

**Knowledge Base Article** 

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#### Overview

This article describes how to complete the following in Ohio SACWIS:

- Create an Independent Living Plan (ILP) with a link to the National Youth in Transition Database (NYTD) for a child aged 14 and older who is in an Ongoing Case or an Adoption Case.
- Create a **Final Transition Plan** (also known as a **Transition Plan**) for a child in an **Ongoing Case** or an **Adoption Case** who is within a few months of reaching age 18 and **Emancipating** out of the foster care system.
- Create an **Emancipated Youth Plan** for a post-emancipation youth who is between their 18<sup>th</sup> and 22<sup>nd</sup> birthdays and is no longer in agency custody but has returned to a public agency to request help with an issue(s).
- Record the **Credit Reports** that are requested by the agency from the three main credit reporting agencies for a child aged 14 or older. The Credit Reports will pull into the child's Independent Living Plan and Final Transition Plan.

## **Creating an Independent Living Plan (with Link to NYTD)**

Complete the steps in this section to create an **Independent Living Plan (ILP)** with a link to the **National Youth in Transition Database (NYTD)**.

#### Navigating to the Independent Living Records Screen

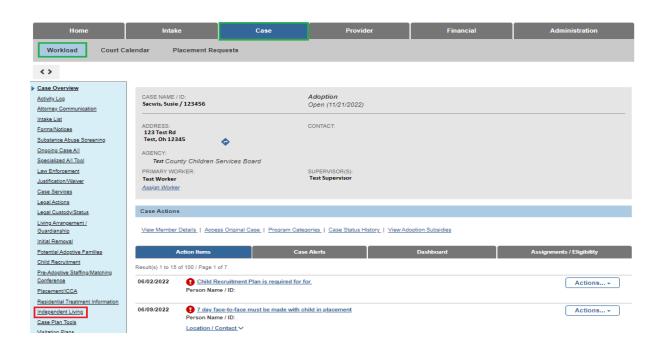
- 1. From the Ohio SACWIS Home screen, click the Case tab.
- 2. Click the **Workload** tab.
- 3. Select the appropriate Case ID link.

Home	Intake	Case	Provider	Financial	Administration
Workload Court Ca	ilendar Placement Req	uests			
Case Workload					
Caseworker:	)	Sort By: Case Name As	cending V Filter		
E Test Worker (23 cases) B Sacwis, Susie	[ 123456 ] - Open 11/21/2022	- Adoption			

The Case Overview screen appears.

4. Click the Independent Living link in the Navigation menu.





The **Independent Living Filter Criteria** screen appears displaying the **Independent Living Records** grid. The grid displays all Independent Living, Final Transition, and Emancipated Youth Plans for any Active or Inactive Case Member on the current case.

**Note:** If the Case Category is Adoption, the system will only display the Independent Living, Final Transition, and Emancipated Youth Plans for the Adoption Case Participants (excluding A/I Members).



CASE NAME / ID: Sacwis, Suse / 123456		Adoption Open (11/21/	2022)		
	Independent Living			Credit Reports	
Independent Living Filter C	riteria				
Youth Name:		~	Plan Type:		~
Plan Developed Date:	From Date	To Date			
Sort Results By:	Plan Type (Descending)	~	Show Plans for Inactive	Members	
Filter Clear Form					
Independent Living Record	5				
Youth Name	Plan Type Pl	lan Developed	Date	Plan Closed Date	Agency
Plan Type: *	~	Youth Name: *		~	Add Plan

In the Independent Living Records section:

- 5. In the **Plan Type** field, select **Independent Living Plan** from the drop-down list. (Required)
- 6. In the **Youth Name** field, select the appropriate name from the drop-down list. (Required)
- 7. Click the **Add Plan** button.

Independent Living Record	ds			
Youth Name	Plan Type	Plan Developed Date	Plan Closed Date	Agency
Plan Type: *	Independent Living Plan	Vouth Name: *	Sacwis, Susie 🗸 🗸	Add Plan

The **Independent Living** screen appears. The system defaults to the **Independent Living** tab.



CASE NAME / ID: Sacwis, Susie / 12	3456		Adoptio	n / Open (11/21/2022)
Youth Name: Sacwis, Susie			DOB: 07/03/2009	Gender: Female
Independent Living Goals	Readiness Review	Contact Directory	Signatures	
Independent Living				
Agency:	Test County Childre	en Services Board	Plan Type:	Independent Living Plan
Assessment Information				
IL Skills Assessment Completed: *	~		Date Assessment Completed:	
Assessment Tool Used:		~		

#### **Completing the Independent Living Tab**

Complete the fields in the **Assessment Information** section:

- 1. Select the appropriate value in the **IL Skills Assessment Completed** field. (Required)
- 2. Enter the Date Assessment Completed. (Required)
- 3. In the **Assessment Tool Used** field, select the assessment tool your county used. (Optional)

Independent Living	Goals	Readiness Review	Contact Directory	Signatures	
Independent Living					
Agency:		Test County Childre	n Services Board	Plan Type:	Independent Living Plan
Assessment Informa	ation				
IL Skills Assessment Completed: *		~		Date Assessment Completed:	ent 🔛
Assessment Tool Used	d:		~		
					_
Input was received from	m the Yout	h when completing:		~	
Input was received from	m the Yout	h Case Manager when co	mpleting:	✓	
Input was received from	m the Yout	h's Substitute Caregiver	when completing:	~	



4. If you selected **Other** in the previous step, you must enter an explanation in the field **If using other tool, explain**.

Assessment Tool Used:	Other	~	If using other tool, explain:	

- 5. Select the appropriate values to indicate whether **Input was received from the Youth**, the **Case Manager**, and the **Substitute Caregiver** when completing the assessment. (Optional for "Pending" status; required to mark the plan as Active)
- 6. If you selected **Yes** for input from the Case Manager, you must enter the **Name of Case Manager**.
- 7. If you selected **Yes** for input from the Substitute Caregiver, you must enter the **Name of Substitute Caregiver**.

Input was received from the Youth when completing:	Yes V
Input was received from the Youth Case Manager when completing:	Yes 🗸
Name of Case Manager:	Test
Input was received from the Youth's Substitute Caregiver when completing:	Yes 🗸
Name of Substitute Caregiver:	Test 🗸

In the Plan Information section:

- 8. Select the appropriate values to indicate whether **Input was received from the Youth**, the **Case Manager**, the **Significant Other(s)**, and the **Substitute Caregiver** when completing the plan. (Optional for "Pending" status; required to mark the plan as Active)
- 9. If you selected **Yes** for input from the Case Manager, you must enter the **Name of Case Manager**.

Plan Information	
Input was received from the Youth when completing:	Yes 🗸
Input was received from the Youth Case Manager when completing:	Yes 🗸
Name of Case Manager:	Test Case Manager



- 10. If you selected **Yes** for input from the Significant Other(s), you must enter the **Name** of Significant Other(s).
- 11. If you selected **Yes** for input from the Substitute Caregiver, you must select the **Name of Substitute Caregiver** from the drop-down list.

Input was received from the Significant Other(s) in the Youth's life:	Yes 🗸
Name(s) of Significant Other(s):	Test Significant Other
Input was received from the Youth's Substitute Caregiver when completing:	Yes 🗸
Name of Substitute Caregiver:	Test Caregiver

- 12. Enter the **Plan Developed Date**. (Optional for "Pending" status; required to mark the plan as Active)
- 13. Select the appropriate value from the **Youth is currently receiving IL Services/Training** drop-down list. (Optional for "Pending" status; required to mark the plan as Active)
- 14. Enter the **Date Referred/Emancipated**. (Optional for "Pending" status; required to mark the plan as Active)
- 15. Enter the Anticipated Emancipation Date. (Optional)

Plan Developed Date:	08/23/2023			currently receivi ces/Training:	ng		~
Date Referred / Emancipated:			Anticipa Date:	ted Emancipation	n (		
Plan Closed Date:							
	Status:	Pending	×	Apply	Save	Cancel	

- 16. The **Status** field defaults to **Pending**. Keep that status.
- 17. Click the **Apply** button at the bottom of the screen.

A message appears showing your data has been saved.



#### **Completing the Goals Tab**

To add goals for the youth's independent living plan, complete the following steps.

Note: At least one goal must be entered to set the plan to Active status.

1. Click the **Goals** tab.

The Independent Living Goals screen appears.

• If the plan has no goals yet, the **Add Topics to Current Plan** hyperlink is expanded by default to display the list of goals:



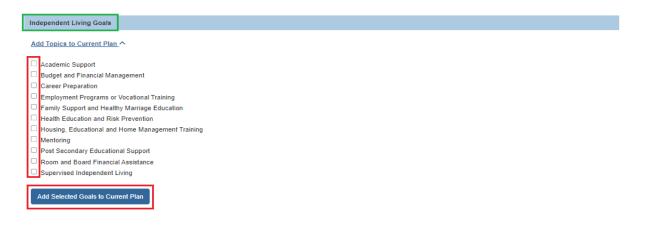
• If any goals have already been added to the plan, the **Add Topics to Current Plan** hyperlink is collapsed, and the added goals display in the **Current Plan** section:

pena	dent Living Goals	
	Topics to Current Plan >>	
Mag	Topics to Contemporation to	
rrent	Plan	
_		
	Goal Topic	Goal Effective Date
tit	Academic Support	06/05/2014
edit edit	Academic Support Budget and Financial Management	06/05/2014 07/31/2014
edit	Budget and Financial Management	07/31/2014



2. In the **Independent Living Goals** section, click the checkbox beside each goal you wish to add to the plan.

**Note:** If needed, click the **Add Topics to Current Plan** hyperlink to display the list of goals.



3. Click the Add Selected Goals to Current Plan button.

The selected goals display in the **Current Plan** section.

Current Plan		
	Goal Topic	Goal Effective Date

4. To add details for a goal, click the **Edit** button beside the goal.

The Goal Details screen appears.



5. In the Goal Effective Date field, the date pre-populates. (Required)

Goal Details	
Goal Topic:	Academic Support
Goal Effective Date: *	08/23/2023
Program and Life Skills Details	
Link Service	

6. Click the **Link Service** button to link a service provider who is currently addressing the youth's goal. (Required)

The Case Services Filter Criteria screen appears displaying the Case Services section.

7. Add case services as needed. You must add at least one case service to save the Goal Details record.

Case Services	
Service: Add Case Services	
Result(s) 0 / Page 0 of 0	
OK Cancel	

The Service Information screen appears.

- 8. Select the Effective Date.
- 9. Make a selection from the **Service Category** drop-down menu.
- 10. Make a selection from the **Service Type** drop-down menu.
- 11. Select the **Case Member Name** from the drop-down menu.
- 12. Click Add Status/Provider

Service Information					
Agency:	Test County Children Services Board				
Risk Contributors:	None				
Effective Date: * Service Category: *	08/23/2023	Estimate Service 1	d Service End Date:	After School Services	
Member Service Status History					
Current Status O All Statuses					
Case Member	Status Provider Service	Description	Provider Address	Status Begin Date/End Date	Created in Error
Case Member Name: *	Sacwis. Susie		Add Status / Provide	н	

The Status Details screen appears.



- 13. Make a selection from the **Status** drop-down menu.
- 14. Select the Status Begin Date.
- 15. Click the Link Provider button.

Status Details								
Case Member Name:	Sacwis, Susie							
Service Category:	Education & Training		Service Type:		After Schoo	l Services		
Status: *	Provided 🖌 🕚							
Status Begin Date: *	08/23/2023		Status End Date:					
L					* The follow	ing end information will only be save	ed if an end date is entered	
End Reason:		~	Secondary End Reaso	n:			~	
Participation Frequency								
	Expected Participation Frequency			How Lon	9	Start Date	End Date	
Add Frequency								
Provider Information								
	Provider				Prov	vider Address		
Link Provider								

The Search For Provider Match screen appears.

If you know the **Provider ID**, you may insert it on this screen. You may search for the Provider by **Name, School District** and by **County**.

16. To search by County, Add the appropriate **County** by selecting the county and clicking the **Add** button. This moves the county into Selected Counties.

ice Category:		Service Type:	
ducation & Training	~	After School Services	
ch Date: 23/2023		With Available Vacancies	Child has a kinship relationship with the provider
Available Counties:	Selected C		
Q Add		٩	
	Remove	٩	
Q Add Blue County	Remove	٩	
Q Add Blue County Green County	Remove	٩	
Q Add Blue County Green County Red County	Remove	٩	
Q Add Blue County Green County Red County Pink County	Remove	٩	

17. Click **Search** at the bottom on the screen.

The Search Results screen appears.



18. Select the appropriate **Provider**.

Searc	h Results							
View	View Results in Map         Collapse Services         Expand Services							
Result(s)	Results per page: 15 Go							
	Provider Name / ID	Provider Category	Provider Status	Current Primary Address	Current Vacancies			
view	Test, Provider 456789	NONODJES	ACTIVE					
	View Services							
	Test County Children Services Board: select. Family Counseling							

The Status Details screen appears.

The **Provider** you selected is now with in the **Provider Information** grid.

19. Click the **Save** button at the bottom on the screen.

Status Details					
Case Member Name:	Sacwis, Susie				
Service Category:	Counseling	Service Typ	pe:	Family Counseling	
Status: *	Scheduled 🗸 🕚				
Status Begin Date: *	08/01/2023	Status End	Date:	* The following end information will only be saved	if an end date is entered
End Reason:		▼ Secondary	End Reason:		•
Participation Frequency					
	Expected Participation Frequency		How Lor	ng Start Date	End Date
Add Frequency					
Provider Information					
	Provider			Provider Address	
view Test, Provider / 456					unlink
Link Provider					
Service Goal History					
	Service Goal			Effective Date	
Add Service Goal					
Comments:					
	00				
Spell Check Clear 40					
Apply to Other Members					
Save Cancel					



The Service Information screen appears.

The Service is saved within the Member Service Status History grid.

20. Click the **Save** button.

gency:	Test County	Children Service	es Board				
lisk Contributors:	None						
ffective Date: *	08/23/2023			Estimated Service End	Date:		
ervice Category: *	Counseling		¥	Service Type: *	Family Counseling	~	
Member Service Status History							
Current Status     O All Statuses							
Case Men	nber	Status	Provider	Service Description	Provider Address	Status Begin Date/End Date	Created in Error
edit Sacwis, Susie / 123456		Scheduled	Test, Provider	Family Counseling		08/23/2023	
Case Member Name: * Sacwis, Susie   Add Status / Provider							

The Goal Details screen appears.

Apply Save Cancel

21. In the **Comments** text box, enter narrative regarding the case services. (Optional)

Goal Details		
Goal Topic:	Academic Support	
Goal Effective Date: *	08/23/2023	
Program and Life Skills Details		
Link Service		
Comments: (Action Steps, Summary, etc.)		
		ABC
		2000

- 22. In the **Completion Details** section, if the youth's goal has been achieved, click the **Yes** radio button. Otherwise, keep the radio button default setting at **No**. (Required)
- 23. If you selected **Yes**, you must enter a date in the **Completion Date** field.
- 24. If you selected **Yes**, you must enter narrative in the **Explain** text box.



Completion Details			
Has the goal been achieved?	®Yes ○No	Completion Date	08/23/2023
TEST			Explain: ABC 1996
Created in Error			
Created By:		Created Date:	Aug 23, 2023 11:19:39 AM
Modified By:		Modified Date:	Aug 23, 2023 12:15:36 PM
	Sav	e Cancel	

25. When complete, click the **Save** button at the bottom of the screen.

The Goals tab appears.

- 26. Repeat the previous steps for all **Goal Topics**.
- 27. When complete, click the **Apply** button at the bottom of the screen.

Independent Livin	g Goals Readiness Revi	ew Contact Directory	Signatures						
Independent Li	Independent Living Goals								
Add Topics to Current Plan V									
Current Plan									
	Goa	al Topic				Goal Effective Date			
Completed Goa	lls								
	Goal Top	pic		Goal Effective Date		Goal Completion Date			
view	Academic Support		08/23/2023			08/23/2023			
view	Career Preparation		08/23/2023			08/23/2023			
		Status:	Pending	Apply	Save Cance	H Contraction of the second			



#### **Completing the ILP Contact Directory Tab**

To add contacts for the youth's independent living plan, complete the following steps.

Note: At least one contact must be entered to set the plan to Active status.

1. Click the Contact Directory tab.

#### The Youth Contacts screen appears.

Independent Living	Goals	Readiness Review	Contact Directory	Signatures				
Contacts								
⚠ This youth has n	io Permane	ent Adult Connection						
Case Members/Assoc Permanency Team Me		ons/Family &		~	Add	-or-	Create New Contact	

- 2. If the contact is a Case Member or Associated Person on the case, select the name of the contact from the **Case Members/Associated Persons** drop-down list.
  - OR if the contact person you wish to add is not listed in the drop-down, skip to **Step 9** below.
- 3. Click the **Add** button.

The person is added to the Youth Contacts grid:



4. Click the **Edit** link beside the newly added contact.

The Contact Details screen appears displaying details for the contact person.

- 5. If this adult has a permanent connection to the child, click the checkbox beside **This contact is a permanent adult connection**. (Optional)
- 6. Select if this adult is a Youth Support Person. (Optional)

**Hint**: Hover your mouse pointer over the Information icon **1** for the definition of a permanent adult connection.



 Select Yes or No if you want to make this person an active Family & Permanency Team Member. (Required)

Contact Details		
Contact Name: *	Test, Adult	Clear Person
Relationship to Youth: *	Grandfather v	
	This contact is a Permanent Adult Connection 3	
	Youth Support Person 8	
Contact Address:	123 Test Rd. Test Oh 12345	
Contact Type:	Cell: (123) 456-7890	
	Home:	
Do you want to make th person an active Family Permanency Team Member? *		
Other Contact Informat	ion: (expand full screen)	
		✓ ABC
		2000
		10
	Save	

- 8. Enter narrative in the **Other Contact Information** text box, if applicable. (Optional)
- 9. When complete, click the Save button to return to the Youth Contacts screen.
- 10. Repeat these steps to add another contact, if applicable.

**Note:** If a Signature has not been added for this contact, you can click the **Delete** button to delete the contact.

11. If the contact you wish to add is <u>not</u> listed in the **Case Members/Associated Persons** drop-down list, click the **Create New Contact** button.



Independent Living	Goals	Readiness Review	Contact Directory	Signatures			
Contacts							
🛕 This youth has i	no Perman	ent Adult Connection					
Case Members/Asso Permanency Team M		ons/Family &		~	Add -o	Or- Create New Contact	

#### The Contact Details screen appears.

12. In the **Contact Name** field, click the **Search Person** button to search/select the Person OR enter the name of the person in the text box. (Required)

Contact Details	
Contact Name: *	Search Person -or-
Relationship to Youth: *	✓
	This contact is a Permanent Adult Connection
	Youth Support Person

If you Search and select a person, the **Contact Details** screen displays details for the selected person:

Contact Details		
Contact Name: * Test, /	lduit	Clear Person
Relationship to Youth: *		~
	This contact is a Permanent Adult Connection	
	Youth Support Person	
Contact Address:	123 Test Rd. Test Oh 12345	
Contact Type:	Cell: (123) 456-7890	
	Home:	
Do you want to make this person an active Family & Permanency Team Member? *	Yes	~

**Note:** If the selected person is not the correct contact, you can click the **Clear Person** button to unlink the person from this contact record and display the **Search Person** button again.



- 13. Select this person's relationship to the youth from the **Relationship to Youth** dropdown list. (Required)
- 14. If this adult has a permanent connection to the child, click the checkbox beside **This contact is a Permanent Adult Connection**. (Optional)
- 15. If this adult is a Youth Support Person, click the checkbox. (Optional)
- 16. Select **Yes** or **No** if you want to make this person an active **Family & Permanency Team Member**. (Required)

**Hint**: Hover your mouse pointer over the Information icon (1) for the definition of a permanent adult connection.

**Important:** At least **one** of the following is **Required** to save this Contact record. These fields are described in the Steps 13-15 below.

- Contact Address field, and/or
- Contact Type / Contact fields, and/or
- Other Contact Information field.
- 17. The **Contact Address** field displays the **Search Address** button if you did not Search/select a person above. Click the **Search Address** button if you wish to Search and select the person's **Contact Address**. (Optional)

If you Search and select an address, the **Contact Address** field displays the address details and a **Remove Address** button:

Contact Address:	123 Test Rd Test, Oh 12345			
	Remove Address			
Contact Type:		~	Contact:	

Note: If the selected address is not the correct address, you can click the Remove

Address button to unlink the address from this contact record and display the Search

Address button again.

- 18. Entry fields for **Contact Type**, **Contact**, and **Ext** display if you did not Search/select a person above. Complete these fields as described below. (Optional)
  - a. Select the appropriate **Contact Type** from the drop-down list if you are entering a phone number, email address, social media handle/account, etc.
  - b. In the **Contact** field, enter the phone number, email address, etc.



- c. If you selected Phone Number as the Contact Type, enter the phone extension in the **Ext** field, if applicable.
- 19. Enter contact information in the **Other Contact Information** text box, if applicable. (Optional)
- 20. Click the **Save** button at the bottom of the screen.

Other Contact Information: (expand full screen)		
		✓ ABC
		2000
	Save	

The Youth Contacts screen appears displaying the new contact in the grid.



- 21. Repeat the steps in this sub-section for each contact you wish to add.
- 22. When complete, click the **Apply** button at the bottom of the screen.

**Important:** After the **Independent Living** tab has been completed, at least one **Goal** has been added, and at least one **Contact** has been added, the ILP can be marked as **Active**.

To do so, complete the steps in the **Marking the Independent Living Plan as Active** section in this Knowledge Base Article or complete the remaining tabs as discussed in each sub-section.



#### **Completing the ILP Signatures Tab**

To add signatures for the youth's independent living plan, complete the following steps.

1. Click the **Signatures** tab.

The **Signatures Captured** screen appears. The screen is pre-populated with the Youth, the IL Worker, and the IL Worker's Supervisor (if assigned to the case).

Independent Living Goals Readiness R	eview Contact Directory Signatures	
Signatures Captured		
Sacwis, Susie - Youth	Primary Contact:	Date Signed:
Worker - Assigned Worker	Primary Contact: (123) 456-7890	Date Signed:
Worker - Supervisor	Primary Contact: (123) 456-7890	Date Signed:
Add Plan Participant Search Person		

- 2. To add a signature for a person who is already a participant on the Independent Living Plan, click the **Add Plan Participant** button.
  - OR click the **Search Person** button to search/select a person, then skip to **Step 5** below.

The **Available Persons** screen appears as shown on the next page. This screen displays the list of plan participants you can select. The list includes active Case Members, Associated Persons, Assigned Workers, home Placement Providers, Unassigned IL Workers for the associated agency, and Youth Contacts. This list does not include persons who have already been selected.



3. Click the checkbox beside each person you wish to select OR click the checkbox in the grid header to select **All** persons in the list.



- 4. Click the **Save** button.
- 5. The Signatures Captured screen appears displaying the selected person(s).

CASE NAME / ID: Sacwis, Susie / 123456	Adoption / Open (11/21/2022)	
Youth Name: Sacwis, Susie	DOB: 07/03/2009	Gender: Female
Independent Living Goals Readiness Review	Contact Directory Signatures	
Signatures Captured		
Sacwis, Susie - Youth Pri	imary Contact:	Date Signed:
Test - Assigned Worker Pri	imary Contact:	Date Signed:
Add Plan Participant Search Person		
	Status: Pending V Apply Save Cancel	

- In the **Date Signed** field beside each person, enter the date the signature was recorded.
- 7. If you selected an incorrect person, click the **Delete** icon beside the person to delete the signature entry (shown in blue above).
- **Note:** The Youth's signature cannot be deleted.
  - 8. When complete, click the **Apply** button.

A message appears stating your data has been saved.



#### Marking the Independent Living Plan as Active

To mark the **Independent Living Plan** as **Active**, the following is required:

- 1. Required fields on the Independent Living tab must be completed, AND
- 2. One Goal must be created and saved, AND
- 3. At least one **Contact** record must be saved.

The following fields on the **Independent Living** tab are required to save an ILP as **Active**:

- Plan Developed Date
- Date Referred/Emancipated
- IL Skills Assessment Completed
- Assessment Input was received from the Youth when completing
- Assessment Input was received from the Youth's Case Manager when completing
  - Assessment Name of Case Manager is also required when "Yes" is selected for "Input was received from the Youth's Case Manager when completing"
- Assessment Input was received from the Youth's Substitute Caregiver when completing
  - Assessment Name of Substitute Caregiver is also required when "Yes" is selected for "Input was received from the Youth's Substitute Caregiver when completing"
- Plan Input was received from the Youth
- Plan Input was received from the Youth's Case Manager when completing
  - Plan Name of Case Manager is also required when "Yes" is selected for "Input was received from the Youth's Case Manager when completing"
- Plan Input was received from the Significant Other(s) in the Youth's life
  - Plan Name(s) of Significant Other(s) is also required when "Yes" is selected for "Input was received from Significant Other(s) in the Youth's life"
- Plan Input was received from the Youth's Substitute Caregiver when completing
  - Plan Name of Substitute Caregiver is also required when "Yes" is selected for "Input was received from the Youth's Substitute Caregiver when completing"
- Youth is currently receiving IL Services/Training



Complete the following steps to mark the ILP as Active:

- 1. When all information has been added (or at least the minimum information as described above), click the **Independent Living** tab.
- 2. In the Status field, select Active from the drop-down list.
- 3. Click the **Save** button.

Independent Living	Goals	Readiness Review	Contact Directory	Signatures		
Independent Living	9					
Agency:		Test County Children	n Services Board	Plan Type:	Independent Living Plan	
Assessment Inform	nation					
IL Skills Assessment Completed: *	t	Yes 🗸		Date Assessment Completed:	08/23/2023	
Assessment Tool Us	ed:	Other	*	If using other tool, explain:	Test	
Input was received fi	rom the You	th when completing:		Yes 🗸		
Input was received fi	rom the You	th Case Manager when co	mpleting:	Yes 🗸		
Name of Case Manag	ger:			Test		
Input was received fr	rom the You	th's Substitute Caregiver	when completing:	Yes 🗸		
Name of Substitute 0	Caregiver:			· · · · · · · · · · · · · · · · · · ·		
			Status: Active	Y Apply Sa	ave Cancel	

The record is saved with an **Active** status and the **Independent Living Filter Criteria** screen appears displaying the **Independent Living Records** grid.

	Youth Name	Plan Type	Plan Developed Date	Plan Closed Date	Agency		
ţ	Test, Child	Independent Living Plan Status: <b>Active</b>	08/23/2023		Test County Children Services Board		
						NIID	



#### **Completing the Readiness Review Tab**

You can add a Readiness Review to an Independent Living Plan after the plan has been set to **Active** status.

1. Click the **Readiness Review** tab.

The Independent Living Readiness Review screen appears.

Independent Living	Goals	Readiness Review	Contact Directory	Signatures			
Independent Living	Readiness	s Review					
		Re	view Date		×	Narrative	
Add Readiness Revi	iew						

2. Click the Add Readiness Review button.

The Readiness Review Details screen appears.

Readiness Review Details Review Date: *			
Have you reviewed/updated the Youth's Contact Directory?*	~		
Are the Youth's Permanent Adult Connection(s) the same? *	~		
Narrative: * (expand full screen)		<b>√</b> AB	SC )
		1000	0
	Save Cancel		

3. Enter the **Review Date**. (Required)

Note: Each review must have a date that falls after the previous review date.

- Select the appropriate value to answer the question: Have you reviewed/updated the Youth's Contact Directory? (Required)
- Select the appropriate value to answer the question: Are the Youth's Permanent Adult Connection(s) still the same? (Required)



- 6. Complete the Narrative field. (Required)
- 7. Click the **Save** button.

The **Independent Living Readiness Review** screen appears displaying the information in the grid.

Independent Living	Goals	Readiness Review	Contact Directory	Signatures			
Independent Living	Readiness	Review					
			Review Dat	te		Narrative	
<u>view</u> edit		08/24/2023			TEST		<b>m</b>

#### **Printing the Independent Living Plan Report**

When the Independent Living Plan is complete, following the steps below to print a report for the child.

- 1. Navigate to the **Independent Living Records** screen using the steps previously discussed.
- 2. Click the **Report** icon beside the appropriate Independent Living Plan.

Residential Treatment Information Independent Living Case Plan Tools Visitation Plans Review Tools Family Team Meeting Case Conference Note	Filter Clear Form					
Human Trafficking Child Fatality/Near Fatality	Youth Name	Plan Type	Plan Developed Date	Plan Closed Date	Agency	
ICPC Pre-Finalization Information Finalization Checklist	edit Test, Child	Independent Living Plan Status: Active	08/23/2023		Test County Children Services Board	

The Available Documents screen appears.

3. In the Generate Document field, select Independent Living Plan Summary.

Reports		
Work-Item Type:	CASE	Work-Item Reference:
Task Type:	IL.	Task Reference:
Available Documents		
Generate Document:	Independent Living Plan Summary	
Select Cancel		



4. Click the **Select** button.

The **Document Details** screen appears.

ocument Details			And printed and the	
Occument Category:		Document Title:	Independent Living Plan Summary	
Nork-Item ID:		Work-Item Reference:		
Task ID:		Task Reference:	Independent Living Plan	
Document History		2000 - 20000 - 2000 - 2000 - 20000 - 2000 - 2000 - 2000 - 2000 -		
D	Date Created	Employe	e ID	Name
Document History			2	

5. Click the **Generate Report** button.

## **Completing the NYTD Survey Details**

- 1. Navigate to the **Independent Living Records** screen using the steps previously discussed.
- 2. Click the **NYTD** link in the grid row of the youth.

Residential Treatment Information  Independent Living  Case Plan Tools  Visitation Plans  Review Tools	Filter Clear Form					
Family Team Meeting	Independent Living Records					
Case Conference Note						
Human Trafficking	Youth Name	Plan Type	Plan Developed Date	Plan Closed Date	Agency	
Child Fatality/Near Fatality						
ICPC	edit Test, Child	Independent Living Plan	08/23/2023		Test County Children Services Board	L
Pre-Finalization Information		Status: Active				NYTD
Finalization Checklist						1.0

If a NYTD account has not been created, the NYTD Account Details screen appears.

- 3. Verify that the required field information is correct.
  - The Effective Date field defaults to the current system date.



NYTD Account Details				
Effective Date: 08	3/24/2023			
First Name: Susie		DOB:	07/	03/2009
Last Name: Sacwis		S SN:	XX	x-xx-xxxx
NYTD ID:				
Youth was informed that they	may be a part of the NYTD cohort study: *	~		
NYTD Survey Log In: <u>h</u>	t <u>tps://nytd.ohio.gov/nytd/login.do</u> 🗹			
Note: This Youth has been a	dopted therefore the youth may have a different r	name than what is displayed on t	his record. For furthe	r assistance please contact the youth's Adoption Worker.
		Generate NYTD Account	Close	

- 4. If the required information is missing or incorrect, click the **Close** button and go to the appropriate **Person** tab to enter the required information. Once the information is correct, navigate back to the **NYTD Account Details** screen.
- 5. Select the appropriate value from the drop-down list for the field: **Youth was informed that they may be a part of the NYTD cohort study**. (Required)
- 6. When complete, click the Generate NYTD Account button.

A NYTD Account is generated for the youth and the **NYTD Survey** tab (**NYTD Survey Details** screen) appears.

NYTD Account	
Survey is not yet available as Youth is not 17 years old.	
Survey is not yet available for Youth.	
Survey is not yet available for Youth.	
/	Survey is not yet available as Youth is not 17 years old. Survey is not yet available for Youth.

Note: This Youth has been adopted therefore the youth may have a different name than what is displayed on this record. For further assistance please contact the youth's Adoption Worker.

**Important:** Youth cannot access the NYTD survey until the **NYTD Account** has been generated.

#### Completing the NYTD Survey Contact Directory Tab

1. To add contacts for the NYTD Survey, click the Contact Directory tab.

The Contact Directory tab appears displaying the Youth Contacts section.



NYTD Survey Contact Directory NYTD Account		
Contacts		
A This youth has no Permanent Adult Connection		
Case Members/Associated Persons/Family & Permanency Team Members:	~	Add -or- Create New Contact

 This tab looks and functions the same as the Contact Directory tab for the Independent Living Plan. Refer to the Completing the ILP Contact Directory Tab section of this Knowledge Base Article for instructions to add or edit contacts.

Note: The NYTD Contact Directory tab is always editable, regardless of case status.

#### Adding an Outcome Response for an Uncompleted Survey

Complete the following steps to add an **Outcome Response Reason** when the youth did not complete a NYTD Survey.

- 1. Navigate to the **Independent Living Records** screen using the steps previously discussed.
- 2. Click the **NYTD** link in the grid row of the youth.

The NYTD Survey tab (NYTD Survey Details screen) appears.

NYTD Survey Contact Directory	NYTD Account	
NYTD Survey Details		
17 Year Survey     Add Outcome R	Completed On Time: No	
19 Year Survey	Survey is not yet available for Youth.	
3 21 Year Survey	Survey is not yet available for Youth.	

3. Click the Add Outcome Response button.

The Survey Outcome Details screen appears.



	17	1	
Comments: (expand full screen)	~		
✓ AB			
4000		-	
		~	✓

- 4. In the **Reason NYTD Survey was not completed** field, select the appropriate reason from the drop-down list. (Required)
- 5. Enter the Effective Date. (Required)
- 6. Enter narrative in the **Comments** text box, if applicable. (Optional)
- 7. Click the Save button.

The NYTD Survey Details screen appears.

#### **Editing an Outcome Response**

- 1. Navigate to the **Independent Living Records** screen using the steps previously discussed.
- 2. Click the **NYTD** link in the grid row of the youth.

Residential Treatment Information Independent Living Case Plan Tools Visitation Plans Review Tools	Filter Clear Form					
Family Team Meeting	Independent Living Records					
Case Conference Note						
Human Trafficking Child Fatality/Near Fatality	Youth Name	Plan Type	Plan Developed Date	Plan Closed Date	Agency	
ICPC Pre-Finalization Information Finalization Checklist	edit Test, Child	Independent Living Plan Status: Active	08/23/2023		Test County Children Services Board	NYTD

The NYTD Survey Details screen appears.



3. Click the Edit link.

NYTD Survey Contact Directory	y NYTD Account	
NYTD Survey Details		
17 Year Survey	Ocompleted On Time: No	
edit	Outcome Response Reason: Youth Declined	
8 19 Year Survey	Survey is not yet available for Youth.	
21 Year Survey	Survey is not yet available for Youth.	

Note: This Youth has been adopted therefore the youth may have a different name than what is displayed on this record. For further assistance please contact the youth's Adoption Worker.

#### The Account Details screen appears.

Age of Youth:	17
Reason NYTD Survey was not completed: *	Youth Declined
Effective Date: *	01/01/2007
	la construction de la construcción de la construcci
Comments: (expand full screen)	
Comments: (expand full screen)	

- 4. Modify the fields as appropriate.
- 5. Click the **Save** button.

The NYTD Survey Details screen appears showing the newly saved data.

#### Printing the NYTD Survey Information Letter

- 1. Navigate to the **Independent Living Records** screen using the steps previously discussed.
- 2. Click the **Report** icon beside the appropriate Independent Living Plan.



Residential Treatment Information Independent Living Case Plan Tools Visitation Plans Review Tools Family Team Meeting Case Conference Note	Filter	Clear Form					
Human Trafficking		Youth Name	Plan Type	Plan Developed Date	Plan Closed Date	Agency	
Child Fatality:Near Fatality ICPC Pre-Finalization Information Finalization Checklist	edit Tes	st, Child	Independent Living Plan Status: Active	08/23/2023		Test County Children Services Board	NYTD

The Available Documents screen appears.

3. In the Generate Document field, select NYTD Survey Information Letter.

Nork-Item Type:	CASE	Work-Item Reference:
ask Type:	IL.	Task Reference:
Available Documents		
Generate Document:	NYTD Survey Information Letter	

4. Click the **Select** button.

The **Document Details** screen appears.

Document Details				
Document Category:		Document Title:	NYTD Survey Information Letter	
Work-Item ID:		Work-Item Reference:		
Task ID:		Task Reference:		
Document History				
ID	Date Created	Employee	ID	Name
ID	Date Created	Employee	ID	Name
	Date Created	Employee	ID	Name
ID Document History Generate Report	Date Created	Employee	<u>a</u>	Name

5. Click the Generate Report button.



#### **Creating a Final Transition Plan**

Complete the following steps to create a **Final Transition Plan** (also known as a **Transition Plan**) for a child in an **Ongoing Case** or an **Adoption Case** who is within a few months of reaching age 18 and **Emancipating** out of the foster care system.

The following Business Rule relates to saving a Final Transition Plan:

"All date fields on the Necessary Documents tab are required upon the user saving a Plan Closed Date. Only one of these two fields are required upon user saving a FT Plan without a Plan Closed Date: 'Date Youth received State Identification Card' and 'Date Youth received Driver's License'. If the Person associated to the plan has an AWOL alert, these date fields on the Necessary Documents tab are not required."

#### Navigating to the Final Transition Plan Screen

1. Navigate to the Independent Living Records screen as described previously.

In the Independent Living Records section:

- 1. In the **Plan Type** field, select **Final Transition Plan** from the drop-down list. (Required)
- 2. In the **Youth Name** field, select the appropriate name from the drop-down list. (Required)

Residential Treatment Information Independent Living Case Plan Tools	F	ilter Clear Form					
Visitation Plans							
Review Tools	Inde	ependent Living Records					
Family Team Meeting							
Case Conference Note		Youth Name	Plan Type	Plan Developed Date	Plan Closed Date	Agency	
Human Trafficking		Sacwis, Susie	Independent Living Plan	08/23/2023		Test County Children Services Board	
Child Fatality/Near Fatality	edit		Status: Active			,	-
ICPC							NYTD
Pre-Finalization Information							
Finalization Checklist							-
Case Closure	Plan T	ype:*	inal Transition Plan	Youth Name: *	Sacwis, Susi	e 🗸 Add Plan	

3. Click the **Add Plan** button.

The **Final Transition Plan** screen appears displaying several tabs. The system defaults to the **Youth Information** tab as shown below.



#### **Completing the Youth Information Tab**

- 1. Select the appropriate response for the field: **The Youth would like to receive post emancipation services provided or arranged by the PCSA or PCPA from which the youth emancipated**. (Required)
- 2. Enter the Plan Developed Date. (Required)

Youth Information Resources Necessary Documents	Contact Directory Signatures
Address: Test Address	
Contact: (740)123-4567	
The Youth would like to receive post emancipation services provid	led or arranged by the PCSA or PCPA from which the youth emancipated: *
Plan Developed Date: *	
Plan Closed Date:	A Please update Youth's address at time of emancipation
Health	
Anticipated health insurance at time of emancipation: Add/Update Insurance Provider	No Health Insurance Provider Record(s)
Health Care Provider	
Test Provider - 123 Test Rd. Test OH 12345	
Test Provider 2 - 456 Test Rd. Test OH 12345	

3. The **Health** section displays the current Insurance Providers from the youth's Person record. If needed, click the **Add/Update Insurance Provider** link to add or update the insurance provider(s).

The **Health Care Provider** section displays current Health Care Providers listed on the **Treatment Details** for the youth.



The Current Medication section lists information about current medications for the youth.

4. Enter additional information in the **Other health related information** text box, if applicable. (Optional)

Current Medication Test Medication - 100mg/day - Daily Prescribed By: Dr. Test			
Other health related information: (expand fu	ill screen)		<b>▲ ABC</b> 4000
Education			
Highest grade Youth will complete:	~		
Last School Attended:	Eastern Elementary		
What is the Youth's post-secondary education or training plan?	~	Describe:	
Has FAFSA been completed:	~	Department of	mation ⊈ (http://www.fafsa.ed.gov) of <u>Higher Education ⊈</u> (https://ohiohighered.org) r <u>aining Voucher (ETV) Program ⊈</u> (http://www.fc2success.org/programs/education-training-vouchers)
Go to Forms/Notices to generate the Applic	cation for Federal Student Aid letter		
What has the youth identified as their educa	ational or vocational needs and goals? 🧃	expand full scree	◆ ABC 4000
		Apply	Save

- 5. Complete the fields in the Education section. (Optional)
- 6. If you select **Other** in the **What is the Youth's post-secondary education or training plan?** field, you must enter a description in the **Describe** field.

**Note:** You may click any of the provided hyperlinks—**FAFSA Information**, **Department of Higher Education**, and **Education Training Voucher (ETV) Program**—to display the related web site in a new window.

7. Click the **Apply** button.



#### **Completing the Resources Tab**

1. Click the **Resources** tab.

The **Final Transition Resources** screen appears displaying **Financial Information** and **Housing Information** sections.

2. The top portion of the **Financial Information** section displays the current employer(s) from the youth's Person record. If needed, click the **Update Employment Information** link to update the youth's employer(s).

th Information Resources Necessary Documents	Contact Directory Signatures		
al Transition Resources			
inancial Information			
No Employment Information Update Employment Information			
Does the youth earn enough to pay bills?	~		
Does the youth have a budget?	~		
Does the youth have a checking account?	~		
Does the youth have a savings account?	•		
Does the youth have any outstanding court fees?	~		

- 3. Select the appropriate values to answer the questions about the youth's earnings, budget, checking account, and savings account. (Optional)
- 4. If you selected **Yes** for a checking account, you may enter the **Bank Name and Information** related to the youth's checking account. (Optional)
- 5. If you selected **Yes** for a savings account, you may enter the **Bank Name and Information** related to the youth's savings account. (Optional)
- 6. If you selected **Yes** for any **Outstanding Court Fees**, you may enter the information related to the youths' fees. (Optional)



Does the youth have a checking account?	Yes	~	
ank Name and Information:			
			-
			2
		1	
Does the youth have a savings account?	Yes	~	
Bank Name and Information:			
			~
			-
			1
	the second second		
Does the youth have any outstanding court fees?	Yes	×	
Describe:			10
			1
			2
			2
		<i>K</i>	
tesources available to youth:	Social Secur	rity Benefit Information 🗳 (http://ssa.gov)	1
resources available to youth.	County Job	and Family Services Benefits ODJFS 🗹 (http://odjfsbenefits.ohio.gov//SelfServiceSplash.jsf)	
	Other (please		
Dbtaining a Credit Report:	Experian 🖪 (http	p://www.experian.com) LAST PROVIDED	
		http://www.transunion.com) LAST PROVIDED	
	Equitax 🖸 (http:	://www.equifax.com) LAST PROVIDED	

7. Select the appropriate checkbox(es) to indicate the **Resources available to youth**. (Optional)

**Note:** You may click the hyperlink beside the **Social Security Benefit Information** checkbox and the **County Job and Family Services Benefits ODJFS** checkbox to display the related web site in a new window.

8. If you selected the **Other (please specify)** checkbox, you must enter a description in the text field.

The **Obtaining a Credit Report** field displays hyperlinks to the three main credit reporting agencies. The screen also displays a **LAST PROVIDED** date, which is the most recent Report Reviewed Date associated to the youth's Credit Report for each credit reporting agency (if applicable).

9. To obtain a credit report(s) for the youth, click the appropriate credit reporting agency link(s) in the **Obtaining a Credit Report** field. (Optional)



10. If the youth needs to register for selective service, click the **Selective Service System** hyperlink in the **Registering for selective service (males only)** field.

**Note:** The **Selective Service System** hyperlink displays only if the youth associated to the Final Transition Plan has a **Gender** code of **Male**.

- 11. Complete the Housing Information section. (Optional)
- 12. Click the **Save** button.

	Requested	Provided
Rent:	0	D
Deposit:	O	D
urniture:	D	
Gas:	O	D
Electrio:		
Phone:		D
nternet:	O	
Cable:	0	D
Nater:	O	
Trash Removal:		
Other:		D
What has the youth identified as their employment, financial, or housing needs and goals? (expand full screen) (Detail those resources requested by the youth and how they will be obtained/provided.)		
		✓ ABC
		4000
		11



#### **Completing the Necessary Documents Tab**

1. Click the **Necessary Documents** tab.

The **Record Information** screen appears.

Youth Information Resources Necessary Documents Contact Dire	ctory Signatures	
Record Information		
Date Youth received Original Birth Certificate:		
Date Youth received Original Social Security Card:		
Date Youth received State Identification Card:		
Date Youth received Driver's License:		
Date Youth received a copy of their health records:		
Date Youth received a copy of their education records:		
Date Health Care Power of Attorney reviewed:		
Date Youth received letter verifying Emancipation from Agency Custody:		
Go to Forms/Notices to generate the Wardship Letter (Verification of County	Vardship)	
Additional Comments: (expand full screen)		
		✓ ABC
	Apply Save Cancel	

- 2. Enter dates in the relevant fields. One of the following dates is **required** when creating a Final Transition Plan:
  - Date Youth received State Identification Card, OR
  - Date Youth received Driver's License.
- 3. If you entered the **Date Youth received Driver's License**, you may select a value in the **Does the Youth have car insurance?** field. (Optional)
- 4. If you selected **Yes** in Step 3, you may enter the **Name of car insurance provider**. (Optional)



Date Youth received Driver's License:	08/21/2023	
Does the Youth have car insurance?	Yes	9
Name of car insurance provider:	Test Insurance	]

- 5. Enter additional information in the **Additional Comments** field, if applicable. (Optional)
- 6. Click the **Save** button.

#### **Completing the FT Plan Contact Directory Tab**

1. To add contacts for the Final Transition Plan, click the Contact Directory tab.

The Contact Directory tab appears displaying the Youth Contacts section.

uth Informat	tion Resources	Necessary Documents	Contact Directory	Signatures	
ntacts					
	Test, Adult Primary Contact: (74 Other Contact Info: Permanent Adult Co Youth Support Perso	TEST			ACTIVE
	ers/Associated Persons / Team Members:	/Family &		~	Add -or- Create New Contact

 This tab looks and functions the same as the Contact Directory tab for the Independent Living Plan. Refer to the Completing the ILP Contact Directory Tab section of this Knowledge Base Article for instructions to add or edit contacts.



#### **Completing the FT Plan Signatures Tab**

1. To add signatures for the Final Transition Plan, click the **Signatures** tab.

The **Signatures Captured** screen appears. The screen is pre-populated with the Youth, the IL Worker, and the IL Worker's Supervisor (if assigned to the case).

inatures Captured	••• ••• •••	
Sacwis, Susie - Youth	Date Signed:	
Worker - Assigned Worker	Date Signed:	童
Worker - Supervisor	Date Signed:	â

2. To add an agency representative's signature, click the **Add Agency Representative** button.

The **Available Agency Representatives** screen appears. This screen displays the list of Assigned Workers and Unassigned IL Workers for the associated agency. This list does not include persons who have already been selected.



3. Click the checkbox beside each person you wish to select OR click the checkbox in the grid header to select **All** persons in the list.



- 4. Click the **Save** button.
- 5. The Signatures Captured screen appears displaying the selected person(s).

th Information Resources Necessary Documents gnatures Captured	Contact Directory Signatures	
Sacwis, Susie - Youth	Date Signed: 08/24/2023	
Worker - Supervisor	Date Signed:	童
Worker - Assigned Worker	Date Signed:	â
Add Agency Representative		
	Apply Save Cancel	

- 6. In the **Date Signed** field beside each person, enter the date the signature was recorded.
- 7. If you selected an incorrect person, click the **Delete** icon beside the person to delete the signature entry (shown in blue above).

**Note:** The Youth's signature cannot be deleted.

8. When complete, click the **Save** button.

The **Independent Living Filter Criteria** screen appears displaying the **Independent Living Records** grid.



#### **Creating an Emancipated Youth Plan**

Complete the following steps to create an **Emancipated Youth Plan** for a postemancipation youth who is between their 18<sup>th</sup> and 22<sup>nd</sup> birthdays and is no longer in agency custody, but has returned to a public agency to request help with an issue(s)

#### Navigating to the Emancipated Youth Plan Screen

1. Navigate to the Independent Living Records screen as described previously.

#### In the Independent Living Records section:

- In the Plan Type field, select Emancipated Youth from the drop-down list. (Required)
- In the Youth Name field, select the appropriate name from the drop-down list. (Required)

	Youth Name	Plan Type	Plan Developed Date	Plan Closed Date	Agency	
<u>edit</u>	Sacwis, Susie	Independent Living Plan Status: Active	08/23/2023		Test County Children Services Board	
<u>edit</u>	Sacwis, Susie	Final Transition Plan	08/24/2023		Test County Children Services Board	l î

4. Click the Add Plan button.



The **Emancipated Youth Plan** screen appears displaying several tabs. The system defaults to the **Emancipated Youth** tab as shown below.

Emancipated Youth	Topics	Contact Directory	Signatures	ŝ
Emancipated Youth Plan				
Plan Developed Date: *		]	Plan Closed Date:	
What service(s) is the Yout	h requesting to achieve self-	sufficiency? * Expand	Full Screen	
<b>✓ABC</b> 4000				
Describe the Youth's stren	gths and needs: * Expand Fu	l Screen		
<b>✓ABC</b> 4000				
		Apply	Save	ancel

#### **Completing the Emancipated Youth Tab**

- 1. Enter the **Plan Developed Date**. (Required)
- 2. Enter narrative to answer the question: What service(s) is the Youth requesting to achieve self-sufficiency? (Required)
- 3. Enter narrative to **Describe the Youth's strengths and needs**. (Required)
- 4. Click the **Apply** button.



#### **Completing the Topics Tab**

To add topics for the youth's emancipation plan, complete the following steps.

1. Click the **Topics** tab.

The **Support Topics** screen appears displaying hyperlinks for various topics of support.

Emancipated Youth	Topics	Contact Directory	Signatures
Support Topics			
Academic Support »			
Budget and Financial Management »			
Career Preparation »			
Employment Programs/Vocational Trainin	g »		
Family Support and Healthy Marriage Edu	cation »		
Health Education and Risk Prevention »			
Housing, Educational and Home Managen	nent Training »		
Mentoring »			
Post Secondary Educational Support >>			
Room and Board Financials Assistance	>		
Supervised Independent Living >>>			
Community and Financial Assistance >>			
		Apply Sav	/e Cancel

2. Click on a topic hyperlink to expand it:

Note: You can click on the topic again to collapse it.

3. To link a service for that topic, click the **Link Service** button.

The screen displays Case Services information from the Case for the Person ID associated to the Emancipated Youth Plan:



Service category / Type	Service Classification	Effective Dates	
Independent Living & Transitional Living/ House Education And Home Management Training	Case Member	08/22/2015 - 08/22/2016	unlink
			~
	Independent Living & Transitional Living/ House Education	Independent Living & Transitional Living/ House Education	Independent Living & Transitional Living/ House Education

Budget and Financial Management »

- 4. Click the **Link Service** button to display the **Case Services** page and create/select a case service or select an existing case service.
- 5. If you do not wish to link a displayed service, click the **Unlink** button at the right of the service row (shown in blue above).
- 6. In the **Describe** field, enter a description of the service. (Optional)
- 7. Repeat **Steps 2 through 6** above for each Support Topic that you want to include in this Emancipated Youth Plan.
- 8. Click the **Apply** button at the bottom on the screen.

Apply Save Cancel



#### **Completing the Emancipated Youth Plan Contact Directory Tab**

1. To add contacts for the Emancipated Youth Plan, click the Contact Directory tab.

The **Contact Directory** tab appears displaying the **Youth Contacts** section.

Contacts				
<u>edit</u>	Test, Adult			ACTIVE
	Primary Contact: (740) 123-4567 Other Contact Info: TEST Permanent Adult Connection Youth Support Person			
	mbers/Associated Persons/Family & ncy Team Members:	~	Add -or-	Create New Contact

 This tab looks and functions the same as the Contact Directory tab for the Independent Living Plan. Refer to the Completing the ILP Contact Directory Tab section of this Knowledge Base Article for instructions to add or edit contacts.

#### **Completing the Emancipated Youth Plan Signatures Tab**

1. To add signatures for the Emancipated Youth Plan, click the Signatures tab.

The **Signatures Captured** screen appears. The screen is pre-populated with the Youth, the IL Worker, and the IL Worker's Supervisor (if assigned to the case).

Sacwis, Susie - Youth	Date Signed:	
Vorker - Assigned Worker	Date Signed:	đ
Worker - Supervisor	Date Signed:	đ

2. To add an agency representative's signature, click the **Add Agency Representative** button.



The **Available Agency Representatives** screen appears. This screen displays the list of Assigned Workers and Unassigned IL Workers for the associated agency. This list does not include persons who have already been selected.

3. Click the checkbox beside each person you wish to select OR click the checkbox in the grid header to select **All** persons in the list.

Available Agency Representatives	
Test, Caseworker Test, Caseworker 2 Test, Caseworker 3	
	Save Cancel

- 4. Click the Save button.
- 5. The Signatures Captured screen appears displaying the selected person(s).

Sacwis, Susie - Youth	Date Signed: 08/24/2023	
Worker - Supervisor	Date Signed:	盦
Worker - Assigned Worker	Date Signed:	â
dd Agency Representative		

- 6. In the **Date Signed** field beside each person, enter the date the signature was recorded.
- 7. If you selected an incorrect person, click the **Delete** icon beside the person to delete the signature entry (shown in blue above).

**Note:** The Youth's signature cannot be deleted.

8. When complete, click the Save button.



The **Independent Living Filter Criteria** screen appears displaying the **Independent Living Records** grid.

#### **Recording a Credit Report**

Complete the following steps to record the **Credit Reports** that are requested by the agency from the three main credit reporting agencies for a child aged 14 or older. The Credit Reports will pull into the child's Independent Living Plan and Final Transition Plan.

#### Navigating to the Credit Reports Screen

- 1. Navigate to the Independent Living Records screen as described previously.
- 2. Click the Credit Reports tab.

The **Credit Reporting Filter Criteria** screen appears displaying the **Credit Reporting Records** grid.

Case Overview Activity Log Attorney Communication Intake List	CASE NAME / ID: Sacwis, Susie		<b>Adoption</b> Open (11/21/2022)			
Forms/Notices		Independent Living		Credit Re	eports	
Substance Abuse Screening						_
Ongoing Case A/I	Credit Reporting Filter Crit	eria				
Specialized A/I Tool	N . U. N					
Law Enforcement	Youth Name:		Credit Reporting A	gency:		~
Justification/Waiver						
Case Services	Requested Date:		alala			
Legal Actions		-				
Legal Custody/Status		From Date	To Date			
Living Arrangement / Guardianship						
Initial Removal						
Potential Adoptive Families	Sort Results By:	Requested Date (Descending)	~			
Child Recruitment						
Pre-Adoptive Staffing/Matching Conference						
Placement/ICCA	Include Created in Error:					
Residential Treatment Information						
Independent Living	Filter Clear Form	the second s				
Case Plan Tools	Construction of the second sec					
Visitation Plans						
Review Tools	Credit Reporting Records					
Family Team Meeting						
Case Conference Note	Youth Name: *		Add Credit Rep	port		
Human Trafficking		L				
Child Fatality/Near Fatality	Youth Name	Credit Reporting Agency	Requested Date	Provided Date	Inconsistencies	



**Note:** A **Narrative** ("N") icon will display if text was entered in the **Comments** field of the credit reporting record. You can hover the mouse pointer over the "N" icon to display the narrative.

outh I	Name: *	~	Add Credit Report		
Result(	s) 1 to 4 of 4 / Page 1 of 1				
	Youth Name	Credit Reporting Agency	Requested Date	Provided Date	Inconsistencies
<u>edit</u>	Sacwis, Susie	Equifax	08/24/2023		
<u>edit</u>	Sacwis, Susie	Equifax	07/07/2023	07/19/2023	No
<u>edit</u>	Sacwis, Susie	Experian	07/07/2023	07/19/2023	No
<u>edit</u>	Sacwis, Susie	Trans Union	07/07/2023	07/19/2023	No

- 3. To filter and/or navigate through a long list of **Credit Reporting Records**, you may:
  - Enter Filter Criteria (such as the Youth Name and/or Credit Reporting Agency) and click the Filter button to shorten the list of records.

Youth Name: Sacu Requested Date:	wis, Susie	✓ Credi	t Reporting Agency:	· · · · · · · · · · · · · · · · · · ·
Requested Date:				
From D	- Date	To Date	1	Equifax Experian Trans Union Credit Reporting Agency
Sort Results By: Req	uested Date (Descending)	~		

- 4. In the **Youth Name** field, select the appropriate name from the drop-down list. (Required)
- 5. Click the Add Credit Report button.



outh Name: *	Sacwis, Susie 07/03/2005	~	Add Credit Rep	ort	
Youth Name	Credit Reporting Agency	Req	uested Date	Provided Date	Inconsistencies

#### The Credit Report Details screen appears.

Credit Report Details		
Credit Reporting Agency: *	~	
Date Credit Report Requested: *		
Date Credit Report Provided to the Youth:		
Were Inconsistencies Found:	~	
Comments: (expand full screen)		
		✓ ABC
		300
	Save Cancel	

#### Adding a Credit Reporting Record

On the Credit Report Details screen:

- 1. In the **Credit Reporting Agency** field, select the name of the appropriate credit reporting agency. (Required)
- 2. Enter the Date Credit Report Requested. (Required)
- 3. Enter additional information in the **Comments** field, if desired.



Credit Report Details		
Credit Reporting Agency: *	<b>v</b>	
Date Credit Report Requested: *		
Date Credit Report Provided to the Youth:		
Were Inconsistencies Found:	~	
Comments: (expand full screen)		✓ABC
		300
	Save Cancel	

4. Click the Save button.

The Credit Reporting Filter Criteria screen appears.

outh M	lame: *	~	Add Credit Report		
(esult(s	i) 1 to 4 of 4 / Page 1 of 1 Youth Name	Credit Reporting Agency	Requested Date	Provided Date	Inconsistencies
edit	Sacwis, Susie	Equifax	08/24/2023		
<u>edit</u>	Sacwis, Susie	Equifax	07/07/2023	07/19/2023	No
<u>edit</u>	Sacwis, Susie	Experian	07/07/2023	07/19/2023	No
edit	Sacwis, Susie	Trans Union	07/07/2023	07/19/2023	No

#### **Editing a Credit Reporting Record**

1. Navigate to the **Credit Reporting Filter Criteria** screen displaying the **Credit Reporting Records** grid using the steps previously discussed.



Youth Name: *	~	Add Credit Report		
Result(s) 1 to 4 of 4 / Page 1 of 1 Youth Name	Credit Reporting Agency	Requested Date	Provided Date	Inconsistencies
edit Sacwis, Susie	Equifax	08/24/2023		
edit Sacwis, Susie	Equifax	07/07/2023	07/19/2023	No
edit Sacwis, Susie	Experian	07/07/2023	07/19/2023	No
edit Sacwis, Susie	Trans Union	07/07/2023	07/19/2023	No

2. Click the **Edit** link beside the appropriate credit reporting record.

The Credit Report Details screen appears.

Credit Report Details		
Credit Reporting Agency: *	Equifax 🗸	
Date Credit Report Requested: *	08/24/2023	
Date Credit Report Provided to the Youth:		
Were Inconsistencies Found:	~	
Historical Comments: <u>(expand full screen)</u>		
Updated Comments: ( <u>expand full screen)</u>	✓ ABC 300	

- 3. Enter or modify information as appropriate.
- 4. If you selected **Yes** in the **Were Inconsistencies Found** field, you must enter the **Date Inconsistencies Reported to the Ohio Attorney General**.



redit Report Details			
redit Reporting Agency: *	Equifax		
ate Credit Report Requested: *	08/24/2023		
ate Credit Report Provided to the Youth:			
ere Inconsistencies Found:	Yes 🗸		
ate Inconsistencies reported to the Ohio Attorney General:	08/24/2023		
listorical Comments: ( <u>expand full screen)</u>			
pdated Comments: ( <u>expand full screen)</u>			
		<i>I</i>	✓ ABC 300
Created in Error			

5. The **Historical Comments** field displays any comments that were entered previously and is not editable. Enter any additional or updated information in the **Updated Comments** text field. (Optional)

**Note:** After saving this record, any comments entered in the **Updated Comments** field will be added to the previous Comments and will display in the **Historical Comments** field (as shown by the "second comment" in the example above).

- 6. If this record was created in error, click the **Created in Error** checkbox (shown in blue above).
- 7. Click the **Save** button.

The **Credit Reporting Filter Criteria** screen appears displaying the **Credit Reporting Records** section.

**Note:** If you marked the record as **Created in Error**, it will no longer display in the grid by default. To display these records, click the **Include Created in Error** checkbox in the Filter



Criteria section of the screen and click the **Filter** button. The grid will display a **Created in Error** indicator beside the relevant records as shown below.

Independent Living			Credit Reports		
redit Reporting Filter Crit	eria				
outh Name:	Sacwis, Susie	07/03/2009	Credit Reporting Agency:		
equested Date:	From Date	- To Date			
ort Results By:	Requested Date (Desc	ending)			
clude Created in Error:	0				
Filter Clear Form	l.				
edit Reporting Records					
outh Name: *	Sacwis, Si	usie 07/03/2009 🗸	Add Credit Report		
esult(s) 1 to 4 of 4 / Page 1 o	f.1				
Youth Na	me Credit Rep	orting Agency Reque	sted Date Provided Da	ate Inconsistencies	
		08/24/20	08/24/2023	Yes	
<u>view</u> Sacwis, Susie	Equifax	OUT THE		103	Created in Error

If you need additional information or assistance, please contact the OFC Automated Systems Help Desk at <u>SACWIS HELP DESK@jfs.ohio.gov</u>.

