

# **DYCD**CONNECT

PARTICIPANT TRACKING SYSTEM:

Immigrant Services
Intake & Registration

# **Table of Contents**

| What is Intake?                   | 3                                     |
|-----------------------------------|---------------------------------------|
|                                   |                                       |
| The Intake Section                | 3                                     |
| Participant Statuses              | 4                                     |
|                                   | _                                     |
| Starting a New Intake             | 4                                     |
| Entering your Encryption Key      |                                       |
| Basic Participant Details         | 4                                     |
| Duplication Check                 | 5                                     |
| Choose Application                | 6                                     |
| Completing the Intake             | 6                                     |
| Intake Navigation and Sections    | 6                                     |
| Registration Information          |                                       |
| Participant Information           |                                       |
| Contact Information               | /                                     |
| Education Work Status             | 9                                     |
| Education/ Work Status            | 9                                     |
| Household Information             |                                       |
| Health Information                |                                       |
| Consents                          |                                       |
| Pre-Intake Services               | 11                                    |
| Service Plan                      |                                       |
| Adding Participant Goals          |                                       |
| Reviewing + Submitting the Intake |                                       |
| Add to Waitlist                   | 12                                    |
| Check Fligibility                 | 13                                    |
| Deactivating an Intake            |                                       |
| Perister the Applicant            |                                       |
| Enrollmont                        | ۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰ |
|                                   | 15                                    |
| DYCD Connect Help Center          | 16                                    |



# What is Intake?

Intake refers to the process of registering participants into your program. Intake is different from enrollment, which refers to assigning your registered participants to activity schedules in order to take attendance.

You may begin intake as soon as your workscope is released to your program, but you cannot complete applications until the workscope is approved by DYCD.

# 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.

| W<br>Re | ORKSCOPE<br>leased  | : |
|---------|---------------------|---|
| C       | GENERAL             | ~ |
|         | PUBLIC INFO         |   |
| A       | COVID-19            |   |
|         | SCHEDULING          | ~ |
| 8       | PARTICIPATION       | ^ |
|         | Intake              |   |
|         | Online Applications |   |
|         | Activity Enrollment |   |
|         | Attendance          |   |
|         | Interactions        |   |
|         | Test Scores         |   |

| EREGISTRATIONS | <b>s</b><br>nigrant Ser        | rvices-4/15/2021-6/30/                           | 2022 |             |   | These fie<br>where ap<br>the enrol | lds inform you<br>plicants are in<br>Iment process |                | 1    | + NEW Q            |
|----------------|--------------------------------|--|------|-------------|---|------------------------------------|--|----------------|------|--------------------|
| Participant    | •                              | Registration ID                                  | ÷    | Is primary? | ÷ | Stage 🗦                            | Status 🗘 🌲   | Start Date 🛛 🌲 | Grad | start a new intake |
| *****          |                                | REG-3217211129                                   |      | Yes         |   | Accepted                           | Enrolled   | 4/5/2022       | 12th | 4/4/2003           |
| 1 - 2 of 2     | Click on<br>name t<br>existing | a participant's<br>o open their<br>g intake form |      | Yes         |   | Intake                             | In Progress  | 4/5/2022       |      | 4/5/2003           |

#### Key Buttons



Click on this button to start a new intake



Click on this button to search for a participant's name or keyword



These buttons allow you to organize your list of intakes in alphabetical or chronological order. Click again to organize in reverse order.



### **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 Participant Intake Form completed for the participant. The most recent version form is available in the DYCD Connect <u>Document Library</u>, in the Literacy & Immigrant Services section.

By clicking on +NEW in the Intake Section (pg. 2), a new window will open. There are four steps to complete before you can complete the intake form.

- 1) Enter your Encryption Key
- 2) Enter Participant Details
- 3) Choose Participant (Duplication Check)
- 4) Choose Application

# **Entering your Encryption Key**

The encryption key is a security feature that protects identifying information on an intake. You must enter your provider-specific Encryption Key to begin an intake on the system. You may contact your Provider Admin if you need access to your workscope's key.

| New Intak      | e                          |        |
|----------------|----------------------------|--------|
| Encrypted Data |                            |        |
| Please Enter K | <b>(ey :</b> DYCD123456789 | Submit |

# **Basic Participant Details**

First, enter your unique program site encryption key and click enter. Next, provide the participant's "First Name", "Last Name", "Date of Birth" and "Sex at Birth". These four fields are used to identify the participant throughout DYCD Connect. Then, click "Search".



| New Intake                   |   |  |
|------------------------------|---|--|
| 1. Enter Participant Details |   |  |
| Workscope *                  |   | 776204A-NDA Immigrant Services-4/15/2021-6/30/2022 |
| Workscope Program Site *     |   | Center for Family Life-07/01/2020-07/01/2021       |
| First Name*                  |   | David  |
| Last Name *                  |   | Benassi  |
| Middle Initial               |   |  |
| Date of Birth *              |   | 7/1/2003   |
| Age                          | ٥ | 18   |
| Sex at Birth *               |   | Male   |
|                              |   |  |
|                              |   | SEARCH   |

## **Duplication Check**

Upon clicking "Search", DYCD Connect performs a duplication check. If this is a new participant, you will only have the option to "Add New Participant". If this participant has a previous record in DYCD Connect, you will also have the option to "Register Existing Participant", and the following notification will appear:

| Birth.                             | lease review                  | the options below carefully to   | make the best                           | choice.                       | ie, and bate of  |
|------------------------------------|-------------------------------|--|---|-------------------------------|--|
| A                                  | dd New Partici                | ipant  | Regist                                  | ter Existing Pa               | rticipant  |
|                                    |                               |  | First Name                              | Noah                          | Select this option if the  |
|                                    |                               |  | Last Name                               | Nickelson                     | participant you are  |
| First Name                         | Noah                          | Select this option if  | Last Name<br>MI                         | Nickelson                     | participant you are<br>entering is the same<br>participant that is   |
| irst Name<br>ast Name              | Noah<br>Nickelson             | Select this option if<br>the participant you<br>are entering is NOT  | Last Name<br>MI<br>DOB                  | Nickelson<br>9/9/2009         | participant you are<br>entering is the same<br>participant that is<br>already in the Participa<br>Tracking System  |
| irst Name<br>ast Name<br>11        | Noah<br>Nickelson             | Select this option if<br>the participant you<br>are entering is NOT<br>the same participant,   | Last Name<br>MI<br>DOB<br>Gender        | Nickelson<br>9/9/2009<br>Male | participant you are<br>entering is the same<br>participant that is<br>already in the Participa<br>Tracking System. |
| irst Name<br>ast Name<br>11<br>10B | Noah<br>Nickelson<br>9/9/2009 | Select this option if<br>the participant you<br>are entering is NOT<br>the same participant,<br>and you want to<br>proceed with adding | Last Name<br>MI<br>DOB<br>Gender<br>SSN | Nickelson<br>9/9/2009<br>Male | participant you are<br>entering is the same<br>participant that is<br>already in the Participa<br>Tracking System. |



### **Choose Application**

You will have the option to start a "Blank Application", or "Copy Existing Intake" if you are registering an existing participant. By copying the existing intake, you can carry over most of the information from the previous intake into the current one. Then, click on "Start Intake".

|  | 0               |  |
|--|-----------------|--|
| Blank Application                          | Cop             | by Existing Intake                       |
| Start the intake with a blank application. | Registration ID | REG-4745071218                           |
|  | Intake Year     | 2020                                     |
|  | Intake Stage    | Intake                                   |
|  | Program Site    | Test Program Site                        |
|  | Workscope       | 776202-ESL Civics-7/1/2019-<br>6/30/2020 |

# **Completing the Intake**

### **Intake Navigation and Sections**

The Intake Switchboard on the left side of your page is now accessible for navigation. Mandatory fields on all sections are noted by a \* icon or say "(**Required**)". As you enter data, remember to frequently save your progress via the "Save" button in the Intake Menu Bar at the top of the page.





#### **Registration Information**

Most of the information on this page will already be completed based on your selected workscope and basic information entered. However, there are five required fields, noted by the \* icon, and one optional field. ("Is Returning Student?") The "enrollment start date" is the date the applicant may attend your program.

You must also indicate the participant's "Slot Type". This indicates if/how the participant will be funded by your DYCD budget. To fill in the Slot Type, click on the "magnifying glass" icon to see the slot types applicable to your program type.

#### **Participant Information**

In this section, you must enter demographic information for the applicant, and at least one address as indicated on the Universal Participant Intake Form.

First, complete "Ethnicity", "Race", "Language", and "Applicant's Gender Identity" questions. Click to select responses for each of these fields from the drop-down options.





| Participant Information       | mation          |                                       |             |   |
|-------------------------------|-----------------|---------------------------------------|-------------|---|
| First Name *                  |                 | Address (Required)                    |             | Ŧ |
| Last Name *                   | *****           | Name                                  |             |   |
| Middle Initial                | <b></b>         | No Registration Address records found |             |   |
| Date of Birth *               | 7/1/2003        | <u> </u>                              |             |   |
| Age                           | 18              | Address                               |             |   |
| Sex at Birth *                | 🔒 Male          |                                       |             |   |
| Ethnicity *                   |                 |                                       |             |   |
| Country of Origin *           |                 |                                       | Additional  |   |
| Race (Required) *             | Ethnicity/Race/ |                                       | Information |   |
| Solact all that apply         | Language        | Is the applicant any of the follo     | wing:       |   |
| Select all that apply         |                 | Parent/Legal Guardian? *              |             |   |
|                               |                 | Offender/Justice Involved? *          |             |   |
|                               |                 | In Foster Care? *                     |             |   |
| How well does the applicant s | реакі           | Runaway Youth?                        |             |   |
| Primary Language *            |                 | Veteran? *                            |             |   |
|                               |                 | Active Military Personnel? *          |             |   |
|                               |                 | An Individual with a Disability?      |             |   |
| Other Languages Spoken        |                 | Receiving ACS Preventative Serv       |             |   |
| Select all that apply         |                 | Ľ                                     |             |   |

Applicant's Gender Identity (Select all that Apply) (Required) \*

| Select all that apply                    | Gender Identity/<br>Sexual Orientation |
|--|--|
| Does the applicant identify as transgen  | der? *                                 |
| Applicant's Gender Pronoun *             |  |
| Applicant's Sexual Orientation (Select O | Dne)*                                  |



To answer "Primary Language" and "Country of Origin", hover your mouse cursor over the field and click on the "magnifying glass" icon. 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.



Next, click on the + button to add a new address. An overlay will appear on your screen. Participants must reside at a valid NYC address. DYCD Connect automatically verifies if the address entered is valid. Once you are done, click on "Save".





### **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.



To enter "Parent/Emergency Contact" information, click the + icon. An overlay will appear on your screen. Enter the information required. If the contact lives at the same address as the applicant, check 'Same as Participant'. Otherwise, enter the address in the space provided. Click "Save" and close.

| Parent/Emergency Co | ontact (Required) |            |                                     | +          |
|---------------------|-------------------|------------|-------------------------------------|------------|
| Name                | Relationship      | Primary Co | ntact? $\psi$ Cell Phone Work Phone | Home Phone |
| **** ****           | Mom               | Yes        | (000) 000-0000                      |            |

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 "Last Grade". You must also indicate if the participant has an IEP Diploma or Foreign Degree.

| Student Type *       | Not in School      |
|----------------------|--------------------|
| Educational Level    | 🔒 High School      |
| Current Work Status* | Employed Part-Time |
| Has IEP Diploma?*    | No                 |
| Has Foreign Degree?* | No                 |

#### **Household Information**

For "Income Amount", enter a whole number without a \$ symbol. The system will automatically calculate the participant's total household income based on the income amount provided. Under "Sources of Household Income", indicate as many sources of household income as are applicable.



**NOTE:** CSBG-funded participants must meet poverty guidelines as a condition of eligibility into your program. If the calculated total household income exceeds these guidelines, you must provide a "Poverty Guideline Justification" for DYCD.

| lead of Household Type *  | Single Parent – Female                                      | Total Household Income      | *                   |   |
|---|---|-----------------------------|---------------------|---|
| lousing Type *  | Own   | (None)                      | \$24.601 - \$28.780 | \$60.001 - \$70.000   |
| lousehold Size *  | Two   | S0                          | \$28,781 - \$32,960 | \$70.001 - \$80.000   |
| ncome Amount*   | 30,000  | \$1 - \$12,060              | \$32,961 - \$37,140 | \$80,001 - \$90,000   |
|   |   | \$12,061 - \$16,240         | \$37,141 - \$41,320 | \$90,001 - \$100,000  |
|   |   | \$16,241 - \$20,420         | \$41,321 - \$50,000 | \$100,000+  |
| ources of Household Income (Rea                                       | uired)  | \$20,421 - \$24,600         | \$50,001 - \$60,000 | Decline to Answer   |
| Affordable Care Act Subsidy × Er<br>Supplemental Nutrition Assistance | nployment Wages ×<br>Program (SNAP) × Select all that apply | Poverty Guideline Justifica | ition Use<br>justi  | this field to provide a<br>fication for meeting the poverty |
| o you want to be contacted with info                                  | ormation about signing up for free financial education ? *  |                             | guid<br>your        | eline required for eligibility into<br>program.             |

#### **Health Information**

Answer the questions with the information provided by the applicant. Most questions are optional, with the exception of the participant's "Health Insurance Status." Depending on the response, you may need to provide additional information.

#### Consents

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

#### Health Insurance Status

Does the applicant have health Insurance? \* Yes

What kind of health insurance does the applicant have? (Check all that Apply)

| Medicaid                                  |  |
|---|--|
| Medicare                                  |  |
| State Children's Health Insurance Program |  |
| State Health Insurance for Adults         |  |
| Military Health Care                      |  |
| Direct-Purchase                           |  |
| Employment Based                          |  |
| Decline to Answer                         |  |
|   |  |

| Consents  |
|---|
|   |
| General Program Consents                                      |
|   |
| Consent to Participate/Verification of Information Provided * |
| Yes   |
| Consent for Emergency Medical Treatment *                     |
| No  |
| Participant Consent for Photo/Videotaping *                   |
| No  |
| Participant consent for use of original work *                |
| No  |
| Participant attests that income information is true *         |
| Yes   |
| Participant Consent to Share Data for DYCD Referrals*         |
| No  |
|   |



# **Pre-Intake Services**

Once you have completed all sections of the intake form, the next step is to provide information regarding the participant's goals while attending your program, as well as the participant's scores from when they were pre-tested. Both of these tasks should be completed in the "Services" section of the intake form, in "Service Plan" and "Test Scores".

#### **Service Plan**

You will use the Service Plan section to provide information regarding:

- The participant's initial assessment
- Long-term goals while attending your program
- The participant's Individual Service Plan (ISP)

| <ul> <li>Service Plan</li> </ul> |                                   |
|----------------------------------|-----------------------------------|
| 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 |

**d** SERVICES

Goals

Service Plan

**Benchmarks** 

Outcomes

Test Scores

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. For additional guidance about performing an initial assessment and creating an Individual Service Plan (ISP), please review the resources available in the DYCD Connect Document Library under Literacy & Immigrant Services.

### **Adding Participant Goals**

Participant goals can be added to by clicking on +NEW in the Goals section. Note the following as you add goals:

- For Immigrant Families, each Participant and Family member must have at least 1 goal and at least one person must have the self-advocacy goal
- Choose the goal most closely related to your participant's goal(s). If unsure of the appropriate selection, then contact your DYCD Program Manager





Click through each field and respond to each mandatory field marked with a \*. Then, click "Save and Close" when complete to add the goal.

| SAVE  | 🛱 SAVE & CLOSE 🕂 NEW                             |  |  |  |  |
|---|--|--|--|--|--|
| PARTICIPANT GOALS : INF   | ORMATION   |  |  |  |  |
| New Participant Goals 📹   |  |  |  |  |  |
| Category *  | Employment/Career/Vocational                     |  |  |  |  |
| Goal Family*  | Required   |  |  |  |  |
| Goal Set On *   | 4/30/2021  |  |  |  |  |
| Goal Type *   | Short Term                                       |  |  |  |  |
| Goal *  | Employed in a career-advancement related program |  |  |  |  |
| Goal Status *   | In Progress                                      |  |  |  |  |
| Goal Started On   | 5/5/2021   |  |  |  |  |
| Goal Text   |  |  |  |  |  |
| Goal Text *   |  |  |  |  |  |
| Employed in a career-advancement related program who<br>entered or transitioned into a position that provided<br>increased income and/or benefits |  |  |  |  |  |

# **Reviewing + Submitting the Intake**

Once you have completed all sections of the intake form, including goals and pre-test information, make sure to click on "Save" in the Intake Menu Bar. There are several options to review and submit the intake form.

| REGISTRATION<br>Intake | Click on this<br>icon to see<br>options to<br>review and | Add to Waitlist<br>Check Eligibility |
|------------------------|--|--------------------------------------|
|                        | finalize the intake.                                     | Submit<br>Deactivate                 |

#### Add to Waitlist

If you would like to add the applicant to the waitlist, you can do so at any time by clicking the "three dots" icon from the intake switchboard and selecting "Add to Waitlist". To add an applicant to the waitlist, a first name, last name, date of birth, and an address must be provided.



You will notice the Registration stage list on the intake switchboard update from 'Intake' to 'Wait list'. To remove the applicant from the wait list, click the "three dots" icon and select "Remove from Waitlist." To register the applicant, follow the steps in the next section.

| REGISTRATION  | :                 | REGISTRATION | :                    |  |
|---------------|-------------------|--------------|----------------------|--|
| ппаке         | Add to Waitlist   | Wait list    | Remove from Waitlist |  |
| REGISTRATION  | Check Eligibility | REGISTRATIO  | Check Eligibility    |  |
| O DADTICIDANT | Submit            |              | Submit               |  |

# **Check Eligibility**

Each DYCD Program has its own eligibility criteria. At any point during the intake process, you can check if the applicant is eligible based on information entered. From the intake switchboard, click the "three dots" icon and "Check Eligibility".

- If the applicant is eligible for the program based on information entered, you will see the following:
   If the applicant is not eligible based on the information entered, or if you are missing information summary for more details.
  - information related to the eligibility criteria, you will see the following message:

Additionally, a validation summary will appear at the top of the intake with additional information.

| Validation Summary  |
|---|
| 1. Participant income is higher than federal poverty level. Please justify  |
| 2. Participant must attest that income information is true  |
| 3. Participant must reside in the NDA where services are being offered, or a justification must be entered on the address |
| 4. Primary participant must be 18 years or older on the enrollment date   |

# **Deactivating an Intake**

You may deactivate (delete) an intake for a participant who never attended your program, or whose intake was created in error. However, any participants with attendance cannot be deactivated. If attendance was taken in error, you must delete all associated attendance before deactivating an intake.



OK

### **Register the Applicant**

When you have completed the intake, you can register the applicant by clicking the "three dots" icon from the intake switchboard and selecting "Submit". The system will perform an eligibility check.

| :                 |
|-------------------|
| Add to Waitlist   |
| Check Eligibility |
| Submit            |
|                   |

If the applicant is not eligible for the program, the below notice will appear, detailing the reason why the applicant is not eligible.



The system will also alert you if required fields were not completed. Click on each link to go directly to the field to enter in missing information.



After all information is complete, save the intake, click the "three dots" icon and select "Submit". If the applicant passes the eligibility check and all required fields are completed, the registration stage will update to "Accepted", and you will see the message below.





## Enrollment

Once the participant is 'Accepted', and your workscope is approved, you can proceed with enrolling your participants.

- 1) Click on "Enrollment" in the Intake Switchboard.
- 2) Click on "Assign Activity Schedules" to view all schedules the participant is eligible to attend, based on activities and schedules you have set up in your workscope.
- **3)** Click on the Assign dial to select activity schedules this participant will attend.
  - Clicking the Assign dial at the top of the column header will assign all eligible schedules.
  - You may also modify the "Assignment From" or "Assignment To" dates, which indicate the first and last day that the participant will attend each activity.



4) Once you are done, click on the blue "Save" button at the bottom of the page.

| Activity Schedules:  |                         |                |                          |        |                            |                          |
|--|-------------------------|----------------|--------------------------|--------|----------------------------|--------------------------|
| Search Activity Schedule   |                         |                |                          |        |                            |                          |
| Activity Schedule  | Schedule<br>Description | Days of Week   | Start Time<br>- End Time | Assign | Start Date<br>(mm/dd/yyyy) | End Date<br>(mm/dd/yyyy) |
| Demo 2-GR -Civics/<br>Government Instruction-<br>Daily-4/15/21-6/30/22 |                         | Mo,Tu,We,Th,Fr | 4:00 PM -<br>5:00 PM     |        | 4/19/2022                  | 6/30/2022                |
| 1 - 1 of 1<br>Save Cancel  |                         |                |                          |        |                            |                          |



# **DYCD Connect Help Center**

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



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



