Department of Youth & Community Development

DYCDCONNECT

PARTICIPANT TRACKING SYSTEM:

CSBG

Participant Intake & Registration

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What is Intake?

All DYCD Program participants must complete an Intake before participating in or receiving services. An intake gathers information from participants and creates a participant profile in DYCD Connect. This profile is used by the system to track enrollment, attendance and other services offered and received. Participant intakes can be completed and accepted as soon as your workscope is released to your program. Intakes may be received in paper format via the Universal Intake Form or online via discoverDYCD.



The Intake Section

To start a new intake, navigate to your workscope in the Participant Tracking System. Locate the Participation section of the Workscope Switchboard and click on Intake. A list of intakes, both completed and in-progress, will appear.

Note: Applications from DiscoverDYCD can be found in the Online Applications section.

20510B-Fatherhoo	d Prior Involvement-4/1/	2021-6/30/2022			Period Type Fiscal Year	Year Provider F 2022 CBO1 4	rogram Period /1/2021 - 6/30/2022
Registrations 820510B-Fatherhood	Prior Involvement-4/1/2021-6/	/30/2022	These f where the their enr	fields inform you e applicants are in rollment process.		Click on +New to start a new intake.	+ NEW Q
Participant	 Registration ID 	Is primary? \$	Stage	Status DOB	÷	Program Site	÷
Harlem Murphy	REG-4114971326	Yes	Accepted	Enrolled	1/1/1998	Fatherhood Prior Invo	ve Open
Tim Smith	REG-2685710526	Yes	Accepted	Enrolled	1/1/1980	Fatherhood Prior Invo	ve Open
Tom Cruise Cli	ick on a participant's ⁸⁶ name to open the xisting intake form.	Yes	Accepted	Enrolled	1/1/1990	Fatherhood Prior Invo	ve Open





Participant Statuses

Participants will have the following statuses, depending on the progress of the intake form.

- Enrolled The participant meets your program's enrollment criteria.
- In Progress The participant's intake was started, but is not yet complete.
- **De-enrolled** The participant is no longer enrolled to your program.

Starting a New Intake

Prior to starting a new intake in the Participant Tracking System (PTS), make sure you have the Universal Participant Intake Form completed for the participant. The current form is available in the **DYCD Connect Document Library** in the CSBG section.

You may create a new intake by navigating through Participation>Intake and clicking on "+NEW".

WORKSCOPE	:	820510B-Fatherhood Pric	or Involvement-4/1/202	21-6/3	30/2022	Period Type Ye Fiscal Year 2	ear Provider 022 CBO1	Program Period 4/1/2021 - 6/30/2022
GENERAL	~	Registrations 8205108-Fatherbood Prior In	wolvement-4/1/2021-6/30/	2022				3 + NEW Q
🖀 PUBLIC INFO						<i>c</i> :		6 D
		Participant 🔺	Registration ID	⊖ Is	primary?	Stage 🤤	Status	Start Date 👳
SERVICE DELIVERT MODS		Harlem Murphy	REG-4114971326	Yes	25	Accepted	Enrolled	4/1/2021
SCHEDULING	~	James Pitt	REG-9282571878	Ye	25	Accepted	Enrolled	4/1/2021
	^	Tom Cruise	REG-5271912586	Yes	25	Accepted	Enrolled	4/1/2021
Intake 2		1 - 3 of 3						
Online Applications								



- New Intake		
1. Enter Participant Details		
Workscope *	820510B-Opportunity Youth Support-4/1/2021-6/30/2022	
Workscope Program Site *	58th Street Library Opportunity Youth	
First Name*	Noah	
Last Name *	Nickelson	
Middle Initial		
Date of Birth *	7/9/2005	
Age	16	
Sex at Birth *	Male	
Social Security Number *	123456789 This field is exclusive	
	 Support workscopes.	

Duplication Check

On the new intake page, you must type in data to the mandatory fields and click "SEARCH". This initiates a Duplication Check and searches the DYCD Connect database to see if any participant with the same **First Name, Last Name and Date of Birth** has participated in any other DYCD Program to prevent duplicate entries.

Note: For Opportunity Youth Workscopes, the SSN must be verified before participants may be enrolled. The verification process typically takes two business days. If the SSN was correctly provided and was not validated, then please contact your DYCD Program Manager.

2. Choose Participant	
We have found 1 existing participant(s) with the same review the options below carefully to make the best ch	First Name, Last Name, and Date of Birth. Please noice.
O Add New Participant	Register Existing Participant
First Name Test	First Name Test
Last Name Test	Last Name Test
MI	MI
DOB 5/26/2002	DOB 5/26/2002
Gender Male	Gender Male
SSN	SSN
	Borough
	ZIP
	Email

If a previous participant is found with the same First Name, Last Name and Date of Birth, then you may choose to **Register Existing Participant** to associate this applicant with their previous registration. This will enable you to import data from their previous intake and greatly speed up the intake process.



	۲	
Blank Application	Сор	y Existing Intake
Start the intake with a blank application.	Registration ID	REG-2041617232
	Intake Year	2022
	Intake Stage	Intake
	Program Site	Crisis Site
	Workscope	9564-Crisis Shelters (HYA)-7/1/2021-6/30/2022

You may import data from a previous intake if you choose to Register Existing Participant by selecting **Copy Existing Intake** and then clicking on "START INTAKE".

Note: While importing data from a previous intake completes data entry on many sections of the intake some sections, such as Consents must be completed again. Additionally, several sections of the intake, such as Contact Information and Health Information should be reviewed to ensure that the data is updated and in alignment with data provided on the universal intake form.

Completing the Intake

Data entry must be completed on all sections of the intake before you may submit the application to be accepted and enrolled into your program. We recommend regularly using the "SAVE" at the top left of the intake page regularly to ensure that your data is safe from internet issues and errors.

Navigating through the Intake

You will notice the **Intake Switchboard** on the left side of the page, and can navigate through all intake sections. Mandatory fields are noted by a * icon or say "(**Required**)" in parentheses. Note the **Intake Menu Bar** at the top of the window, and your **Workscope Registration Progress** on the right side.



🔒 SAVE 🕌 SAVE & CLOSE	PROCE	ss 👻 🔳	INTAKE FOR	M 🗘 SHARE	🖘 EMAIL A LINK
REGISTRATION	: Particip	ant survey is due.		Intake Menu Bar	
Intake	Franklin	Garcia	Registration REG-53214	D Start Date	Age DOB Provider 22 1/1/1999 CBO1
REGISTRATION INFORMATION			neo obert	2011	
	Regist	tration Infor	mation		
CONTACT INFORMATION	Participant	•		Franklin Garcia	
	Registratio	n ID		REG-5321442611	
EDUCATION/WORK STATUS	Registratio	n Stage *		Intake	
	Registratio	n Status *		Submitted	
HOUSEHOLD INFORMATION	Form Com	pleted By *		Applicant	
HEALTH INFORMATION	ppli	cation Received *		5/10/2021	
S	witchboard nent	Start Date *			
	Slot Type				
d craviere					
U SERVICES	Workscope	•*		820510B-Fatherhood P	rior Involut
NOTES & ATTACHMENTS	Workscope	Program Site *		Fatherhood Prior Invol	vement
	Provider			CBO1	
🖾 REFERRALS	Contract		•	820510B	
	Program A	rea		CSBG	
の DYCD REVIEW	Program T	/pe	•	Fatherhood Prior Invol	vement
	Period Type	e	•	Fiscal Year	
DOCOMENTS	Registratio	n Enrollment Date			

Registration Information

Most of the information on this page will already be completed based on the basic information entered. However, there are four required fields, noted by the * icon. The **enrollment start date** is the date of the first day that the applicant may attend your program.

Form Completed By *	Applicant
Date Application Received *	5/10/2021
Enrollment Start Date *	6/21/2021
Slot Type *	CSBG

You must also indicate the **Slot Type** by hovering your mouse over the field, and clicking on the "Magnifying Glass". This field indicates how the participant will be funded by your DYCD budget.

	Q
CSBG	
Look Up More Records	
1 result	

Participant Information

In this section, you will enter demographic information, an address and family members if they would like them to receive DYCD services as well. Click onto each field and type to complete all mandatory date entry fields marked with * or say (**Required**).

 Participant Information 						
First Name*	🔒 Franklin		Address (Required)			+
Last Name *	🗎 Garcia		Name		Borough	Primary Address
Middle Initial	₽		123 William Street Manhattan NY 10038	1	Manhattan	Ves
Date of Birth *	■ 1/1/1999	Ade	iress			
Age	22					
Sex at Birth *	🗎 Male					
Ethnicity *	Hispanic or Latinx	ר	4			
Country of Origin *	Costa Rica					
Race (Required) *	Ethnicity/Race/La SSN Verificat	ngua tion	ge/		_	
Black or African American X Select all that a	apply		is the applicant any of the following:			
Bidec of African Afrenean A Select an that	1993	-	Parent/Legal Guardian?*	Yes		
			Offender/Justice Involved?*	Yes		
University does the section of section 2.	Elwant () (any well		In Foster Care? *	Additional I	Participant Questio	ons
Primary Language	English		Runaway Youth? *	No		
Primary Language	English		Veteran?*	No		
			Active Military Personnel?*	No		
Other Lawrence Caroline			An Individual with a Disability?*	No		
Other Languages Spoken		_	Receiving ACS Preventative Services? *	No		
Select all that apply						

To add a **Primary Language** and **Country of Origin**, click on the field and then click on the "Magnifying Glass". The first 10 alphabetical results appear. If you see the applicant's primary language, select it from the list. If not, use the search bar or click **Look Up More Records** to view additional languages.

Applicant's Gender Identity (Select all that App	əly) (Required) *
Male X Select all that apply	
Does the applicant identify as transgender?*	No He/Him/His
Applicant's Sexual Orientation (Select One)	Heterosexual (straight)
Family Member	Family Members +
Name Full Name ↑ Date	of Birth Gender 🛧 Relation To Pa
No Registration records found.	

Click on "+" in the Family Member component to add family members. This will lead you to a new intake page for each additional family member that you would like to sign up for DYCD services. **If entering family members, complete participant information, service plan and goals for each family member.**

To add an address, click on the "+" at the top right of the address component.

SAVE + NEW	C DEACTIVATE	
Primary Address?		2
Number & Street *		2 Lafayette Street
Apt		21
Borough *		Manhattan
City*		Manhattan
State *	0	NY
Zip Code *		10007
Country*		United States
Address Notes		
Validation Status		Address is valid

Next, click on the "+" button to add a new address. An overlay will appear on your screen. If the participant does not have an address, you may enter in the address of your program site. DYCD Connect automatically verifies if the address entered is valid. Once you are done, click on "SAVE".

Address Verification	1	
Community District		Manhattan CD 001
City Council District	٥	Council District 001 Manhattan
NTA	٥	MN25
NDA	٥	Out of NDA
NYCHA Resident		
Town/Area	٥	Battery Park City-Lower Manhattan
X-Coordinate	٥	0982417
Y-Coordinate	0	0197728
Geo Message	٥	
High Poverty Area		
Census Track	0	1502

After adding an address, you may scroll down to review if your participant will be counted towards your NDA residency requirement. Justification is needed for addresses that are out of the contract's NDA.

Contact Information

If the Applicant has contact information, enter it in the Applicant's Contact Information section. Otherwise, uncheck the box and move on to the **Parent/Emergency Contact** section.

At least one parent/emergency contact is required. To enter **Parent/Emergency Contact** information, click on "+". An overlay will appear on your screen. Enter the information required, then click "SAVE". The contact's name should appear in the grid.

Parent/Emerger	ncy Contact (Requi	red)		+
Name	Relationship	Primary Contact? \downarrow	May Pick-up Child? Cell Phone Work Phone	Home Phone
Nathan Jung	Father	Yes	Yes	(646) 111-2222

If you are entering multiple Parent/Emergency contacts, start with the primary contact. The **Primary Contact?** field will be automatically checked for the first person entered.

Education/Work Status

Enter the applicant's **Student Type**, Current Work Status and state if their resume is on file.

Education/Work Status	
Student Type *	Not in School
Educational Level	Community College
Current Work Status *	Unemployed (Short-term, 6 months or less
Is your resume on file with this provider?	Yes

If the participant is a full-time student, you may enter the participant's **School Information** by clicking on the "+" icon.

School Name 🛧	School Type	
---------------	-------------	--

You may find a school by completing a power search as shown below.

Household Information

This section is used to provide information about the participant's household members and income information. Click each field and then type the appropriate responses from the intake form.

NOTE: For all CSBG programs, justification for over income is needed for participants over the allowable income threshold.

Head of Household Type *	Two Parent Household
Housing Type *	Rent
Household Size *	Three
Annual Income Amount *	90,000
Affordable Care Act Subsidy × Se	All sources of income should be included
Affordable Care Act Subsidy × Se Do you want to be contacted with inf Yes	All sources of income should be included
Affordable Care Act Subsidy × Se Do you want to be contacted with inf Yes How would you like to be contacted?	All sources of income should be included
Affordable Care Act Subsidy × Se Do you want to be contacted with inf Yes How would you like to be contacted? Via this provider	All sources of income should be included

Health Information

This entire section consists of Yes and No questions. If yes is responded, then additional information is often required to further explain the health issue or situation.

Health Information	Health Insurance Status	
Does the applicant have any allergies? (food, medication, etc.)	Does the applicant have health Insurance? st	
Yes	Yes	
Please provide list of allergies *	No Decline to Answer	
Dust, Pollen, Peanuts	Decime to Answer	
Does the applicant have asthma?	What kind of health insurance does the app	licant have? (Check all that Apply, Required)
No	Medicaid	
	Medicare	
No	State Children's Health Insurance Program	
	State Health Insurance for Adults	
Does the applicant take medication for any condition or illness?	Military Health Care	
No	Direct-Purchase	
	Employment Based	
Are there activities the applicant cannot participate in? No	Decline to Answer	
Please provide any additional health information details 		
Please list any accommodation(s) you are requesting for yourself/the applica	ant	

Consents

Consents must be completed for all applicants. Please note that consents may vary by program type. The **Consent to Participate/Verification of Information Provided** and **Participant attests that income information is true** must be granted in order to submit the intake. For all other consents, a response of 'yes' or 'no' must be entered.

Consents General Program Consents Consent to Participate/Verification of Information Provided * Yes Consent for Emergency Medical Treatment * Yes Participant Consent for Photo/Videotaping * Yes Participant consent for use of original work * Yes Participant attests that income information is true * Yes Participant Consent to Share Data for DYCD Referrals * Yes

Services

The services section of the intake is designed to setup a Service Plan with Goals. CSBG Fatherhood Prior Involvement programs are required to complete the Participant Survey. CSBG High Schools programs are required to enter report card information in the services section.

Note: For Fatherhood Prior Involvement workscopes, the initial survey must be completed during enrollment or within 10 days of enrollment.

Completing the Participant Survey (Fatherhood Prior Involvement providers ONLY)

CSBG Fatherhood Prior Involvement programs can navigate through Services>Survey and click on open to access the participant survey.

REGISTRATION	1 Participant survey is due.	
	Franklin Garcia Registration ID REG-5321442611 Start Date Age 22 DOB 1/1/1999 Workscope 8205108-Fatherhood Prior Involvement-4/1/2021-6/30/2022 Pro	vider 01
O PARTICIPANT INFORMATION	⊞ Survey Q	
CONTACT INFORMATION	Survey A Survey Created Date Survey Date Survey Type Survey Status	
EDUCATION/WORK STATUS	Survey 1 5/11/2021 Initial Draft 3 Open	
HOUSEHOLD INFORMATION	1-1of1 < 1 > 2	
HEALTH INFORMATION		
Survey 2 Service Plan		

Respond to all questions of the survey and click complete at the top right to mark it as completed.

	You may save your data entry
Co-Parting	later to complete the survey.
1. With whom does the child live with now?	Click here when you have responded to all of the questions in the survey to complete it.
Lives with father Foster care arrangement – with relative Foster care – with non-relative	
 Lives with other family member Lives with both father and mother 	
O Split custody between mother and father Other	
to questions ou in contact with the Mother / C	Suardian?

Completing the Service Plan

 Service Plan 	
Participant Goals	
Initial Assessment *	Refer to Case Management Training
Long Term Goals *	Refer to Case Management Training
Individual Service Plan *	Refer to Case Management Training

The Service Plan section contains a series of short answer sections for you to complete based on your Case Management training. Respond to each field and then click "SAVE" at the top left of the page to complete the entry.

Adding Participant Goals to an Intake

Step 1: From a participant's accepted intake, navigate through Services>Goals and respond to the short answers regarding participant goals. Once completed, click Save at the top left of the page and you may proceed to adding Participant goals by clicking on "+NEW".

4 E SAVE	📱 PROCESS 👻 🗎 INTAKE FORM 😲 SHARE 📼 EMAIL A LINK
REGISTRATION Accepted	 Participant survey is due. Participant interaction and attendance is lock due to incomplete initial survey.
	Patrick Lam Registration ID REG- 03425610785 Start Date Age 22 DO8 1/1/1999 Workscope 82051085-Enterthood Prior Involvement-4/1/2021- CBO1 Provider CBO1
	Participant Goals
CONTACT INFORMATION	Initial Assessment Refer to Case
	Long Term Goals* Refer to Case Click to type in responses
HOUSEHOLD INFORMATION	Management Training. to each of these short response fields.
HEALTH INFORMATION	Individual Service Plan * Refer to Case Management Training.
	Re-assessment Refer to Case Management Training.
	Click here to add
Survey	Participant Goals Partick lam
Goals 2	
Interactions	Participant Goal \Rightarrow Category \Rightarrow Goal Set On
Benchmarks	Increased engagement, availability and responsibility in relationsh Engagement 5/7/202
Outcomes	Increased financial support by providing material (clothes, food, e Financial 5/7/2021
ENROLLMENT	Secured child care payments (e.g. day care) Benefits Coordination a 5/3/202
NOTES & ATTACHMENTS	1-3 of 3 < 1 > 2

Step 2: Click on the category field, and then the magnifying glass to see the available categories for the goal. Click to select the appropriate option.

Step 3: From Goal Family, click to set whether the goal is required or optional. Also, enter the Goal Set On date and click to set the Goal Type as Short Term.

Goal Family*	Required
Goal Set On *	5/25/2021
Goal Type *	Short Term 👍

Goal *	Q
Goal Status *	👍 9th - 12th graders improved overall grade point average by at least three (3) points
	9th - 12th graders received passing grades on Regents exams
Goal Text	🏠 9th - 12th graders received higher grades in a selected subject area such as English, math, scienc
	9th - 12th graders received higher scores on tests such as SAT practice exams
	Look Up More Records
	4 results

Step 4: Select the goal, in accordance with the category set earlier, from the available options.

Step 5: Click to set the Goal Status as "Not Started" or "In Progress". If "In Progress" is selected, you will be prompted to add a date for Goal Started On. Then, click "SAVE & CLOSE".

SAVE	SAVE & CLOSE + NEW
PARTICIPANT GOALS : IN	FORMATION
New Part	icipant Goals =
Category *	Education
Goal Family*	Required
Goal Set On *	5/25/2021
Goal Type *	Short Term
Goal *	9th - 12th graders received passing grades on Regents exams
Goal Status *	In Progress
Goal Started On	5/25/2021
Goal Text	
Goal Text *	9th - 12th graders received passing grades on Regents exams

Adding Report Card Grades (CSBG High School providers ONLY)

CSBG High School providers are required to enter report card grades. Grades are used as Pre-Assessments, Re-assessments and to mark Achievements for specific subjects, exams or overall GPA. To add a new report card grade, navigate through Services>Report Cards and click on "+NEW".

	EREG-259931215	'ds 1 - Natalie Smith	+ NEW Q		
	Report Date-	Record Type 🛛 🌲	Academic Type 🗘	Subject Area	Numeric Equivalent
	5/3/2021	Pre-assessment	Subject	English	70
	1 - 1 of 1				
REPORT CARD : IN New R General Registration * Record Type *	NFORMATION CEPORT Ca REG-25993 Pre-assessr	LOSE + NEW Ard = 312151 - Natalie Smith ment			The Report Card page will change according to the report type selected to disp the appropriate fields for da entry. Click on each field to type a response and then cl

Note: For Number Equivalent, you should type in a number and then select it from the drop-down option to add it to the field.

Reviewing + Submitting the Intake

Once you have completed all sections of the intake form, be sure to click on "SAVE" in the Intake Menu Bar. Then, you may click on the "Three Dots Icon" at the top right of the intake switchboard to continue actions on the entire intake.

Nearly every action below, when completed, will result in a status change for the participant's intake.

- Add to Waitlist this option adds participants to a waitlist in the event that your program is currently operating at maximum capacity.
- **Check Eligibility** this option will make the system review all fields on the intake for completion and run an eligibility check based on the data provided to ensure that they may join your program.

NOTE: This is the only option that will not trigger a status change for the intake.

- **Submit** this option will submit the intake application for final review by the system. If all data entry has been completed, then the participant will be accepted into your program.
- **Deactivate** this option will delete the entire intake. This is typically used when a duplicate intake was created do delete the duplicate.

The following actions will only appear for Online Applications. When a status change is completed on an online application, the DYCD Connect system sends an automated email to the applicant to inform them of the update.

- **Pending Info** If an online application is missing data, then this option may be selected to indicate that you have reviewed the intake and are in the process of contacting the applicant to collect any missing information.
- **Decline Participant** this option is used to decline online applicants that do not meet the criteria for your program

DYCD Connect Help Center

If you have any questions or concerns, please submit a ticket or help request to the DYCD Connect Help Center. You may navigate to the Help Center directly from the banner at the top of DYCD Connect by clicking on the question mark as shown below.

Alternatively, you may submit a ticket through the <u>Help Center</u> on the DYCD Connect homepage.

DYCD RESOURCE CENTER	DYCD HELP CENTER			
DYCD Connect is the main resource center to help organizations communicate and coordinate with the communities they serve.	The DYCD help center is where you can fi operational issues you may come across. H look into additonal resources and guides th	ind resources to help with the technical and lere you can contact DYCD support directly or at can help you move forward with your tasks.		
	Lefter your first name	Last name		
DYCD WEBSITE View DYCD's public website for information about our funded programs	phone Enter your phone number	Enter your e-mail address		
programa.	error organization			
CAPACITY BUILDING DYCD invests in building the capacity of ponprofit or anizations as a	program area Select a Program Area 🔹	Brogram type Select a Program Type		
strategy to help ensure that youth and families receive high-quality services.	I am a DYCD employee			
HELP CENTER Having trouble? Send a message to our support team through the Help Center.	Select if you need operational or technical neis: NEED TECHNICAL ASSISTANCE? If you are having a technical issue related to logging in, accessing your services, or experiencing a bug, contact the technical held desk	NEED OPERATIONAL ASSISTANCE? Having trouble performing your existing operations using the new systems and tools within DYCD connect? Get in touch with a program specialist		
F.A.Q Read Frequently Asked Questions to learn more about DYCD Connect.	Detailed Description:			
	Enter a detailed description			

