



Referral – Applicant Authorization MH Residential Job Aid

The *Applicant Authorization* screen allows the user to document the Consumer’s authorization for this Referral. The Level of Care screen must be completed first. If the Level of Care for the Referral is LTSR, go to the **LTSR Acknowledgement** screen instead.

Applicant Authorization

▼ Signatures

Date	Applicant's Signature Type	Referral Source Signature Type	Referral Source
2/8/2017	Capture Signature	Capture Signature	Amy Wienand

Show entries First Previous 1 Next Last

[New](#)

▼ Applicant Authorization

I _____ (name) understand that a referral is being made on my behalf to the Allegheny County Department of Human Services, Office of Behavioral Health (OBH) for Mental Health Housing (MH Housing). The purpose of this referral is to help locate a program that will give me the opportunity to participate in a therapeutic housing program to help me work on my goals; and to gain and strengthen the skills I need to take better care of myself, and live as independently and successfully in the community as possible.

By signing this authorization, I give my permission for the MH housing referral form and any of my health records be forwarded to OBH for the purpose of this referral.

When a MH housing program is identified as one that could possibly meet my needs and goals, I will have the opportunity to discuss it with my treatment team. If I agree to the referral, OBH will share my information (the referral form and any health records) with that provider for consideration. While I am on the waiting list, my treatment team will keep my information up to date, report any changes in my information to OBH, and keep me informed. My participation in MH Housing is voluntary. I understand that I may stop the referral process to MH Housing at any time.

This authorization will remain in effect for one year or be closed when: (1) MH housing is obtained (2) I and my treatment team think that this MH housing referral is not needed; or (3) I no longer wish to be referred to MH housing. I may contact Veronica Housing , Centralized Referral Coordinator at 412-000-0000 at any time should I decide to have my name removed from the MH Housing referral list.

My provider has discussed this residential referral as well as this authorization form with me and I am in agreement with this referral and the level of care being recommended.

The original signature for this form will be kept on file at the agency making the referral. The original signature page will be made available upon request from Allegheny County DHS/OBH. DHS/OBH will accept an electronic signature or copy of this form as authorization.

▼ Applicant Approval *

Name of Applicant Capture Signature Paper Signature : document uploaded

[Capture Signature](#)

▼ Referral Source Approval *

Name of Person Completing Form Agency or Organization Job Title *

Capture Signature Paper Signature : document uploaded

[Capture Signature](#)

[Previous](#) [Save](#) [Next](#) [Print](#)



Navigation

1. From the **Dashboard**: Locate the desired Referral and click on the *Referral ID* to bring the Referral into focus.
 - a. Click on the **Applicant Authorization** tile.
2. The **Previous** and **Next** buttons can be used to navigate up or down one screen within the Left Navigation tiles.
 - a. **CAUTION:** The **Back** button at the top of the screen will navigate the user back to the Dashboard and any unsaved information will be lost. If this button is clicked before a new Referral has been saved for the first time, the user will have to start over again on that Referral.
3. Once all of the mandatory fields have been entered, click **Save** at the bottom of the screen to complete this screen.
4. The **Accept** button will remain light blue and inactive until all of the mandatory screens have been completed in the Referral.
 - a. Mandatory screens will have a  next to the Left Navigation tile for that screen.
 - b. Once a screen has been completed, this icon will change to a  which indicates that the mandatory information for this screen has been entered and saved.
5. Once this screen has been saved and completed, the **Accept** button will become dark blue and active, allowing the user to submit the Referral to DHS.

Signatures

1. **Signatures** pane: This pane displays a list of any signatures that have already been captured.

▼ Signatures			
Date	Applicant's Signature Type	Referral Source Signature Type	Referral Source
2/8/2017	Capture Signature	Capture Signature	Amy Wienand

Show entries First Previous **1** Next Last

New

- a. Click **New** to complete a new authorization form.



Applicant Authorization

1. **Applicant Authorization** pane: Review the authorization statement with the Consumer.

Applicant Authorization

A I [redacted] (name) understand that a referral is being made on my behalf to the Allegheny County Department of Human Services, Office of Behavioral Health (OBH) for Mental Health Housing (MH Housing). The purpose of this referral is to help locate a program that will give me the opportunity to participate in a therapeutic housing program to help me work on my goals; and to gain and strengthen the skills I need to take better care of myself, and live as independently and successfully in the community as possible.

By signing this authorization, I give my permission for the MH housing referral form and any of my health records be forwarded to OBH for the purpose of this referral.

When a MH housing program is identified as one that could possibly meet my needs and goals, I will have the opportunity to discuss it with my treatment team. If I agree to the referral, OBH will share my information (the referral form and any health records) with that provider for consideration. While I am on the waiting list, my treatment team will keep my information up to date, report any changes in my information to OBH, and keep me informed. My participation in MH Housing is voluntary. I understand that I may stop the referral process to MH Housing at any time.

This authorization will remain in effect for one year or be closed when: (1) MH housing is obtained (2) I and my treatment team think that this MH housing referral is not needed; or (3) I no longer wish to be referred to MH housing. I may contact **Veronica Housing**, Centralized Referral Coordinator at **412-000-0000** at any time should I decide to have my name removed from the MH Housing referral list.

B My provider has discussed this residential referral as well as this authorization form with me and I am in agreement with this referral and the level of care being recommended.

The original signature for this form will be kept on file at the agency making the referral. The original signature page will be made available upon request from Allegheny County DHS/OBH. DHS/OBH will accept an electronic signature or copy of this form as authorization.

- a. The name of the Consumer will automatically be filled in as well as the name and phone number of the user making the Referral.
- b. To indicate that the referral and authorization form have been discussed with the Consumer and the consumer is in agreement with the referral and recommended Level of Care, check the checkbox. Note, the applicant approval signature cannot be captured unless this box has been checked.

Applicant Approval

1. pane: Use this pane to document the Consumer's signature.



The screenshot shows the 'Applicant Approval' pane. It contains three main sections: 'A' is a text input field for 'Name of Applicant'; 'B' is a radio button labeled 'Capture Signature' with a blue 'Capture Signature' button below it; 'C' is a radio button labeled 'Paper Signature: document uploaded'.

- a. *Name of Applicant*: The name of the Consumer will automatically be entered here.
- b. To capture a digital signature, select the *Capture Signature* radio button and click to open the *Signature* pop-up.



The screenshot shows the 'Capture Signature' pop-up. It has two input fields for 'Name' and 'Date'. Below them is a large 'Signature*' box. At the bottom are three buttons: 'Accept', 'Clear', and 'Exit'.

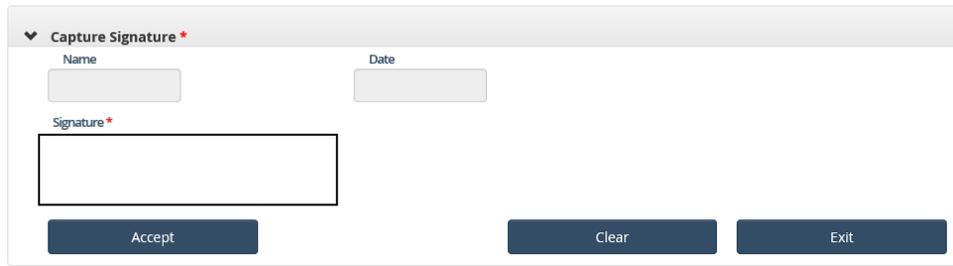
- i. *Name* and *Date*: The Consumer's name and today's date will automatically be entered.
 - ii. The Consumer can sign within the *Signature* box with a stylus. Note that a computer or tablet with a touch screen is required to capture a signature.
 - iii. Click to capture the signature.
 - iv. If the Consumer would like to re-do their signature, click to reset the *Signature* box for another signature attempt.
 - v. To close the *Signature* pop-up without saving the signature, click .
- c. If the digital signature could not be captured and the Consumer signed the paper form:
 - i. Select the *Paper Signature: document uploaded* radio button.
 - ii. After completing the **Applicant Authorization** screen and gathering the paper signature, navigate to the **Document Folder** screen to upload the paper signature.

Referral Source Approval

1. **Referral Source Approval** pane: Use this pane to document the Referral Source/User’s signature.



- a. *Name of Person Completing Form*, *Agency or Organization*, and *Job Title*: Enter the Job Title. The name and organization of the user will automatically be entered.
- b. To capture a digital signature, select the *Capture Signature* radio button and click **Capture Signature** to open the *Signature* pop-up.



- i. *Name* and *Date*: The User’s name and today’s date will automatically be entered.
- ii. The User can sign within the *Signature* box with a stylus. Note that a computer or tablet with a touch screen is required to capture a signature.
- iii. Click **Accept** to capture the signature.
- iv. If the User would like to re-do their signature, click **Clear** to reset the *Signature* box for another signature attempt.
- v. To close the *Signature* pop-up without saving the signature, click **Exit**.
- c. If the digital signature could not be captured and the User signed the paper form:
 - i. Select the *Paper Signature: document uploaded* radio button.
 - ii. After completing the **Applicant Authorization** screen and gathering the paper signature, navigate to the **Document Folder** screen to upload the paper signature.



Completing and Printing the Authorization

1. Click  at the bottom of the screen. The  button will now become dark blue and active.
2. Click . A printable PDF preview of the Authorization form will open.

Important Reminder when previewing and printing:

Previews will open in a new window or tab. This window or tab may open in the background and may not be immediately visible. Close all other previews first.

Synergy is **NOT** compatible with Microsoft's Edge  browser.

Use either Internet Explorer  or Chrome  browsers.

3. Once this screen has been saved and completed, the  button at the top of the screen will become dark blue and active, allowing the user to submit the Referral to DHS.

Reminder: *If paper signatures were gathered, make sure to scan and upload these signatures before submitting the Referral.*

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.