

Comprehensive Case Management and Employment Program

Instructional Guide for Accessing Systems

OWCMS Access:

If your staff need new access or increased access to the Ohio Workforce Case Management (OWCMS) system for CCMEP case management, an ODJFS Code of Responsibility form, JFS-7078, must be completed. Please submit these forms as a group for speed in processing to:

OMJ-HELP-DESK@jfs.ohio.gov and copy Robert.Wilson04@jfs.ohio.gov

If your agency is on the ODJFS network, you may find the JFS-7078 form on the ODJFS innerweb. If you are a contract company employee, please contact the local agency for the form.

Barcoding Forms & CCMEP/FileNet Access:

In an effort to reduce the amount of CCMEP information needed to be keyed into OWCMS when the CCMEP screens are available next spring, barcoded forms are available for caseworkers.

The primary benefit of using the barcoded forms is that data captured with barcoding technology can be extracted, saved to a database, and later uploaded to OWCMS when Phase 2 is complete. A secondary benefit is that your staff may view and retrieve the signed PDF documents through the web-based FileNet system.

If you would like access to the CCMEP/FileNet system, please complete the JFS-7078 form and submit it to either OMJ-HELP-DESK@jfs.ohio.gov or to CCMEP-BARCODING-QNA@jfs.ohio.gov.

Requests for access to both OWCMS and CCMEP/FileNet may be submitted on the same form. They may be sent to any of the three e-mail addresses listed above.



OhioMeansJobs.com Access:

Staff should register for their own OMJ account to become familiar with this website and the career exploration, career planning, online training, resume building, practice interviewing, budgeting, backpack, and job searching tools available to help their clients.

Staff can monitor the progress of their clients in this system via OWCMS on the OMJ details screen. There's no form required for access, staff can just visit OhioMeansJobs.com and register for a free account.

Instructions for completing the ODJFS Code of Responsibility form JFS-7078

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|---|--|--|---|
| Reset Form | | | |
| Ohio Department of Job and Family Services CODE OF RESPONSIBILITY * PLEASE PRINT * | | | |
| Name (First, MI, Last) Paul P Practice 1234 | | Work Phone (614) 111-1111 | Supervisor Sherman T Potter |
| County Franklin | County Agency Job and Family Services | State Office | Bureau/Work Unit |
| AGENCY TYPE: <input type="checkbox"/> ODJFS <input type="checkbox"/> Non-ODJFS State <input checked="" type="checkbox"/> County <input type="checkbox"/> Local Govt. <input type="checkbox"/> Private/non-profit <input type="checkbox"/> Federal | | | |
| <input type="checkbox"/> Contract Employee | | Contract Company Name | Contract Telephone No. |
| ACCESS REQUESTED: (Local Security Coordinator/Supervisor use only) | | | |
| <input type="checkbox"/> ODJFS network / email access | | <input type="checkbox"/> CRISE | <input type="checkbox"/> SETS <input type="checkbox"/> SACWIS <input type="checkbox"/> MMIS |
| OTHER access CCMEP/FileNet and OWCMS (Last 4 of the requestor's SSN - ####) | | | |
| Novell Container | | Existing RACF / Novell ID's WPPP02/PRAC01 | |
| PLEASE READ CAREFULLY | | | |

The following fields must be completed:

- Name: Enter the first name, middle initial, and last name of the user who is requesting access to OWCMS and/or CCMEP FileNet. You must also include the last four digits of the requesting user's Social Security Number in this field.
- Work Phone: Enter the requesting user's work phone number
- Supervisor: Enter the name of the requesting user's direct supervisor
- County: Enter the County of the requesting user's agency
- County Agency: Enter the name of the requesting user's agency
- AGENCY TYPE: Check the appropriate box.
- OTHER access: Enter "CCMEP/FileNet" and/or "OWCMS"
- Existing RACF/Novell ID's: Enter the requesting users' Novell ID (the ID used to sign into their computer)
- Applicant Signature/Date: The requesting user's signature and date signed
- Supervisor Signature: The requesting user's direct supervisor's signature and date signed

*If you are a contract employee, please indicate the county or workforce agency that contracted with you in the e-mail that you send.

DO NOT SEND YOUR REQUEST TO ACCESS CONTROL

FORMS SENT DIRECTLY TO ACCESS CONTROL WILL DELAY THE PROCESSING OF THE APPLICATION

The supervisor and/or requestor will be notified when the user account has been established.

07/01/16