# Jail Collaborative– Provider Supplemental Intake Form

The Supplemental Intake Form can be updated by internal and provider users who are assigned to the client.

## Accessing the Supplemental Intake Form

	Supplemental Intake Form            • Benotes Required Tistis ** Denotes Half-Mandatory Fields             • Case Required Tistis ** Denotes Half-Mandatory Fields             • Supplemental Intake Form             • Supplemental Intake Form             • Supplemental Intake Form             • Supplemental Intake Form             • Staff Name         • Agency/Unit             • Staff Name             • Staff Name             • Staff Name             • Staff Name             • Latest             • Latest             • Latest             • Latest             • Staff Name             • Latest             • Latest             • Latest             • Latest             • Does client have children under 187             • Health Insurance             • Veeran*             • Diver's License             • Education             • Diability             • Beleck	Admin			Help Logout Cas	e 🔻
• Danotes Required Fields ** Denotes Half-Mandatory Fields   Created Date Last Updated Date   Last Updated Date Last Updated By   Agency/Unit Updated Date     Signif Name Agency/Unit     Updated Date Last Updated Date     Signif Name Agency/Unit     Updated Date Last Updated Date     Signif Name Agency/Unit     Updated Date     Signif Name     Agency/Unit     Updated Date     Signif Name     Agency/Unit     Updated Date     Signif Name     Agency/Unit     Updated Date     Signif Name     Agency/Unit     Updated Date     Signif Name     Agency/Unit     Updated Date     Signif Name     Agency/Unit     Updated Date     Signif Name     Agency/Unit     Updated Date     Signif Name     Signif Name </th <th>Denotes Required Field     ** Denotes Half-Mandatory Fields      General Information      Created Date     Last Updated Date     Last Updated Bay     Agency/Unit      Supplemental Intake History      Staff Name     Agency/Unit      Updated Date      Latest All      Tatake Form      Clent Information      Marital Status      Des clent have children under 187      Health Insurance      Health Insurance Specify      Veteran      Other Insurance Specify      Disability      Jisome Source(s)      Jicome Source(s)      Jico</th> <th>Client D Genera</th> <th>al Info   Demographics 🕀 Employment   Supple</th> <th>mental Intake Form</th> <th></th> <th></th>	Denotes Required Field     ** Denotes Half-Mandatory Fields      General Information      Created Date     Last Updated Date     Last Updated Bay     Agency/Unit      Supplemental Intake History      Staff Name     Agency/Unit      Updated Date      Latest All      Tatake Form      Clent Information      Marital Status      Des clent have children under 187      Health Insurance      Health Insurance Specify      Veteran      Other Insurance Specify      Disability      Jisome Source(s)      Jicome Source(s)      Jico	Client D Genera	al Info   Demographics 🕀 Employment   Supple	mental Intake Form		
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Non-Cash Benefit(s)	Non-Cash Benefit(s)		Client Information Marital Status Does client have children under 18? Health Insurance Veteran* Driver's License Education Disability	Select	Health Insurance Type	
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- 1. Bring the Jail Client into focus.
- 2. Navigate to Services List screen.
  - a. Jail Collab. > Client > Supplemental Intake Form

#### Completing the Supplemental Intake Form

- 1. The fields in the *General Information* g are automatically populated.
- 2. The *Supplemental Intake History* grid displays information for all of the Intake Form updates.
  - a. The default view for the grid displays only the *Latest* update information.
  - b. To view all of the updates, select the All radio button.

### Complete the Intake Form.

- 1. Client Information Section
  - a. Select the Marital Status for the client.
  - b. Select Yes, No, or Unknown to answer the question, *Does client have children under 18*?
    - i. If *Yes*, enter *# of children* in the designated field.
    - ii. If *No* or *Don't Know*, # of children field becomes disabled.
  - c. Select Yes, No, or Unknown to indicate whether or not the client has *Health Insurance*.
    - i. If Yes, select the Health Insurance Type.
    - ii. If No or Unknown, Health Insurance Type becomes disabled.
    - iii. If Other is selected, the Other Insurance Specify field becomes mandatory.
  - d. Select the Veteran status for the client.
  - e. Select the status for the client's Driver's License.
  - f. Select the level of *Education* for the client.
  - g. Click the [Select] button beneath the Disability box. The multi-select box displays.
    - i. Highlight all that apply (to select more than one, hold **[CTRL]** button on keyboard to select each disability).
    - ii. Click [>>] to select the values.
    - iii. Click **[OK]**. The *Disability* box populates with the selections.
- 2. Income/Benefits Section
  - a. Click the **[Select]** button beneath the *Income sources* box. The multi-select box displays.
    - i. Highlight all that apply (to select more than one, hold **[CTRL]** button on keyboard to select each disability).
    - ii. Click [>>] to select the values.
    - iii. Click **[OK]**. The *Income Source* box populates with the selections.
  - b. Click the **[Select]** button beneath the Non-Cash Benefit(s) box. The multi-select box displays.
    - i. Highlight all that apply (to select more than one, hold **[CTRL]** button on keyboard to select each disability).
    - ii. Click [>>] to select the values.
    - iii. Click **[OK]**. The Non-Cash Benefit(s) box populates with the selections.
  - c. Click [Save] to save the form/updates.

#### For more information...

For assistance, please contact the Allegheny County Service Desk at <u>servicedesk@alleghenycounty.us</u> or 412-350-4357 (Option 2 for DHS). To access the Self Service Tool go to <u>http://servicedesk.alleghenycounty.us</u>.

This Job Aid and additional user materials are located on the DHS Amazon site at http://dhswbt.s3.amazonaws.com/KIDSJobAids/index.html.