

Knowledge Base Article

Table of Contents

Overview	3
Navigating to an Independent Living Plan	3
Modifying an Existing IL Plan	4
Independent Living Tab	5
Goals Tab	
Readiness Review Tab	9
Important Information Regarding the Transition Plan	10
Contact Tab	11
NYTD Survey	13
Adding a New IL Plan	14



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 Ca	ilendar Placement Requ	ests			
Case Workload					
Caseworker:)	Sort By: Case Name As	cending 🖌 Filter		
E Test Worker (23 cases) ඔ Sacwis, Susie	[123456] - 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,	CONTACT		
Substance Abuse Screening	Test, Oh 12345 💠			
Ongoing Case A/I	AGENCY:			
Specialized A/I Tool	Test County Children Services Board			
Law Enforcement	PRIMARY WORKER: Test Worker	SUPERVISOR(S):		
Justification/Waiver	Assign Worker	Test Supervisor		
Case Services				
Legal Actions	Case Actions			
Legal Custody/Status	Case Actions			
Living Arrangement /	View Member Details Access Original Case Proc	ram Categories Case Status History View Adoption	Subsidies	
Guardianship				
Initial Removal	Action Items	Case Alerts Dasi	hboard	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

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	endent Living Records					
	Youth Name	Plan Type	Plan Developed Date	Plan Closed Date	Agency	
<u>edit</u>	Sacwis, Susie	Independent Living Plan	08/29/2023		Test County Children Services Board	Ŵ

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.

dependent Living Go	als Readiness Review	Contact Directory	Signatures		
Independent Living					
Agency:	Test County Childre	n Services Board	Plan Type:	Independent Living Plan	
Assessment Information	1				
IL Skills Assessment Completed: *	~		Date Assessment 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 Goa	s				
Add Topics to Current F	lan_^				
Academic Support					
Budget and Financial	/lanagement				
Career Preparation					
Employment Program	or Vocational Training				
□ Family Support and H	althy Marriage Education				
Health Education and	Risk Prevention				
Housing, Educational	and Home Management Traini	ng			
Mentoring					
Post Secondary Educ	itional Support				
Room and Board Final	ncial Assistance				
Supervised Independe	nt Living				

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 Canoel

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	E	stimated Service End Date:		
Service Category: *	Education & Training	~) si	ervice Type: *	After School Services	
Member Service Status History					
Current Status O All Statuses	5				
Case Member	Status Provider	Service Description	Provider Address	Status Begin Date/End Date	Created in Error
Case Member Name: *	Sacwis, Susie		Add Status / Pro	vider	



- 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 save	ed if an end date is entered
End Reason:		Secondary End Reason:	(▶
Participation Frequency				
	Expected Participation Frequency	Hov	w Long Start Date	End Date
		6.1 6.1		27
Add Frequency				
Add Frequency				
Provider Information				
riovider mormadorr				
	Provider		Provider Address	
				1.5
Link Provider				
LINCTIONGE				

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.

Search 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

vailable Counties: 🟮		
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**.



	Results Collapse Services Ex	pand Services			
Result(s)	1 to 11 of 11 / Page 1 of 1				Results per page: 15 Go
	Provider Name / ID	Provider Category	Provider Status	Current Primary Address	Current Vacancies
view	Test, Provider 456789	NONODJES	ACTIVE		
	View Services				
	Test County Children Services Board: select. Family Counseling				

The Status Details screen appears.

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

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

Status Details					
Case Member Name:	Sacwis, Susie				
Service Category:	Counseling	Service Type:	Far	mily Counseling	
Status: *	Scheduled V 0				
Status Begin Date: *	08/01/2023	Status End Date:		The following end information will only be saved	if an end date is entered
End Reason:		Secondary End F			•
Participation Frequency					
	Expected Participation Frequency		How Long	Start Date	End Date
Add Frequency					
Provider Information					
	Provider		F	Provider Address	
view Test, Provider / 456	789				unlink
Link Provider					
Service Goal History					
	Service Goal			Effective Date	
Add Service Goal					
Comments:					
					10
Spell Check Clear 40	00				
Created in Error					
Apply to Other Members					
Saus					

The **Service Information** screen appears.

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

8. Click the **Save** button.



gency:	Test Count	y Children Servic	es Board				
isk Contributors:	None						
ffective Date: *	08/23/2023			Estimated Service End Date:			
ervice Category: *	Counseling		~	Service Type: *	Family Counseling	~	
Member Service Status His	tory						
Current Status O All Sta	tuses						
Ca	se Member	Status	Provider	Service Description	Provider Address	Status Begin Date/End Date	Created in Erro
edit Sacwis, Susie / 123	1456	Scheduled	Test, Provider	Family Counseling		08/23/2023	
Case Member Name: *	Sacwis,	Susie		Add St	atus / Provider		

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	g Readines	s Review				
		Re	view Date		Narrative	
Add Readiness Rev	iew					

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)		
		✓ABC 10000
	Save Cancel	

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

Independent Living Goals	Readiness Review	Contact Directory	Signatures			
Independent Living Readines	s Review					
		Review Date			Narrative	
<u>view</u> <u>edit</u>	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 Details				
Contact Name: *	Test, Adult			
Relationship to Youth: *	Sibling			
	This contact is a Permanent Adult Connection 3			
	Youth Support Person			
Contact Address:	Unknown Address			
Contact Type:	Cell: (123)456-7899			
	Cell:			
This person is an active Fam	ily & Permanency Team Member			
Other Contact Information: (expand full screen)			
			✓ABC 2000	
Created By:		Created Date:	08/29/2023	
Modified By:	Save	Cancel 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.

-	ent Living Goals Readiness Re	eview Contact Director	y Signatures		
ontacts	Test Adult - Sibling Unknown Address Primary Contact:				ACTIVE
	Permanent Adult Connection			~	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.

de	pendent Living Records					
	Youth Name	Plan Type	Plan Developed Date	Plan Closed Date	Agency	
lit	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 Details						
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 🗸						
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

Ohio Department of Children & Youth

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	li 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>

First Name: * Last Name: * Date of Birth: *	
SSN (Last 4 Digits) * NYTD ID: *	
OR	
Log In	
Required Fields are marked by an asterisk (*)	
	Contact
	Office of Earrilloc 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 have additional questions pertaining to this Deployment Communication, please contact the <u>Customer Care Center</u>.

