

Adding Provider Address Directions



Knowledge Base Article

Adding Provider Address Directions

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Adding Provider Address Directions

Overview

This Knowledge Base Article provides steps for adding **Directions** to a **Provider's Address**. The directions that you enter will appear on the home study when you generate the **Home Study Report (JFS 1673)**.

To access some of the links mentioned below, you must be a **Home Study Assessor** who is assigned to the Provider record or the **Worker's Supervisor**. Additionally, the record must have an **In Progress** status with a **Pending** recommendation.

Complete the following steps to add directions to a provider's address.

Navigating to the Provider Record

1. From the Ohio SACWIS **Home** screen, click the **Provider** tab.
2. Click the **Workload** tab and select the Provider record you wish to edit.
Alternatively, click the **Provider Search** tab and follow the directions below:

The **Provider Profile Search Criteria** screen appears.

The screenshot shows the 'Provider Profile Search Criteria' screen. At the top, there is a navigation bar with tabs: Home, Intake, Case, Provider (selected), Financial, and Administration. Below this is a sub-navigation bar with tabs: Workload, Provider Search (selected), Provider Match, Recruitment, Inquiry, Training, Contracts, Agency Certifications, and KCCP Pre-Screening Tool. The main content area is titled 'Search For Provider Profile' and contains several search criteria fields: Provider ID, Provider Name, Provider Category (dropdown), Agency Type (dropdown), Agency (dropdown), Provider Type (dropdown), and Provider Status (dropdown). There are also fields for Member Last Name, Member First Name, and Member Middle Name. A checkbox labeled 'Include "Closed" Provider Type Status' is checked. Below the search criteria is a section for 'Address, Contact and Provider Reference Criteria' with a dropdown arrow. At the bottom, there is a 'Name Match Precision' section with a text input field containing '+ AKA/Nicknames' and a 'More Results' link. Two buttons, 'Search' and 'Clear Form', are located at the bottom left.

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3. Enter the appropriate search criteria into the fields OR enter the **Provider ID**, if known.
4. Click the **Search** button.

The search results appear in the **Search Results** grid at the bottom of the screen.

Search Results				
Result(s) 1 to 15 of 324 / Page 1 of 22				
	Provider Name / ID	Provider Status	Provider Category	Address
view edit		ACTIVE	HOME	
view edit				
view edit				
view edit				

5. Click the **Edit** link in the appropriate row. The **Provider Overview** screen appears for the selected provider.

Navigating to the Address Details

You may access this functionality from one of two places, if an **In Progress** home study with a **Recommendation of Pending** is present.

1. Click on the **Provider Overview** link, and then the **Provider Information** link under **Provider Actions** and proceed to step 8 below.

Provider Overview

- [Activity Log](#)
- [Inquiries](#)
- [KPIP History](#)
- [KCCP Pre-Screening Tool](#)
- [Forms/Notices](#)
- [Skills](#)
- [Training](#)
- [Acceptance Criteria](#)
- [Description of Home](#)

PROVIDER NAME / ID: **FosterParent, Fiona & FosterParent, Phinneas/** CATEGORY / STATUS: **Home / Active**

PRIMARY ADDRESS: **100 Main Street Anywhere, OH 40000** PRIMARY CONTACT: **Cell: (555) 555-5555**

Provider Actions

[Provider Information](#) | [Linked 1692 Providers](#) | [Associated Providers](#)

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2. Alternatively, select **Home Study** from the left-hand navigation menu.

The screenshot shows the 'Home Study Filter Criteria' section with two date pickers for 'From Home Study Start Date' and 'To Home Study Start Date'. Below this is a 'Filter' button. The 'Maintain Home Study History' section contains a table with the following data:

	Provider Type	Home Study Type	Start Date	Status	Recommendation	Recommendation Date	Agency
view	Foster Care	Initial	02/24/2023	In progress	Pending	04/17/2023	County Children Services

Below the table are links for [edit](#), [copy](#), and [report](#). At the bottom of the table area is a button labeled 'Add Initial Home Study'.

3. Click the **edit** link in the appropriate row.

Note: As shown, the record must have an **In Progress** status with a **Pending** recommendation.

The **Home Study Details** screen appears.

The 'Home Study Details' screen shows the following information:

- PROVIDER NAME / ID: *FosterParent, Fiona & FosterParent, Phinneas /* CATEGORY: *Home*
- Agency: County Children Services
- Home Study Type: * Initial
- Provider Type: * Foster Care
- Start Date: * 02/24/2023
- Assessor: *
- Level of Care: Family Foster Home
- Priority: *

At the bottom left are 'Save' and 'Cancel' buttons.

4. In the **Assessor** field, ensure the appropriate assessors name appears.

5. Click **Save**.

The **Maintain Home Study Information** screen appears.

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Home Study Topics	
Topic	Status
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	
Amend/Update	Provided
Verifications	Not Completed
Safety Audit	Disposition Status Has Been Entered
References	No References Provided
Adult Children References	Reference Information not provided
Description of Home	Not Available
Description of Family	Record Exists
Assessment Visits	3 of Visits Linked
Training Completed	Training Requirements Completed
Acceptance Criteria Information	Characteristics Information - Record Exists / Usage Placement Criteria - Record Exists
Recommendation	Approve

[Validate for Approval](#)

[Close](#)

6. Click the **Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)** link.

The **Provider Information** screen appears.

Provider Information	
Assessor Name:	
Agency:	
Agency Address:	Phone:
	Fax:

7. Click the **Update Provider Information** button at the bottom of the **Provider Information** screen.

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Applicant Relationship Information ▾

Marital Status

Marital Status: _____ Effective Date: _____

Provider Address

Address: _____

Directions to Home from Agency: _____

Name of Public School District: _____

Provider Contact

Type	Detail	Description
Home		
Emergency		
Other Phone		

Expiration date of current foster home certificate or adoptive home study approval:
[HINT: An expiration date only displays when completing the JFS 01385]

[Close](#) [Update Provider Information](#)

The **Provider Name Information** screen (**Basic** tab) appears.

Basic Address **Members** Relationships Caregivers Capacity

Current Active Members

[View Member History](#)

8. Click the **Members** tab.

The **Current Active Members** screen appears.

9. Click the **Name / ID** link of **Applicant 1**.

Note: The address on the home study pulls from **Applicant 1** only.

Current Active Members

	Name / ID	Gender	DOB	Age	Role
edit view	FosterParent_Fiona /	FEMALE	08/08/1987	35	Applicant 1
edit view	FosterParent_Phinneas /	MALE	09/02/1986	36	Applicant 2

Select the **Profile** link from the **Person Overview**:

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PERSON NAME / ID:
FosterParent, Fiona / 28457139
 Female Age 35, DOB 08/08/1987
 100 Main Street Anywhere, OH 40000
 ENVIRONMENTAL HAZARDS:

RACE: *White*
 HISPANIC / LATINO: *No*
 HAIR COLOR:
 EYE COLOR:

PROVIDER

Prefix	First Name	Middle Name	Last Name	Suffix	AKA Type
	Fiona		Person		Maiden Name

Hazard Type	Begin Date	Narrative

Type	Address	Hazard

The **Person Information** screen (**Basic** tab) appears for the selected member.

10. Click the **Address** tab.

Basic	Demographics	Address	Additional	Characteristics	Safety Hazard	Confidential Information
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Person Information

Prefix:

First Name: * Middle Name:

Last Name: * Suffix:

Gender: SSN: No SSN Exists Retain Add/Edit

DOB: Age: Estimated DOB DOB Unknown

Hair Color: Eye Color:

Sexual Orientation:

Deceased Deceased Date: Age At Time Of Death: Deceased Date Unknown

Driver's License #: Issue State: Expiration:

Prefix	First Name	Middle Name	Last Name	Suffix	AKA Type
	Fiona		Person		Maiden Name

The **Person Address** screen appears.

Adding Directions

1. On the **Person Address** screen, click the hyperlink of their address.

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Type	Address	Valid	Effective Date	Primary	Hazard
Residence	100 Main Street Anywhere OH 40000	No	06/01/2023	<input checked="" type="radio"/>	No

The **Domestic Address Details** screen appears.

1. In the **Directions** field, type the directions to the provider’s location from the certifying agency.

Address: 100 Main Street Anywhere, OH 40000 (Not Valid)

County: * Other County:

School District: Other District:

Census Tract:

Neighborhood Name:

Law Enforcement Jurisdiction:

Environmental Hazard Details: No Known Environmental Hazards

No Known Environmental Hazards

Spell Check Clear 4000

Directions:

Spell Check Clear 3827

Save Cancel

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

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The **Person Address** screen appears with a message that your data has been saved.

The screenshot shows a green notification bar at the top with the text "Your data has been saved" and a close button. Below it, the breadcrumb "Provider / Workload / Provider Information" is visible, followed by the page title "Manage Provider Details". A header bar contains "PROVIDER NAME / ID" (redacted) and "CATEGORY: Home". A navigation menu includes tabs for "Basic", "Address", "Members", "Relationships", "Caregivers", and "Capacity". A blue bar at the bottom is labeled "Provider Address".

3. Click the **Save** button at the bottom of the screen.

If you navigated to this location through the home study record, the **Current Active Members** screen appears.

4. Click the **Save** button at the bottom of the screen.

The **Maintain Home Study Information** screen appears.

5. Click the **Close** button at the bottom of the screen.

The **Maintain Home Study History** screen appears.

Important: As shown in green below, the directions that you entered will appear on the home study when you generate the **Home Study Report (JFS 1673)**.

The screenshot shows the "Reports" section of the interface. It includes fields for "Work-Item Type: PROVIDER" and "Task Type: HS". Below these is the "Available Documents" section with a "Generate Document:" dropdown menu. A green box highlights the dropdown menu, which contains the following options: "JFS 01348 - Safety Audit Of A Foster Home", "JFS 01385 Assessment for Child Placement Update", "JFS 01673 Assessment for Child Placement" (highlighted), and "JFS 01673-A Child Characteristic Checklist". "Select" and "Cancel" buttons are located at the bottom left of the dropdown area.

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HOUSEHOLD MEMBERS (Add another sheet if necessary)						
	Applicant #1	Applicant #2	Household member	Household member	Household member	Household member
Name	Fiona FosterParent	Phinneas FosterParent				
Relationship to Applicant #1						
Date of Birth/Age	08/08/1987 / 35	09/02/1986 / 36				
Race*	White	White				
Ethnic Background*	Caucasian	Caucasian				
What Languages are spoken in the home	English - Primary	English - Primary				
School Grade Completed	Bachelor Degree	Bachelor Degree				
Area of Specialized Education (If Applicable)			Directions to Home from Agency: Make a left onto South Street from the Agency. Go west on I-100 for 7 miles and take Exit 235. Turn right onto Main Street. The house will be on the right in 3.7 miles.			
Marital Status (if Currently Married, Date of Marriage)	Married two parent household with two biological/adoptive parents, 08/05/2011	Married two parent household with two biological/adoptive parents, 08/05/2011				

If you need additional information or assistance, please contact the OFC Automated Systems Help Desk at SACWIS_HELP_DESK@jfs.ohio.gov