

# TEAM Ohio Intake Screener User Guide



## Knowledge Base Article

# TEAM Ohio Intake Screener User Guide

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# TEAM Ohio Intake Screener User Guide

## Overview

This article describes how to use TEAM Ohio as an Intake Screener. This portal was created to allow Intake Screeners to complete and intake for non-emergent reports of suspected child abuse, neglect and/or dependency.

## Gaining Access to TEAM Ohio

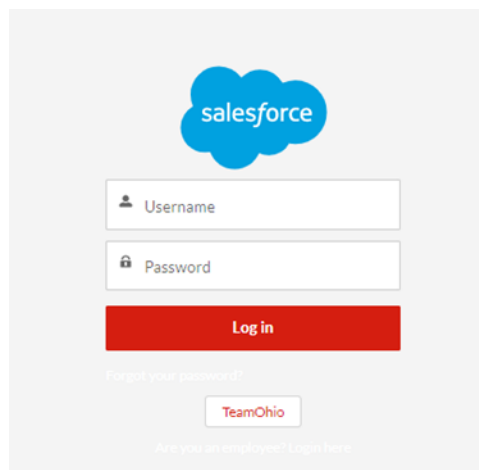
1. To gain access to the TEAM Ohio portal, the role in the Digital JFS 7078 in myOhio must be requested for you. Select the appropriate role based on the type of agency employee.

Worker: EIDMX\_JFS\_C-OFC-TEAM Ohio Agency Worker

Supervisor: EIDMX\_JFS\_C-OFC-TEAM Ohio Agency Supervisor

**Note:** A single user cannot have both roles associated to their OHID. If you are provisioned as a TEAM Ohio Agency Worker but later get promoted to supervisor, you will need to request that the worker role be removed when requesting the supervisor role and vice versa.

2. If the user needs the ability to view restricted intakes within TEAM Ohio, indicate this in the 'Additional Request Details' field on the digital JFS 07078.
3. Users will log into the Salesforce platform using their OH|ID and password created after being granted access into the **TEAM Ohio** site. It's important to use the link provided for log-in to ensure you are navigated to the TEAM Ohio application.

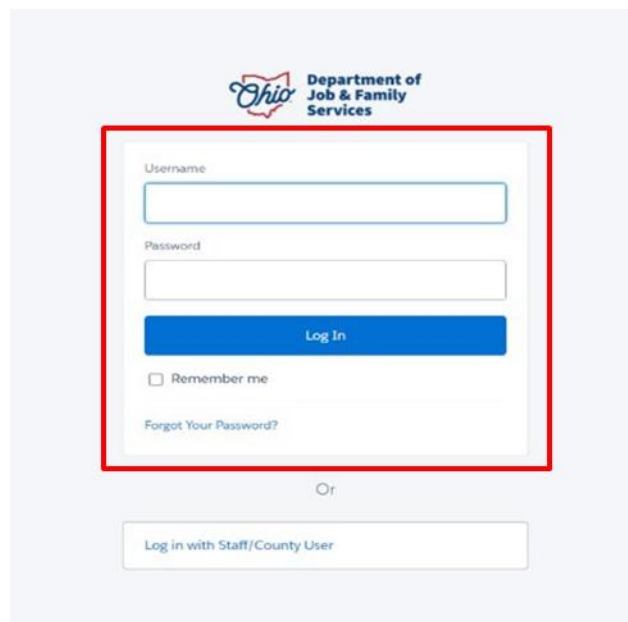
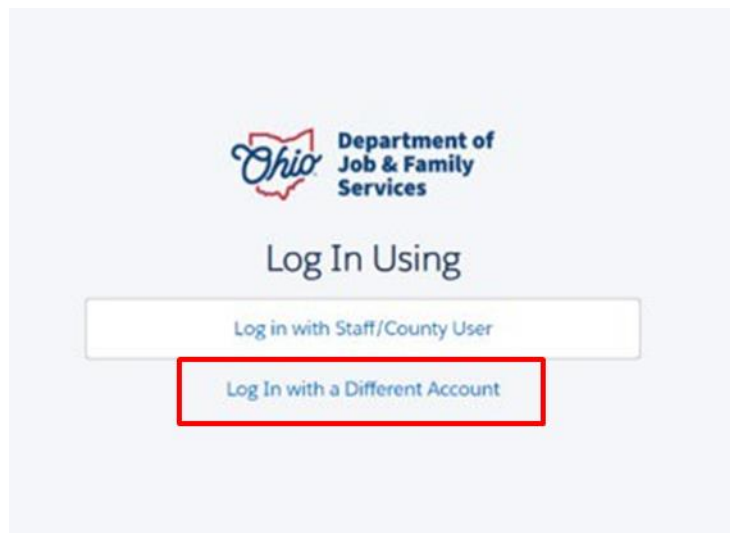


## Important Information for Users of ODAPS and TEAM Ohio/OCAF

**If you have an ODAPS account, you will not be able to log into TEAM Ohio or OCAF using your OHID.**

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1. A separate email will be sent to you with a new username you will use for TEAM Ohio. Your new username will be formatted as an email address. **This email is not a scam!**
2. You will click the reset password link. This will need to be completed within 24 hours of receiving the reset password email. If it is beyond the 24 hours, please email [SACWIS\\_ACCESS@childrenandyouth.ohio.gov](mailto:SACWIS_ACCESS@childrenandyouth.ohio.gov) to request it be resent.
3. Upon logging in after you reset the password, you will go to the Salesforce App below, select “**Log in with a Different Account,**” then enter the username sent to you and your password. You can also navigate to this site by visiting: <https://odjfs2.my.salesforce.com/>



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- The resulting screen will display an area to enter your **TEAM Ohio** Username and Password.

**Note:** If you have issues signing in with your TEAM Ohio Username, please clear your cache, open a new browser, and try again.

- These same instructions will apply if you are trying to access OCAF and have an ODAPS Account.

## Home Page

- Upon successful log-in, the **Home** page will appear.

The screenshot shows the TEAM Ohio Home page. At the top, there is a search bar and navigation tabs for 'Cases' and other applications. Below the navigation, there is a 'My Open Cases' section with a search bar and a table of cases. The table has columns for Case Number, Work, Eme, Status, Prio, Sub, Date/Time Rec, Time Rem, Intake Category, and Owner Name. The table contains 5 rows of data.

	Case N...	Work...	Eme...	Status	Prio...	Sub...	Date/Time Rec...	Time Rem...	Intake Category	Owner Name
1	01188584			Pending Completion			1/16/2025 2:55 PM	0 minutes		FNTest501 LNTTest501
2	01188583			Pending Completion			1/16/2025 2:55 PM	0 minutes		FNTest501 LNTTest501
3	01188581	Testing 1		Pending Completion	Low		1/16/2025 1:56 PM	0 minutes		FNTest501 LNTTest501
4	01188376			Screen Out			1/9/2025 2:16 PM		Family in Need of Services	FNTest501 LNTTest501
5	01187961			Pending Completion			12/10/2024 9:16 AM	0 minutes	CA/N Report	FNTest501 LNTTest501

- If you work within multiple applications on the Salesforce platform, you may need to switch between them using the 9-dot square App Launcher in the upper left-hand corner of the screen. If you click this area, it will display a list of all applications you have access to. Choose **TEAM Ohio** to work within this app.

The screenshot shows the App Launcher interface. A 9-dot square icon is highlighted in the top left corner. A dropdown menu is open, showing a search bar and a list of apps. The 'TEAM Ohio' app is highlighted with a red box. Other apps listed include OmniStudio, Customer Care Center, User Access & Permissions Assistant, Approvals, and My Service Journey.

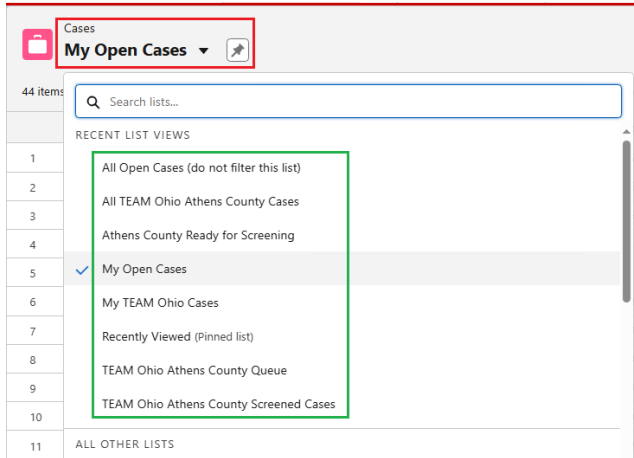
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3. The landing page of **TEAM Ohio** will contain a list of available **Case Views**. There will be eight available **Public List Views** for your agency:
  - a. **All Open Cases** – This list will display all TEAM Ohio Cases.
  - b. **TEAM Ohio (County Name) County Queue**- This list will display cases in Submitted status that have not been assigned yet. This list will be viewable by TEAM Ohio Users at your agency.
  - c. **All TEAM Ohio (County Name) County Cases**- This list will display all TEAM Ohio Cases for only your agency, regardless of status and/or assignment. This list will be viewable by TEAM Ohio Users at your agency.
  - d. **My TEAM Ohio Cases**- This list will display all TEAM Ohio Cases assigned to you, regardless of their screening decision status. This list will only be viewable by you, the signed in TEAM Ohio User.
  - e. **My Open Cases**- This list will display all TEAM Ohio Cases assigned to you that are in Received status and have not had a screening decision selected for them yet. This list will only be viewable by you, the signed in TEAM Ohio User.
  - f. **(County Name) County Ready for Screening**- This list will display all TEAM Ohio Cases that are in Received status and have the SACWIS Entry Completed Checkbox checked, regardless of assignment. This list will be viewable by TEAM Ohio Users at your agency.
  - g. **TEAM Ohio (County Name) County Screened Cases**- This list will display all TEAM Ohio Cases that have a screening decision entered (Screened In, Screened Out, Referred to Other County), regardless of assignment. This list will be viewable by TEAM Ohio Users at your agency.
  - h. **Recently Viewed**- This list will display all TEAM Ohio cases you recently viewed.

Click the arrow next to the header to view these options. To set your preferred view, click on the list view of your choice and then click the thumbtack icon to 'pin' the list view as your default.

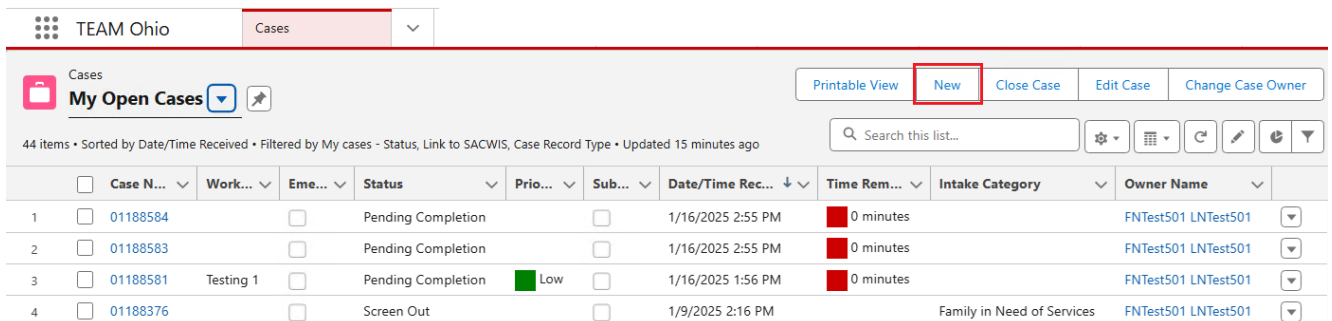
**Note:** "Athens" list views were used as an example below, but each agency will see their agency name for each agency specific list.

# TEAM Ohio Intake Screener User Guide

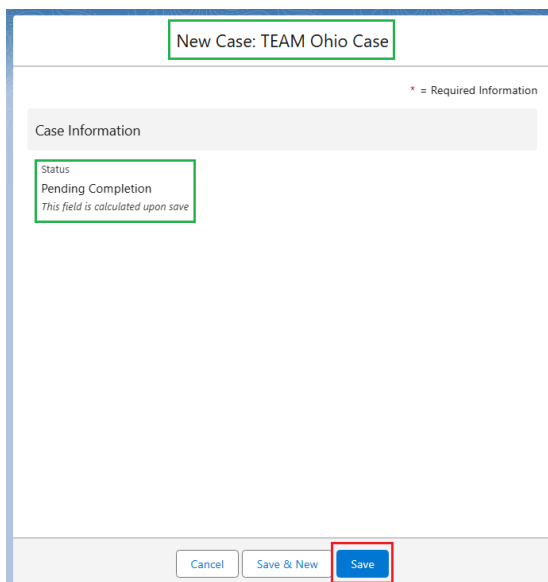


## Creating an Intake

1. From the Cases screen, click the **New** button.



2. Click the **Save** button on the New Case: TEAM Ohio Case screen.



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The new **TEAM Ohio Case** screen displays defaulting to the Referrals Details tab.

The screenshot shows the TEAM Ohio Intake Screener interface. At the top, there is a search bar and a navigation menu with tabs for 'Cases' and several open case windows. The active case is '01188733'. Below the navigation, the case details are displayed: Case Record Type (TEAM Ohio Case), Status (Pending Completion), Date Submitted, Date/Time Received (2/5/2025 10:28 AM), Date/Time Closed, and Case Owner (FNTest501 LNTTest501). The main content area is divided into two sections: 'Referral Details' and 'Notes'. The 'Referral Details' section contains several input fields: Ohio SACWIS Intake ID (greyed out), Intake Status (Pending Completior), Date/Time Created (02/05/2025 10:28 am), Agency for this referral (Athens County Children Services Board), \*Date/Time Received (02/05/2025 10:28 am), \*Method (Phone), and Owner (FNTest501 LNTTest501). There are buttons for 'Change Case Owner' and 'Add Reporter(s)'. The 'Notes' section is currently empty. The 'Intake Category and Type' section has a dropdown for 'Intake Category' and a dropdown for 'Status' (Pending Comp...). A 'Save' button is located at the bottom right of the form.

**Note:** The grey sections are not editable.

3. Select a **Date/Time Received**.
4. Make a selection for **Method**.
5. **Owner** will prepopulate with the logged in user's name. This can be edited if needed by clicking the **Change Case Owner** button.

This screenshot is identical to the one above, but with red boxes highlighting specific fields: the '\*Date/Time Received' field (02/05/2025 10:28 am), the '\*Method' dropdown (Phone), and the 'Owner' field (FNTest501 LNTTest501). The 'Change Case Owner' button is also highlighted.



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## Adding a Reporter

1. Click the **Add Reporter** button.

The screenshot shows the TEAM Ohio Intake Screener interface. At the top, there is a search bar and a navigation bar with several tabs. The 'Referral Details' tab is selected and highlighted with a green box. Below the tab, there is a summary section with fields for Case Record Type (TEAM Ohio Case), Status (Pending Completion), Date Submitted, Date/Time Received (2/5/2025 10:28 AM), Date/Time Closed, and Case Owner (FNTest501 LNTest501). Below this, there are sections for 'Referral Details', 'Add Participants', 'Participant Relationships', and 'More'. The 'Referral Details' section contains several input fields: Ohio SACWIS Intake ID, Intake Status (Pending Completior), Date/Time Created (02/05/2025 10:28 am), Agency for this referral (Athens County Children Services Board), Date/Time Received (02/05/2025 10:28 am), Method (Phone), and Owner (FNTest501 LNTest501). There is a 'Change Case Owner' button and an 'Add Reporter(s)' button highlighted with a red box. On the right side, there is a 'Notes' section and an 'Intake Category and Type' section with a dropdown for 'Intake Category' and a 'Status' dropdown (Pending Comp...). A 'Save' button is located at the bottom right.

The Person Search box displays.

2. Provide as much information available to you by providing the **First Name, Middle Name, Last Name, DOB, Age, Date of Death, Gender, SSN and/or the OH SACWIS Person ID** of the Reporter.

**Note:** Only one Search entry is required to search. Fields marked with an asterisk are only required to complete the intake, not to search.

The screenshot shows the 'Reporter Details' section of the TEAM Ohio Intake Screener. The section is titled 'Reporter Details' and is highlighted with a green box. Below the title, there is a note: 'Not all fields included in search. Fields marked with an asterisk are only required to complete the intake, not to search.' The input fields are highlighted with a red box and include: First Name, Middle Name, Last Name, Suffix, Date of Birth (mm/dd/yyyy), From Age, To Age, Date of Death (mm/dd/yyyy), Gender, SSN, and Ohio SACWIS Person ID.

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3. Provide the **Address, City, State, Zip Code and Phone Number** for the Reporter.
4. Make a selection for **Mandated Reporter prefers to receive letters by USPS mail or Email**. Checkmark the appropriate box.
5. Make a selection for **Best way to reach person** from the dropdown menu.
6. Click the **Search** button.

Address & Contact

Address Line 1 ? Address Line 2

City State Zip Code

Mandated Reporter prefers to receive letters by USPS mail or email

USPS Mail  Email

Best way to reach person ?

Cancel Search

The Search Results display.

7. Select the appropriate person by clicking the **Check Box** next to their name.
8. Click the **Link Person** button.

Search Results

<input type="checkbox"/>	Person ID	First Name	Last Name	DOB	Gender	Address	City	State	Zip
<input type="checkbox"/>	4344014	TEST	TEST	1/1/1988	Male				
<input type="checkbox"/>	4339249	TEST	TEST			1929 Elm St	Cincinnati	OH	45202-5911
<input type="checkbox"/>	7561020	TEST	TEST			25739 Buena Vista Rd	Rockbridge	OH	43149-9505
<input type="checkbox"/>	5148602	Test	Test						
<input type="checkbox"/>	29422203	test	test						

< 1 2 3 >

Link Person Save For Later

**Note:** You can click the Save for Later button to save your selection.

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9. Once a Person is selected, any information **Linked** to that Person will autofill the known information. For example: Name, Ohio SACWIS Person ID, Address, etc.

**Note:** The user can edit the auto filled information if needed.

10. Make a selection for **Hispanic/Latino** from the dropdown menu.  
11. Check all that apply for **Race** by checking the checkboxes.  
12. Make a selection for **Type of Reporter** from the dropdown menu.  
13. Make a selection for **Reporter Type** from the dropdown menu.

Additional Reporter Details

Hispanic/Latino  
No

Race (check all that apply)

- Alaskan Native
- American Indian
- Asian
- Black/African American
- Native Hawaiian
- White
- Other Pacific Islander
- Multi-racial (one or more races unknown)
- Multi-racial (all races unknown)
- Unable to Determine
- Unknown

Reporter Information

Type of Reporter  
Reporter Type

14. Provide a **Narrative** for, Relationship to Alleged Child Victim(s)/Child Subjects(s) of Report.
15. Provide a **Narrative** for, In the event that the agency needs additional information regarding this referral, please provide the best time(s) within the next 24 hours that you can be contacted by phone. Provide the phone number, if different than the phone number listed on your account.

Relationship to Alleged Child Victim(s)/Child Subject(s) of Report

In the event that the agency needs additional information regarding this referral, please provide the best time(s) within the next 24 hours that you can be contacted by phone. Provide the phone number, if different than the phone number listed on your account.

16. If you need to link a provider, click the **Link Provider** button. A new screen will display prompting you to search for the Provider and making a selection similar to the steps above. This step is only required if mandated and not a solo practitioner.

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▼ Reporter Organization (required if mandated and not solo practitioner)

Link Provider

### 17. Make a selection for **Contact Method**.

**Note:** If a Preferred Contact Method is selected, a Contact Details Narrative box will display where the user can provide additional information if needed.

18. Select a **Date and Time** for **Date Reporter** contacted agency.

19. Make a selection for, **How did the reporter learn about the situation**.

20. Select **Yes**, **No** or **Unknown** to referral source for, Are there others with knowledge of the situation.

**Note:** If **Yes** is selected, a narrative box displays requesting the Name and contact information for others who have knowledge of the situation.

▼ Contact & Situation Knowledge

\* Contact Method

\* Date Reporter contacted agency

02/18/2025 9:23 am

How did the reporter learn about the situation?

Are there others with knowledge of the situation?

Yes  No  Unknown to referral source

Name and contact information of others who have knowledge of the situation:

21. Select **Yes** or **No** for, Has the reporter addressed the concerns with the Parent/Caretaker.

22. Provide a **Narrative** for, Last date and time reporter had contact with the ACV(s)/CSR(s).

23. Click **Save for Later** or **Save and Update Person in Ohio SACWIS**.

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The **TEAM Ohio Intake** screen displays defaulting to the Referral Details tab.

24. Shown in green below is the new Reporter you created.

**Note:** The user can delete the reporter by click the Delete button next to the appropriate reporter's name. The user can view additional details by click the Show More Details button, shown in red below.

25. If additional Reporters need added to the case, click the **Add Reporter** button, and follow the previous steps.

26. When completed adding Reporters, click the **Save** button.

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## Adding Participants

1. Click the **Add Participants** tab.

The screenshot shows the top section of the TEAM Ohio Intake Screener interface. At the top left, there is a case icon and the case number '01188733'. Below this, a table displays case details: Case Record Type (TEAM Ohio Case), Status (Pending Completion), Date Submitted, Date/Time Received (2/5/2025 10:28 AM), Date/Time Closed, and Case Owner (FNTest501 LNTest501). The main navigation tabs are 'Referral Details', 'Add Participants' (highlighted with a red box), 'Participant Relationships', 'Add Witnesses', and 'More'. Below the tabs, there are input fields for 'Ohio SACWIS Intake ID', 'Intake Status' (Pending Completion), 'Date/Time Created' (02/05/2025 10:28 am), 'Agency for this referral' (Athens County Children Services Board), and '\*Date/Time Received' (02/05/2025 10:28 am). On the right side, there are sections for 'Notes' and 'Intake Category and Type'.

The Add Participants tab displays.

2. Click the **New Participant** button.

The screenshot shows the 'Add Participants' tab selected and highlighted with a green box. The page title is 'Add Participants'. Below the title, the case number '01188733' is displayed. A paragraph explains that users can add intake participants, demographics, contact information, and intake roles, and that an unknown participant record can be created. Below this, a list of people to add is provided: 'The child(ren) you are concerned about', 'Parents/guardians of the child(ren), whether they live in the home or not', 'All household members', and 'All Alleged Perpetrators, whether they live in the home or not'. At the bottom right, there is a blue button labeled '+ New Participant' highlighted with a red box.

The Person Search box displays.

1. Provide as much information available to you by providing the **First Name, Middle Name, Last Name, DOB, Age, Date of Death, Gender, SSN and the OH SACWIS Person ID** of the Participant. Only one search entry is required to complete a Person Search.

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Participant Details

Please enter as much information about this person as you can. If you do not know the person's first and last name, please enter any information that is known below, and then select the "Participant is unknown or partially known" checkbox. Do not type 'Unknown' into the name fields. The system will populate the missing first and/or last name and flag this as an unknown participant.

Not all fields included in search. Fields marked with an asterisk are only required to complete the intake, not to search.

Participant is unknown or partially known

* First Name	Middle Name	* Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Date of Birth	<input type="checkbox"/> Estimated Date of Birth	<input type="checkbox"/> Date of Birth Unknown	From Age
<input type="text"/>			<input type="text"/>
Date of Death	<input type="checkbox"/> Deceased Date Unknown	Gender	To Age
<input type="text"/>		<input type="text"/>	<input type="text"/>
* OH SACWIS Person ID			
<input type="text"/>			

2. Provide the **Address, City, State, Zip Code** and **Phone Number** for the Participant.
3. Make a selection for **Best way to reach person**.
4. Click the **Search** button.

Address & Contact

Unknown Address

* Address Type		
<input type="text"/>		
* Address Line 1	Address Line 2	
<input type="text"/>	<input type="text"/>	
* City	* State	* Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Best way to reach person		
<input type="text"/>		
Contact Description (Optional)		
<input type="text"/>		

The Search Results display.

5. Select the appropriate person by clicking the **Check Box** next to their name.
6. Click the **Link Person** button.

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Search Results

<input type="checkbox"/>	Person ID	First Name	Last Name	DOB	Gender	Address	City	State	Zip
<input type="checkbox"/>	4344014	TEST	TEST	1/1/1988	Male				
<input type="checkbox"/>	4339249	TEST	TEST			1929 Elm St	Cincinnati	OH	45202-5911
<input checked="" type="checkbox"/>	7561020	TEST	TEST			25739 Buena Vista Rd	Rockbridge	OH	43149-9505
<input type="checkbox"/>	5148602	Test	Test						
<input type="checkbox"/>	29422203	test	test						

1 2 3 4

Link Person Save For Later

7. Once a Person is selected, any information **Linked** to that Person will autofill the known information. For example: Name, Ohio SACWIS Person ID, Address, etc.

**Note:** The user can edit the auto filled information if needed.

8. Make a selection from the **Hispanic/Latino** dropdown menu.

9. Select all that apply for **Race** by checking the Check boxes.

Additional Participant Details

Hispanic/Latino

Race (check all that apply)

Alaskan Native

American Indian

Asian

Black/African American

Native Hawaiian

White

Multi-racial (one or more races unknown)

Multi-racial (all races unknown)

Unable to Determine

Unknown

10. **Check** all that apply for the Participant's **Role**.

11. Make a selection for **Fatality Status** for this report.

12. Click the **Save for Later** button or **Save and Update person in Ohio SACWIS**.



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**\* Role (check all that apply)**

- Alleged Child Victim (ACV)/Child Subject of Report
- Alleged Perpetrator (AP)/Adult Subject of Report
- Caretaker
- Child Daycare Provider
- Child/Youth Subject of a Non-CA/N Report
- Custodian
- Emancipated Young Adult
- Group Home Staff
- Nonrelative Foster Parent
- Nonrelative Kinship Provider
- Other involved adult (OIA)
- Other involved child (OIC)
- Other Professional
- Parent
- Relative Kinship Provider
- Relative Foster Parent
- Residential Facility Staff

**Fatality Status for this report**

Fatality  Near Fatality  Not Applicable

Buttons: Cancel, Save For Later, Save and Update person in Ohio SACWIS

The **Add Participants** tab displays. Here you can see your newly added Participant.

13. To add additional participants, click the **New Participant** button and follow the above steps.

Referral Details | **Add Participants** | Participant Relationships | Add Witnesses | More

### Add Participants

Case Number : 01188733

In this section you will add all intake participants, as well as their demographics, contact information and intake roles. An unknown participant record can be created from this screen for any participant who is unknown or partially unknown. In order to complete an intake, at least one Child Subject must be recorded.

Please add a Participant Record for each of the following people:

- The child(ren) you are concerned about
- Parents/guardians of the child(ren), whether they live in the home or not
- All household members
- All Alleged Perpetrators, whether they live in the home or not

+ New Participant

**Child Female**

DOB: 12/29/2024  
Age 0, Female  
Alleged Child Victim (ACV)/Child Subject of Report

14. Make a selection for, **Is there a language or communication barrier for any of the participants you added to this referral?**

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15. If **Yes** was selected, provide a **Narrative** for, Include which participant(s) have a language barrier and what language(s) they speak.
16. Make a selection for, **Are you aware of any concerns for the worker's safety?**
17. If **Yes** was selected, **Add Safety Hazards** by checking the Check Boxes.
18. Provide a **Narrative** explain your response.
19. Click the **Save** button.

\* Is there a language or communication barrier for any of the participants you added to this referral?

Yes  No

\* Describe. Include which participant(s) have a language barrier and what language(s) they speak.

Testing

**Safety Concerns**

\* Are you aware of any concerns for the worker's safety?

Yes  No

**Add safety hazards**

Contagious Disease  Explosive Behavior  Prior Threats to Agency Worker  
 Convicted of a Violent Crime  Involved in Gang Activity  Sexual Predator  
 Domestic Violence  Mental Health/Not Take Medication  Weapons in the Home  
 Drug Activity  Other

\* Please explain your response

Testing

Save

## Participants Relationships

1. Click the **Participant Relationships** tab.

Case 01188733

Case Record Type	Status	Date Submitted	Date/Time Received	Date/Time Closed	Case Owner
TEAM Ohio Case	Pending Completion		2/5/2025 10:28 AM		FNTest501 LNTest501

Referral Details **Add Participants** **Participant Relationships** Add Witnesses More ▾

Add Participants

Case Number : 01188733

In this section you will add all intake participants, as well as their demographics, contact information and intake roles. An unknown participant record can be created from this screen for any participant who is unknown or partially unknown. In order to complete an intake, at least one Child Subject must be recorded.

Notes

Intake Category and Type

Intake Category

The Participant Relationships tab displays.

1. Click the **Retrieve Relationships** button to see if there are known relationships between the participants.

**Note:** If there are no known matches, a notification banner will display. Shown below:

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2. Click on the appropriate **Participants Name**.
3. Make a selection from the **Relationship** drop down menu.



4. Select the next **Participant Name**.
5. The **Relationship** will be auto populated for this Participant since the relationship has already been established.



6. When completed with Adding Relationships click the **Add Witnesses** tab.

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The screenshot shows the top navigation bar with the case number 01188733. Below it, a table lists case details: Case Record Type (TEAM Ohio Case), Status (Pending Completion), Date Submitted, Date/Time Received (2/5/2025 10:28 AM), Date/Time Closed, and Case Owner (FNTest501 LNTest501). The main navigation tabs include Referral Details, Add Participants, Participant Relationships, Add Witnesses (highlighted in a red box), and More. A 'Notes' section is visible on the right.

The Add Witnesses tab displays.

## Add Witnesses

1. Click the **Add Witness** button.

The screenshot shows the 'Add Witnesses' form. The 'Add Witnesses' tab is highlighted in a green box. Below the navigation tabs, the form title 'Add Witnesses' is displayed. The case number 01188733 is shown. A question asks: 'Are there any witnesses to this incident that either saw the incident or have knowledge of the incident?' with a sub-note: 'This may include other mandated reporters or professionals who have knowledge of the report.' A blue button labeled '+ Add Witness' is highlighted in a red box.

The Person Search box displays.

2. Provide as much information available to you by providing the **First Name, Middle Name, Last Name, DOB, Age, Date of Death, Gender, SSN and the OH SACWIS Person ID** of the Witness. Only one search entry is needed to search for a person.

The screenshot shows the 'Witness Details' form. A green box highlights the 'Witness Details' tab. A red box highlights the search fields: \* First Name, Middle Name, \* Last Name, Suffix, Date of Birth (mm/dd/yyyy), From Age, To Age, Date of Death (mm/dd/yyyy), Gender, SSN, and OH SACWIS Person ID. A note states: 'Fields marked with an asterisk are only required to complete the intake, not to search.'

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3. Provide the **Address, City, State, Zip Code, Phone Number and Email** for the Witness.
4. Click the **Search** button.

Address & Contact

Address Type

Address Line 1 <sup>i</sup> Address Line 2

City State Zip Code

\* Phone Number \* Email

Cancel Search

The Search Results display.

5. Select the appropriate person by clicking the **Check Box** next to their name.
6. Click the **Link Person** button.

Search

Search Results

Person ID	First Name	Last Name	DOB	Gender	Address	City	State	Zip	
<input type="checkbox"/>	29367605	testparent	testparent	1/7/1988		123 N Main St	New Lexington	OH	43764-1262
<input type="checkbox"/>	13874801	Maureen	Tester	Female	7774 Graphics WAY	Lewis Center	OH	43035-8114	
<input checked="" type="checkbox"/>	29153521	Tesa	Test	4/25/1983	Female				
<input type="checkbox"/>	17299568	Naomi	Savidge	8/7/2017	Female	1215 E HIGH ST	LIMA	OH	45804-2825

< 1 2 3 4 >

Cancel Link Person Save For Later Create Person

**Note:** If the person you searched for does not appear, you can create a new person by clicking the Create Person button.

7. The **First and Last Name** auto populate from the witness you selected. This can be edited.
8. Provide an **E-mail Address**.
9. Provide a **Phone Number**.
10. Click **Save for Later or Save and Update Person in Ohio SACWIS**.

# TEAM Ohio Intake Screener User Guide

The screenshot shows a 'Witness Detail' form. A green box highlights the 'Witness Detail' header. A red box highlights the input fields for 'First Name' (Tesa), 'Middle Name', 'Last Name' (Test), 'Email' (TestingEmail@test.com), and 'Phone' ((123) 456-7899). Below the form, three buttons are visible: 'Cancel', 'Save For Later' (highlighted with a red box), and 'Save and Update person in Ohio SACWIS'.

- 11. The Witness now displays on the **Add Witness** tab.
- 12. To **Edit or Delete** the Witness, click the **Arrow** button.

The screenshot shows the 'Add Witnesses' tab in the system. The 'Add Witnesses' header is highlighted with a green box. Below the header, the case number is 01188733. A question asks if there are any witnesses to the incident. A '+ Add Witness' button is present. A list of witnesses is shown, with the first entry 'Tesa Test' highlighted by a green box. A red box highlights the dropdown arrow next to the witness name. Below the list, a second entry for 'Tesa Test' is shown with a dropdown arrow and two options: 'Edit' and 'Delete', both highlighted with red boxes.

- 13. Select the **General Information** tab.

# TEAM Ohio Intake Screener User Guide

The screenshot shows the top navigation bar with a case icon and the number 01188733. Below this is a table with columns: Case Record Type (TEAM Ohio Case), Status (Pending Completion), Date Submitted, Date/Time Received (2/5/2025 10:28 AM), Date/Time Closed, and Case Owner (FNTest501 LNTest501). The main content area has tabs: Referral Details, Add Participants, Participant Relationships, Add Witnesses (highlighted), and More (with a dropdown arrow). A dropdown menu is open under 'More', showing options: General Information (highlighted), Physical & Emotional Abuse, and Neglect. To the right is a 'Notes' section with a downward arrow and a text input field. At the bottom left, it says 'Case Number : 01188733'.

The General Information tab displays.

## General Information

1. Select **Yes or No** for, Are the concerns in this report about a child fatality or near fatality.
2. Select **Yes or No** for, Are there concerns for alleged human trafficking of a child(ren).
3. If **Yes** was selected, **At least one selection** is required: Sex Trafficking and/or Labor Trafficking.
4. Select **Yes or No** for, Has Law Enforcement been contacted or are they involved for the concerns of this report.
5. If **Yes** was selected, provide a **Narrative** for, What Law Enforcement agency was contacted or is involved.
6. Provide a **Narrative** for, Law Enforcement Contact Name and Phone Number if applicable.

The screenshot shows the 'General Information' tab selected. The form contains the following elements:

- Case Number : 01188733
- Instruction: Please answer the questions contained in this referral to the best of your ability. If you do not have information that is being asked of you, please indicate that in your responses.
- Question 1: \* Are the concerns in this report about a child fatality or near fatality? (radio buttons for Yes and No, with No selected)
- Question 2: \* Are there concerns for alleged human trafficking of a child(ren)? (radio buttons for Yes and No, with Yes selected)
- Section: At least one selection required
  - Sex Trafficking (checkbox)
  - Labor Trafficking (checkbox)
- Question 3: \* Has Law Enforcement been contacted or are they involved for the concerns in this report? (radio buttons for Yes and No, with Yes selected)
- Question 4: \* What Law Enforcement agency was contacted or is involved? (text input field containing 'Testing Law Enforcement')
- Question 5: Law Enforcement Contact Name & Phone Number, if applicable: (text input field containing 'Testing Law Enforcement')

## TEAM Ohio Intake Screener User Guide

7. Make a selection from the dropdown menu for, **Living arrangement at time of intake**.
8. Select **Yes or No** for, Does this report require Third Party involvement due to a potential Conflict of Interest.
9. If **Yes** was selected, select a **Type of Third Party** from the dropdown menu.

\* Living Arrangement at time of intake  
Single parent household mother only ▼

Does this report require Third Party involvement due to a potential conflict of interest?  
 Yes  No

Per OAC 5101:2-36-08, third party involvement is required for CA/N reports in which there is a potential conflict of interest because a principal of the report is any of the following:

1. Any employee of an organization or facility that is licensed or certified by ODCY or another state agency and supervised by the PCSA.
2. A foster caregiver, pre-finalized adoptive parent, adoptive parent, relative, or kinship caregiver who is recommended, approved, or supervised by the PCSA.
3. A type B family day care home certified or licensed by a county department of job and family services (CDJFS) that has assumed the powers and duties of the county children services function defined in ORC 5153.
4. Any employee or agent of ODCY or the PCSA as defined in ORC 5153.
5. Any authorized person representing ODCY or the PCSA who provides services for payment or as a volunteer.
6. A foster caregiver or an employee of an institution or facility licensed or certified by ODCY and the ACV is in the custody of, or receiving services from, the PCSA that accepted the report.
7. Any time a PCSA determines that a conflict of interest exists.

\* Select type of Third Party:  
Conflict of Interest ▼

10. Select **Yes or Not** for, Does this report require a specialized assessment investigation for an out of home care setting.
11. If **Yes**, Make a selection from the **OHC Setting Type**.
12. Make a selection for **Licensing Authority**.
13. If you need to add a provider, click the **Link Provider** button.
14. Provide the **Number of children alleged perpetrator has access to**.
15. Provide the **Names of children alleged perpetrator has access to**.
16. Click the **Save** button.



# TEAM Ohio Intake Screener User Guide

**Does this report require a Specialized Assessment/Investigation for an Out-of-Home Care Setting?**  
 Yes  No

Per OAC 5101:2-36-04, a specialized assessment/investigation is required if the CA/N report involves an alleged perpetrator who meets one or more of the following criteria:

1. Is a person responsible for the ACV's care in an out-of-home care setting as defined in OAC rule 5101:2-1-01
2. Is a person responsible for the ACV's care in out-of-home care as defined in ORC 2151.011
3. Has access to the ACV by virtue of their employment by or affiliation to an organization
4. Has access to the ACV through placement in an out-of-home care setting

\* OHC Setting Type:  
-- Clear --

\* Licensing Authority:  
-- Clear --

Provider Name	Provider ID	Address	Contact
<input type="text"/>			

Number of children Alleged Perpetrator has access to:

Names of children Alleged Perpetrator has access to:

17. Click the **Physical and Emotional Abuse** tab.

Case **01188733**

Case Record Type	Status	Date Submitted	Date/Time Received	Date/Time Closed	Case Owner
TEAM Ohio Case	Pending Completion		2/5/2025 10:28 AM		FNTest501 LNTTest501

Referral Details   Add Participants   **General Information**  

General Information

Case Number : 01188733

- Participant Relationships
- Add Witnesses
- Physical & Emotional Abuse**
- Neglect

Notes

The Physical and Emotional Abuse tab displays.

## Physical and Emotional Abuse

1. Select **Yes** or **No** for, Does this report involve concerns about any type of physical injury mental/emotional injury or any dangerous act that could/did cause harm to a child.
2. If **No** was selected, click the **Save** button.

## TEAM Ohio Intake Screener User Guide

Referral Details   Add Participants   **Physical & Emotional Abuse**   More ▾

Physical & Emotional Abuse

Case Number : 01188733

\* Does this report involve concerns about any type of physical injury, mental/emotional injury or any dangerous act that could/did cause harm to a child?

Yes    No

Save

3. If **Yes** was selected, Select all that apply for, Do your concerns for abuse include any of the following.

\* Does this report involve concerns about any type of physical injury, mental/emotional injury or any dangerous act that could/did cause harm to a child?

Yes    No

\* Do your concerns for abuse include any of the following? (Select all that apply)

- Bruises
- Burns
- Broken Bone(s)
- Head Injury
- Ingestion ⓘ
- Strangulation/Choking
- Shaken Baby ⓘ
- Excessive Discipline ⓘ
- Emotional Maltreatment/Mental Injury ⓘ
- Forced Labor of a Minor
- Any other type of inflicted injury, physical abuse concern, or action by an adult putting a child in danger ⓘ

**Note:** For each concern that is checked, the system will generate further Narrative questions. The questions are specific to each concern. The Narrative boxes are required to have an entry.

4. Provide a **Narrative** for the additional question's specific to the Concerns you selected.
5. Provide a **Narrative** for, When the reported abuse occurred.

# TEAM Ohio Intake Screener User Guide

\* Do your concerns for abuse include any of the following? (Select all that apply)

- Bruises
- Burns
- Broken Bone(s)
- Head Injury
- Ingestion ⓘ
- Strangulation/Choking
- Shaken Baby ⓘ
- Excessive Discipline ⓘ
- Emotional Maltreatment/Mental Injury ⓘ
- Forced Labor of a Minor
- Any other type of inflicted injury, physical abuse concern, or action by an adult putting a child in danger ⓘ

\* Please provide details of the emotional maltreatment and/or mental injury to the child(ren):

- Who caused the mental injury (if unknown, who had access to the child)?
- How was the mental injury caused?
- What behavior is the child(ren) showing that indicates mental injury?

Testing

\* Please provide details on when the reported abuse occurred:

- Date of each incident, if known. Provide estimated date if possible.
- Duration of the abuse?
- Frequency, if applicable.

Testing

6. Make a selection for, **Is the explanation of the injury consistent with the observation and/or medical opinion.**
7. Provide an explanation in the **Narrative box.**
8. Make a selection for, **Has the child(ren) been seen by a medical or mental health professional for the abuse.**
9. Provide an explanation in the **Narrative box.**

**Note:** A Narrative Box does not populate for all questions. If the question requires more information, the box will display. Narrative boxes require an entry.

10. Click the **Save** button.

\* Is the explanation of the injury consistent with observation and/or medical opinion?

- Yes  No  Unknown or no explanation provided

\* Please provide the explanation and any observation or medical opinions known about the injury:

Testing

\* Has the child(ren) been seen by a medical or mental health professional for the abuse?

- Yes, the child(ren) has been seen for the abuse  
 At least one child has not been seen but needs to be  
 No, but child(ren) does not need to be seen  
 Unknown

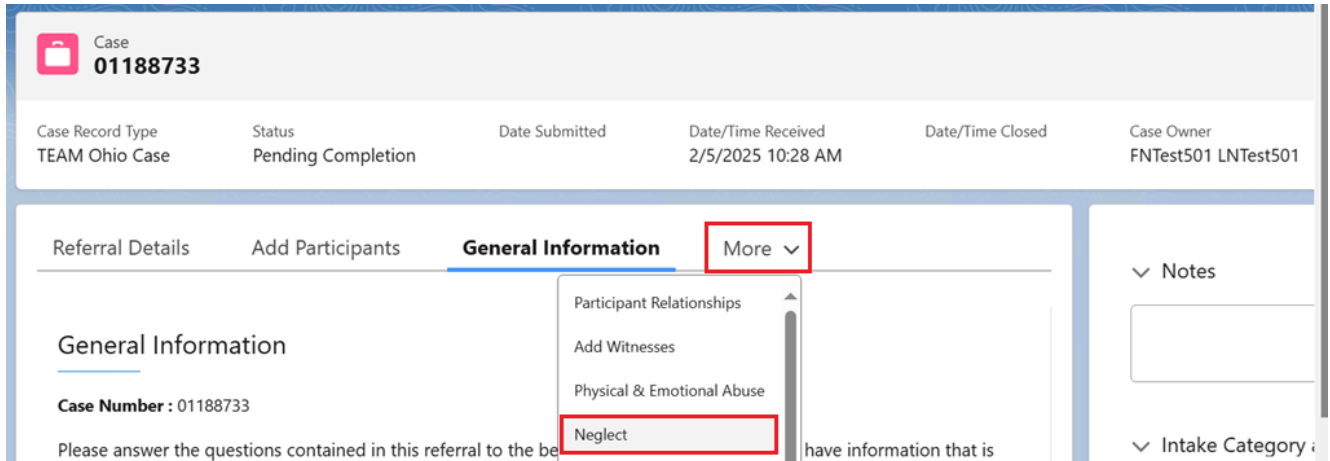
\* What medical and/or mental health professional saw the child(ren) and what was the outcome, if known?

Testing

# TEAM Ohio Intake Screener User Guide



11. Click the **Neglect** tab.

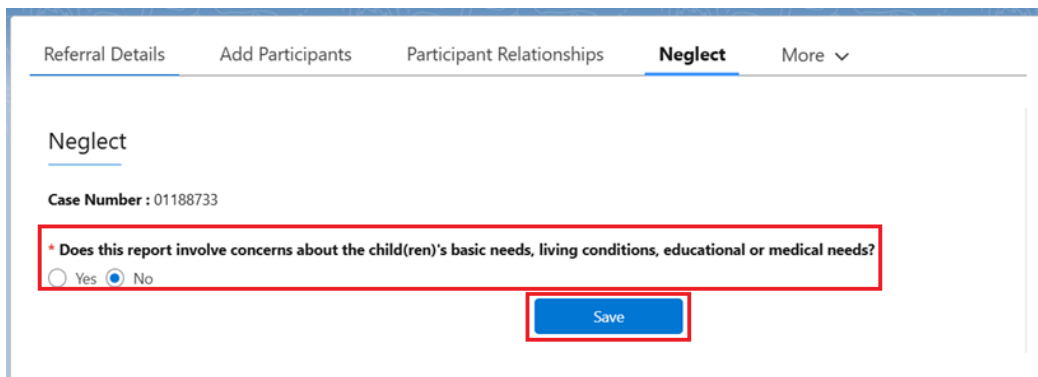


The screenshot shows the 'General Information' tab selected. A dropdown menu is open, showing options: 'Participant Relationships', 'Add Witnesses', 'Physical & Emotional Abuse', and 'Neglect'. The 'Neglect' option is highlighted with a red box. The 'More' dropdown button is also highlighted with a red box.

The Neglect tab displays.

## Neglect

1. Select **Yes** or **No** for, Does this report involve concerns about the child(ren)'s basic needs, living conditions, educational or medical needs.
2. If **No**, Click the **Save** button.



The screenshot shows the 'Neglect' tab selected. The question is: '\* Does this report involve concerns about the child(ren)'s basic needs, living conditions, educational or medical needs?'. The 'No' radio button is selected. The 'Save' button is highlighted with a red box.

3. If **Yes**, Check all that apply for, What concerns about the child(ren) in the household.

## TEAM Ohio Intake Screener User Guide

\* Does this report involve concerns about the child(ren)'s basic needs, living conditions, educational or medical needs?

Yes  No

\* What concerns do you have for the child(ren) in the household? (Select all that apply)

- Failure to provide basic needs (such as food, shelter, clothing)
- Lack of supervision by parent/caregiver
- Dirty/Unsanitary/Unsafe Home
- Child's Hygiene/Lice
- Educational Neglect
- Medical Neglect (including failure to thrive non-organic)
- Child left with an inappropriate caregiver
- Unsafe sleep conditions of an infant
- Other neglect concerns not listed above

**Note:** For each concern that is checked, the system will generate further Narrative questions. The questions are specific to each concern. The Narrative boxes are required to have an entry.

4. Provide a **Narrative** for the additional question's specific to the Concerns you selected.
5. Provide a **Narrative** on when the reported neglect occurred.

\* Please describe your concerns for the parent/caregiver failing to provide basic needs to the child(ren):

- What basic needs are not being provided?
- What are the circumstances?
- What effect does it currently have on the child(ren)?
- Is the parent/caregiver finding alternative solutions to provide basic needs?

Testing

\* Please provide details on when the reported neglect occurred:

- Date of each incident, if known. Provide estimated date if possible.
- Duration of the neglect?
- Frequency, if applicable.

Testing

6. Provide a **Narrative** for, Please describe any barriers or beliefs of the family that may be contributing to the reported neglect above.
7. Click the **Save** button.

\* Please describe any barriers or beliefs of the family that may be contributing to the reported neglect above:

Testing

Save

## TEAM Ohio Intake Screener User Guide

8. Click the **Sexual Abuse** tab.

The screenshot shows the 'General Information' tab selected. A dropdown menu is open, listing various categories: Participant Relationships, Add Witnesses, Physical & Emotional Abuse, Neglect, Sexual Abuse (highlighted with a red box), and Dependency. The 'Sexual Abuse' option is the target of the instruction.

The Sexual Abuse tab displays.

### Sexual Abuse

1. Select **Yes** or **No** for, Does this report involve concerns of sexual abuse?
2. If **No** was selected, click the **Save** button.

The screenshot shows the 'Sexual Abuse' tab selected. The question '\* Does this report involve concerns of sexual abuse?' is highlighted with a red box. Below the question are radio buttons for 'Yes' and 'No'. A blue 'Save' button is also highlighted with a red box.

3. If **Yes** was selected, checkmark all that apply for, What concerns for sexual abuse do you have for the child(ren).
4. Provide a **Narrative** for, Please give information about each sexual abuse concern.

## TEAM Ohio Intake Screener User Guide

**\* Does this report involve concerns of sexual abuse?**  
 Yes  No

**\* What concerns for sexual abuse do you have for the child(ren)? (Select all that apply)**

- Relative/Caregiver involved the child(ren) in sexual activity
- An Authority Figure involved the child(ren) in sexual activity
- A Stranger involved the child(ren) in sexual activity
- An individual, more than four years older than a 13 to 15 year old child, engaged the child in sexual activity
- Child is exhibiting abnormal sexualized behavior(s) or has inappropriate sexual knowledge for their age
- A convicted sexual offender has access to the child(ren) and there is concern for sexual contact
- Actions done to or around a child for the purpose of sexual gratification
- There is concern that the child has been exposed to sexual acts/materials, and/or photographed/recorded in a sexual manner, including sexting or inappropriate social media interaction
- Someone involved the child(ren) in sexual activity in exchange for anything of value
- Other sexual abuse concern not listed above

**\* Please give information about each sexual abuse concern. Be as detailed as possible.**

Testing

5. Make a selection for, **Has the child(ren) seen a medical professional for these concerns.**
6. Provide a **Narrative** for, What medical professional was seen and what was the outcome.
7. Provide a **Narrative** for, Medical Professional Contact Information (Address and Phone Number, if known).

**Note:** A Narrative Box does not populate for all questions. If the question requires more information, the box will display. Narrative boxes require an entry.

8. Click the **Save** button.

**\* Has the child(ren) seen a medical professional for these concerns?**

- Yes, the child(ren) has been seen for the abuse
- At least one child has not been seen but needs to be
- No, but child(ren) does not need to be seen
- Unknown

**\* What medical professional was seen and what was the outcome?**

Testing

**\* Medical Professional Contact Information (Address and Phone Number, if known)**

Testing

**Save**

9. Click the **Dependency** tab.

# TEAM Ohio Intake Screener User Guide

The screenshot shows the 'Sexual Abuse' section of the TEAM Ohio Intake Screener. The 'More' dropdown menu is open, and the 'Dependency' tab is selected. The main content area displays the 'Sexual Abuse' title and the case number '01188733'. Below this, there is a question: '\* Does this report involve concerns of sexual abuse?'. The 'Dependency' tab is highlighted in the navigation bar.

The Dependency tab displays.

## Dependency

1. Select **Yes** or **No** for, Does your concern involve children's needs not being met through no fault of the parents, guardians, or custodians, or the birth of an infant on an open ongoing case.
2. If **No** was selected, click the **Save** button.

The screenshot shows the 'Dependency' section of the TEAM Ohio Intake Screener. The 'Dependency' tab is selected in the navigation bar. The main content area displays the 'Dependency' title and the case number '01188733'. Below this, there is a question: '\* Does your concern involve child(ren)'s needs not being met through no fault of the parents, guardians, or custodians, or the birth of an infant on an open, ongoing case?'. There are two radio buttons: 'Yes' and 'No'. A blue 'Save' button is located below the question.

3. If **Yes** was selected, Select all that apply for, What concerns for dependency do you have for the child(ren)?

**Note:** For each concern that is checked, the system will generate further Narrative questions. The questions are specific to each concern. The Narrative boxes are required to have an entry.



## TEAM Ohio Intake Screener User Guide

4. Provide a **Narrative** for, Please provide detailed information about the dependency concerns.

\* Does your concern involve child(ren)'s needs not being met through no fault of the parents, guardians, or custodians, or the birth of an infant on an open, ongoing case?

Yes  No

\* What concern(s) for dependency do you have for the child(ren)? (Select all that apply)

- Caretaker is overwhelmed with and/or incapable of providing for child(ren)'s basic needs through no fault of their own.
- Caretaker is overwhelmed with and/or incapable of providing for the extreme special needs of the child(ren).
- Caretaker does not have the mental or physical capacity to provide appropriate care for the child.
- Caretaker incapacitated due to hospitalization, incarceration, or death and the child does not have an appropriate caretaker.
- Birth of a new child on an open, ongoing case.

\* Please provide detailed information about the dependency concern(s): ⓘ

Testing

5. Provide a **Narrative** for the additional question's specific to the Concerns you selected.
6. Provide a **Narrative** for, Describe the supports that the caretaker and/or family has.
7. Click the **Save** button.

\* Describe the situation that is causing the caretaker to be overwhelmed with and/or incapable of providing for the child(ren)'s basic needs:

ⓘ

- Who is the caretaker?
- What issues are present and impacting the caretaker's ability to provide for basic needs?
- What is the impact on the child(ren)?

Testing

\* Describe the supports that the caretaker and/or family has:

Testing

Save

8. Click the **Substance Use** tab.

# TEAM Ohio Intake Screener User Guide

The screenshot shows the top navigation bar with a case icon and the number 01188733. Below this is a header row with fields: Case Record Type (TEAM Ohio Case), Status (Pending Completion), Date Submitted, Date/Time Received (2/5/2025 10:28 AM), Date/Time Closed, and Case Owner (FNTest501 LNTest501). The main content area has tabs: Referral Details, Add Participants, Participant Relationships, Dependency, and More. The Dependency tab is active, and a dropdown menu is open, showing options: Add Witnesses, General Information, Physical & Emotional Abuse, Neglect, Sexual Abuse, and Substance Use. The Substance Use option is highlighted with a red box. To the right, there are sections for Notes and Intake Category.

The Substance Use tab displays.

## Substance Use

1. Checkmark all that apply for, **Does this report involve any of the following.**
2. If **None of the Above** was selected, click the **Save** button.

The screenshot shows the Substance Use tab selected. Below the tab is the Case Number: 01188733. A red box highlights a question: "\* Does this report involve any of the following? Select all that apply:". Below the question are several checkboxes with corresponding text: Misuse of legal or illegal substances by any parent/caregiver or adult household member; Intentional misuse of legal or illegal substances by the child(ren); Infant tests positive at birth for a legal or illegal substance; Infant was exposed or affected by a legal or illegal substance which was misused by the parent during pregnancy - this can include no toxicology testing at birth or toxicology results are unknown at this time; An infant diagnosed with Fetal Alcohol Spectrum Disorder; Mother has participated in Medication Assisted Treatment (MAT) or Medications for Opioid Use Disorder (MOUD) treatment during her pregnancy; and None of the above. The 'None of the above' option is checked. A blue Save button is located at the bottom right of the form.

**Note:** All other options will generate additional questions. Questions will be specific to the options selected.

3. Make a selection for, **How did you become aware of the substance use.**

# TEAM Ohio Intake Screener User Guide

\* Does this report involve any of the following? Select all that apply:

- Misuse of legal or illegal substances by any parent/caregiver or adult household member
- Intentional misuse of legal or illegal substances by the child(ren) ⓘ
- Infant tests positive at birth for a legal or illegal substance ⓘ
- Infant was exposed or affected by a legal or illegal substance which was misused by the parent during pregnancy - this can include no toxicology testing at birth or toxicology results are unknown at this time
- An infant diagnosed with Fetal Alcohol Spectrum Disorder
- Mother has participated in Medication Assisted Treatment (MAT) or Medications for Opioid Use Disorder (MOUD) treatment during her pregnancy.
- None of the above

\*How did you become aware of the substance use?

- Observed  Told by Another Party  Positive Toxicology

4. Select, **Which parent/caregiver(s) or adult household member(s) have substance use concerns. Checkmark the appropriate person(s).** The screen expands.
5. Checkmark, **Which substance(s) is the parent/caregiver and/or adult household member using.**
6. Provide a **Narrative** for, Describe known information regarding current and historical drug use, including any of the following: Use of Illegal Substance, Use of Medication or legal substance obtained illegally, Misuse of a prescribed medication or legal substance.

\*Which parent/caregiver(s) or adult household member(s) have substance use concerns? Select all that apply.

Please select at least one parent/caregiver

- Test Mother

\* Which substance(s) is the parent/caregiver and/or adult household member using?

- Alcohol
- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine
- Codeine
- Fentanyl
- Heroin
- Hydromorphone
- Methamphetamine
- Methadone
- Morphine
- Phencyclidine
- Propoxyphene
- Tetrahydrocannabinol (THC)
- Buprenorphine (Suboxone)
- LSD
- Opiates
- MDMA (AKA X, Ecstasy, Molly)
- Other
- Unknown to Referral Source

\* Describe known information regarding current and historical drug use, including any of the following:

- Use of illegal substance
- Use of a medication or legal substance obtained illegally
- Misuse of a prescribed medication or legal substance.

## TEAM Ohio Intake Screener User Guide

7. Provide a **Narrative** for, Describe the impact of the substance use on each parent/caregiver or adult household members ability to meet the child(ren)'s needs, such as lack of basic needs, supervision concerns, etc.
8. Make a selection for, **Does the child(ren) have access to exposure to an adult substance or paraphernalia.**
9. If **Yes**, Please describe what access or exposure the child(ren) has.

\* Describe the impact of the substance use on each parent/caregiver or adult household member's ability to meet the child(ren)'s needs, such as lack of basic needs, supervision concerns, etc.:

Testing

\* Does the child(ren) have access or exposure to an adult's substances or paraphernalia?

Yes  No  Unknown

\* Please describe what access or exposure the child(ren) has:

Testing

10. Checkmark **Which infant(s) was exposed to or affected by substance misuse by the parent during pregnancy.** You can select more than one infant.
11. Select all that apply for, **The infant is/was experiencing the following:**
12. Select all that apply for, **Which substances was the infant exposed to and/or affected by.**
13. Provide a **Narrative** for, Please include any of the following information that is known: Toxicology results, or if results are pending, Withdrawal symptoms, Diagnoses if applicable, Treatment plan for the infant, Discharge plan for the infant.

\* Which infant(s) was exposed to or affected by substance misuse by the parent during pregnancy? Select all that apply.  
Please select at least one infant

Child Female

\*The infant is/was experiencing the following:

Positive Toxicology  
 Diagnosed with Fetal Alcohol Syndrome  
 Withdrawal Symptoms  
 N/A

\* Which substance(s) was the infant exposed to and/or affected by?

Alcohol  
 Amphetamines  
 Barbiturates  
 Benzodiazepines  
 Cocaine  
 Codeine  
 Fentanyl  
 Heroin  
 Hydromorphone  
 Methamphetamine  
 Methadone  
 Morphine  
 Phencyclidine  
 Propoxyphene  
 Tetrahydrocannabinol (THC)  
 Buprenorphine (Suboxone)  
 LSD  
 Opiates  
 MDMA (AKA X, Ecstasy, Molly)  
 Other  
 Unknown to Referral Source

## TEAM Ohio Intake Screener User Guide

**Please include any of the following information that is known:**

- Toxicology results, or if results are pending
- Withdrawal symptoms
- Diagnoses, if applicable
- Treatment plan for the infant
- Discharge plan for the infant

14. Select **Yes** or **No** for, For all reported substances that the infant was exposed to, does the parent have a valid prescription that has been verified and is being used as prescribed.
15. Select **Yes** or **No** for, Does the family have a Plan of Safe Care in place at the time of this referral.
16. Click the **Save** button.

**\* For all reported substances that the infant was exposed to, does the parent have a valid prescription that has been verified and is being used as prescribed?**

Yes  No

**\* Does the family have a Plan of Safe Care in place at the time of this referral?**

Yes  No  Unknown

**Save**

17. Click the **CARA: Plan of Safe Care** tab.

The screenshot shows the TEAM Ohio Intake Screener interface. At the top, there is a header for Case 01188733. Below this is a table with columns: Case Record Type (TEAM Ohio Case), Status (Pending Completion), Date Submitted, Date/Time Received (2/5/2025 10:28 AM), Date/Time Closed, and Case Owner (FNTest501 LNTest501). The main content area has several tabs: Referral Details, Add Participants, Participant Relationships, Dependency, and More. The Dependency tab is selected, and a dropdown menu is open, showing options: Add Witnesses, General Information, Physical & Emotional Abuse, Neglect, Sexual Abuse, Substance Use, and CARA: Plan Of Safe Care. The CARA: Plan Of Safe Care option is highlighted with a red box. To the right of the Dependency tab, there are sections for Notes and Intake Category.

The CARA: Plan of Safe Care tab displays.

## TEAM Ohio Intake Screener User Guide

### CARA: Plan of Safe Care

1. Make a selection for, **Who are the caregivers for the infant(s) that reside in the home.** Select all that apply.
2. Select **Yes, No or Unknown** for, Was safe sleep discussed with the caregiver(s).
3. Provide a **Narrative** for, Details about the safe sleep discussion or any concerns of safe sleep.
4. Provide a **Narrative** for, The interaction between the parent/caregiver(s) and the infant(s).
5. Provide a **Narrative** for, What is the family's Insurance Provider.
6. Provide a **Narrative** for, Name and Contact Information for the hospital or medical facility where the infant(s) is/was receiving care.

CARA: Plan of Safe Care

Case Number: 01188733

**Who are the caregivers for the infant(s) that reside in the home? Select all that apply.**  
Please select at least one parent/caregiver

Test Mother

Was safe sleep discussed with the caregiver(s)?  
 Yes  No  Unknown

Provide details about the safe sleep discussion or any concerns for safe sleep:

Describe the interaction between the parent/caregivers(s) and the infant(s):

What is the family's insurance provider:

Name and contact information for the hospital or medical facility where the infant(s) is/was receiving care:

7. Make a selection for, **What services are in place or needed for the infant(s) for Primary Physician Services, Medical Specialist Services, Early Intervention Services and Other Services.**

**Note:** When Referral Needed, Referral Made, In Place and Not Applicable are selected, additional questions will populate.

# TEAM Ohio Intake Screener User Guide

If you are unsure about the service information, please select the closest applicable response and provide any known information.

What services are in place or needed for the infant(s):  
Child Female

\* Primary Physician Services

Referral Needed	Referral Made	In Place	Not Applicable
-----------------	---------------	----------	----------------

\* Medical Specialist(s) Services

Referral Needed	Referral Made	In Place	Not Applicable
-----------------	---------------	----------	----------------

\* Early Intervention Services

Referral Needed	Referral Made	In Place	Not Applicable
-----------------	---------------	----------	----------------

\* Other Services

Referral Needed	Referral Made	In Place	Not Applicable
-----------------	---------------	----------	----------------

Save

8. If **Referral** is selected for any section, the following question populates:
- Describe the referrals needed for the child.** Provide a Narrative.

What services are in place or needed for the infant(s):  
Child Female

\* Primary Physician Services

Referral Needed	Referral Made	In Place	Not Applicable
-----------------	---------------	----------	----------------

\* Describe the referrals needed for the child:

\* Medical Specialist(s) Services

Referral Needed	Referral Made	In Place	Not Applicable
-----------------	---------------	----------	----------------

\* Describe the referrals needed for the child:

9. If **Referral Made** is selected for any section, the following questions populate:
- Who is the service provider?** Please provide name and contact information.
  - Date Referral was made.** Provide a Narrative.

What services are in place or needed for the infant(s):  
Child Female

\* Primary Physician Services

Referral Needed	Referral Made	In Place	Not Applicable
-----------------	---------------	----------	----------------

\* Who is the service provider? Please provide name and contact information.

\* Date Referral was made?

## TEAM Ohio Intake Screener User Guide

10. If **In Place** is selected for any section, the following questions populate:
- Who is the service provider?** Please provide name and contact information.
  - Date of Last Appointment.** Provide a Narrative.
  - Did you confirm services are in place with the provider.** Select **Yes** or **No**.

What services are in place or needed for the infant(s):  
Child Female

\* Primary Physician Services

Referral Needed	Referral Made	<b>In Place</b>	Not Applicable
-----------------	---------------	-----------------	----------------

\* Who is the service provider? Please provide name and contact information.

\* Date of Last Appointment?

\* Did you confirm services are in place with the provider?

Yes

No

11. If **Not Applicable** is selected, no further questions populate.

What services are in place or needed for the infant(s):  
Child Female

\* Primary Physician Services

Referral Needed	Referral Made	In Place	<b>Not Applicable</b>
-----------------	---------------	----------	-----------------------

\* Medical Specialist(s) Services

Referral Needed	Referral Made	In Place	<b>Not Applicable</b>
-----------------	---------------	----------	-----------------------

\* Early Intervention Services

Referral Needed	Referral Made	In Place	<b>Not Applicable</b>
-----------------	---------------	----------	-----------------------

\* Other Services

Referral Needed	Referral Made	In Place	<b>Not Applicable</b>
-----------------	---------------	----------	-----------------------

12. Make a selection for **What services are in place or needed for the mother.**
13. Follow previous **Steps 8-11** to complete this section.
14. Click the **Save** button.



# TEAM Ohio Intake Screener User Guide

**What services are in place or needed?**

**Test Mother**

* Medical			
Referral Needed	Referral Made	In Place	Not Applicable
* Mental Health			
Referral Needed	Referral Made	In Place	Not Applicable
* Substance Use Treatment			
Referral Needed	Referral Made	In Place	Not Applicable
* Domestic Violence Services			
Referral Needed	Referral Made	In Place	Not Applicable
* Parenting Education/Support			
Referral Needed	Referral Made	In Place	Not Applicable
* Breast Feeding/Lactation Support			
Referral Needed	Referral Made	In Place	Not Applicable
* Case Management Services			
Referral Needed	Referral Made	In Place	Not Applicable
* Child Care Services			
Referral Needed	Referral Made	In Place	Not Applicable
* Housing Services			
Referral Needed	Referral Made	In Place	Not Applicable
* Employment Services			
Referral Needed	Referral Made	In Place	Not Applicable
* Transportation Services			
Referral Needed	Referral Made	In Place	Not Applicable
* Other Services			
Referral Needed	Referral Made	In Place	Not Applicable

**Save**

15. Click the **Domestic Violence** tab.

Case **01188733**

Case Record Type	Status	Date Submitted	Date/Time Received	Date/Time Closed	Case Owner
TEAM Ohio Case	Pending Completion		2/5/2025 10:28 AM		FNTest501 LNTest501

Referral Details   Add Participants   **CARA: Plan Of Safe Care**   More ▾

**CARA: Plan of Safe Care**

**Case Number:** 01188733

**Who are the caregivers for the infant(s) that reside in the home? See**  
Please select at least one parent/caregiver

Test Mother

- General Information
- Physical & Emotional Abuse
- Neglect
- Sexual Abuse
- Dependency
- Substance Use
- Domestic Violence**

Notes

Intake Category and T

Intake Category

The Domestic Violence tab displays.

# TEAM Ohio Intake Screener User Guide

## Domestic Violence

1. Select **Yes** or **No** for, Do you have any concerns for domestic violence within the household?
2. Select **Yes** or **No** for, Does a family member have a pattern of coercive controlling behaviors that has a negative impact on the child(ren).
3. If **No** was selected for both questions, click the **Save** button.

Referral Details   Add Participants   Participant Relationships   **Domestic Violence**   More ▾

Domestic Violence

Case Number : 01188733

\* Do you have any concerns for domestic violence within the household?  
 Yes  No

\* Does a family member have a pattern of coercive controlling behaviors that has a negative impact on the child(ren)?  
 Yes  No

Save

4. If **Yes** was selected for the above questions, the page expands with additional questions.
5. Make a selection for, **How many domestic violence incidents are you aware of for this family.**
6. **Checkmark** all that apply for, For the domestic violence incident(s) that you are aware of.

\* Do you have any concerns for domestic violence within the household?  
 Yes  No

\* How many domestic violence incidents are you aware of for this family?  
 One  More than one

\* For the domestic violence incident(s) that you are aware of, please check all that apply:

- Injury to a parent/caretaker
- Injury to a child
- Child intervening with violence
- Child witnessed domestic violence
- Threat and/or use of a weapon
- Threat of killing family member or pet
- Law enforcement called due to domestic violence
- Parent/Caregiver arrested due to domestic violence
- Other

## TEAM Ohio Intake Screener User Guide

7. Provide a **Narrative** for, For each instance of domestic violence that you are aware of please provide as much detail as possible.
  - a. Who was involved?
  - b. When did it occur?
  - c. What were the circumstances?
  - d. Details on any concerns you indicated above.
8. Select **Yes** or **No** for, As a result of domestic violence are you aware of any current court involvement or order of protection for a parent/caregiver or anyone else residing in the home.
9. If **Yes** was selected, Please describe any information you know about the court involvement or order of protection.
  - a. Who does the order pertain to?
  - b. When was it issued?
  - c. What court issued the order?
  - d. Are the participants following the court orders?
10. Select **Yes** or **No** for, Does the family member have a pattern of coercive controlling behaviors that has a negative impact on the child(ren).
11. If **Yes** was selected, Please describe the pattern of controlling behaviors.
  - a. who is displaying the behaviors?
  - b. What controlling behaviors are happening?
  - c. What impact does it have on the child(ren)?
12. Click the **Save** button.

**\* For each instance of domestic violence that you are aware of, please provide as much detail as possible on the following:**

- Who was involved?
- When did it occur?
- What were the circumstances?
- Details on any concerns you indicated above.

Testing

**\* As a result of domestic violence, are you aware of any current court involvement or order of protection for a parent/caregiver or anyone else residing in the home?**

Yes  No

**\* Please describe any information you know about the court involvement or order of protection:**

- Who does the order pertain to?
- When was it issued?
- What court issued the order?
- Are the participants following the court orders?

Testing

**\* Does a family member have a pattern of coercive controlling behaviors that has a negative impact on the child(ren)?**

Yes  No

**\* Please describe the pattern of controlling behaviors:**

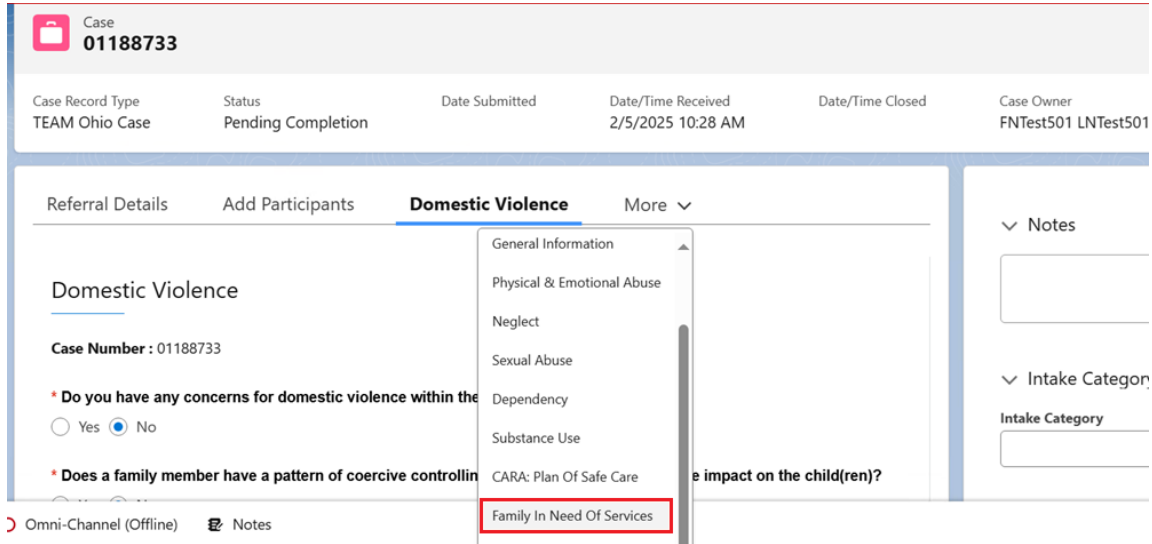
- Who is displaying the behaviors?
- What controlling behaviors are happening?
- What impact does it have on the child(ren)?

Testing

Save

# TEAM Ohio Intake Screener User Guide

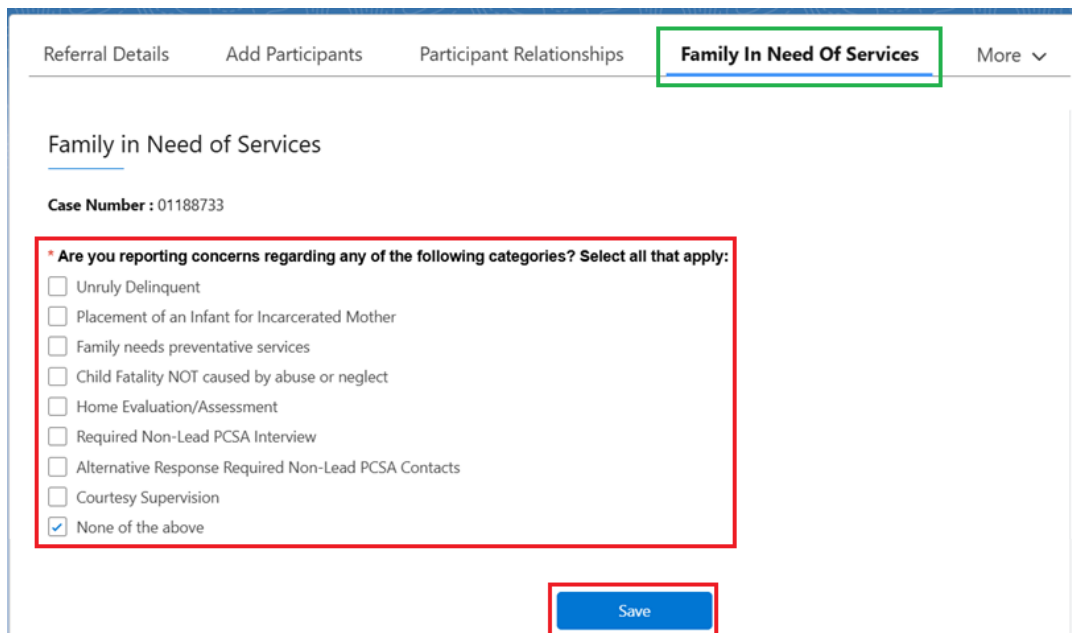
13. Click the **Family in Need of Services** tab.



The Family in Need of Services screen displays.

## Family in Need of Services

1. Select all that apply for, **Are you reporting concerns regarding any of the following categories?**
2. If the selection was, **None of the Above**, click the **Save** button.



## TEAM Ohio Intake Screener User Guide

- If any of the other concern options were selected, an additional question will populate for each one. **Provide a Narrative** for each concern you selected.

**Note:** For each concern that is checked, the system will generate further Narrative questions. The questions are specific to each concern. The Narrative boxes are required to have an entry.

- Click the **Save** button.

\* Are you reporting concerns regarding any of the following categories? Select all that apply:

- Unruly Delinquent
- Placement of an Infant for Incarcerated Mother
- Family needs preventative services
- Child Fatality NOT caused by abuse or neglect
- Home Evaluation/Assessment
- Required Non-Lead PCSA Interview
- Alternative Response Required Non-Lead PCSA Contacts
- Courtesy Supervision
- None of the above

\* For family needs preventative services, please describe the following:

- The family's current circumstances?
- What services does the family currently have?
- What services does the family need?
- Is the family aware of this request being made?

Testing

Save

Click the **Child Subject Details** tab.

Case Record Type: TEAM Ohio Case | Status: Pending Completion | Date Submitted: | Date/Time Received: 2/5/2025 10:28 AM | Date/Time Closed: | Case Owner: FNTest501 LNTTest501

Referral Details | Add Participants | **Family In Need Of Services** | More

Family in Need of Services

Case Number : 01188733

\* Are you reporting concerns regarding any of the following categories

- Unruly Delinquent
- Placement of an Infant for Incarcerated Mother
- Family needs preventative services
- Child Fatality NOT caused by abuse or neglect
- Home Evaluation/Assessment
- Required Non-Lead PCSA Interview

General Information

- Physical & Emotional Abuse
- Neglect
- Sexual Abuse
- Dependency
- Substance Use
- CARA: Plan Of Safe Care
- Domestic Violence
- Child Subject Details**

Notes

Intake Categor

Intake Category

Status

Pending Complet...

The Child Subject Details screen displays.

# TEAM Ohio Intake Screener User Guide

## Child Subject Details

1. Provide a **Narrative** for, What is the current location of each child and how long are they expected to be there please provide the address if known.

**Note:** If the information is unknown, you can check the checkbox Unknown to Referral Source box. Shown in green below.

2. Select **Yes, No** or **Unknown to Referral Source** for, Does the reporter believe the child(ren) is safe at this time.
3. If **Yes** was selected, **Provide a narrative**.
4. **Please describe** the child(ren)'s behavior and functioning as it relates to the current allegations and/or harm.
5. **Describe** the current condition of each child as it relates to the allegations and or harm.

Referral Details   Add Participants   Participant Relationships   **Child Subject Details**   More ▾

**Child Subject Details**

Case Number : 01188733

Names of Child Subject(s):

- Child Female

\* What is the current location of each child and how long are they expected to be there? Please provide the address, if known:

Unknown to Referral Source

Testing

Does the reporter believe the child(ren) is safe at this time?

Yes    No    Unknown to Referral Source

Please explain:

Testing

\* Please describe the child(ren)'s behavior and functioning as it relates to the current allegation(s) and/or harm:

Unknown to Referral Source

Testing

\* Describe the current condition of each child as it relates to the reported allegation(s) and/or harm:

Unknown to Referral Source

Testing

## TEAM Ohio Intake Screener User Guide

6. **Describe** the parent's behavior and or ability of the parent(s)/caretaker(s) to protect the child(ren): Cognitive, Behavioral, Emotional.
7. Select **Yes, No** or **Unknown to Referral Source** for, Has any action been taken by a parent/caregiver or any other person to protect the child(ren) based on the reported allegations other than this report being made.
8. If **Yes** was selected, Please describe any actions taken by the parent/caregiver or any other person to protect the child(ren).
9. Select **Yes, No** or **Unknown to Referral Source** for, Are you aware of any prior suspected abuse or neglect regarding this family.
10. If **Yes** was selected, Describe the prior suspected abuse or neglect and how did you become aware of these concerns.
11. **Describe** each child's custody arrangement.
12. Select **Yes, No** or **Unknown to Referral Source** for, Are there any pending court hearings concerning the children.
13. If **Yes** as selected, Provide a Date and any Additional Comments if necessary.
14. Click the **Save** button.

\* Describe the parent's behavior and/or ability of the parent(s)/caretaker(s) to protect the child(ren):

- Cognitive: Describe parents' interaction with the child. Does parent understand the child's needs? Does parent comfort the child when upset? Is age-appropriate discipline used?
- Behavioral: Describe how parent cares for the child. Does the parent put the child's needs first? How does the parent keep the child safe? Is the parent's behavior different when an incident occurs?
- Emotional: Is parent willing to protect? Does parent show and reciprocate affection with the child? Do child and parent appear bonded?

Unknown to Referral Source

Testing

\* Has any action been taken by a parent/caregiver or any other person to protect the child(ren) based on the reported allegations (other than this report being made)?

Yes  No  Unknown to Referral Source

\* Please describe any actions taken by the parent/caregiver or any other person to protect the children:

Testing

\* Are you aware of any prior suspected abuse or neglect regarding this family?

Yes  No  Unknown to Referral Source

\* Please describe the prior suspected abuse or neglect and how did you become aware of these concerns?

Testing

\* Please describe each child's custody arrangement:

Unknown to Referral Source

Testing

\* Are there any pending court hearings concerning the child(ren)?

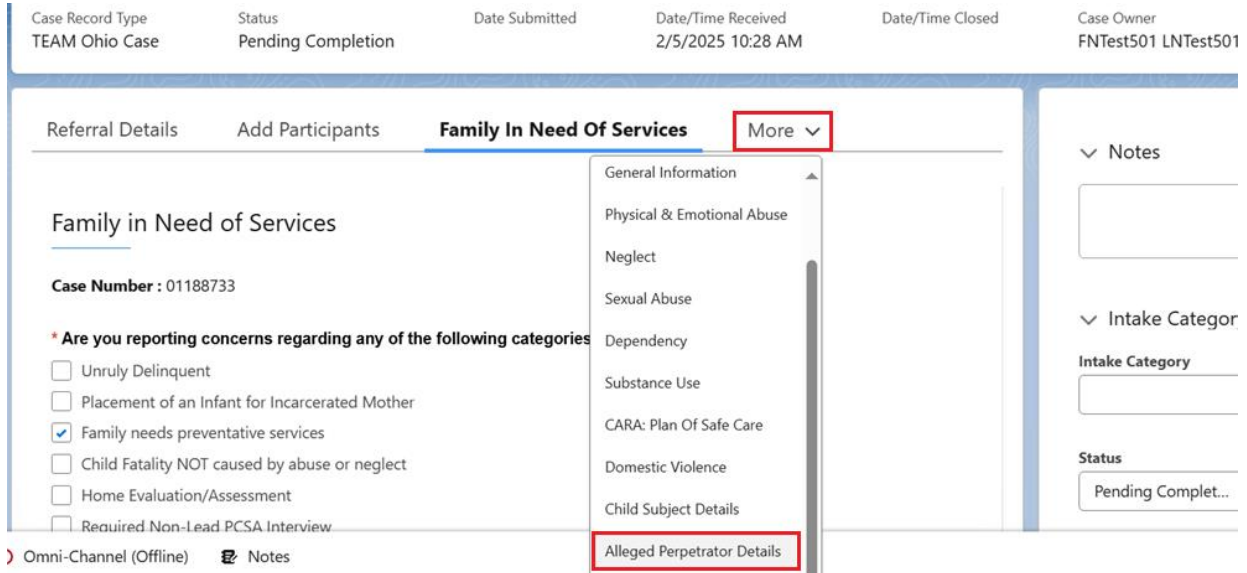
Yes  No  Unknown to Referral Source

Date  Additional comments regarding the court hearing

Save

# TEAM Ohio Intake Screener User Guide

15. Click the **Alleged Perpetrator Details** tab.



The Alleged Perpetrator Details screen displays.

## Alleged Perpetrator Details

1. Provide a **Narrative** for, What is the current location of the person you believe calls the abuse or neglect and how long are they expected to be there. Please provide an address and phone number for the location if known.

**Note:** If the information is unknown, you can check the checkbox Unknown to Referral Source box. Shown in green below.

2. Provide a **Narrative** for, What is the current access of each Alleged Perpetrator/Adult Subject of Report to each Alleged Child Victim/Child Subject of Report.



# TEAM Ohio Intake Screener User Guide

Referral Details   Add Participants   **Alleged Perpetrator Details**   More ▾

Alleged Perpetrator Details

Case Number : 01188733

\* What is the current location of the person you believe caused the abuse or neglect and how long are they expected to be there? Please provide an address and phone number for the location(s), if known.

Unknown to Referral Source

Testing

\* What is the current access of each Alleged Perpetrator/Adult Subject of Report to each Alleged Child Victim/Child Subject of Report?

Unknown to Referral Source

Testing

3. **Describe the behavior and functioning of each Alleged Perpetrator/Adult Subject of Report.** Please include a detailed description of the following:
  - a. Has a credible threat of serious harm to the children been made?
  - b. Are physical altercations escalating in the home?
  - c. Is he/she emotionally physically or cognitively impaired?
  - d. Any physical illness or impairment?
  - e. Any known drug or alcohol use?
  - f. Refusing access to the child?
4. Click the **Save** button.

\* Describe the behavior and functioning of each Alleged Perpetrator/Adult Subject of Report. Please include a detailed description of the following:

- Has a credible threat of serious harm to the child(ren) been made?
- Are physical altercations escalating in the home?
- Is he/she emotionally, physically, or cognitively impaired? (cannot rationalize the behaviors of others, cannot refrain from physical aggression)
- Any physical illness or impairment?
- Any known drug or alcohol use?
- Refusing access to the child?

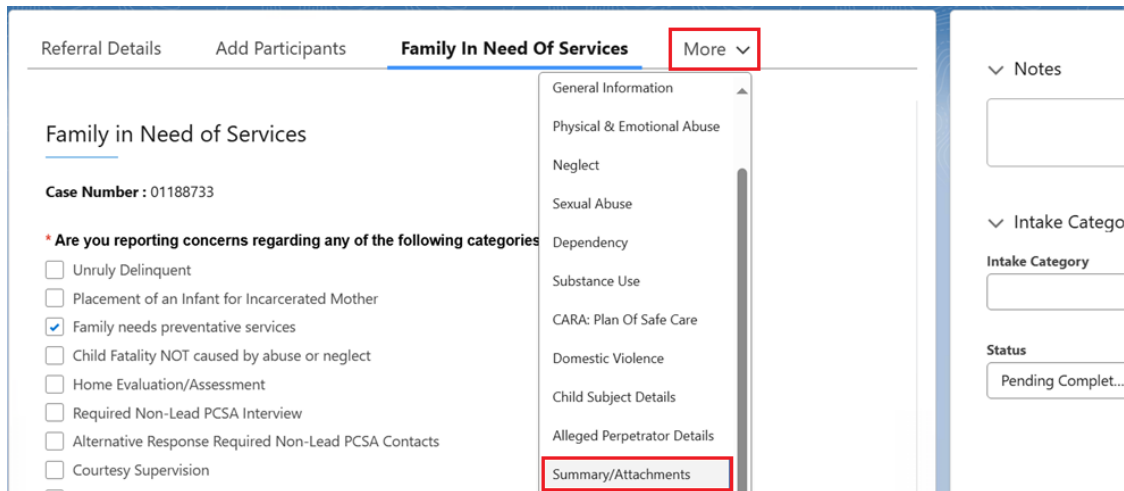
Unknown to Referral Source

Testing

Save

5. Click the **Summary and Attachments** tab.

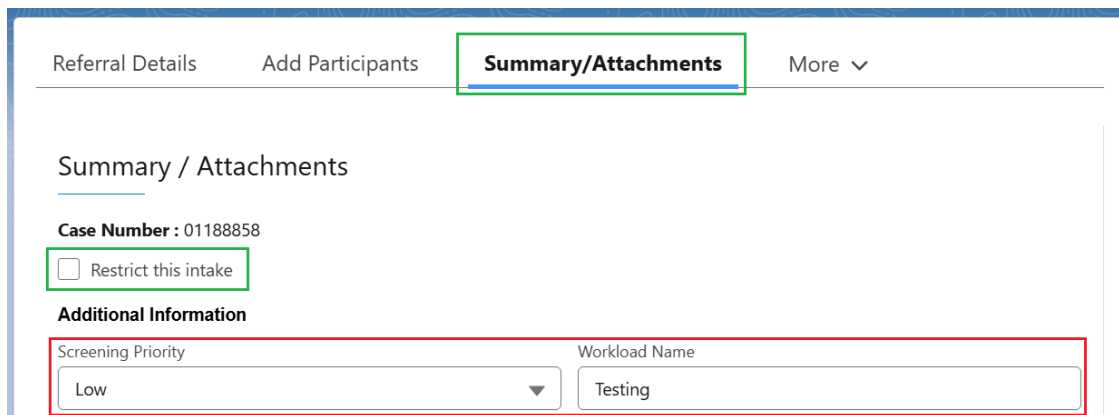
# TEAM Ohio Intake Screener User Guide



The Summary and Attachments screen displays.

## Summary and Attachments

1. If this intake needs to be restricted, check the **Restrict this Intake** box.
2. Make a selection for **Screening Priority** from the dropdown menu.
3. Provide a **Workload Name** if necessary.



4. Provide a **Narrative** for, Describe the Strengths and Protective Capacities of the family.
5. Make a selection for, **Do you have reason to believe the family will flee or refuse access to the child subject(s) of this referral.**
6. If **Yes**, Provide a Narrative for your response.
7. Provide a **Narrative** for, Are there any other concerns or relevant information not captured in this referral that you believe would be important for the agency to know.

## TEAM Ohio Intake Screener User Guide

**\* Describe the Strengths and Protective Capacities of the Family:**

- What attempts have the parent or others made to address the reporter's concerns?
- Who does the child(ren), parent, or caretaker go to when they need help?
- What are some positive things about the family?
- What support(s) does the family have in place?

Testing

**\* Do you have reason to believe the family will flee or refuse access to the child subject(s) of the referral?**

Yes  No

**\* Please explain your response**

Testing

**\* Are there any other concerns or relevant information not captured in this referral that you believe would be important for the agency to know?**

Testing

8. To add allegations, click the **Add Allegation** button.

### Allegation Details

Add Allegation

9. Select an **Incident Date**.

10. Make a selection for **Allegation Type** from the dropdown menu.

11. Select the **ACV/CSR**. Children listed on the intake will be listed.

12. Select the **AP/ASR**. Adults listed on the intake will be listed.

13. Click the **Save** button.

**Note:** If the date is estimated, you can check the checkbox Date is Estimated box.

The screenshot shows a form titled "Allegation Details" with the following elements:


- Incident Date:** A date input field containing "02/05/2025" with a calendar icon to its right.
- Date is estimated:** A checkbox with the label "Date is estimated".
- Allegation Type:** A dropdown menu with "Neglect" selected.
- ACV/CSR:** A dropdown menu with "Child Female" selected.
- AP/ASR:** A dropdown menu with "Test Mother" selected.
- Buttons:** "Cancel" and "Save" buttons at the bottom.

## TEAM Ohio Intake Screener User Guide

The **Allegation** is now displays.

14. To Edit or Delete the newly added Allegation, click the **Edit Icon** or the **Delete** button.

**Allegation Details**

Allegation Type	ACV/CSR	AP/ASR	Incident		<b>Delete</b>
Neglect	Test Child	TEST T TEST	Date		
			02/24/202		
			5		


15. Make a selection from the **Allegation Setting** dropdown menu.

16. To add files, click the **Upload Files** button.

**Concerns Not Included in Allegations:** Dependency, Sexual Abuse, Physical & Emotional

\*Allegation Setting  
Own Home

**Upload Files**

 Or drop files

**Previously Uploaded Files**

No files currently exist for this intake

17. Select the **Document** you want to add.

18. Click the **Done** button.

Upload Files

1 Test Doc.docx  
20 KB

1 of 1 file uploaded

**Done**

The newly added file now displays. You can Download, View and/or Delete this file by clicking the appropriate Icons.

## TEAM Ohio Intake Screener User Guide




\* Allegation Setting

Own Home

**Upload Files**

[Upload Files](#) Or drop files

**Previously Uploaded Files**




File Name	File Type	Date Uploaded	File Size(Bytes)			
1 Test Doc	WORD_X	3/5/2025 1:01 pm				

19. Click the **Save** button.

**Upload Files**

[Upload Files](#) Or drop files

**Previously Uploaded Files**

File Name	File Type	Date Uploaded	File Size(Bytes)			
1 Test Doc	WORD_X	3/5/2025 1:01 pm	) 22079			

By submitting this referral, you are confirming that the information provided is accurate, to the best of your knowledge. It is understood that making a false report of child abuse and/or neglect violates section 2921.14 of the Ohio Revised Code.

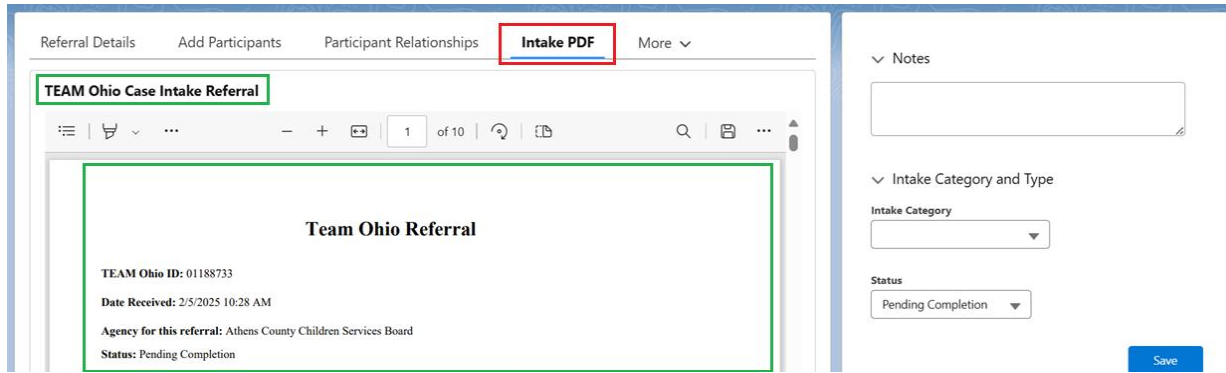
**Save**

20. Click the **Intake PDF** tab.

### Intake PDF

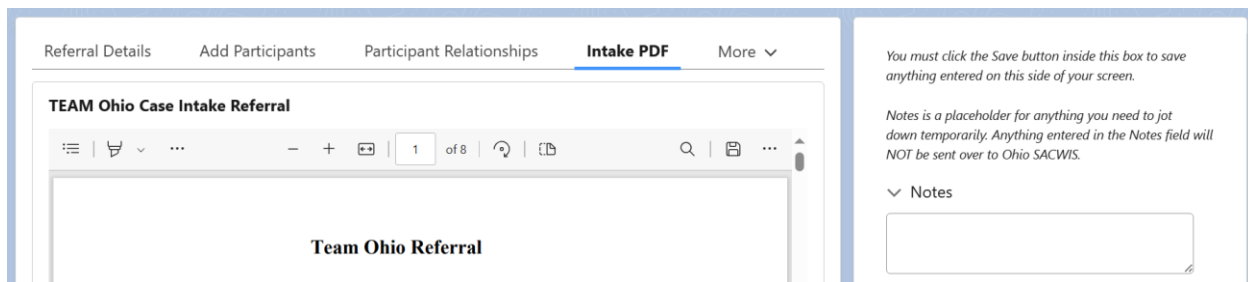
The Intake PDF tab will display the intake in its entirety. You can Print and Save the intake from this screen.

# TEAM Ohio Intake Screener User Guide

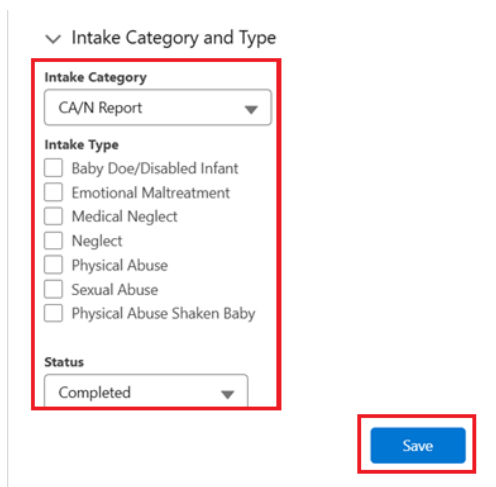


## Status Update

1. Located on the right side of all Intake screens is the Notes and **Intake Category and Type** options.



2. Make a selection from the **Intake Category** dropdown menu.
3. Checkmark **Intake Type**.
4. Update the **Status to Complete**.
5. Click the **Save** button.



The Intake is now listed as Completed on the **Cases** screen.

# TEAM Ohio Intake Screener User Guide

The screenshot displays the TEAM Ohio Intake Screener interface. At the top, there is a search bar and navigation icons. Below the search bar, the 'Cases' tab is selected and highlighted with a red box. The interface shows a list of cases under the heading 'Recently Viewed'. The list includes columns for Case Number, Contact, Subject, Status, Date/Time Opened, and Case Owner Alias. The first row is highlighted with a green box.

	Case Number	Contact ...	Subject	Status	Date/Time Opened	Case Owner Alias
1	01188733		TEAM Ohio Case	Completed	2/5/2025 10:28 AM	Test501
2	01188337		TEAM Ohio Case	Pending Completion	1/8/2025 10:10 AM	Test500
3	01187975		TEAM Ohio Case	Completed	12/10/2024 11:08 AM	TEAM Ohio Adams Count...

If you have additional questions pertaining to this Deployment Communication, please contact the [Customer Care Center](#).