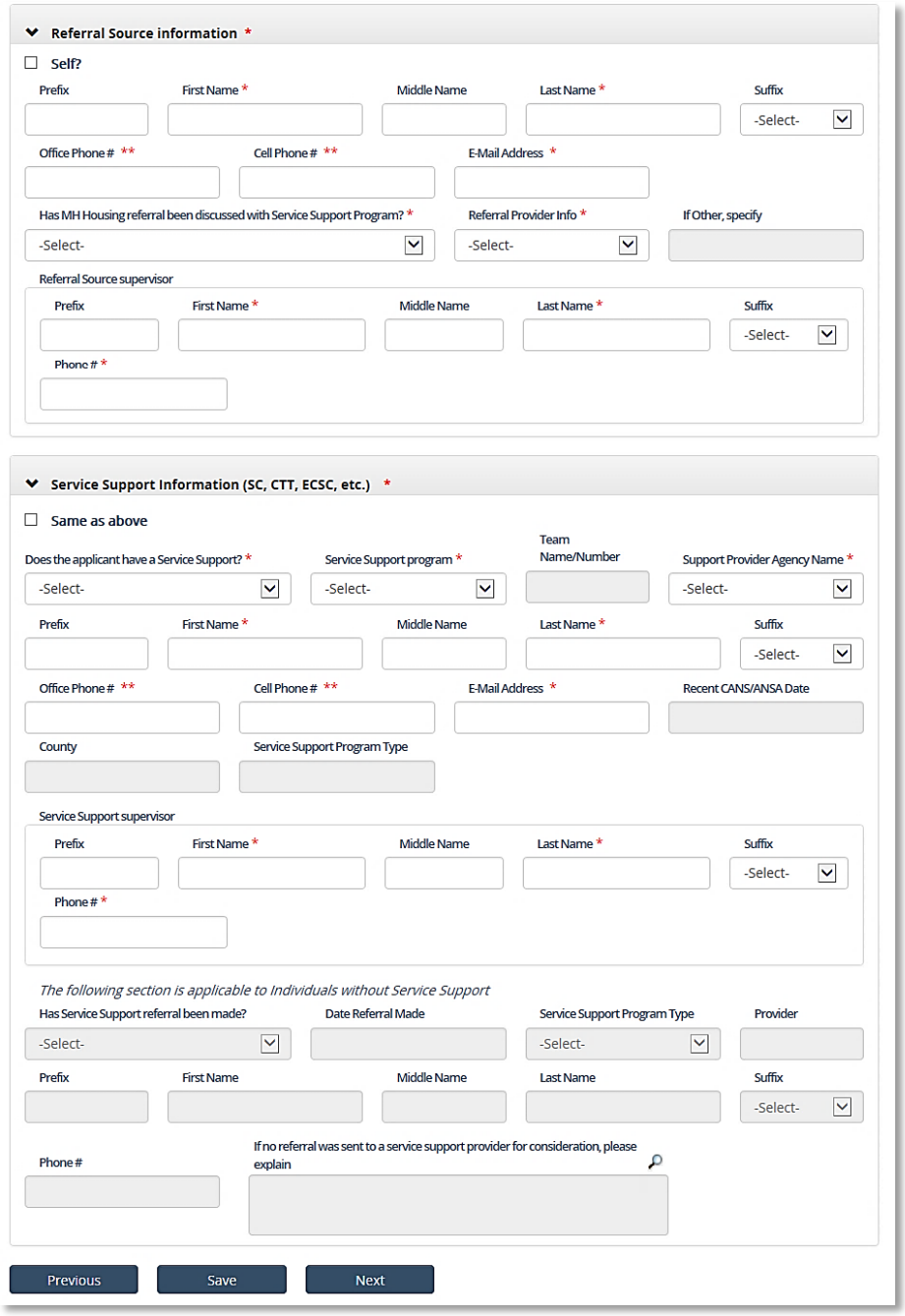
Referral – Referral Info
MH Residential Job Aid

The *Referral Information* screen documents the Referral Source as well as Service Support Information about the Consumer.

Referral Information



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 Referral Info 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.

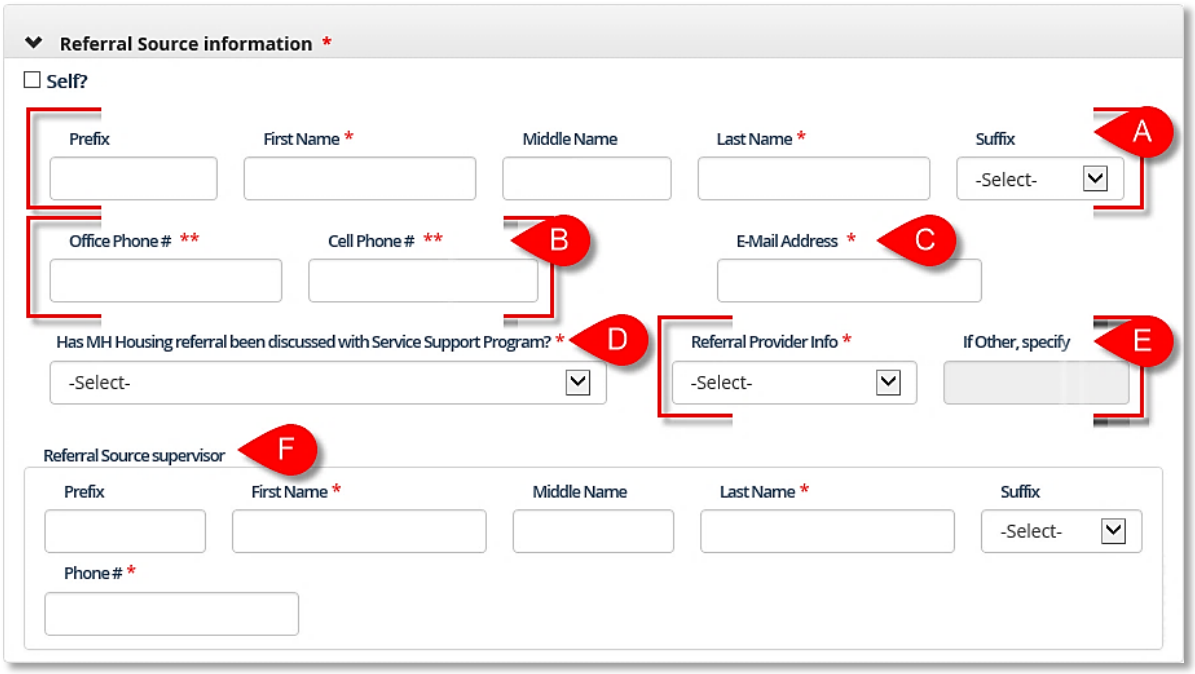
3. Once all of the mandatory fields have been entered, click Save at the bottom of the screen to complete this screen.

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.

Referral Source Information

1. Referral Source Information: If the logged in user is the Referral Source checking the ☑ *Self?* checkbox will automatically add the user's basic contact information. There will still be other fields that will need to be completed.



a. *Prefix, First Name, Middle Name, Last Name* and *Suffix*: Enter the Referral Source's *First Name* and *Last Name*. If applicable also enter the Referral Source's *Prefix, Middle Name,* and *Suffix*.

b. *Office Phone #* and *Cell Phone #*: Enter the Office and/or Cell Phone number of the Referral Source.

c. *E*-Mail *Address*: Enter the Referral Source's email address.

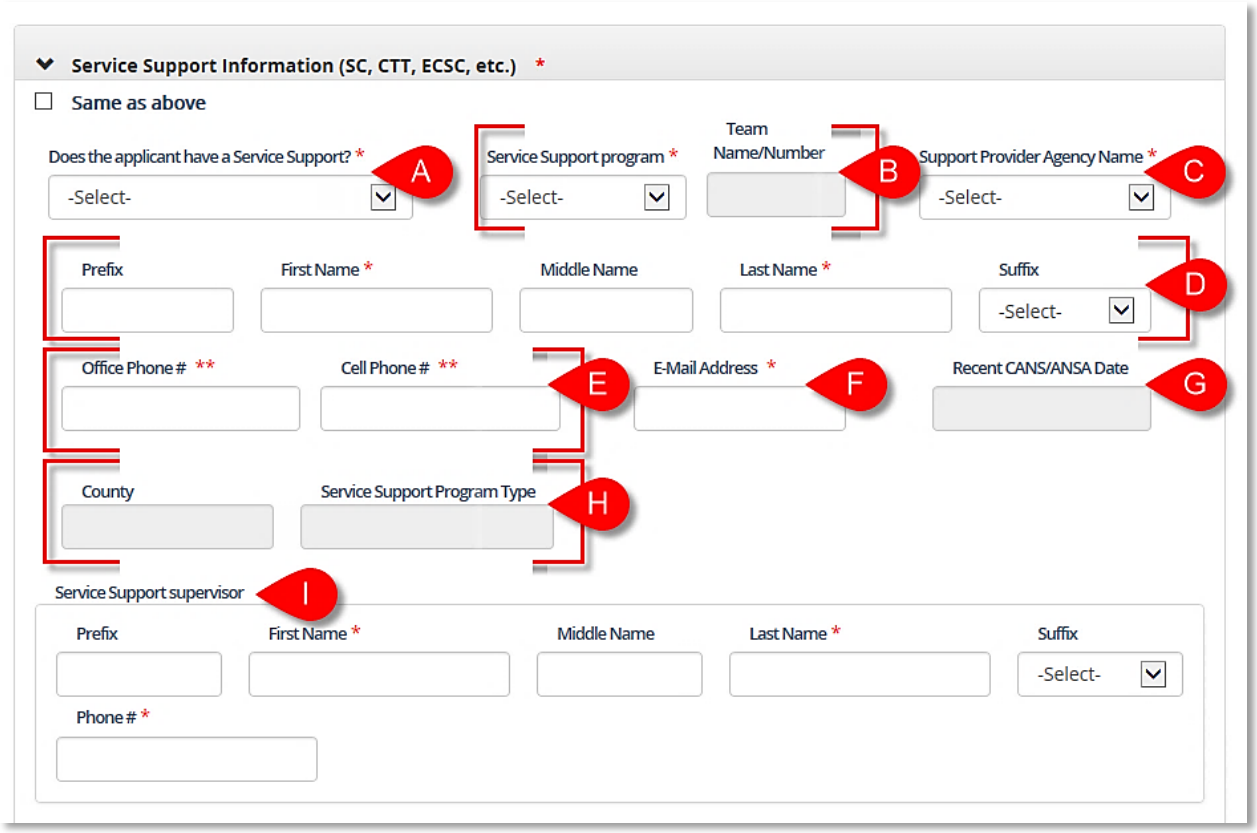
d. *Has MH Housing referral been discussed with the Service Support Program?*: Indicate whether or not the Referral has been discussed with the Service Support Program by selecting "Yes" or "No" from the drop-down.

e. *Referral Provider Info* and *If Other, specify*: Select the type of Referral Provider from the drop-down. If the type is not listed, select "Other – Please Specify" from the drop-down and enter the type in the *If Other, specify* field.

f. *Referral Source supervisor*: Enter the Referral Source 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*.

Service Support Information

1. 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.



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.

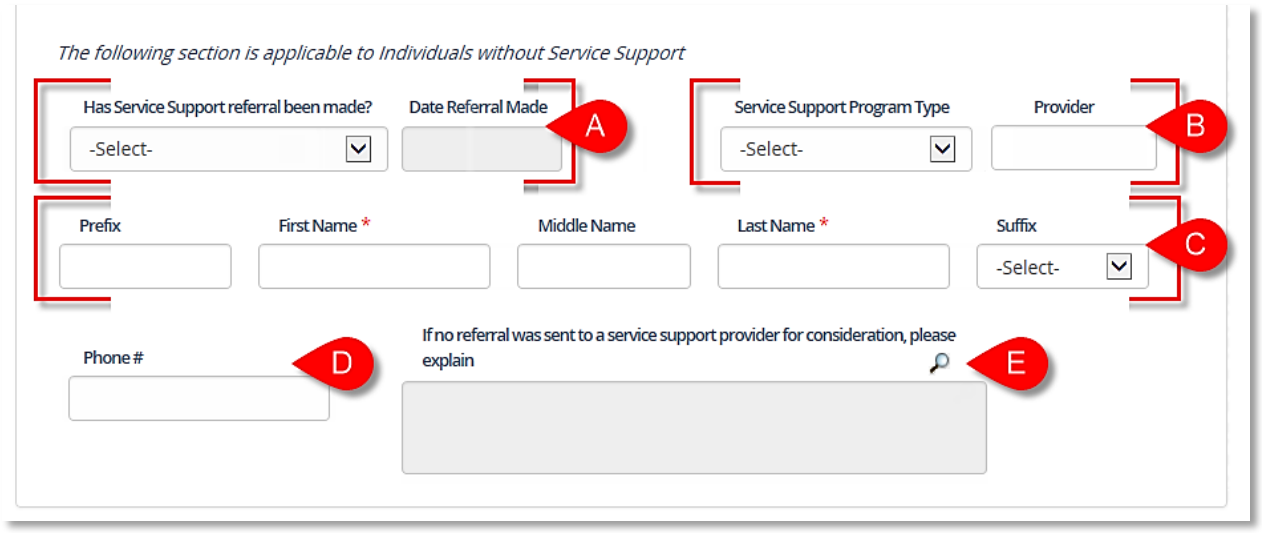
f. *E-Mail Address*: Enter the Service Support Worker's email address.

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:



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 the Referral 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.

4. 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 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.