State WI

County Waukesha Zip Code 53222

I am homeless right now.

**My Current Mailing Address** [Clear](#)

Same as above.

Address Line 1  
333 Gabriella Lane

Address Line 2

City Milwaukee State WI

Zip Code 53222

**Report Phone Number**

**Home Phone:** 813 768 6453 [Clear](#)

**Work Phone:** 813 768 6453 Ext. [Clear](#)

**Cell Phone:** 813 768 6453 [Clear](#)

**Message Phone:** 813 768 6453 Ext. [Clear](#)

[Next](#)

[Cancel](#)

My contact information

Please review the below address and contact information. Select 'Next' once you have finished making changes.

**My Current Household Address** [Clear](#)

Address Line 1  
333 Gabriella Lane

**Stop reporting changes?**

Everything you've entered so far will be lost.

[No, I'm Still Working](#)

[Yes, I Want To Exit](#)

**My Current Mailing Address** [Clear](#)

Same as above.

Address Line 1  
333 Gabriella Lane

Address Line 2

City Milwaukee State WI

Zip Code 53222

**Report Phone Number**

**Home Phone:** 813 768 6453 [Clear](#)

**Work Phone:** 813 768 6453 Ext. [Clear](#)

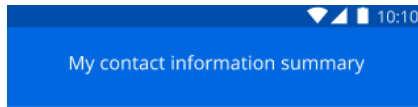
**Cell Phone:** 813 768 6453 [Clear](#)

**Message Phone:** 813 768 6453 Ext. [Clear](#)

[Next](#)

[Cancel](#)

# My Contact Information Summary



Please review **the changes you just made**; if you are done reporting changes please select 'Submit', or select 'Edit' if you need to go back.

## My Household Address

333 Gabriella Lane  
Milwaukee, WI 53222

## My Mailing Address

333 Gabriella Lane  
Milwaukee, WI 53222

## My Phone Number

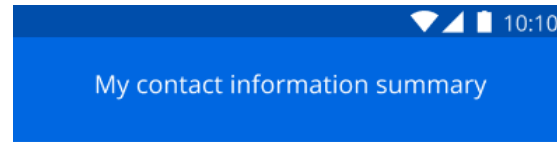
Home Phone: +1(813)768-6453  
Work Phone: +1(813)768-6453  
Cell Phone: +1(813)768-6453  
Message Phone: +1(813)768-6453

**Please contact your agency or visit ACCESS Online to report the following:**

- Report the address and contact information for Authorized Representatives,
- Report any changes to housing and utility bills,
- Report any changes to household composition,
- or, any other changes.

Submit

Edit



Please review **the changes you just made**; if you are done reporting changes please select 'Submit', or select 'Edit' if you need to go back.

## My Household Address

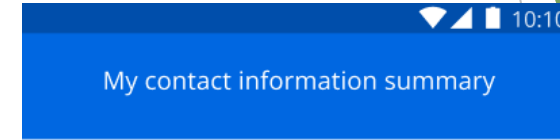
333 Gabriella Lane  
Milwaukee, WI 53222

**Please contact your agency or visit ACCESS Online to report the following:**

- Report the address and contact information for Authorized Representatives,
- Report any changes to housing and utility bills,
- Report any changes to household composition,
- or, any other changes.

Submit

Edit



Please review **the changes you just made**; if you are done reporting changes please select 'Submit', or select 'Edit' if you need to go back.

## My Mailing Address

My mailing Address on file has been removed.

**Please contact your agency or visit ACCESS Online to report the following:**

- Report the address and contact information for Authorized Representatives,
- Report any changes to housing and utility bills,
- Report any changes to household composition,
- or, any other changes.

Submit

Edit

# My Contact Information Summary Cont.

My contact information

Please review the below address and contact information. Select 'Next' once you have finished making changes.

**My Current Household Address** [Clear](#)

Address Line 1  
333 Gabriella Lane

Address Line 2

City Milwaukee State WI

County Waukesha Zip Code 53222

I am homeless right now.

**My Current Mailing Address** [Clear](#)

Same as above.

Address Line 1  
333 Gabriella Lane

Address Line 2

City Milwaukee State WI

Zip Code 53222

**Report Phone Number**

**Home Phone:** 813 768 6453 [Clear](#)

**Work Phone:** 813 768 6453 Ext. [Clear](#)

**Cell Phone:** 813 768 6453 [Clear](#)

**Message Phone:** 813 768 6453 Ext. [Clear](#)

[Next](#)

[Cancel](#)

My contact information summary

Please review **the changes you just made**; if you are done reporting changes please select 'Submit', or select 'Edit' if you need to go back.

## My Mailing Address

You indicated 'I am homeless right now'. If you have an address we can use to send you letters about your benefits, please provide it by selecting the 'Edit' button below. You can also view your letters and correspondence on ACCESS Online.

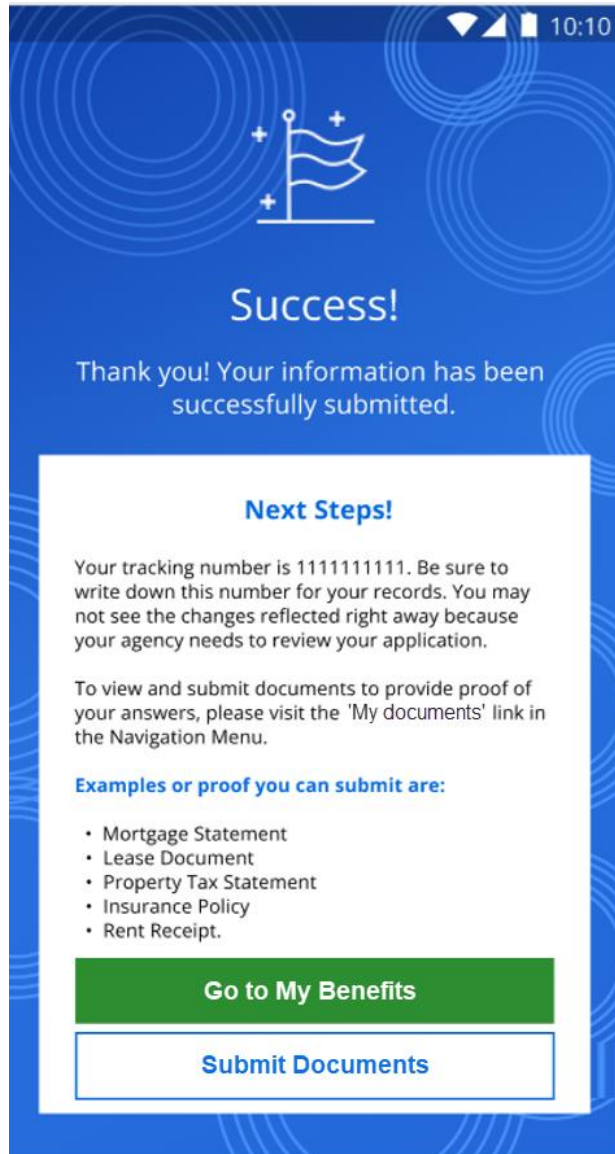
**Please contact your agency or visit ACCESS Online to report the following:**

- Report the address and contact information for Authorized Representatives,
- Report any changes to housing and utility bills,
- Report any changes to household composition,
- or, any other changes.

[Submit](#)

[Edit](#)

# My Contact Information Success



Questions?