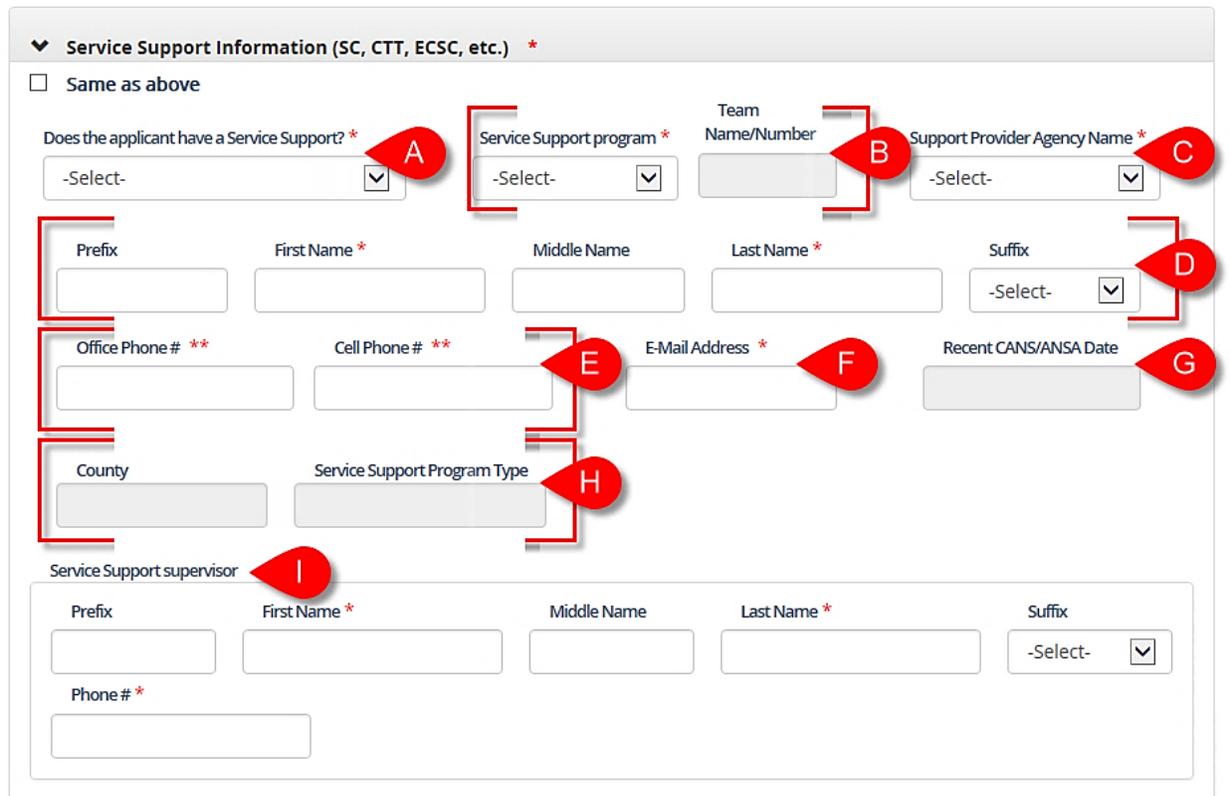


Service Support Information

- 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.



Service Support Information (SC, CTT, ECSC, etc.) *

Same as above

Does the applicant have a Service Support? * **A**

Service Support program * **B**

Team Name/Number **B**

Support Provider Agency Name * **C**

Prefix **D**

First Name * **D**

Middle Name **D**

Last Name * **D**

Suffix **D**

Office Phone # ** **E**

Cell Phone # ** **E**

E-Mail Address * **F**

Recent CANS/ANSA Date **G**

County **H**

Service Support Program Type **H**

Service Support supervisor **I**

Prefix

First Name *

Middle Name

Last Name *

Suffix

Phone # *

- 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.*
- 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.
- Support Provider Agency Name:* Select the name of the Support Provider Agency from the drop-down.
- 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:

The following section is applicable to Individuals without Service Support

Has Service Support referral been made? -Select- [v]	Date Referral Made []	Service Support Program Type -Select- [v]	Provider []	
Prefix []	First Name * []	Middle Name []	Last Name * []	Suffix -Select- [v]
Phone # []	If no referral was sent to a service support provider for consideration, please explain []			

- 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  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 ServiceDesk@AlleghenyCounty.US or call 412-350-HELP (4357). Select Option 2 for the DHS Service Desk.

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

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