

DYCDCONNECTPARTICIPANT TRACKING SYSTEM:

Learning Labs

Participant Intake Guide

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What is Intake?

Intake refers to the process of registering participants into your program. You may begin intake as soon as your workscope is released to your program.

The Intake Section

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

NOTE: If your program is also receiving participant applications from DiscoverDYCD, you can review those applications in the **Online Applications** page. Additional information is available in the <u>DiscoverDYCD User Guide</u>.



■ Registrations 125202B-Learning Labs-9/1/2020-6/30/2021			These fields provide the participant's status within your program					Click on +New to start a new intake.			
Participant		Stage	÷	Status	÷	Start Date	Grad	e 🌲	DOB	\$	Program Site
David Lee		Intake		In Progress		9/28/202) 8th			1/1/2007	GW School of Animal Care and Veterinarian Studi
Janet York		Wait list		Submitted			1st			10/10/2013	GW School of Animal Care and Veterinarian Studi
Jerry Atwell		Intake		In Progress		11/3/202) 5th			1/20/2010	GW School of Animal Care and Veterinarian Studi
Penny Wise		Intake		In Proaress						6/6/2006	GW School of Animal Care and Veterinarian Studi
Zachary Ruane		Click name	c on a to op inta	a participant ben the exis ke form.	t's ting	3	5th		_	1/1/2010	GW School of Animal Care and Veterinarian Studi



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.
- **Registered** The participant has been registered, but has not yet met 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 Learning Labs section.

By clicking on **+** NEW in the Intake Section (pg. 3), a new window will open. There are three steps to complete before you can finish the intake form.

- 1) Enter Participant Details
- 2) Choose Participant (Duplication Check)
- 3) Choose Application

Basic Participant Details

First, provide the participant's **First Name**, **Last Name**, **Date of Birth**, **Sex at Birth**. You can also provide the **Social Security Number**, which may be subject to verification. These five fields are used to identify the participant throughout DYCD Connect. Then, click on **Search**.

 New Intake 		
1. Enter Participant Details		
Workscope *		125202B-Learning Labs-9/1/2020-6/30/2021
Workscope Program Site *	•	GW School of Animal Care and Veterinarian Studies
First Name *		
Last Name *		
Middle Initial		
Date of Birth *		
Age		
Sex at Birth *		
Social Security Number		-
		CTADCH.
		SEARCH



Duplication Check

Upon clicking **SEARCH**, DYCD Connect performs a duplication check against the participant's name, date of birth, and social security number. 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:

			Regist	er Existing Pa	rticipant
A	dd New Partic	ipant	First Name	Noah	Select this option if t
First Name	Noah	Select this option if	Last Name	Nickelson	participant you are entering is the sam
act Namo	Nickolcon	the participant you	MI		participant that is
ast Marrie	NICKEISOIT	are entering is NOT	DOB	9/9/2009	Tracking System.
II		the same participant,	Gender	Male	
	0/0/2000	and you want to	SSN		
OB	9/9/2009	procood with adding			

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** .

Blank Application	Cor	by Existing Intake
Start the intake with a blank application.	Registration ID	REG-1911223161
	Intake Year	2021
	Intake Stage	Accepted
	Program Site	GW School of Animal Care and Veterinarian Studies
	Workscope	125202B-COMPASS Elementary-9/1/2020- 6/30/2021



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Completing the Intake

Intake Navigation and Sections

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 the ***** icon or by "**(Required)**" in parentheses. Do also note the **Intake Menu Bar** at the top of the window. As you enter data, remember to frequently **G** SAVE your progress.

NYCE Department of Youth & Community Development Development	Main Menu 🗸 Intake ;	> REG-5650308304 - J >
🕞 SAVE 🕌 SAVE & CLOSE 🚦 PROCESS 🔻	📄 INTAKE FORM (SHARE 👓 EMAIL A LINK	
		Intake Menu Bar
REGISTRATION Intake	Jerry Atwell	Registration ID REG-5650308304
REGISTRATION INFORMATION	Registration Information	
PARTICIPANT INFORMATION	Participant *	Jerry Atwell
CONTACT INFORMATION	Registration ID Registration Stage *	 REG-5650308304 Intake
EDUCATION/WORK STATUS	Registration Status * Form Completed By *	In Progress Applicant
HOUSEHOLD INFORMATION	Date Application Received *	11/2/2020
HEALTH INFORMATION	DYCD Funded? *	
	Provider has confirmed DOE Acceptance st	Yes
NOTES & ATTACHMENTS	Workscope *	125202B-Learning Labs-9/1/2020-6/30/202
Intake Switchboard		

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 the applicant has been accepted into your program. The **DYCD Funded** field will be automatically filled in and cannot be edited after the fact. And the final field confirms whether or not you have

Form Completed By *		Parent/Guardian	
Date Application Received st		9/14/2020	
Enrollment Start Date *		9/15/2020	
DYCD Funded? *	٥	✓	
Provider has confirmed DOE Acceptance *		Yes	
		No	▼



received confirmation from the DOE on this applicant's acceptance.

Participant Information

In this section, you will enter demographic information for the applicant, and at least one address as indicated on the Universal Participant Intake Form. All questions marked with the * or by (required) are mandatory.

Jerry Atwell			Registration ID S REG-4516328584 9	Start Date Age DOB 9/15/2020 10 1/20/2010	Workscope 125202B-Learning Labs-9/1/2020-6/30/2021	Provider CBO1
 Participant Information 	1		Address			
First Name*	🔒 Jerry		Address (Required)			+
Last Name *	Atwell		Name	Borough	Primary Address? 🗸	_
Middle Initial	■		No Registration Address records found.			
Date of Birth	₿ 1/20/2010		·			
Age Sex at Birth	Male	Ethnicity/Race/Language				
Ethnicity *			i i i i i i i i i i i i i i i i i i i			- 1
			Additional Dara	nt/Cuardian (Questions	
Race (Required) *			Auditional Parel	ng Guarulan (Questions	
Select all that apply			Does parent/guardian meet any of the	following criteria? (check all tha	t apply)	- 1
			Is in a full-time school or vocational traini	ing program		
Henry Hale of the second second from the	+o*		Works 20 hours or more per week			
Primary Language	sn:		Is a four-year college student working at I	least 17.5 hours per week		
Finnary canguage			Looking for work and has an approved wo	ork search plan and proof of receip	ot of	
						- 1
Other Languages Spoken			Is the applicant any of the following:			
Select all that apply			Parant (Logal Guardian 2*			
			Offender/lustice Involved?*		Additional	
			In Foster Care?		De uti eius e ust	
			Runaway Youth?		Participant	
			An Individual with a Disability? *		Questions	
			Residing in Temporary Housing? *			
			4			

To answer **Primary Language**, hover your mouse cursor over the field and click on **Q**. 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.

Primary Language*	[2]	
	Albanian	-
	Arabic	
	👌 Bengali	
	Chinese (including Cantonese & Mand	
	The English	
	French 45	
	👌 Fulani	
	German	
	👌 Gujarati	
	a Haitian Creole	1
	Look Up More Records	+
	10 results	



2 Lafayette Street	t #21, Manhattan, NY 10007
🖬 SAVE 🕂 NEW	& DEACTIVATE
Primary Address?	
Number & Street *	2 Lafayette Street
Apt	21
Borough *	Manhattan
City *	Manhattan
State *	A 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



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.

Applicant's Contact Information	
Does the applicant have contact information?*	
Preferred Method of Contact *	Cell Phone
Cell Phone*	(212) 655-7284
Work Phone	
Home Phone	
Email Address	ernie@gmail.com

At least one parent/emergency contact is required. To enter **Parent/Emergency Contact** information, click the + icon. An overlay will appear on your screen. Enter the information required, then click on 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.



Do be aware, there is an additional non-required field called **Additional People who MAY or MAY NOT pick-up the Child**. In this field, you can input anyone who has permission, or does not have permission, to pick up the participant.



Education/Work Status

Enter the applicant's **Student Type** by clicking on the *Q* icon and selecting the appropriate option. The applicant's **Education Level** will be automatically filled in once the **Current/Last Grade** has been selected. You must also indicate the applicant's **Current Work Status,** and input the applicant's **OSIS/Student ID** number.

Student Type *		Current/Last Grade *
Educational Level	A	(None)
Current Work Status*		O Pre-K - Elementary School
-		🔿 K - Elementary School
OSIS/Student ID *	8	🔿 1st - Elementary School
		🔿 2nd - Elementary School
		3rd - Elementary School
		🔘 4th - Elementary School
		🔘 5th - Elementary School
		🔘 6th - Middle School
		🔿 7th - Middle School
		🔘 8th - Middle School
		🔘 9th - High School
		🔘 10th - High School
		 11th - High School
		🔘 12th - High School

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

School Information (Required for Full-Time Student)		
School Name 🔨	School Type	
No Registration School records found.		





Household Information

This section is used to provide information about the participant's household type and income information. Answer **Head of Household Type**, **Housing Type**, **Household Size**, and **Annual Income Amount**. Next, add all **Sources of Household Income** from the list of drop down options. Finally, respond to the two yes/no questions and any additional questions that appear. Do be aware, the **Total Household Income** field cannot be manually manipulated and is dependent on the inputted **Annual Income Amount**.

 Household Information 	n			
Head of Household Type *	Single Parent – Male	Total Household Income	*	
Housing Type *	Own	(None)	\$24,601 - \$28,780	\$60,001 - \$70,000
Household Size *	Three	\$0	\$28,781 - \$32,960	\$70,001 - \$80,000
Annual Income Amount*	25,930	\$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+
Sources of Household Income (Requi	red)	\$20,421 - \$24,600	\$50,001 - \$60,000	Decline to Answer
Alimony or other Spousal Support 🗙	Child Support X Select all that apply			
Does the parent/guardian currently rece Yes	ive HRA cash assistance? *			
Do you want to be contacted with inform Yes How would you like to be contacted? * Phone	mation about child support and arrears programs? *			



Health Information

Answer the **Health Information** & **Health Insurance Status** questions. Depending on the response, you may need to provide additional information.

Health Information

Health Information	Health Insurance Status	
Does the applicant have any allergies? (food, medication, etc.)* Yes Please provide list of allergies* cats, peanuts	Does the applicant have health Insurance?*	
Does the applicant have asthma?*	nt have? (Check all that Apply, Required)	
No	Medicaid	
	Medicare	
Does the applicant have special health care needs?	State Children's Health Insurance Program	
-	State Health Insurance for Adults	
Does the applicant take medication for any condition or illness? *	Military Health Care	
.	Direct-Purchase	
	Employment Based	
Are there activities the applicant cannot participate in? *	Decline to Answer	
 Plasse provide any additional health information details		
- Last provide any additional monitorion details		

Consents

Consents must be completed for all applicants. Please note that consents may vary by program type. **Consent to Participate / Verification of Information Provided** 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	DYCD/DOE Consent to Collect and Share Student Information
Consent to Participate/Verification of Information Provided *	Consent for DYCD to Collect and Share Information with DOE st
Participant may travel home alone *	Consent for DOE to Collect and Share Information with DYCD st
 Consent for Emergency Medical Treatment [*]	
 Participant Consent for Photo/Videotaping *	
 Participant consent for use of original work *	
 Participant attests that income information is true *	
••	



Reviewing + Submitting the Intake

Once you have completed all sections of the intake form, make sure to click on **GAVE** in the Intake Menu Bar. There are several options to review and submit the intake form.



Add to Waitlist

If you would like to add the applicant to the waitlist, you can do so at any time by clicking the 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.

REGISTRATION Intake	:		<mark>RE</mark> Wa	GISTRATION ait list	:
	Add to Waitlist				Remove from Waitlist
	Check Eligibility		≛≕	REGISTRATIO	Check Eligibility
0	Submit	11	0		Submit
PARTICIPANT I	Deactivate		PARTICIPANT	Deactivate	
			S.	CONTACT INF	
	Copy URL				Copy URL
EDUCATION/W	ORK STATUS		P	EDUCATION/W	ORK STATUS

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 icon and select **Remove from Wait list.** To register the applicant, follow the steps in the next section.

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 i con and **Check Eligibility.**

 If the applicant is eligible for the program based on information entered, you will see the following:



OK

 If the applicant is not eligible based on the information entered, or if you are missing information related to the eligibility criteria, you will see the following message:



Registration has not passed the eligibility criteria. Please check the validation summary for more details.

OK

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

Validation Summary •

- 1. Participant must be a full time student in grades K-8
- 2. Participant must attest that income information is true
- 3. Consent to participate and verification of information has not been accepted.
- 4. Provider must confirm that participant is on a confirmed DOE list for acceptance into their Learning Labs program

Deactivate 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.

A participant should only be deactivated if they did not participate in your program. This will remove all data associated with the participant. If the participant was part of your program but left, please exit the participant instead.

Are you sure you want to deactivate this registration?

OK CANCEL



Register the Applicant

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



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.

Missing required fields. Please check the validation summary for more details.	Missing Required Fields A Sis(Student ID	
ок	Preferred Method of Contact	

After all information is complete, save the intake, click the 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 following message:





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 your workscope by clicking on ? .



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 fin operational issues you may come across. He look into additonal resources and guides that	d resources to help with the technical and re you can contact DYCD support directly or t can help you move forward with your tasks.			
	first name Enter your first name	alast name			
DYCD WEBSITE View DYCD's public website for information about our funded	L phone Enter your phone number	Enter your e-mail address			
programs.	organization Select an Organization				
CB CAPACITY BUILDING DYCD invests in building the capacity of nonprofit organizations as a	🚔 program area 🦳 Select a Program Area 🔹	program type Select a Program Type *			
strategy to help ensure that youth and ramines receive nigh-quarky services.	I am a DYCD employee				
	Select if you need operational or technical help:				
HELP CENTER Having trouble? Send a message to our support team through the Help	NEED TECHNICAL ASSISTANCE?	NEED OPERATIONAL ASSISTANCE?			
Center.	If you are having a technical issue related to logging in, accessing your services, or experiencing a bug, contact the technical help desk	Having trouble performing your existing operations using the new systems and tools within DYCD connect? Get in touch with a program specialist			
7 F.A.Q					
Read Frequently Asked Questions to learn more about DYCD Connect.	Detailed Description:				
	Enter a detailed description				

