



Household Member – Job Aid

The Household Member screen is used to capture information used to capture the core information for the household member of the foster care home.

Accessing and Completing the Household Members screens

Departmer Allegheny C	nt of Human Services ounty, Pennsylvania	((((MPER
Provider Admin		Logout Provider 🔻 🧾 🥹
Provider 🖸 🔪 Homes 🛛 🔪 Member Info 🖸	List of Household Members Member Employer I Income Medical Immunization	
Organizer Focus History In Focus	Household Members B C D E F Name General Race Foster Parent Insurance Checklist	
User ID: KDTEST9 User Name: MPER Contracts 1	Prefix First Middle Last	
Entity Type: Individual Entity Name: CIUFAMILY, CIUPROVIDER Entity ID: 29645 Remove Focus	Care 24Hr FL Respite Service FL Received Child Clearance Received Criminal Clearance Minimum Age Served Maximum Age Served NA Child Clearance Reason	n
Entity Type: Household Member Entity Name: Ciuprovider Clufamily Entity ID: 1	Save Cancel	
Favorites AT Work Basket My Provider List		

- 1. Logging into the application brings your Agency into focus.
- 2. To bring existing Facility into focus, click **My Facilities** in the Organizer tab on the left navigate bar. Select the individual from the grid and click **[Show]**.
- 3. Navigate to Household Members screen.
 - a. Provider > Homes > Member Information > List of Household Members
 - b. To create a new household member, click the **[New]** button.
 - c. To edit an existing household member, highlight the household member from the *Householder Member(s)* grid, click **[Show]**.
 - d. At the splash screen, select **Member** from the breadcrumb trail.
- 4. Complete the required and applicable fields in all sections and tabs.
- 5. Click the [Save] button to save the entries.

Completing the Household Members screen – Name tab (A)

- 1. Enter the name in the *Prefix*, *First*, *Middle* and *Last* fields.
- 2. Check the applicable box for Care 25Hr FL, Respite Service FL, Received Child Clearance and Received Criminal Clearance.
- 3. Enter Minimum Age Served and Maximum Age Served.
- 4. Select the NA Child Clearance Reason.
- 5. Select the NA Criminal Clearance Reason.
- 6. Click **[Save]**.

Name		General		Race	X	Foster Parent	X	Insurance		Checklist	
Date of Birth‡	SSN		Gender‡	▼ Date	e of De	ath‡					
Religion	•	Marital	Status‡	Ŧ							
Head of Hou	isehold N	1ember‡									
Head of Ho Head of Ho	ousehold : ousehold :	1 2	Relationship	to Head o	of Hous	ehold 1	Relat	tionship to Hea	ad of H	ousehold 2	
N/A											
Save Can	cel										

- 1. Select the household member's *Date of Birth*.
- 2. Enter the SSN.
- 3. Select the Gender.
- 4. Select the *Date of Death*, if applicable.
- 5. Select Religion and Martial Status.
- 6. Complete the *Head of Household Member* section.
 - a. Select a radio button for *Head of Household 1, Head of Household 2* or *N/A*. You can only choose one option.
 - b. Select the relationship to the unselected HOH.
 - *i.* TIP: If the Household Member is indicated to be HOH 1, then the relationship to HOH 2 is selected. The Relationship to HOH 1defaults to 'Self'.
 - 7. Click **[Save]**.

Completing the Household Members screen – Race tab (C)

Name		General	Race	Foster Parent	 Insurance	Checklist	
Ethnicity‡							
- Pace			•				
American In	dian or A	laska Native					
Select							
Enrolled or Prin	ncipal Trib	be:					_
Select							
Save	ncel						

- 1. Select the *Ethnicity*.
- 2. To enter *Race* information, click **[Select]** under the *Race* box. Highlight all that apply, click **[>>]** and click **[OK]**. This information populates the *Race* box.
 - a. If *American Indian or Alaska Native* is selected, click **[Select]** under the *Tribe* box. Highlight all that apply, click **[>>]** and click **[OK]**. This information populates the *Tribe* box.
- 3. Click [Save].

Name General (Race Foster Parent	Insurance Checklist	/
Back Up Foster Parent Provider Name	Agency Name		
Save Cancel			

- 1. Click **[Find]** to open the *Provider Search* pop-up.
- 2. Complete the desired *Search Criteria* fields. These fields are used to limit the search results that are displayed in the *Search Results* grid.
 - a. *Direct Service Provider* is a provider that gives service directly to the clients.
 - b. Vendor is XXX.
 - c. *Community* provider is XXX.
 - d. *Provider Category* limits the search results to Contracted providers, Non-Contracted providers or to Both Contracted and Non-Contracted, as selected.
 - e. *Type of Service* will limit the search results to Placement providers, Non-Placement providers or to provider that deliver both, placement and Non-Placement services.
 - f. *Agency/Facility/Individual* checkboxes limits the search results to the selected checkbox.
 - i. Agency is the main location of a provider this location may or may not deliver services.
 - ii. Facility is a satellite location of an Agency. This location delivers services.
 - iii. Individual is a parental based foster home.
 - 1. TIP: The Agency and Facility checkbox can be marked at the same time.
 - g. Name Search fields will limit the search results to the entered name selections.
 - i. *Last Name* will limit the search results to Individual providers that are created with a last name, such as a parental based foster home.
 - 1. TIP: This is the only Name Search field that is Active when the Individual checkbox is marked.
 - ii. *Agency* will limit the search results to the name or portion of the agency.
 - h. The *Open Date* fields, *From* and *To*, limits the provider search results to only the providers opened during the selected date range. Click the area header checkbox to enable the fields.
 - i. The *Close Date* fields, *From* and *To*, limits the provider search results to only providers closed during the selected date range. Click the area header checkbox to enable the fields.
 - j. The *Provider* field returns only the matching result for the entered *Provider ID* number. Click the area header checkbox to enable the ID field.
 - k. The *Contract Number* field returns only the matching result for the entered contract number. Click the area header checkbox to enable the *Contract Number* field.
 - I. The *Availability* radio buttons limits the search results to display only Available, Unavailable or both, as selected. The default setting in KIDS to display 'All', which is Available and Unavailable.
 - m. Click the **[Services]** button to limit the provider search to a specific service or group of *Services*.
 - *i.* TIP: The more Search Criteria fields completed, the more limited the Search Results will be.
- 3. Click the **[Search]** button to search for providers that match the entered and selected *Search Criteria*.
- 4. The search results are displayed in the *Search Results* grid.
 - a. The [Clear] button will clear any entered Search Criteria.

	Name	Gen	eral	Race	Foster Paren	t Insurance	Che	ecklist	
	Insurance Ty	уре		Amount	Carrier	Effective Date		Policy Number	 End Date
Ins	urance Type*	-	Specify						
	rior*			Amo	unt	Boligy Number*			
	ner			Ano	0	.0			
Effe	ective Date*	End	Date*						
	*		*						
Ca	r Year	Car Make	C	Car Model	Inspection Date	Inspection Due Date	Driver Lice	ense Number	
					×	×			
Co	mments								
								$\sim \nu$	
								-	
New	Save	Cancel							

- 1. Select the *Insurance Type*. If *Other*, complete the *Specify* field.
 - a. If *Auto* is chosen, the fields for information on the car become mandatory.
- 2. Enter the Carrier.
- 3. Enter the Amount.
- 4. Enter the Policy Number.
- 5. Enter the *Effective Date* and *end Date*.
- 6. Enter note in *Comments* field as appropriate.
- 7. Click [Save].
 - a. On first entry, answers populate in the grid.
 - b. On subsequent entries, click **[New].** Complete the fields and lick **[Save]** to create a new entry in the grid.

Name Ger	neral Race	Foster Parent	Insurance	Checklist
Checklist Item	Date Obtained	Expiration Date	Comments	
Checklist Item	Date Obtained	E	Expiration Date	
•	×		*	
Comments				
Comments				
New Save Cancel				

- 1. Select a Checklist Item.
- 2. Select the *Date Obtained*.
- 3. Select the *Expiration Date.*
- 4. Enter note in *Comments* field as appropriate.
- 5. Click [Save].

For more information...

For more information on this communication or for assistance, please be sure to contact the Help Desk at <u>Helpdesk-dhs@alleghenycounty.us</u> or 412-350-4357 Option 2.