



Case – Referral Info MH Residential Job Aid

The *Referral Information* screen documents Service Support Information about the Consumer. Information on this screen is carried over from the Referral but can be updated as needed.

Referral Information

Select. Y Prefix First Name Office Phone # ** E4Mail Address * Office Phone # ** E4Mail Address * Office Phone # ** E4Mail Address * Recent CANS/ANSA Date County Service Support Program Type Service Support supervisor Prefix First Name * Middle Name Last Name * Service Support supervisor Prefix First Name * Middle Name Last Name * Service Support supervisor Prefix First Name * Middle Name Last Name * Service Support Program Type Prone # *	Same as above	Service Support? *	Service Suppo	rt program *	Team Name/Number	Support P	rovider Agency N	Jame *
Prefix First Name* Middle Name Last Name * Suffix Office Phone # ** Cell Phone # ** E-Mail Address * Recent CANS/ANSA Date Office Phone # ** Cell Phone # ** E-Mail Address * Recent CANS/ANSA Date County Service Support Rogram Type	-Select-		-Select-			-Select-		
Office Phone # ** Cell Phone # ** E-Mail Address * Recent CANS/ANSA Date Office Phone # ** Cell Phone # ** E-Mail Address * Recent CANS/ANSA Date County Service Support Program Type	Prefix	First Name *	Middle Name		Last Name *	Suffix		
Office Phone # ** EMail Address * Recent CANS/ANSA Date County Service Support Program Type Service Support supervisor							-Select-	~
County Service Support Program Type Service Support supervisor Prefix First Name * Middle Name Last Name * Suffix Phone # * -Select: > Prefix First Name Middle Name Last Name Suffix -Select: Previder -Select: > Prefix First Name Middle Name Last Name Suffix -Select: Phone # If no referral was sent to a service support provider for consideration, please explain Save	Office Phone # **	Cell Phor	ne# **	E-Mail Ad	dress *	Recent CA	NS/ANSA Date	
Service Support supervisor Prefix First Name * Middle Name Last Name * Suffix Phone # *	County	Service S	Support Program Typ	pe				
Prefix First Name* Middle Name Last Name* Suffix	Service Support superv	isor						
Phone # * The following section is applicable to Individuals without Service Support Has Service Support referral been made? Date Referral Made Service Support Program Type Provider -Select- Prefix First Name Middle Name Last Name Suffix -Select- Y Prefix First Name Middle Name Last Name Suffix -Select- Y Service Support provider for consideration, please explain Save	Prefix	First Name *		Middle Name	Last Name *		Suffix	
The following section is applicable to Individuals without Service Support Has Service Support referral been made? Date Referral Made Service Support Program Type Provider -Select- Prefix First Name Middle Name Last Name Suffix Save Save								
-Select- Prefix First Name Middle Name Last Name Suffix -Select- Phone # explain Save	Phone # *							
Prefix First Name Middle Name Last Name Select- Phone # explain Save	Phone # * The following section Has Service Support ref	on is applicable to Indivi	viduals without S Date Referral I	Service Support Made	Service Support Progr	am Type	Provider	
Phone # -Select Phone # Save	Phone # * The following sectil Has Service Support ref -Select-	on is applicable to Indiv ferral been made?	Viduals without S	Service Support Made	Service Support Progr	am Type	Provider	
Phone # If no referral was sent to a service support provider for consideration, please explain	Phone # * The following sectil Has Service Support ref -Select- Prefix	ion Is applicable to Indiv ierral been made?	viduals without S	Service Support Made Middle Name	Service Support Progr -Select- Last Name	am Type	Provider	
Save	Phone # * The following section Has Service Support ref -Select- Prefix	ion is applicable to Indiv ferral been made?	Viduals without S Date Referral I	<i>Service Support</i> Made Middle Name	Service Support Progr -Select- Last Name	am Type	Provider Suffix -Select-	
	Phone # * The following section Has Service Support refi -Select- Prefix Phone #	ion is applicable to Indiv ferral been made?	viduals without S Date Referral I erral was sent to a se	Service Support Made Middle Name ervice support provider fi	Service Support Progr -Select- Last Name for consideration, please	am Type	Provider Suffix -Select-	
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1. From the Dashboard : Locate the desired Case and click on the Case ID to bring the Case into focus.

		 Case Information 			Referral Info	>	
а.	Click on the		tile.	Then click on the	Referrarinio	•	tile.



1.



Service Support Information

Service Support Information

: If the Service Support is the same as the Referral Source, check the Same as above checkbox. This will automatically add the Referral Source and Referral Source Supervisor's contact information. There will still be other fields that will need to be completed.

Same as above besthe applicant hav -Select-	re a Service Support? *	Service Support program * -Select-	Team Name/Number	Support Provider Agency Name * -Select-
Prefix	First Name *	Middle Name	Last Name *	Suffix
				-Select- 🔽
County ervice Support super	Service Support Pr	rogram Type		
Prefix	First Name *	Middle Name	Last Name *	Suffix
				-Select- 🗸
Phone # *				

- a. Does the Applicant have a Service Support?: Indicate whether or not the Consumer has a Service Support by selecting "Yes" or "No" from the drop-down. If "No" is selected, complete the section below, titled: The following section is applicable to individuals without Service Support.
- b. Service Support Program and Team Name/Number: Select the type of Service Support Program from the drop-down. If the type is "CTT" (Community Treatment Team) then enter the Team Name/Number.
- c. Support Provider Agency Name: Select the name of the Support Provider Agency from the drop-down.
- d. Prefix, First Name, Middle Name, Last Name and Suffix: Service Provider Worker's First Name and Last Name. If applicable also enter the Referral Source's Prefix, Middle Name, and Suffix.





- e. *Office Phone #* and *Cell Phone #*: Enter the Office and/or Cell Phone number of the Service Support Worker.
- f. *E-Mail Address*: Enter the Service Support Worker's email address.
- g. *Recent CANS/ANSA Date*: If the Consumer has had a CANS/ANSA completed recently that date will automatically be entered here.
- h. County and Service Support Program Type: If "Out of County" is selected in the Service Support Program (b) drop-down, then enter the County and Service Support Program type here.
- i. *Service Support supervisor*: Enter the Service Support Supervisor's information including the Supervisor's: *First Name, Last Name* and *Phone #*. If applicable also enter the Supervisor's *Prefix, Middle Name,* and *Suffix*.
- 2. If the Consumer does not have Service Support, complete this section:

-Select-		A	-Select-	
Prefix	First Name *	Middle Name	Last Name *	Suffix -Select-
Phone #		If no referral was sent to a service sup explain	port provider for consideration, p	please

- a. *Has Service Report referral been made?* and *Date Referral Made*: Indicate whether or not a Service Support Referral has been made by selecting "Yes" or "No" from the drop-down. If the answer is Yes, then enter the date the Referral was made.
- b. *Service Support Program Type* and *Provider*: Select the type of Service Support Program from the drop-down and enter the Provider name.
- c. *Prefix, First Name, Middle Name, Last Name* and *Suffix*: Enter the referral For Service Support contact person's *First Name* and *Last Name*. If applicable also enter their *Prefix, Middle Name,* and *Suffix*.
- d. *Phone #*: If known, enter the Service Support contact person's phone number.





- e. If no referral was sent to a service support provider for consideration, please explain: If the answer to Has Service Report referral been made? was "No" then an explanation must be provided here.
- 3. Click Save at the bottom of the screen to save all of the information entered or edited. Remember to save before navigating away from this screen. All required (*) fields must be filled out before can be clicked.

For more information...

For assistance, please contact the Allegheny County Service Desk at <u>ServiceDesk@AlleghenyCounty.US</u> or call 412-350-HELP (4357). Select Option 2 for the DHS Service Desk.

To access I-Service, go to: <u>https://servicedesk.alleghenycounty.us</u>

This and other Job Aids can be found at: <u>http://s3.amazonaws.com/dhs-application-support/index.htm</u> or <u>http://dhsassist.dhs.allegheny.local</u> for internal users.