

Knowledge Base Article

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Overview

This Knowledge Base Article discusses how to enter information for both IL (Independent Living) and the NYTD (National Youth in Transition Database). It also discusses how to edit an existing IL record, create a new IL record, as well as how to enter data so a youth can complete the NYTD survey.

This Knowledge Base Article focuses on viewing or modifying an existing IL Plan.

Navigating to an Independent Living Plan

- 1. From the Ohio SACWIS Home screen, click the Case tab.
- 2. Click the Workload tab.
- 3. Select the appropriate case workload number.

Home	Intake	Case	Provider	Financial	Administration
Workload Court C	alendar Placement Req	uests			
Case Workload					
Caseworker:	0	Sort By: Case Name As	icending V Filter		
E Test Worker (23 cases) ඔ Sacwis, Susie	[123456] <mark>-</mark> Open 11/21/2022	- Adoption			

The Case Overview screen appears.

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

Case Overview				
Activity Log	CASE NAME / ID:	Adoption		
Attorney Communication	Sacwis, Susie / 123456	Open (11/21/2022)		
Intake List	ADDRESS	CONTACT		
Forms/Notices	123 Test Rd.	CONTROL.		
Substance Abuse Screening	Test, Oh 12345 🔷			
Ongoing Case A/I	AGENCY:			
Specialized A/I Tool	Test County Children Services Board			
Law Enforcement	PRIMARY WORKER:	SUPERVISOR(S):		
Justification/Waiver	Test Worker	Test Supervisor		
Case Services	Assign worker			
Case Services				
Legal Actions	Case Actions			
Legal Custody/Status				
Living Arrangement /	View Member Details Access Original Case Pro	gram Categories Case Status Histor	y View Adoption Subsidies	
Guardianship				
Initial Removal	Action Items	Case Alerts	Dashboard	Assignments / Eligibility
Potential Adoptive Families				
Child Recruitment	Result(s) 1 to 15 of 110 / Page 1 of 8			
Pre-Adoptive Staffing/Matching				Actions
Conference				
Placement/ICCA				
Residential Treatment				
Information				Actions •
Independent Living				
Case Plan Tools				



If no IL Plan has already been created for the youth, the Independent Living Records screen appears displaying the field below. See the steps in Adding a New IL Plan section at the end of this Knowledge Base Article for more information.

Plan Type: *	~	Youth Name: *	~	Add Plan
L				1

Modifying an Existing IL Plan

1. If an IL Plan has already been created for the youth, click the Edit link next to the child's name.

Indep	pendent Living Records					
	Youth Name	Plan Type	Plan Developed Date	Plan Closed Date	Agency	
edit	Sacwis, Susie	Independent Living Plan	08/29/2023		Test County Children Services Board	đ

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

2. Complete each tab as discussed below.

Important: To save an Independent Living Plan and allow the youth to take the NYTD survey, **all required fields** on the **Independent Living** screens must be completed.



Independent Living Tab

1. Complete the fields on the **Independent Living** tab, as needed. Many of the fields are mandatory.

Independent Living Goals	Readiness Review Contact D	irectory Signatures		
Independent Living				
Agency:	Test County Children Services Bo	pard Plan Type:	Independent Living Plan	
Assessment Information				
IL Skills Assessment	~	Date Assessment		
Completed: *		Completed:		

Goals Tab

- 1. Click the **Goals** tab. It shows all of the IL goals that have previously been selected.
- 2. View (or edit) the goals by clicking the appropriate link on the left.
- 3. To add a new goal or link a service, check mart the appropriate goal and click the **Add Requirement** button.

ndependent Living Goals		
Add Topics to Current Plan		
Academic Support		
Budget and Financial Manag	ent	
Career Preparation		
Employment Programs or Vo	ional Training	
Family Support and Healthy	rriage Education	
Health Education and Risk P	ention	
Housing, Educational and Ho	9 Management Training	
Mentoring		
Post Secondary Educational	pport	
Room and Board Financial A	stance	
Supervised Independent Livi		

Click the **Edit** button next to the newly added goal.

Current Plan		
	Goal Topic	Goal Effective Date
edit	Career Preparation	09/19/2023



The Goal Details screen appears.

- 4. To add a new goal, complete the mandatory fields shown below.
- 5. To link a service, click the **Link Services** button.

Note: This links a service from the case to the youth's IL goal.

Goal Details			
Goal Topic:	Academic Support		
Goal Effective Date: *	09/19/2023		
Program and Life Skills Details			
Link Service			

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

1. 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.

- 2. Select the Effective Date.
- 3. Make a selection from the **Service Category** drop-down menu.
- 4. Make a selection from the **Service Type** drop-down menu.
- 5. Select the **Case Member Name** from the drop-down menu.
- 6. Click Add Status/Provider

Service Information					
Agency:	Test County Children Services	Board			
Risk Contributors:	None				
Effective Date: *	08/23/2023	Esti	mated Service End Date:		
Service Category: *	Education & Training	✓ Sen	vice Type: *	After School Services	
Member Service Status Histor	у				
Current Status O All Status	ses				
Case Member	Status Provider	Service Description	Provider Address	Status Begin Date/End Date	Created in Error
Case Member Name: *	Sacwis. Susie		Add Status / Provider		



- 1. Make a selection from the **Status** drop-down menu.
- 2. Select the **Status Begin Date**.
- 3. Click the Link Provider button.

Status Details				
Case Member Name:	Sacwis, Susie			
Service Category:	Education & Training	Service Type:	After School Services	
Status: *	(Provided 🗸)			
Status Begin Date: *	08/23/2023	Status End Date:		
			* The following end information will only be saved if	an end date is entered
End Reason:		Secondary End Reason:	`	
Participation Frequency		1 2 3		
	Expected Participation Frequency	How	/ Long Start Date	End Date
		1555747 173		
Add Emanan				
Aud Frequency				
Provider Information				
	Provider		Provider 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**.

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

earch For Provider Match			
Service Category:		Service Type:	
Education & Training	~	After School Services	~
Search Date:		With Available Vacancies	Child has a kinship relationship with the provider

Q Add	Remove Q	
Blue County	Test County	
Green County	0	
Red County		
Pink County		
Yellow County		
Purple County		
Orange County		

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

The Search Results screen appears.

6. Select the appropriate **Provider**.



Search View I	Results Collapse Services E	xpand Services			
Result(s)	1 to 11 of 11 / Page 1 of 1 Provider Name / ID	Provider Category	Provider Status	Current Primary Address	Results per page: 15 Go
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.

7. 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 and information will only i	ne saved if an end date is entered
End Reason:		Secondary	End Reason:		
Participation Frequency					
	Expected Participation Frequency		How Lon	ng Start Date	End Date
Add Frequency					
Provider Information					
	Provider			Provider Address	
Test Provider / 4	56789				
view rest, risking in					unink
Link Provider					
Service Goal History					
	Service Goal			Effective Date	
Add Service Goal					
Comments:					
Spell Check Clear	4000				
Created in Error					
Apply to Other Members					
Save Cancel					

The Service Information screen appears.

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

8. Click the **Save** button.



gency:	Test Coun	ty Children Servic	es Board				
isk Contributors:	None						
fective Date: *	08/23/2023			Estimated Service End Date:			
ervice Category: *	Counseling		~	Service Type: *	Family Counseling	~	
lember Service Status His	story						
Current Status O All St	atuses						
Ca	ise Member	Status	Provider	Service Description	Provider Address	Status Begin Date/End Date	Created in Erro
edit Sacwis, Susie / 12	3456	Scheduled	Test, Provider	Family Counseling		08/23/2023	
ase Member Name: *	Sacwis	, Susie		Add St	atus / Provider		
				131			

Apply Save Cancel

The Goal Details screen appears.

9. Click **Save** at the bottom of the screen to be returned to the Independent Living screen.

Readiness Review Tab

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

Important: For youth who are emancipating, their transition plan should be captured on this screen. See additional information about this below.

2. To add a transition plan or readiness review details, click the **Add Readiness Review** button.

Independent Living	Goals	Readiness Review	Contact Directory	Signatures		
Independent Living	Readines	s Review				
		Re	view Date		Narrative	
Add Readiness Revie	ew					

The Readiness Review Details screen appears.

- 3. Enter data into the appropriate fields.
- 4. When complete, click the **Save** button.



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)		
		10000

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

Independent Living Goals	Readiness Review	Contact Directory	Signatures			
Independent Living Readine	ss Review					
		Review Date			Narrative	
<u>view</u> edit	09/19/2023			TEST		Ô

Important Information Regarding the Transition Plan

The transition plan should be developed **90 days prior** to a youth's emancipation from custody. The plan is to be youth-driven and will include options for receiving post-emancipation services as well as health care items, such as:

- Obtaining health insurance
- Acquiring power of attorney and options to execute a power of attorney
- Finding employment services
- Receiving secondary and post-secondary education and training
- Locating and paying for housing
- Budgeting living expenses
- Obtaining a credit report
- Males registering for selective service
- Determining if any court fees exist



• Providing information regarding if the youth have any other existing benefits and how to apply for continuation of those benefits

When creating a transition plan, your agency will coordinate with other agencies to assist the youth in obtaining their birth certificate, social security card, and state identification. The youth will also be given their health and education records, as well as a letter from the agency verifying that the youth was in custody.

A copy of the transition plan will then be given to the youth.

Contact Tab

1. Click the **Contact** tab. As shown below, the **Contact Information** screen appears displaying any previously entered contact information.

Important: This contact information is being captured for youth who are required to take the **NYTD survey**. The agency can use this information to contact the youth at age 19, and again at age 21, to remind them of the survey.

2. To edit existing contact information, click the Edit link.

Note: You can also click the View link to view existing information.

Independent Living Goals Readiness Review	Contact Directory Signatures	
Contacts		
edit Test Adult - Sibling Unknown Address		ACTIVE
Primary Contact: Permanent Adult Connection		
Case Members/Associated Persons/Family & Permanency Team Members:	~	Add -or- Create New Contact

The Contact Details screen appears.

- 3. Edit the contact information, as needed.
- 4. When complete, click the **Save** button.



Contact Details			
Contact Name: *	Test, Adult		
Relationship to Youth: *	Sibling		
	This contact is a Permanent Adult Connection 3		
	□ Youth Support Person 1		
Contact Address:	Unknown Address		
Contact Type:	Cell: (123)456-7899		
	Cell:		
This person is an active Fam	nily & Permanency Team Member		
Other Contact Information: ((expand full screen)		
			✓ABC
			2000
Created By:		Created Date:	08/29/2023
Modified By:	Save	ncel Delete	08/29/2023

Managing IL and NYTD Information

The Contact Information screen appears

5. To add new contact information, click the **Add Contact Info** button.

epende	ent Living Goals Readiness Review	Contact Directory	Signatures
ontact	S		
<u>edit</u>	Test Adult - Sibling Unknown Address		ACTIVE
	Primary Contact: Permanent Adult Connection		
ase Me Perma	mbers/Associated Persons/Family		✓ Add -or- Create New Contact

The **Contact Details** screen appears. Follow the two previous steps (above) to complete.

6. When complete, click the **Save** button on the **Contact Information** screen so the contact information gets saved for the NYTD survey.



The Independent Living Filter Criteria screen appears.



NYTD Survey

1. Select the NYTD link within the appropriate Independent Living Plan.

Inde	pendent Living Records					
	Youth Name	Plan Type	Plan Developed Date	Plan Closed Date	Agency	
<u>edit</u>	Sacwis, Susie	Independent Living Plan Status: Active	09/19/2023		Test County Children Services Board	NYTD

The NYTD Account Details screen appears.

Important:

- Many fields on the NYTD Account tab pre-populate with the youth's current information from other screens in Ohio SACWIS, such as from the youth's person record. If a required field on the NYTD Account Details screen is blank, you must go to the person record and enter the needed information there.
- All of the required screen fields must be populated with data so the record can be saved and the child can take the NYTD survey.
- Upon completing this record, select the **Generate NYTD Account**.

NYTD Account Detail	s					
Effective Date:	09/19/2023					
First Name:	Susie	DOB:	07/03/2009			
Last Name:	Sacwis	SSN:	XXX-XX-XXXX			
NYTD ID:						
Youth was informed that they may be a part of the NYTD cohort study: * Yes V						
NYTD Survey Log In:	https://nytd.ohio.gov/nytd/login.do 🗹					
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.						

Generate NYTD Account



Close

Adding a New IL Plan

- 1. Navigate to the **Independent Living Records** screen by completing the steps at the beginning of this Knowledge Base Article.
- 2. Select the appropriate name in the **Child Name** field.
- 3. Click the Add Independent Living button.

	Youth Name	Plan Type	Plan Developed Date	Plan Closed Date	Agency	
edit		Independent Living Plan Status: Active	09/19/2023		County Children Services Board	NYTD
dit		Final Transition Plan	08/29/2023		County Children Services Board	lì í

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

- 4. On each tab, complete the fields as described in this Knowledge Base Article.
- 5. On the **Goals** tab, click the **Add Requirements** button and complete the fields or link services as needed.
- 6. On the **Readiness Review** tab, click the **Add Readiness Review** button and complete the fields as needed.
- 7. On the **NYTD Account** tab, complete the required fields and verify that all required fields have data entered so the youth can take the survey.
- 8. When complete, click the **Save** button.



To Have the Youth Complete the NYTD Survey

1. Navigate to the following website: <u>https://nytd.ohio.gov/nytd/login.do</u>

	Jub and ranny dervices
First Name: * Last Name: * Date of Birth: * Sint (Last 4 Digits) * NYTTD ID: * OR Lag In Required Fields are marked by an asterisk (*)	
	Contact
	Office of Families and Children

Office of Families and Children P.O. Box 183204 Columbus, Ohio 43218-3204

Phone: (800) 686-1580 (choose option 3, then option 5) Fax: (614) 728-9678

The web site shown above appears.

- 2. To access the survey, the youth will be required to enter the following information exactly as it appears on their **NYTD Account** tab:
 - Last name
 - First name
 - DOB (date of birth)
 - SSN (last 4 digits)

Important:



- The youth can save the survey without completing it and then finish it at a later date.
- For a survey to count, the youth must mark the survey as complete.
- 3. The youth will complete the NYTD Survey.

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

