



Referral – Individual Info MH Residential Job Aid

The *Individual Info* screen is the first MH Residential screen that appears when a new Referral is created. This screen contains basic demographic information on the Consumer (client) as well as Sexual Orientation and Gender Identity Expression (SOGIE) information and address(es). Representative payee, guardianship and power of attorney information is also captured here.

Individual Info

| Referral Summary | | | | |
|---|--|---|---------------------|--|
| *Denotes Required Fields **Denotes Half Mand | atory Fields Ctrl + Click to Multi-Select and Deselect | | | |
| Referral Date * | Referral Status * | Referral ID | Pr | riority Category * |
| | Pending ~ | 0 | | None selected 🕶 |
| Provider | Facility/Unit | Assigned Worker | Re | eadiness Level * |
| | * · | | * -9 | Select- |
| Diagnostic Information: The applicant must have a within the past 12 months. | primary diagnosis of a Serious Mental Illness other than pri | mary alcohol or substance use disorders, on | anic brain syndrome | es, developmental disabilities, or social conditions |
| Readiness Date | Primary Mental Health Diagnosis * | Secondary Mental Health Diagnosis | Di | iagnosis Date * |
| | -Select- | | | |
| | Level Of Care * | | | |
| Level of Care Descriptions | -Select- | | | |
| | | | _ | |
| | | | | Print Referral Summary |
| | | | | |
| > Individual Information * | | | | |
| | | | | |
| | | | | |
| > Sexual Orientation and Gender Identity | Expression * | | | |
| | | | | |
| Address Information * | | | | |
| Representative Pavee, Guardianship and | Power of Attorney Information * | | | |
| | | | | |
| Save | Next | | | |
| | | | | |
| | | | | |
| | | | | |

- 1. Existing Referrals: Locate the desired Referral on the **Dashboard** and click on the *Referral ID* to bring the Referral into focus. The user will automatically be navigated to **Individual Info**.
- 2. The Next button at the bottom of the screen can be used to navigate to the next 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. The Submit button will remain light blue and inactive until all of the mandatory screens have been completed in the Referral. Mandatory screens will have a next to the Left Navigation tile for that screen. Once a screen has been completed this icon will change to a which indicates that the screen is either complete or has information entered.

Navi





Save and Next

Steps to Completing the Individual Info screen on a New Referral:

- 1. When a new Referral is created through the ACDHS Portal:
 - a. From the *Eligibility Results* or the *Compare Programs* screens in the ACDHS Portal:
 i. If the *Eligibility Results* include MH Residential the screen will include the
 - Start Referral button which can be clicked to start the Referral process.
 - b. From the ACDHS Portal home screen: Click <u>Continue with LTSR Referral</u> on the *Housing Eligibility* tile to start the Referral process.
 - c. Complete the **Consumer Information** ACDHS Portal screen and click
 - d. The *Client Search* pop-up will open. If there are no other current Referrals for this Consumer click Create New Referral to continue.
 - e. The user will be navigated to the **Individual Info** screen and the *Individual Details* popup will automatically open.
- Complete the *Individual Details* pop-up.
 See page 3 of this Job Aid for instructions on how to complete this pop-up.
- Complete the MCI Clearance for the Consumer.
 See page 5 of this Job Aid for instructions on how to MCI clear a Consumer.
- 4. Update the <a>Referral Summary pane and click <a>Save at the bottom of the screen. Clicking <a>Save will create the new Referral and assign a Referral number.
 See page 8 of this Job Aid for instructions on how to complete the <a>Referral Summary pane.
- 5. Document the Consumer's Sexual Orientation and Gender Identity Expression (SOGIE) information. See page 9 of this Job Aid for instructions on how to complete the

Sexual Orientation and Gender Identity Expression
 pane.

- 6. Document the Consumer's address information. See page 10 of this Job Aid for instructions on how to complete the
 Address Information pane.
- 7. Document all of the relevant information for the Consumer's Representative Payee, Guardianship and/or Power of Attorney. See page 13 of this Job Aid for instructions on how to complete the
 Representative Payee, Guardianship and Power of Attorney
 pane.
- 8. Click Save at the bottom of the screen before navigating away from the Individual Info screen.





Individual Information

1. Completing the *Individual Details* pop-up:

| Individual Details | | | | | | |
|--------------------|---------------------------|------------------------|----------------|--------------------|---|---|
| Prefix | First Name * | Middle Name | Last Name * | Suffix -Select- | A SSN * | B |
| Birth Date * | Legal Sex * D -Select- | Race * | one selected - | Source of Incor | ne * None selected - | F |
| Health Insurance * | selected 🗸 | Other Health Insurance | Гуре | | Applying for Benefits through SOAR -Select- | H |
| Veteran? * | V | | | | | |
| Save | Cancel | | | | | |

- a. *Prefix, First Name, Middle Name, Last Name* and *Suffix*: Enter the Consumer's *First Name* and *Last Name*. If applicable also enter the Consumer's *Prefix, Middle Name,* and *Suffix*.
- b. SSN: Enter the Consumer's Social Security Number (SSN).
- c. Birth Date: Enter the Consumer's date of birth.
- d. *Legal Sex:* Select the Consumer's legal sex from the drop-down.
- e. *Race:* This is a multi-select drop-down, select all that apply.
- f. *Source of Income:* This is a multi-select drop-down, select all that apply.
- g. *Health Insurance* and *Other Health Insurance Type*: Select all of the types of health insurance that the Consumer currently has. If "Other Please Specify" is selected, enter the specific *Other Health Insurance Type*.
- h. *Applying for benefits through SOAR*?: Indicate whether or not the Consumer is applying for benefits through SOAR by selecting "Yes" or "No" from the drop-down.
- i. *Veteran?*: Indicate whether or not the Consumer is a veteran by selecting "Yes" or "No" from the drop-down. "Unknown" is also an option.
- j. Click save the information that was entered and close the pop-up.

Clicking **Cancel** will close the pop-up without saving any of the information entered.

NOTE: Information entered as part of the Housing **Eligibility Calculator** and **Consumer Information** screens in the ACDHS Portal will automatically carry over to the Individual Details pop-up including: Name, Date of Birth, Legal Sex, Health Insurance and Veteran status.





2. Individual Information : This pane contains basic demographic information for the Consumer. If the Consumer has already been entered, clicking on the Consumer's first name will open the *Consumer Information - Details* pop-up.

| Individual Information * | | | | |
|--|------------|------------------|----------|----------------------|
| * Member | Birth Date | [≜] SSN | A MCI ID | |
| October November | 04/05/1995 | | | 1 0 |
| Show 10 💌 entries | | | First | Previous 1 Next Last |
| New | | | | |

- a. Editing Individual Information: If the Consumer has already been entered, click the Edit Icon [] to the right of the Consumer in the *Individual Information* grid. This will open the *Individual Details* pop-up.
- b. The icon to the right of the MCI number in the *Individual Information* grid indicates whether or an MCI clearance has been performed.
 - i. A \bigotimes indicates that an MCI clearance has not been performed.
 - ii. A \checkmark indicates that an MCI clearance has been performed.
 - iii. To clear or re-clear an MCI click on the \bigotimes or the \checkmark .
 - iv. Clicking on the MCI ID for an individual will open Client View and display the individual's information in Client View.
- c. If this is a new Referral and a Consumer has not yet been entered, click **New** to open the *Individual Details* pop-up and enter the Consumer's information.

There can only be one Consumer per Referral. After one Consumer is entered in the grid the New button will be disabled.

TIP: The Consumer must be MCI cleared and the Referral Summary Pane must be completed before the Referral can be saved for the first time. Do not navigate away from the screen without completing these two items or the information entered will not be saved.





MCI (Master Client Index) Clearing

DHS' goal is to ensure that all services, connections, and information for an individual are connected to one ID, the Master Client Index ID (MCI ID).

The MCI Clearance process assists in this by helping to minimize the possibility of duplicate MCI IDs within DHS applications.

 Individuals who have an MCI (Master Client Index) ID in the grid have already been cleared. To open the MCI Clearance pop-up, select the desired individual and click on the MCI Clearance Icon [Son or].

| erson Searc | h Results | | | | | | | | |
|--|--------------------|--------------|----------------------|---------------|----------------|----------------------|-------------------|--------------|-----------|
| To create n | ew member il | n MCI and as | ssign it to seled | ted suppor | t, click on Cr | eate. | | | |
| Please ente | er first name, l | ast name, ge | ender and birti | h date of the | e support to | create the MC | Cl record. | | |
| Prefix | Fir | st Name | | Middle | e Name | Last Nam | ie | S | uffix |
| | | | | | | | | | -Select- |
| Gender | DC | B | | SSN | | Race | | | |
| | | | | | | -Select- | | \checkmark | |
| Creat | e | | | | | | | | |
| | | | | | | | | | |
| otential Mat | ches | | | | | | | | |
| To associate | e an existing l | ACI membe | r to the selecte | ed support, d | click on Sele | ct. | | | |
| * MCI ID | 🖞 Prefix | 🛓 First | 🕆 Middle | 🛔 Last | 🖕 Suffix | $\frac{4}{7}$ Gender | $\frac{A}{V}$ DOB | 🛓 SSN | 👙 % Match |
| | | | | | | | | | |
| | | | | | | | | | |
| Show to F | ontrios | | | | | . (.) | | | |
| | entries | | | | First Pr | evious 1 | | | Next Last |
| Sele | ct | | | | | | | | |
| | | | | | | | | | |
| etail Inform | ation | | | | | | | | |
| e tail Inform Client Inforn | ation nation Co | ntact Inforr | nation | | | | | | |
| etail Inform Client Inform | ation nation Co | ntact Inforr | nation | | | | DOB | | |
| etail Inform Client Inform MCI ID | ation nation Co | ntact Inforr | nation Name | • | | | DOB | | |
| etail Inform Client Inform MCI ID | ation nation Co | ntact Inforr | Name | • | nacaro | | DOB | | |
| etail Inform Client Inform MCI ID SSN | ation nation Co | ntact Inforn | Name Gende | er | | | DOB | | |
| etail Inform Client Inform MCI ID SSN | ation nation Cc | ntact Inforr | nation Name Genda | er | | | DOB Race | | |
| etail Inform Client Inform MCI ID SSN | ation Cc | ntact Inforr | Name Gende | er | | | DOB Race | | |





2. The *Person Search Results* section contains the information that has been entered in this Referral for this individual. Compare this information to the *Potential Matches* section.

| Person Search Resu | ilts | | | | | | | | | | |
|---|--|-------------|-----------------|------------|--|--|--|--|--|--|--|
| To create new me | To create new member in MCI and assign it to selected household member, click on Create. | | | | | | | | | | |
| Please enter first name, last name, gender and birth date of the household member to create the MCI record. | | | | | | | | | | | |
| Prefix | First Name | Middle Name | Last Name | Suffix | | | | | | | |
| | | | | -Select- 🔽 | | | | | | | |
| Gender | DOB | SSN | Race | | | | | | | | |
| | | | None selected - | | | | | | | | |
| Create | | | | | | | | | | | |

a. The *Potential Matches* section contains a grid of all possible matches. Note the *% Match* column. This percentage refers to how likely it is that the desired individual is this person based on the demographic data entered.

| es | | | | | 1 61 | | | |
|----------|--|---|---|--|--|--|--|---|
| A Profix | MCI memb | A Middle | l ast | <i>≜ Suffix</i> | MDEF, CIICK ON S | A DOR | A SSN | ≜ % Match |
| y FIGHA | y riise | * Middle | y Last | y Julix | y Gender | , DOB | y 33N | y /orvieteeri |
| | October | | November | - | Female | 05/06/1998 | | 91 |
| entries | | | | | Fi | rst Previous | 1 N | ext Las |
| | | | | | | | | |
| | es In existing Prefix entries | es <i>n existing MCI memb</i> Prefix First October entries | es <i>n existing MCI member to the se</i> Prefix \$First \$Middle October entries | es In existing MCI member to the selected house Prefix First Middle Last October November entries | es In existing MCI member to the selected household men Prefix First Middle Last Suffix October November entries | es In existing MCI member to the selected household member, click on S Prefix First October October November Female Fin | es In existing MCI member to the selected household member, click on Select. Prefix First Middle Female 05/06/1998 October October First Previous | es en existing MCI member to the selected household member, click on Select. Prefix |

i. To view more information on the Potential Match, click on the person's name in the grid. The *Detail Information* tabs (*Client Information* and *Contact Information*) will update to include that person's information.

| MCI ID | Name | DOB |
|----------------------|-------------------|------------|
| 1000579079 | October November | 05/01/1999 |
| SSN | Gender | Race |
| | Female | |
| | | |
| | | |
| tail Information | | |
| lient Information Co | ntact Information | |
| | | |





- 3. After reviewing the *Person Search Results*, determine whether the individual is one of the potential matches.
 - a. If the desired individual is one of the potential matches, select that Potential Match in the grid and click Select.

Note: If there is a Potential Match with a % Match of 95% or higher in the Person Search Results that Potential Match must be selected in order to MCI Clear the individual. Synergy will not allow a new MCI ID to be created.

- b. If the desired individual is NOT one of the potential matches click ^{Create} to create a new MCI ID for this individual.
- c. To close the MCI *Client Search* pop-up without creating or selecting an MCI ID, click Cancel





1. • Referral Summary : This pane will be displayed at the top of every Referral screen and will include the Consumer's name in the header. This pane contains the following information:

| ferral Date * | Referral Status * | B Referral ID | C Priority Category * |
|--|--|---|---|
| | Pending | • 0 | None selected - |
| ovider 📀 | Facility/Unit | F Assigned Worker | G Readiness Level * |
| at the second second second second | ~ | ~ | ✓ -Select- |
| nostic Information: The applicant must have a n the past 12 months. | a primary diagnosis of a Serious Mental Illness other th | han primary alcohol or substance use disorders, organic | : brain syndromes, developmental disabilities, or social cond |
| nostic Information: The applicant must have a n the past 12 months. adiness Date | a primary diagnosis of a Serious Mental Illness other th Primary Mental Health Diagnosis -Select- | an primary alcohol or substance use disorders, organic Secondary Mental Health Diagnosis | c brain syndromes, developmental disabilities, or social cond |
| nostic information: The applicant must have a the past 12 months. adiress Date | a primary diagnosis of a Serious Mental Illness other th Primary Mental Health Diagnosis * -Select- Level Of Care * | J Secondary Mental Health Diagnosis | brain syndromes, developmental disabilities, or social cond |

- a. *Referral Date*: This date defaults to the date that the referral was entered in Synergy but can be changed.
- b. *Referral Status*: The Referral Status automatically generates on all new referrals. The status can be changed to closed if the referral is no longer needed. The referral can be closed even after it has been submitted.
- c. *Referral ID*: Once the *Individual Information* screen has been saved for the first time a Referral ID will be generated by Synergy and cannot be changed.
- d. *Priority Category*: Select all categories that apply to the Referral using the multi-select drop-down.
- e. *Provider*: This drop-down defaults to the agency of the Assigned Worker but can be changed.
- f. *Facility/Unit:* This drop-down defaults to the facility/unit of the Assigned Worker but can be changed.
- g. *Assigned Worker*: The worker assigned to the referral is listed here. A new referral's assignment defaults to the user who creates the referral but can be changed by selecting another worker from the drop-down.
- h. *Readiness Level*: Select the Readiness Level from the drop-down. If "Ready in 90 days" is selected the Readiness Date field will be required.
- i. *Readiness Date*: If Readiness "Ready in 90 days" has been selected, enter the Readiness Date.
- j. *Primary Mental Health Diagnosis:* Select the primary mental health diagnosis from the drop-down.
- k. *Secondary Mental Health Diagnosis:* Enter the secondary mental health diagnosis if applicable.
- I. *Diagnosis Date:* Enter the diagnosis date.
- m. Clicking Level of Care Descriptions will open a PDF with the descriptions in a new window or tab.





- n. Level of Care: Select the level of care from the drop-down.
- o. Clicking Print Referral Summary will open a PDF in a new window or tab. This PDF is a printable version of the Referral containing the information that has been entered on the Referral.
- 2. Click ^{Save} at the bottom of the screen to preserve the information entered or updated.

SOGIE (Sexual Orientation and Gender Identity Expression)

1. Sexual Orientation and Gender Identity Expression : In this pane update or document the Sexual Orientation and Gender Identity Expression (SOGIE) information for the Consumer.

|] Did Not Ask Yet | | | | |
|---------------------------------|-------------------|-----------------------|------------------------------|---------------|
| Legal and Preferred Name/Pron | ouns same? |) | | |
| Preferred Name * | Gender Identity * | Self Describe | Legal Name-Gender Pronouns * | Self Describe |
| | -Select- | D | -Select- | E |
| referred Name-Gender Pronouns * | Self Describe | Sex Assigned At Birth | Sexual Orientation | SelfDescribe |
| | | Colort N | | |

- a. If you have not yet asked about the Consumer's SOGIE information, check the *✓ Did Not Ask Yet* box. Doing so will cause the rest of the SOGIE fields to become read only. When you are ready to document this information you can uncheck the *□ Did Not Ask Yet* checkbox and all of the SOGIE fields will be enabled again.
- b. If the Consumer has indicated that their preferred first name and Pronouns are the same as their Legal Name and Pronouns check the ✓ Legal and Preferred Name/Pronouns same? Checkbox. Checking this box will update the Preferred Name field with the Consumer's first name as it appears in the Individual Information grid.
- c. *Preferred Name*: Enter the Consumer's preferred name here.
- d. *Gender Identity*: Select the Gender Identity that the Consumer identifies as from the drop-down. If their Gender Identity is not one of the options listed, select "Self Describe". This will cause the *Self Describe* field to the right to open; enter the individual's Gender Identity here.
- e. *Legal Name-Gender Pronouns*: Select the Consumer's Legal Gender Pronouns from the drop-down. If their Legal Gender Pronouns are not one of the options listed, select "Self Describe". This will cause the *Self Describe* field to the right to open; enter the individual's Legal Gender Pronouns here.





- f. *Preferred Name-Gender Pronouns*: Select the Consumer's Preferred Gender Pronouns from the drop-down. If their Preferred Gender Pronouns are not one of the options listed, select "Self Describe". This will cause the *Self Describe* field to the right to open; enter the individual's Preferred Gender Pronouns here.
- g. Sex Assigned at Birth: Select the Consumer's sex assigned at birth from the drop-down.
- h. Sexual Orientation: Select the Consumer's Sexual Orientation Sexual Orientation from the drop-down. If their Sexual Orientation is not one of the options listed, select "Self Describe". This will cause the Self Describe field to the right to open; enter the individual's Sexual Orientation here.

Address Information

| Address Ty | pe 🙏 | Address Summary | 🛔 🛛 Primary Add | dress 👙 Valio | dated? | |
|----------------|------------------|--|------------------|---------------|-----------|---|
| Home | 123 Borou | N Main St Sharpsbu gh Pittsburgh,PA, 15 2018 | irg Yes 5215- | | /es | ⁽¹⁾ |
| Show 10 💌 entr | ries | | | First | Previous | 1 Next L |
| Address Type * | Progra | am Type | A | | | |
| -Select- | -Sele | ct- | I | | | |
| Address 1 * | | ddress 2 | Primary Add | ress | County | |
| | | | -Select- | | Allegheny | \checkmark |
| City | Neighborhood/Mun | icipality | State * | G Zip C | code | Extension |
| | _ | | | | | |

- a. Address Type and Program Type: Select the type of address being documented from the Address Type drop-down. If the address type is part of a program then select the type of program from the Program Type drop-down.
- b. Address 1 and Address 2: Enter the Address line 1 and Address Line 2 (if applicable).
- c. *Primary Address*: Select "Yes" or "No" from the drop-down. Only one active address can be the Primary Address at a time.
- d. *County*: Select the County from the drop-down. This drop-down will default to "Allegheny".
- e. *City*: Enter the City.





- f. *Neighborhood/Municipality*: If known, select the Neighborhood/Municipality from the dropdown.
- g. State: Select the State from the drop-down. This drop-down will default to "Pennsylvania".
- h. *Zip Code* and *Extension*: Enter the Zip Code and Extension (if known).
- 2. Saving and Validating the address: When an address is validated, Synergy compares the entered information to the postal code address list and generates a list of possible addresses formatted properly.
 - a. Click Save & Validate to open the *Address Validation* pop-up. The *Search Result* grid will already be populated with the possible search results.

| ddress Information Address Type Home | Program Type | Address 1 | Address 2 | 2 | City Pittsburgh |
|---|---------------------------|------------------------------------|--------------------|-------------|------------------------|
| County | Neighborhood/Municipality | y State | | Zip Code | Extension |
| Allegheny 🔽 | Sharpsburg Borough | ▶ Pennsylva | nia 🔽 | 15215 | 2018 |
| | | | | | |
| Search | | | | | |
| Search earch Result Address Line 1 | Address Line 2 | Municipality | City | State | Zip Code |
| Search earch Result Address Line 1 123 N Main St | Address Line 2 | Municipality Sharpsburg Borough | City Pittsburgh | State PA | Zip Code 15215-2018 |

- i. If the *Search Result* list includes the desired address, click on the correct address in the grid and click Select. The *Address Validation* pop-up will close and the selected address will appear in the *Address* grid with a "Yes" in the *Validated?* column to indicate that the Address has been validated and a will appear to the right of the address in the grid.
- ii. If the correct address is not in the *Search Result* list, the *Address Information* can be updated and searched again. To do so, edit the *Address Information* and click Search
- iii. If, after searching again, the address cannot be located in the Search Result list the address can still be saved without validation. To do so, click
 Create address as entered
 The Address Validation pop-up will close and the address will appear in the Address grid with a "No" in the Validated? column to indicate that the Address has not been validated and a will appear to the right of the address in the grid.





iv. Clicking **Cancel** will close the *Validate Address* pop-up without validating or changing any information.

Tip: If the person is homeless, select "Homeless" from the Address Type drop-down and click Save and Validate to add "Homeless" to the Address grid.

3. Editing, Validating, or Deleting an Address:

| ÷ | Address Type | Address Summary | Primary Address | Validated? | |
|------|--------------|---|-----------------|-----------------|-----------|
| | Home | 123 N Main St Sharpsburg Borough Pittsburgh,PA, 15215- 2018 | Yes | Yes | 🔊 💼 |
| Show | 10 💌 entries | | Fir | st Previous 1 I | Next Last |

a. To edit an address that has already been entered in the *Address* grid click on the address in the *Address* grid, update the information below the *Address* grid and click Save & Validate The Validate Address pop-up will then open to allow the edited information to be searched

and validated again.

- b. To run the validation search on an address in the grid, click on the \bigotimes (for addresses that have not already been validated) or the \bigotimes (for addresses that have already been validated). This will open the *Address Validation* pop-up.
- c. To delete an address, click the Delete Icon [🔟] to the right of the address in the *Address* grid. A *Confirm Delete* pop-up will appear:

| | | Confirm Delete |
|----|------------------------------|---|
| | | Clicking on "Yes" button will delete this record. Would you like to proceed? |
| | | Yes No |
| | | |
| | Clicking Yes will d | lelete the address. |
| | Clicking No will c | cancel the action and the address will not be deleted. |
| 4. | To add another address, clic | ck the New button at the bottom of the tab. |

2/1/2023





Representative Payee, Guardianship and Power of Attorney Information

| he applicant have a: | | | |
|-----------------------|----------------------|----------|-----------|
| Representative Payee? | * Name/Agency Name * | Phone# * | Address * |
| -Select- | | | |
| -Select- | | | |
| Guardian Type? * | | | |
| Soloct | | | |

- a. *Representative Payee*?: Indicate whether or not the Consumer has a Representative Payee by selecting "Yes" or "No" from the drop-down. If "Yes" is selected:
 - i. *Name/Agency Name*: Enter the name of the individual/agency who is the Representative Payee.
 - ii. *Phone #:* Enter the phone number of the Representative Payee.
 - iii. *Address*: Enter the address of the Representative Payee.
- b. *Guardian*?: Indicate whether or not the Consumer has a guardian by selecting "Yes" or "No" from the drop-down. If "Yes" is selected:
 - i. *Guardian Type?*: Select the type of guardian from the drop-down.
 - ii. Name/Agency Name: Enter the name of the individual/agency who is the guardian.
 - iii. *Phone #:* Enter the phone number of the guardian.
 - iv. Address: Enter the address of the guardian.





- c. *Power of Attorney*?: Indicate whether or not the Consumer has a Power of Attorney by selecting "Yes" or "No" from the drop-down. If "Yes" is selected:
 - i. *Power of Attorney Type?*: Select the type of guardian from the drop-down.
 - ii. If yes, specify: Enter the name/contact information of the Power of Attorney.
- 2. Click Save at the bottom of the screen before navigating away from the Individual Info screen otherwise any information that has been entered or updated will not be saved. The screen cannot be saved unless all of the mandatory [*] information has been entered.
- 3. The Next button at the bottom of the screen can be used to navigate to the next screen within the Left Navigation tiles.

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.