



STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES  
DIVISION OF ENTERPRISE SERVICES  
BUREAU OF FISCAL SERVICES

**COMMUNITY AIDS REPORTING SYSTEM (CARS)  
ACCOUNTING REPORTS MANUAL**

***CARS PROFILE ID: 935***

**PROFILE NAME:** Adjustment to Prior Year

**DIVISION RESPONSIBLE:** DES

**PROFILE TYPE:** A - Cash Adjustment

**CONTRACT TYPE:** Social Services

**REIMBURSEMENT PERCENTAGE:** 100.000

**LIMITATIONS:** N/A

**EXPENSES ROLL TO THIS PROFILE FROM:** N/A

**EXPENSES ROLL FROM THIS PROFILE TO:** N/A

**EXPENSES ALLOCATE TO THIS PROFILE FROM:** N/A

**EXPENSES ALLOCATE FROM THIS PROFILE TO:** N/A

**CATALOG OF FEDERAL DOMESTIC  
ASSISTANCE (CFDA) NUMBER:** N/A

**PROFILE DESCRIPTION:** To reimburse or collect funds from a closed contract year on CARS. MA Accountant approval is required and STAR coding should be provided.