

SIS100 INSTRUCTIONS FOR THE SIS CLIENT ENTRY FORM DSS-5027

SIS100.01 PURPOSE OF THE FORM

The DSS-5027 is designed to be used to:

- document the client's request/application for social services
- document the client's income eligibility for services
- provide notice to the client regarding the action taken on the request for services
- provide the client with information regarding rights and responsibilities and information on how to request and obtain a fair hearing
- transmit authorization to service providers to claim reimbursement for services provided
- open a service client information record in the Services Information System
- update service client information in the Services Information System

This form replaces the following forms:

- DSS-2515, Initial Service Client Information Record
- DSS-2516, Service Client Information Change Notice
- DSS-1360, Purchase of Services: Referral and Authorization

Policy governing the requirements for the use of the DSS-5027 can be found in the [Requirements for the Provision of Services by County Departments of Social Services](#) at:

<http://www.ncdhhs.gov/aging/adultsvcs/ssdelivery.htm>

or in PDF format at:

<http://www.ncdhhs.gov/aging/adultsvcs/ssdelivery.pdf>

SIS100.02 USE OF THE FORM

The form is to be completed or updated each time a service is requested or terminated, when income eligibility is determined or redetermined, and where service policy requires notification to the client when a service is reduced.

OPENING AND CLOSING CLIENT RECORDS

Barring the exceptions listed below, a client record (DSS-5027) must be established for any person for whom the services listed in this manual will be provided. Certain individuals, due to either the specific services they are receiving or the conditions under which they are eligible, must also have a client record in SIS. These include:

- individuals who have been determined eligible for Adoption Assistance Benefits
- individuals who participate in the Food Stamp Workfare Program
- individuals receiving Work First services whose income is at or below 200% of the Federal Poverty Level
- individuals who are Non-Custodial Parents receiving Work First services
- individuals receiving Work First ARRA Subsidized Employment Services

It is not necessary to open a client record for the following individuals:

- an individual who is receiving **only** Day Care Services for Children
- an individual receiving **only** Transportation Services under Title XIX
- a Work First Cash Assistance recipient receiving **only** Work First Services
- those individuals for whom **only** application for Medicaid is being facilitated (Service Code 341 - Facilitating an Application for the Medicaid Program) and/or to whom Medicaid outreach activities (Service Code 342 - Outreach for Medicaid Services) are being provided.

A client record will be opened when a DSS-5027 is keyed and will be automatically closed when all the services have been terminated. When necessary, update a current DSS-5027 with new information and submit for keying. A "turnaround form" will be generated with the new information. Note: When a client applies for a service which will not be provided, enter the same date in the Date Requested and the Date Terminated Field. This will automatically open and close the record if there are no other open services in the service plan.

USING THE FORM SECTIONS

1. All Service Clients: Sections A, B, H

These Sections must be completed or updated each time a service is added or terminated.

2. Clients Who Must Make Application for Services: Sections A, B, C, G, H

A client's signature must be obtained to document the request/application for the services listed in Section B. Where service policy allows other Forms to be used

in lieu of an application, Sections C and G do not have to be completed. However, the services planned must be entered in Section B.

A client signature is not required on the DSS-5027 when **only** referral, coordination and monitoring of medical services (Service Code 340 - Referral, Coordination and Monitoring of Medical Services) and/or arranging for transportation for a client to access Medicaid services (Service Code 343 - Arranging Transportation Services for Client to Access Medicaid Services) are being provided.

3. Clients for Whom Income is a Condition of Eligibility: Sections A, B, C, E, F, G, H

Section E documents the information necessary for a determination of eligibility on the basis of income. The other sections indicated must also be completed to support the application.

4. Clients Who Must Pay a Fee for, or have agreed to Voluntarily Contribute to the Cost of a Service: Sections A, B, C, E, F, G, and H

Complete Section E in addition to the appropriate Sections as instructed above when a fee for service is required from the client.

5. Clients For Whom A Service is Being Purchased: Sections A, B, C, D, F, G

Complete Section E in addition to the appropriate Sections as instructed above.

USING THE FORM

The form is one page and has the client's rights and responsibilities spelled out on the back of the page. **It is a legal requirement to provide this to an applicant.** Review the rights and responsibilities with the client and if required, obtain the client's signature. In addition, complete the other sections as indicated above. Make additional copies and provide a copy to the client, the data entry unit and/or retain a copy for the client record.

The DSS-5027A form is used for the purchase of service provider. It is a fillable PDF version of the DSS-5027 in which certain sections are blanked out for purposes of compliance with policy governing confidentiality of client records. If required, complete the fillable DSS-5027A form using the information printed on the DSS-5027 along with any other required information. The DSS-5027A can be located on the DSS Forms website: <https://policies.ncdhhs.gov/divisional/social-services/forms>.

SIS100.03 **COMPLETING THE FORM**

SECTION A **CLIENT IDENTIFICATION**

An entry is required in all fields in Section A except those, which are specifically identified as optional or reserved.

NOTE: CNDS/NC FAST ID – This field will automatically display the individual's unique identifying number cross referenced with the Common Name Database Services (CNDS).

Field 1 Client ID -- Record the eleven-digit identification number assigned to this client. This number is used as a common identifier for other services systems, so it is important that **only one ID# be assigned within the county for each individual service client**. This number will remain unique to the county, i.e. it will not be transferred if the client becomes a service recipient in another county. If the client applies for services in another county, the second county will assign its own unique number.

Field 1A MEDICAID CLIENT – Record if the client is a Medicaid Beneficiary. An entry of 'Y' for Yes or 'N' for No is required if service codes 202 or 204 are entered in Field 10; otherwise, this field can be left blank.

Field 2 Client Name -- Record the client's last name, first name and middle initial in the appropriate spaces. Truncate any name that is too long for the allotted space.

Field 3 Client Social Security Number -- Record the client's Social Security number. If the Social Security number is unknown, enter all zeroes in the space available. Enter the valid Social Security number once received.

If all nines (9's) are entered, the system displays an online error message.

Field 4 Date of Birth -- Record the month, day, century and year of birth for the client. Use a leading zero for a month or day less than 10. Estimate if the exact date is unknown and update the record when this information becomes available.

Field 5 County -- Enter the standard two-digit county code to identify the county which is originating the form.

Field 6 County Case (Optional Entry) -- Record any data used by the county to identify this client record. This entry may be a combination of numbers and letters.

Field 6A Federally Recognized Tribe -- Record whether a youth is enrolled in or eligible for membership in a federally recognized tribe. **"Federally recognized tribe" means any Indian tribe, band, nation, or other organized group or community of Indians, including Alaska Native village, or regional or village corporation, as defined in or established pursuant to the Alaska Native Claims Settlement Act.**

Field 7 Other (Entry Allowed Only Under Special Instructions) -- This field is reserved. Refer to Section II of Appendix A for instructions and applicable tables (HCCBG clients).

SECTION B **SERVICE PLAN**

An entry is required in all fields in Section B except those, which are specifically identified as optional or reserved.

- Column 8** Decision -- See instructions for Section C below. This column is only required when circumstances require notification to the client. There is no need to make an entry in this Column when notification is not required.
- Column 9** Services Requested -- Write in each service which was requested by the client or which is being planned by the agency in those circumstances where the agency has this responsibility by virtue of program policy.
- Column 10** Service Code -- Enter the three-digit code which identifies the service entered in the Services Requested column.
- Column 11** Date Requested -- Enter the date (Month, Day, Year) that the service is added to the service plan.
- Column 12** Date Terminated -- Enter the date (Month, Day, and Year) after which the service will no longer be provided. This may be entered at the time the service is requested if it is known. If the service cannot be provided at all, this date will be the same as the date in Column 11 (Date Requested).
- Column 13** Reason -- Enter the appropriate termination reason from the table in Appendix A.
- Column 14** Special Use -- This field is reserved for the collection of service-related information to meet a specific need. Refer to Section II of Appendix A for instructions and applicable tables.

SECTION C **NOTICE of ACTION TAKEN**

This Section of the form, along with the information in Column 8 in Section B above, the worker's signature, the statement above the client's signature, and the information printed on the back of the client's copy of the form satisfy the legal mandate to notify clients about the action taken regarding their request for services and to inform them of their rights and responsibilities regarding the receipt of services.

Column 8 In Section B Above -- This field is to be used to document the decision regarding a request for service. An entry is required only in conjunction with the Notice of Action Taken (Section C.) This is because this field is used to inform the client. Enter:

"Yes" if the service can be provided as requested, or if the client must wait for a period of time before the service can be provided, and complete Line 1 in Section C.

"No" if the service cannot be provided and complete Line 2 in Section C.

"Change" if the service that a client has been receiving will be reduced or increased, and complete Line 3 in Section C.

Line 1 When the client will begin receiving the requested service at the time requested, or at a later date, and "Yes" was entered beside the requested service in Column 8, check the box and enter the first date on which the service will be provided and, if known, the last date. If this is unknown, line out "through _____" at the end of this line.

Line 2 This line will be used for denying services at the time of application and for terminating services after a period of receiving services.

1. To deny services at the time of application when the client will not be receiving the requested service, enter "No" in Column 8 beside the service and line out "After _____" in line 2. Use the remaining spaces to document the reason for the decision.
2. When the service has been provided but is to be terminated, enter "No" beside the service in Column 8, and on line 2 enter the last date on which the service will be provided in the space following the word "After". Write in the reason the service will no longer be provided and cite the policy governing the termination of the service. Usually this will be the name and chapter number of the appropriate policy manual.

Line 3 When a client has been receiving a service which must be reduced, write "Change" in Column 8 beside the affected service and describe the modifications on the line provided.

The worker must enter the date that the decision was made regarding the receipt of service and sign the form. It can then be mailed or given to the client as appropriate.

Line 4 Check the appropriate box to indicate if there is a fee for the service or if the client has voluntarily agreed to contribute to the cost of the service. Indicate the amount, frequency and starting date of the fee or contribution in the spaces provided.

SECTION D PURCHASE OF SERVICE

This section of the form is to be used for transmitting information to a purchase of service provider. To initiate service provision, line out the "/ no longer authorized" option, enter the name of the service, the effective date, the name of the provider and the Provider ID. To terminate the authorization, line through the "authorized /" option. If the service provider is to be responsible for collecting a consumer contribution, check the box to indicate this and fill in the amount, frequency and starting date for the contribution to be collected. The worker will sign and date the authorization in the space provided in Section E. If more than one service is being provided, photocopy page three of the DSS-5027 prior to entering information in this Section but after all other required information on the rest of the form has been entered. Make a copy for each additional provider and complete this Section on each of the copies as appropriate.

SECTION E INCOME INFORMATION

This Section is to be completed when income is a condition of eligibility for one or more of the requested services. This Section is blocked out on the provider copy.

SECTION F WORKERS SIGNATURE

The signature of the Social Worker is required in this Section when either Section C or D is completed.

COMMENTS BLOCK

The comment block next to Section G can be used to identify where to find documentation of continued need for the service, or to provide additional information to the client, etc. The space is blocked out on the Provider copy.

SECTION G CLIENT'S SIGNATURE

When program policy requires an application for services the client, or someone applying in behalf of the client, must sign and date the form. If the client signs with a mark, a signature of a witness is needed. Enter the date that the client signed the form.

SECTION H CLIENT INFORMATION

This Section must be completed for all records. All fields require entries except those that are defined as optional or reserved.

- Field 15** Case Manager Name -- (See Field 16, Case Manager Number.) This field will automatically display the Case Manager Name associated with the valid Worker ID keyed in Field 16. Worker IDs and Worker Names are stored within the Services Information System and may be maintained using the Worker Identification System submenu. It is important to keep Field 16 (and thus, Field 15) current because the case management reports from this system, the Child Placement and Payment System (DSS-5094), the Central Registry for Abuse and Neglect Reports (DSS-5104), the MRS Database and the Adult Protective Services Register (DSS-5026) will be assigned from this field in this system.
- Field 16** Case Manager Number -- Enter the Case Manager's unique 9-digit Worker ID assigned by the Services Information System (see below). Update this field when the Case Manager for an individual change.
- **NOTE:** Prior to June 1, 2007, the Case Manager Number was either the workers Social Security Number or a county-assigned alternative unique 9-digit identifier. On the night of May 31, 2007, Case Manager Numbers on active cases and those with Close Dates on or after 10/01/2006 will be converted to unique Worker IDs. Case Manager Numbers on DSS-5027s closed prior to 10/01/2006 will be redacted. Effective June 1, 2007, unique Worker IDs for new workers are assigned within the Services Information System using the Worker Identification System Main Menu. (Refer to Administrative Letter PM-REM-AL-0407 for details.)
 - When opening a new DSS-5027, re-opening a closed record, or updating a DSS-5027 that currently displays an INVALID Worker ID, key the current Case Manager Number (valid Worker ID) in Field 16. If a valid number is keyed, the Case Manager's Name will be populated in Field 15.
- Field 17** Local Use (Entry Optional) -- The county may use any or this entire field for its own purposes. Either letters or numbers or both may be used. Note: If special reports are needed by the county relating to its own use of this field, please get in touch with the Services Automation Branch (919) 733-7675 to discuss the feasibility of such reports.
- Field 18** State Use (Entry Allowed Only Under Special Instructions) -- This field is reserved for collecting additional ad hoc information when needed. Refer to Appendix A for additional information regarding this field.
- Field 19** Special Areas -- Enter the code(s) that reflects special characteristics of the client based on worker judgment, not necessarily legally or medically established definitions. Up to six characteristics or circumstances may be entered for each individual. It is important to enter as many as appropriate because this information is useful for justifying funding needs to meet specific problems.

- Field 20** Reason -- Enter the reason that best describes why the individual entered the service system. Do not update this field unless the record has previously been closed and is being reopened. It is not meant to track client goals as they evolve through assessment and service provision. Rather, it is to identify what brought the client to the agency for services for each period of service receipt.
- Field 21** Legal Status -- Enter the code which describes the current legal status of the individual. If none are appropriate, enter the code for Other or Unknown.
- Field 22** Living Arrangement -- Enter the code which best describes the client's current living arrangement.
- Field 23** Sex -- Enter the code, which identifies the sex of the client.
- Field 24** Race -- Enter the code, which identifies the race of the client.
- Field 25** In School -- Enter the code that best describes the type of school the individual is currently attending on a scheduled basis. (Refer to Appendix A.) Enter code "N" if the individual is not currently enrolled in school. Do not take holidays, breaks or summer vacation into consideration.
- Field 26** Highest Grade -- For both individuals who are still in school and those who are no longer attending school, enter the highest grade achieved (successfully completed).
- Field 27** Language Preference -- Enter the two-character code to indicate the individual's preferred language.
- Field 28** Special Education Status -- Record whether the youth is receiving special education at no cost to the parents, to meet the unique needs of a child with a disability.
- Field 29** Race Declined -- Record whether the youth or parent has declined to identify a race.

Key your RACF User ID, Enter bill code as 'SYA-DHR', and your password. Press ENTER. A blank screen displays. Key SY05. Press ENTER. The following Services Information System (SIS) Main Menu screen displays.

SY05	SERVICES INFORMATION SYSTEM (SIS) MAIN MENU	06/30/2021 11:21:32
OPTIONS	DESCRIPTION	KEY
-----	-----	-----
1	5027 ADD	SIS ID
2	5027 UPDATE	SIS ID
3	CLIENT DATA INQUIRY	SIS ID
4	CLIENT NAME INQUIRY	NAME (LAST, FIRST, MI)
5	SERVICE PLAN HISTORY INQUIRY	SIS ID
6	SECURITY MENU	NONE
7	WORKER ID MENU	NONE
8	SISID MERGE MENU	NONE
OPTION _	KEY 20087135449	
*** CHECK NC FAST WHEN PERFORMING SEARCHES ***		
PF4=EXIT SIS		
MA+ a		18/017

From the SIS Main Menu screen, you may go directly to any selection by keying the appropriate OPTION number (1-7) and the KEY information.

NOTE: Option 6- Security Menu can not be accessed by county staff. If entered, system displays message, **Function Access Denied**.

INSTRUCTIONS FOR SIS MAIN MENU OPTION 1 – 5027 ADD

1. This option is used to add a new client to the system via the DSS- 5027 form. Key 1 in the Option field and the 11-digit Client ID in the KEY field. Press ENTER.
2. If the client is not in the Service Information System (SIS), the following “CNDS/NC FAST INDIVIDUAL LIST” screen displays. This screen requires a search by entering the client’s Last Name, First Name, Date of Birth, and Sex; then press ENTER. Soundex will display a list of names which sound similar or have similar spellings.

SY02	SERVICES INFORMATION SYSTEM	09/24/2019
	CNDS/NC FAST INDIVIDUAL LIST	11:45:50
	DOB	SEX
LAST (40 CHARACTERS FOR LAST NAME)	FIRST(12)	(MMDDYYYY) (F/M)
S	M	SSN L4
INSTRUCTIONS: 1)VERIFY SEARCH FIELDS & PRESS ENTER TO DISPLAY LIST		
2)PLACE 'S' ON ROW & PRESS ENTER WHEN INDIVIDUAL FOUND		
3) QUALITY SEARCH PLEASE – PF3 ONLY IF INDIVIDUAL NOT FOUND		
PF3=5027 PF7=PREV PF8=NEXT ENTER=SEARCH/SELECT		

- If the client is displayed in your search results, place a 'S' in the S (Select) column and press ENTER. The "SERVICE INFORMATION SYSTEM (SIS) ADD" screen will appear displaying the CNDS/NC FAST ID and client's demographic information. The message 'PLEASE ENTER THE REQUIRED FIELD' will display at the bottom of the screen.

NOTE: If the SIS Client ID is already in the CNDS/NC FAST database, the SERVICE INFORMATION SYSTEM (SIS) ADD screen will appear and the message 'CLIENT ID ALREADY EXISTS ON DATABASE' will display at the bottom of the screen. Press the PF3=5027 key to display the SERVICE INFORMATION SYSTEM (SIS) MAIN MENU.

ISS2	SERVICES INFORMATION SYSTEM (SIS)										06/30/2021
	** ADD **										10:42:28
CNDS/NC FAST ID											
CLIENT ID	MEDICAID	CLIENT LAST		FIRST		MI	TURNAROUND				
XXXXXXXXXXXX	CLIENT	CLIENT LAST		FIRST		MI	REQUEST				
CLIENT SSN	BIRTHDATE		CTY	CTY	CASE NO	FED TRIBE		OTHER			
SERVICE CODE	DATE REQ		END DATE		REASON		SPECIAL USE				
CASE MANAGER ID	LOCAL USE				STATE USE						
SPECIAL AREAS	REASON	LEGAL STATUS	LIV ARR	SEX	RACE	SCH	GR	LANG	SE	RD	
PF2=CLEAR PF3=SIS MAIN MENU PF4=EXIT SIS PF5=PERSON LIST											

- If the client is not displayed in your search results, press the PF3=5027 key to display the SERVICE INFORMATION SYSTEM (SIS) ADD screen and complete the required fields.
- If all edits did not pass, check for typos and make correction(s). If it is a typo, circle the field in red and return the form to the worker for correction(s). Press the PF12 key to clear data that was keyed. Continue by entering a new client ID# and keying data from the next form. Press the PF3 key to return to the main menu. Press PF4 to exit SIS.
- If all edits passed, the message **ADD SUCCESSFUL FOR CLIENTSID #####** displays at the bottom of the screen.

NOTE: The Client SSN (Social Security Number) must be all zeroes if the SSN is unknown. If all nines (9's) are entered, an online error message displays.

- Key option (PF keys) and their meanings are listed on the bottom of each screen.

With the exception of fields 8 and 9, only the numbered fields 1 thru 26 on the DSS-5027 form will appear on the screen; therefore, key only those fields.

When a turnaround form is needed but no update entered, key an X in the Turnaround Request field on the screen (top line).

Field numbers 5, 19, and 26 require a proceeding zero(s) if codes 1 – 9 are used. Field numbers 13, 20, 21, 22, 23, and 24 do not require a proceeding zero(s) if codes 1 – 9 are used. However, you must move the cursor to the next field.

INSTRUCTIONS FOR OPTION 2 – 5027 UPDATE

ISS8	SERVICES INFORMATION SYSTEM (SIS)						06/30/2021
	** U P D A T E **						10:50:27
CNDS/NC FAST ID	MEDICAID					TURNAROUND	
CLIENT ID	CLIENT	CLIENT LAST	FIRST	MI	REQUEST		
CLIENT SSN	Y	BIRTHDATE	CTY	CTY CASE NO	FED TRIBE	OTHER	
SERVICE CODE	DATE REQ	END DATE	REASON	SPECIAL USE	OLD SISID		
202	04232021						
----- CASE MANAGER -----							
LAST	FI	MI	NUMBER	LOCAL USE	STATE USE		
SPECIAL AREA	REASON	LEGAL STATUS	LIVING ARR	SEX	RACE	SCH GR LANG SE RD	
PF2=CLEAR	PF3=SIS MAIN MENU	PF4=EXIT SIS	PF7=BACK	PF8=MORE	PF9=DELETE		

This screen is used to update a DSS-5027 that has already been entered in the system. Key a 2 for OPTION and the CLIENT ID#. Press the ENTER key. The existing 5027 form will appear on the screen. Move the cursor top the appropriate field, key the new data, and press the ENTER key. If all edits passed, the message: **UPDATE SUCCESSFUL FOR CLIENT** displays at the bottom of the screen. If all edits did not pass, check for typos or circle the erroneous field and return the form to the worker for correction. Continue by entering a new client ID # and keying data from the next form. Press PF3 to return to the main menu. Press PF4 to exit SIS.

NOTE: The PF9 key cannot be used by county staff.

INSTRUCTIONS FOR OPTION 3 - CLIENT DATA INQUIRY

This screen is used to view a DSS-5027 form that has already been entered in the system when the Client ID# is known. Key 3 in the OPTION field and key the 11-digit CLIENT ID in the KEY field. Press ENTER. The existing DSS-5027 form displays on the screen. If the client is not found in the SIS/CNDS Cross Reference table, the CNDS/NC FAST ID field will display 'REQUESTED' or 'SUBMITTED'. Any additional Update or Inquiry will display one of these values until the CNDS ID is assigned. Once assigned, the CNDS/NC FAST ID field will display the 10-digit CNDS ID. After viewing, key the next CLIENT ID# to be viewed directly over the ID# already on the screen. Press ENTER or press PF3 to return to the Main Menu. Press PF4 to exit the system. Press PF5 to view the Service History of the client.

ISS3	SERVICES INFORMATION SYSTEM (SIS)						06/30/2021
	CLIENT DATA INQUIRY						11:03:54
CNDS/NC FAST ID	MEDICAID						
CLIENT ID	CLIENT	CLIENT LAST	FIRST	MI	CLOSE DATE	CREATE DATE	
CLIENT SSN	BIRTHDATE		CTY	CTY	CASE NO	FED TRIBE OTHER	
SERVICE CODE	BEGIN DATE	END DATE	END REASON			OLD SISID	
----- CASE MANAGER -----							
LAST	MI	FI	NUMBER	LOCAL USE		STATE USE	
SPECIAL AREA	REASON	LEGAL STATUS	LIVING ARR	SEX	RACE	SCH GR LANG SE RD	
LAST UPDATE DATE		UPDATE TIME		LAST UPDATE ID			
PF3=SIS MAIN MENU		PF4=EXIT		PF5=HISTORY INQ		PF7=BACK PF8=MORE	

INSTRUCTIONS FOR OPTION 4- CLIENT NAME INQUIRY

ISS4	SERVICES INFORMATION SYSTEM (SIS)				08/15/2007
	CLIENT NAME INQUIRY				11:11:13
S	NAME	SIS ID	BIRTHDATE	RACE	SEX CNTY
NEW SEARCH==> XXXXXXXXX					
S=SELECT CLIENT					
PF3=SIS MAIN MENU		PF4=EXIT SIS		PF7=PAGE BACK PF8=PAGE FORWARD	

This option is used to locate a record when the client ID number is not known. Key 4 in the OPTION field and the client's name (last, first, mi) in the KEY field. Other variations of the name can also be used to search the data base.

- Key the last name only.
- Key the last name, first name.
- Key the last name, first letter of the first name and an *

(this will list all clients in the system with this last name and any first name that begins with the initial keyed).

- Key 1 or 2 of the first letters of the last name and an *

(this will list all the clients in the system with a last name beginning with the letters that were keyed - i.e. if Jo* is keyed, the system will select Johns, Johnson, Jones, etc.)

Press ENTER. If there is a match or matches, the system displays all similar names. To select one of the displayed names, move the cursor to the far left of the name desired. Key an S and press ENTER to display the DSS-5027 for that client. If there is no match, the message, **THE SIS NAME DATA WAS NOT FOUND** displays at the bottom of a blank Client Name Inquiry screen. Another name can be searched from this screen by keeping the new name beside NEW SEARCH. Press ENTER.

INSTRUCTIONS FOR OPTION 5 – SERVICE PLAN HISTORY INQUIRY

ISS5	SERVICES INFORMATION SYSTEM (SIS)						08/15/2007
	CLIENT SERVICE PLAN HISTORY INQUIRY						11:14:24
CLIENT ID	CLIENT LAST	FIRST	MI	COUNTY			
XXXXXXXXXXXX				01			
SERVICE	*****BEGIN*****			*****END*****			SPECIAL
CODE	DATE	RSN	LIVARR	DATE	RSN	LIVARR	USE
210	12/08/2006	05	02	01/30/2007	01	02	
PF3=SIS MAIN MENU	PF4=EXIT SIS	PF5=CLIENT DATA INQUIRY	PF7=PAGE BACK				
PF8=PAGE FORWARD							

This option is used to view a client's services plan history. Key 5 in the OPTION field and the 11 digit SIS ID# in the KEY field. Press ENTER. The client's service plan history screen displays listing all services that have been planned along with the date the services was terminated, the reason for termination and the living arrangements of the client at the time the services were closed. After viewing, another client's history can be viewed by keying the SIS ID # directly over the SIS ID# on the screen. Press PF4 to exit SIS, PF5 to view the client's data (via the DSS-5027 form), PF7 to Page Back and/or PF8 to Page Forward (if the client has more than one page of history).

INSTRUCTIONS FOR OPTION 6 - SECURITY MENU

This Option is only available to certain authorize State/County staff.

INSTRUCTIONS FOR OPTION 7 – WORKER ID MENU

This option allows you to go directly to the 'Worker Identification System Main Menu'. Key Option(7) and press enter. **The following menu screen displays:**

SYA000FM	WORKER IDENTIFICATION SYSTEM		08/15/2007
	MAIN MENU		14:50:56
OPTIONS	DESCRIPTION	KEY	
1	5027 INQUIRY BY WORKER ID NUMBER	WORKER ID NUMBER	
2	WORKER NAME INQUIRY	NAME (LAST, FIRST, MI)	
3	WORKER ID ADD	NONE	
4	WORKER ID UPDATE	WORKER ID	
5	SIS SYSTEM MENU	NONE	
OPTION	KEY		
PF4=EXIT			
SELECT OPTION			

This menu screen allows you to select from the following five options:

1. To perform a '5027 INQUIRY BY WORKER ID NUMBER', choose Option 1 and key a valid Worker ID Number as indicated on screen. Press ENTER.

SYA000F	WORKER IDENTIFICATION SYSTEM MAIN MENU	08/15/2007 10:46:35
OPTIONS	DESCRIPTION	KEY
-----	-----	-----
1	5027 INQUIRY BY WORKER ID NUMBER	NUMBER NAME(LAST, FIRST,
2	WORKER NAME INQUIRY	MI) NONE
3	WORKER ID ADD	WORKER
4	WORKER ID UPDATE	ID NONE
5	SIS SYSTEM MENU	
OPTION 1	KEY	
PF4=EXIT SELECT OPTION		

The following screen appears and displays the Worker ID Number, County Number, Worker Status, Worker Name and any SIS Client IDs without a Close Date or with a Close Date of 10/01/2006 or later, associated with the Worker ID Number.

SYA010FM	WORKER IDENTIFICATION SYSTEM INQUIRY BY WORKER ID	08/15/2007 13:35:21
WORKER ID: WORKER	COUNTY #:	STATUS: ACTIVE
SIS ID -----	CLOSE DATE -----	SIS ID -----
		CLOSE DATE -----
PF3= WORKER MENU PF7= PREV PAGE PF8= NEXT PAGE		
104 NO CLIENTS FOUND FOR WORKER ID		
		0100

- To perform a 'WORKER NAME INQUIRY' choose Option 2; Key Worker Last Name, First Name (or just First Initial), and MiddleInitial (if desired), separated by commas. Press enter, (NO SPACES BETWEEN NAMES).

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SYA000FM                WORKER IDENTIFICATION SYSTEM                08/15/2007
                        MAIN MENU                                    10:46:35

  OPTIONS                DESCRIPTION                                KEY
  -----                -----                                -----
    1      5027 INQUIRY BY WORKER ID NUMBER      WORKER ID NUMBER
    2      WORKER NAME INQUIRY                  NAME (LAST, FIRST, MI)
    3      WORKER ID ADD                        NONE
    4      WORKER ID UPDATE                    WORKER ID
    5      SIS SYSTEM MENU                      NONE

OPTION 1      KEY  XXXXXXXXXX_

PF4=EXIT
SELECT OPTION
    
```

NOTE: If you do not know the exact worker last name, you can key the first 3-alpha characters of the workers last name followed by an asterisk (Ex: ROD*), this will display all workers whose last name starts with 'ROD' in your county.

The following screen appears showing a list of names with the worker last name that was keyed along with their first and middle initial. If necessary, you can perform another Worker Name Search on this screen by keying as instructed above where it displays 'NEW SEARCH ='.

In this case, the name 'Smith,C' was keyed. To select the desired name, tab/arrow down to the appropriate line and enter an 'I' to the left of the worker name and press ENTER.

```

SYA015FM                WORKER IDENTIFICATION SYSTEM                08/15/2007
                        WORKER INQUIRY BY NAME                    14:12:50

***** WORKER *****
S  LAST                FIRST                MID                ID
-  SMITH                C                XXXXXXXXXXXX
-  SMITH                C                XXXXXXXXXXXX
-  SMITH                C                D                XXXXXXXXXXXX
I  SMITH                C                J                XXXXXXXXXXXX
-  SMITH                C                K                XXXXXXXXXXXX
-  SMITH                C                L                XXXXXXXXXXXX
-  SMITH                C                O                XXXXXXXXXXXX
-  SMITH                C                S                XXXXXXXXXXXX
-  SMITH                C                T                XXXXXXXXXXXX
-  SMITH                C                T                XXXXXXXXXXXX

NEW SEARCH =

I = WORKER INQUIRY
PF3 = WORKER MENU      PF7 FORWARD      PF8 BACKWARD
    
```

The following screen appears and displays the Worker ID Number, County Number, Worker Status, Worker Name and any SIS Client IDs without a Close Date or with a Close Date of 10/01/2006 or later, associated with the Worker ID Number.

SYA010FM		WORKER IDENTIFICATION SYSTEM		08/15/2007	
		INQUIRY BY WORKER ID		08:51:46	
WORKER ID:	XXXXXXXXXX	COUNTY #:	20	STATUS:	ACTIVE
WORKER NAME:	SMITH		C J		
SIS ID	CLOSE DATE	SIS ID	CLOSE DATE		
-----	-----	-----	-----		
XXXXXXXXXXXX	2007-04-30	XXXXXXXXXXXX			
XXXXXXXXXXXX	2007-03-19	XXXXXXXXXXXX			
XXXXXXXXXXXX	2007-04-12	XXXXXXXXXXXX	2007-04-12		
XXXXXXXXXXXX		XXXXXXXXXXXX			
XXXXXXXXXXXX	2006-10-19	XXXXXXXXXXXX	2006-10-19		
XXXXXXXXXXXX		XXXXXXXXXXXX	2006-12-04		
XXXXXXXXXXXX		XXXXXXXXXXXX			
PF3=WORKER MENU PF5=SEARCH INQUIRY PF7=PREV PAGE PF8=NEXT PAGE					

- To perform a 'WORKER ID ADD', choose Option 3. Press ENTER.

SYA000FM		WORKER IDENTIFICATION SYSTEM		08/15/2007	
		MAIN MENU		14:08:42	
OPTIONS	DESCRIPTION	KEY			
-----	-----	-----			
1	5027 INQUIRY BY WORKER ID NUMBER	WORKER ID NUMBER			
2	WORKER NAME INQUIRY	NAME (LAST, FIRST, MI)			
3	WORKER ID ADD	NONE			
4	WORKER ID UPDATE	WORKER ID			
5	SIS SYSTEM MENU	NONE			
OPTION 3	KEY				
PF4=EXIT					
SELECT OPTION					

The following screen appears. It will require you to key your 2- digit county number, Worker's Last Name, Full First Name, Middle Initial (if required) and the last 4-digits of his/her Social Security Number. Press ENTER.

```

SYA020FM                WORKER IDENTIFICATION SYSTEM
08/15/2007

12:26:04                WORKER ID ADD

COUNTY:

NAME   LAST:

FIRST:

MI:

LAST 4-DIGITS:

PF3 = WORKER MENU
008 ENTER WORKER INFORMATION
    
```

NOTE: After you press enter and the worker information entered was added successfully, the worker information you keyed will be removed from this screen and you will receive this message 'WORKER ID 9XXXXXXXXX ADDED SUCCESSFULLY'. At this point, if you need to add another worker, you can. (Be sure to note the newly-assigned Worker ID or do a Screen Print with the system-assigned Worker ID so that you don't forget it. If you do not, you can always perform a Name Search to retrieve the new Worker ID.)

- To perform a 'WORKER ID UPDATE', choose Option 4 and key a valid Worker ID Number. Press ENTER.

```

SYA000FM                WORKER IDENTIFICATION SYSTEM                08/15/2007
                                MAIN MENU                                14:08:42

OPTIONS      DESCRIPTION                KEY
-----
1      5027 INQUIRY BY WORKER ID NUMBER  WORKER ID NUMBER
2      WORKER NAME INQUIRY              NAME (LAST, FIRST, MI)
3      WORKER ID ADD                    NONE
4      WORKER ID UPDATE                  WORKER ID
5      SIS SYSTEM MENU                  NONE

OPTION 4      KEY  9XXXXXXXXX
PF4=EXIT
SELECT OPTION
    
```

The following screen appears and automatically displays the Worker ID Number, County Number, Worker Status, Worker Last Name, First Name, Middle Initial and Last 4-Digits that was last updated (last 4 – digits is for informational purposes only) and associated with the Worker ID Number that was keyed. On this screen you can only make changes to Worker Status, Last Name, First Name, Middle Initial and Last 4-Digits.

SYA025F	WORKER IDENTIFICATION SYSTEM			08/15/2007 14:08:58
WORKER ID:	9xxxxxxx	COUNTY	59	STATUS: A (ACTIVE)
NAME: LAST :	PANTHE			
FIRST:	PINK			
MI:	D			
LAST 4-DIGITS:	5785			
PF3 = WORKER MENU				
408 ENTER WORKER				

- a. Status: If the worker's status is "I (INACTIVE)", the Worker ID and Worker Name are on the Master Table, but the ID will be invalid for use on the DSS-5027 or other system forms (DSS-5104 or DSS-5094/5095.) If one of these forms with an Inactive Worker ID is updated, the operator will be prompted to update the Worker ID with a valid ID Number. To make an INACTIVE Worker ID ACTIVE, key an "A" in the STATUS field on this screen.
- b. NAME: LAST: To update the worker's Last Name on the Master Table, key the change(s) to the LAST Name in this field. This may be necessary to correct a misspelled name, or if a worker's name changes, for example, due to marriage. Note that if the worker's name is changed, the next time a DSS- 5027 or other system form with that Worker ID is updated, the Worker Name will also be automatically updated.
- c. NAME: FIRST: To update the worker's First Name on the Master Table, key the change(s) to the FIRST Name in this field. Changes made on this screen will be reflected on DSS-5027s and other system forms with this Worker ID when updates are made to the form(s).
- d. NAME: MI: To update the worker's Middle Initial (MI) on the Master Table, key the change(s) to the Middle Initial in this field. Changes made on this screen will be reflected on DSS-5027s and other system forms with this Worker ID when updates are made to the form(s). Note that MI is not required.
- e. LAST 4 DIGITS: If necessary, edits can be made to this field however any changes made here will have no impact on the Worker ID for the worker and will not change the Worker ID on the Master Table or any system forms. This field is for informational purposes only and, unless edits were made to this field after the Worker ID was initially assigned, it will display the last four digits of the number used to create the Worker ID. There would normally be no need to edit this number, however a county may want to use this field to store the last four digits of (i.) the worker's SSN, if different from the number used to assign the Worker ID; (ii.) the worker's county-assigned employee number, if different from the number used to assign the Worker ID; or (iii.) a previously assigned Worker ID, made INACTIVE, before assigning a new Worker ID (see NOTE.)

NOTE: If it is necessary to change the Worker ID for an individual, you must first make the current ACTIVE WorkerID INACTIVE by choosing 'Option 4 - Worker ID Update' and changing the 'STATUS' to 'I'. Then select 'Option 3- Worker ID Add' and follow the instructions above to add a new Worker ID Number. Be advised that INACTIVE Worker ID Numbers will not be valid on any DSS-5027 or other system forms. If it is necessary to update any form that has an INACTIVE Worker ID, you will be prompted to provide a new, valid Worker ID. Counties should refrain from changing/reassigning Worker ID Numbers unless absolutely necessary.

NOTE: If the 5th of the month falls on a Saturday, the cut-off is on the preceding Friday. If the 5th of the month falls on a Sunday, the cut-off is on the following Monday. Reimbursement is for the previous month.

LOGOFF PROCEDURES

1. To exit SYSISMU, clear the screen (press the PAUSE/BREAK key). This takes you out of the SYSISMU but the terminal is still in IMS.

NOTE: When work in SIS is complete, you may go directly to another system by pressing the PF4 key from the MainMenu screen. A 'PIE' Menu screen appears. Press PF3. A blank screen displays. Key the system identification code (PQ01-Child Placement System, SY01- Central Registry, or SY20-Adult Protective Services). Press ENTER.

2. To exit IMS, key/RCL from a blank screen and press ENTER. The BANNER SCREEN is displayed.