

DYCD CONNECT

PARTICIPANT TRACKING SYSTEM:

*Workforce Innovation and Opportunity Act
Participant Intake & Registration Guide*

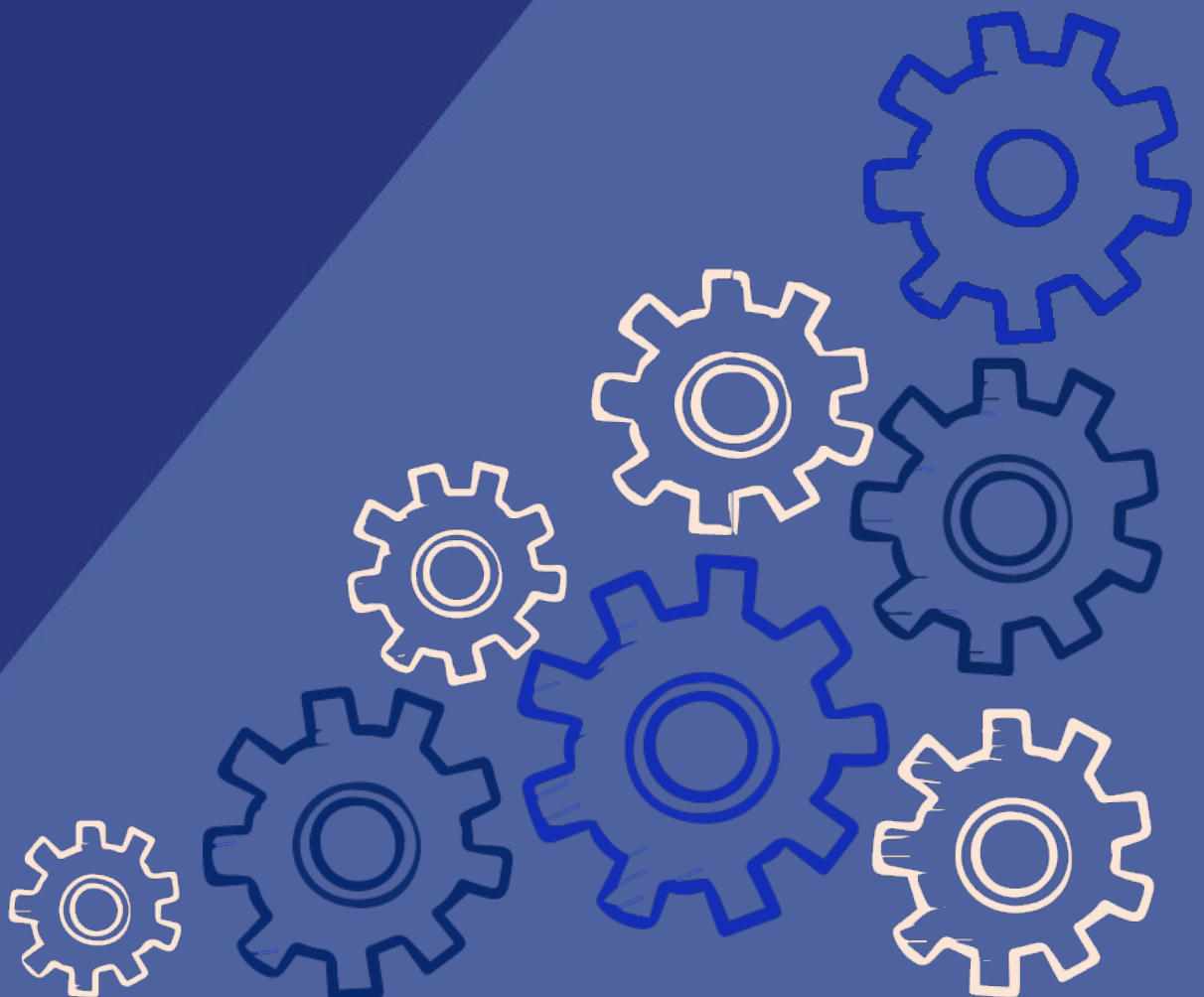


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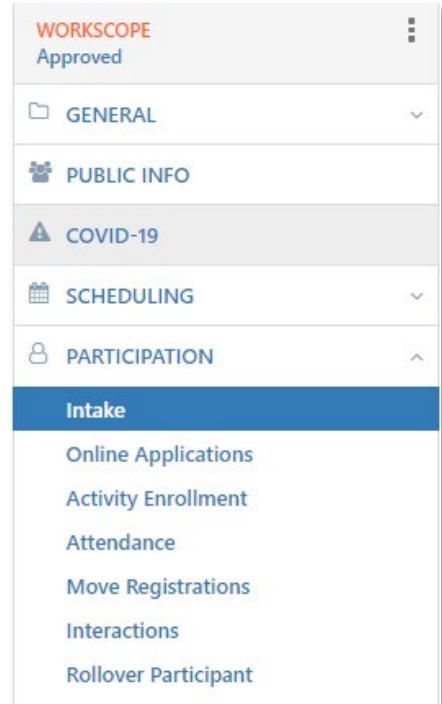
What is Intake?

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. 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 has opted in to receiving participant applications from DiscoverDYCD, you can review those applications in the **Online Applications** page. Additional information is available in the [DiscoverDYCD User Guide](#).



Registrations

These fields provide the participant's status within your program.

Click on +New to start a new intake.

Participant	Stage	Status	Start Date	Grade	DOB	Program Site
Ethan Jung	Intake	In Progress	9/16/2019		8/8/2008	School Year - FY2020 - S...
Noah Nickelson	Exited	De-enrolled	9/12/2019	6th	9/9/2009	School Year - FY2020 - S...
Sophia Sterling	Accepted	Enrolled	9/12/2019	7th	7/7/2007	School Year - FY2020 - S...

1 - 3 of 3

Click on a participant's name to open the existing intake form.

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 Stages - Status

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

- **In Progress** – The participant’s intake was started but is not yet complete.
- **Intake – CVU Review** – The participant intake was submitted to DYCD for approval
- **Intake – CVU Rejected** – The participant intake returned to provider corrections required
- **Exit Follow-up** – the participant intake receiving follow up services
- **Accepted – Enrolled** – The participant intake accepted and enrolled
- **De-enrolled** – The participant is no longer enrolled in your program. Follow-up services have ended.

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 WIOA section.

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

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

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

Basic Participant Details

New Intake

1. Enter Participant Details

Workscape *	90339-Learn and Earn-9/1/2019-8/31/2020
Workscape Program Site *	Edenwald community center 1
First Name *	--
Last Name *	--
Middle Initial	--
Date of Birth *	--
Age	--
Sex at Birth *	--
Social Security Number *	--


SEARCH

Duplication Check

Upon clicking , 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:

2. Choose Participant


We have found 1 existing participant(s) with the same **First Name, Last Name, and Date of Birth**. Please review the options below carefully to make the best choice.



Add New Participant

First Name	Noah
Last Name	Nickelson
MI	
DOB	9/9/2009
Gender	Male
SSN	

Select this option if the participant you are entering is **NOT** the same participant, and you want to proceed with adding a new participant



Register Existing Participant


First Name	Noah
Last Name	Nickelson
MI	
DOB	9/9/2009
Gender	Male
SSN	
Borough	
ZIP	
Email	

Select this option if the participant you are entering is the same participant that is already in the Participant 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 .

3. Choose Application



Blank Application

Start the intake with a blank application.




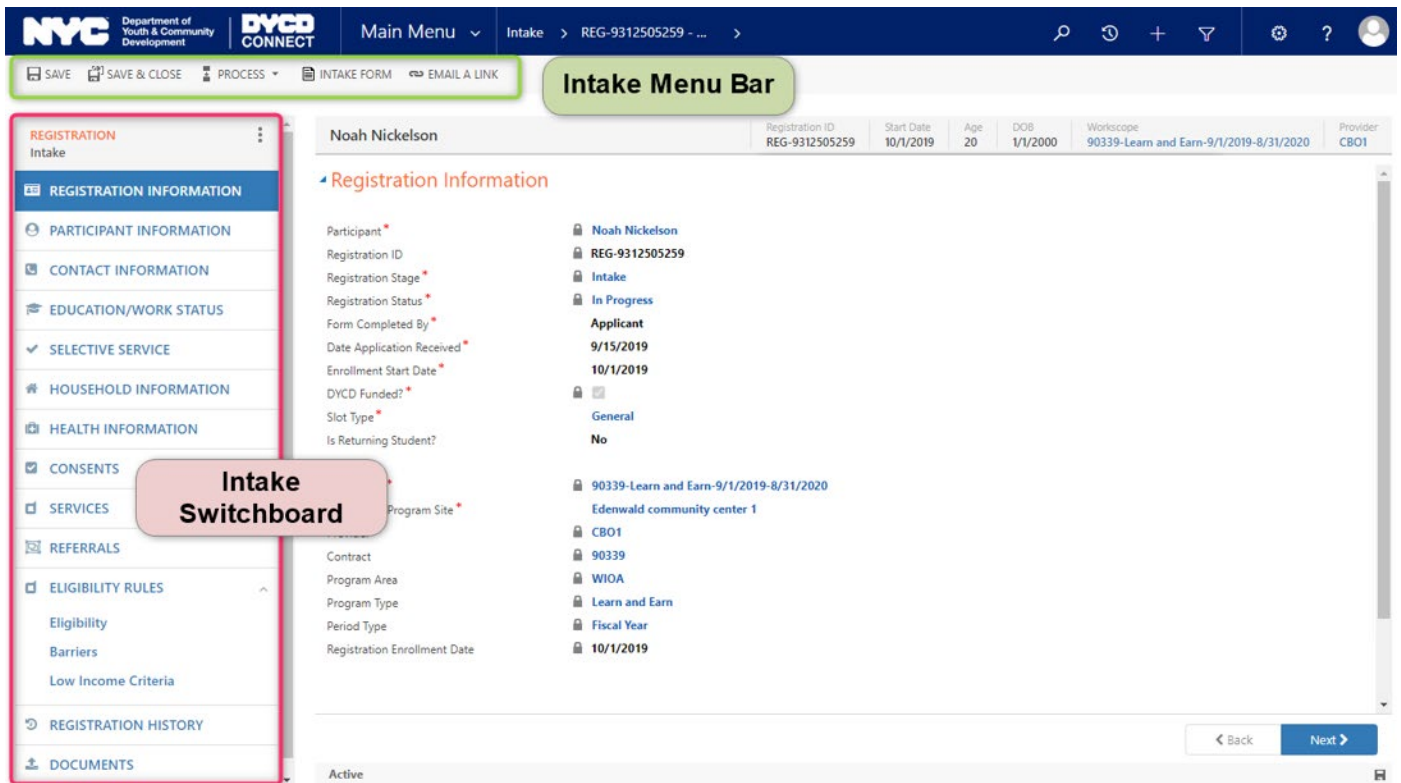
Copy Existing Intake

Registration ID	REG-3247045106
Intake Year	2020
Intake Stage	Exited
Program Site	Test Program Site
Workscope	93288-Transitional Independent Living (TIL)-7/1/2019-6/30/2020

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 a * icon or say “**(Required)**” in parentheses. Note the **Intake Menu Bar** at the top of the window. As you enter data, remember to frequently  your progress.



NYC Department of Youth & Community Development **DYCD CONNECT** Main Menu Intake > REG-9312505259 >

SAVE SAVE & CLOSE PROCESS INTAKE FORM EMAIL A LINK **Intake Menu Bar**

REGISTRATION Intake

REGISTRATION INFORMATION

PARTICIPANT INFORMATION

CONTACT INFORMATION

EDUCATION/WORK STATUS

SELECTIVE SERVICE

HOUSEHOLD INFORMATION

HEALTH INFORMATION

CONSENTS

SERVICES

REFERRALS

ELIGIBILITY RULES

Eligibility

Barriers

Low Income Criteria

REGISTRATION HISTORY

DOCUMENTS

Intake Switchboard

Noah Nickelson

Registration ID REG-9312505259

Start Date 10/1/2019

Age 20

DOB 1/1/2000

Workscope 90339-Learn and Earn-9/1/2019-8/31/2020

Provider CBO1

Registration Information

Participant* Noah Nickelson

Registration ID REG-9312505259

Registration Stage* Intake

Registration Status* In Progress

Form Completed By* Applicant

Date Application Received* 9/15/2019

Enrollment Start Date* 10/1/2019

DYCD Funded?* ☒

Slot Type* General

Is Returning Student? No

Program Site* 90339-Learn and Earn-9/1/2019-8/31/2020

Edenwald community center 1

CBO1

90339

WIOA

Learn and Earn

Fiscal Year

10/1/2019

Contract

Program Area

Program Type

Period Type


Registration Enrollment Date

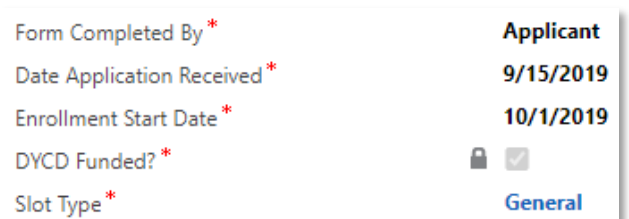
Active

Back Next

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



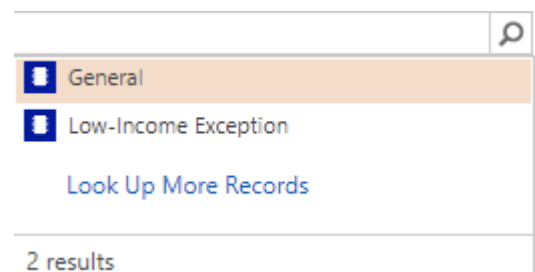
Form Completed By* Applicant

Date Application Received* 9/15/2019

Enrollment Start Date* 10/1/2019

DYCD Funded?* ☒

Slot Type* General



General

Low-Income Exception

[Look Up More Records](#)

2 results

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. Scroll down to see additional questions regarding the participant's **Gender Identity** and **Incoming Referral Source**. All questions marked with a * or say **Required** are mandatory. (*SSN verification fields are not completed by users, this is an automated process. If an SSN is invalid, there will be an error message. The SSN must be updated and the verification process repeated)

Social Security Number *	*****
SSN Verified	<input type="checkbox"/>
SSN Verification Status Description	Name does not match; DOB and gender code not checked.

Noah Nickelson		Registration ID REG-1129224717	Start Date	Age 15	DOB 1/1/2005	Workscope 90339-Learn and Earn-9/1/2019-8/31/2020	Provider CBO1
Participant Information							
First Name *	Noah	Address		Address (Required) Name Borough Prima No Registration Address records found.			
Last Name *	Nickelson						
Middle Initial	--						
Date of Birth *	1/1/2005						
Age	15						
Sex at Birth *	Male						
Ethnicity *	--	Ethnicity / Race / Language / SSN Verification					
Social Security Number *	*****						
SSN Verified	<input type="checkbox"/>						
SSN Verification Status Description	--						
Race (Required) * Select all that apply		Additional participant questions Is the applicant any of the following: Parent/Legal Guardian? * -- Offender/Justice Involved? * -- In Foster Care? * -- Runaway Youth? * -- An Individual with a Disability? * --					
How well does the applicant speak English? * --							
Is the applicant an English Language Learner? * --							
Primary Language * --							

If English is not the applicant's primary language, is assistance required in any of the following areas?

- Needs assistance in reading English ☐
- Needs assistance in writing English ☐
- Needs assistance speaking English ☐

Other Languages Spoken

Select all that apply

Applicant Incoming Referral Source (Required)

Select all that apply


Applicant Incoming Referral Source

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

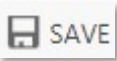
Select all that apply

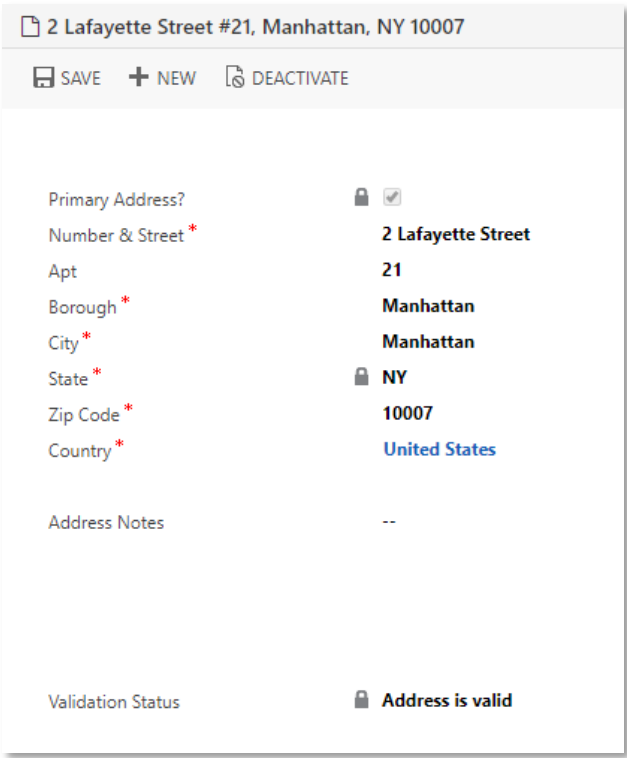
- Does the applicant identify as transgender? * --
- Applicant's Gender Pronoun * --
- Applicant's Sexual Orientation (Select One) * --

Gender Identity

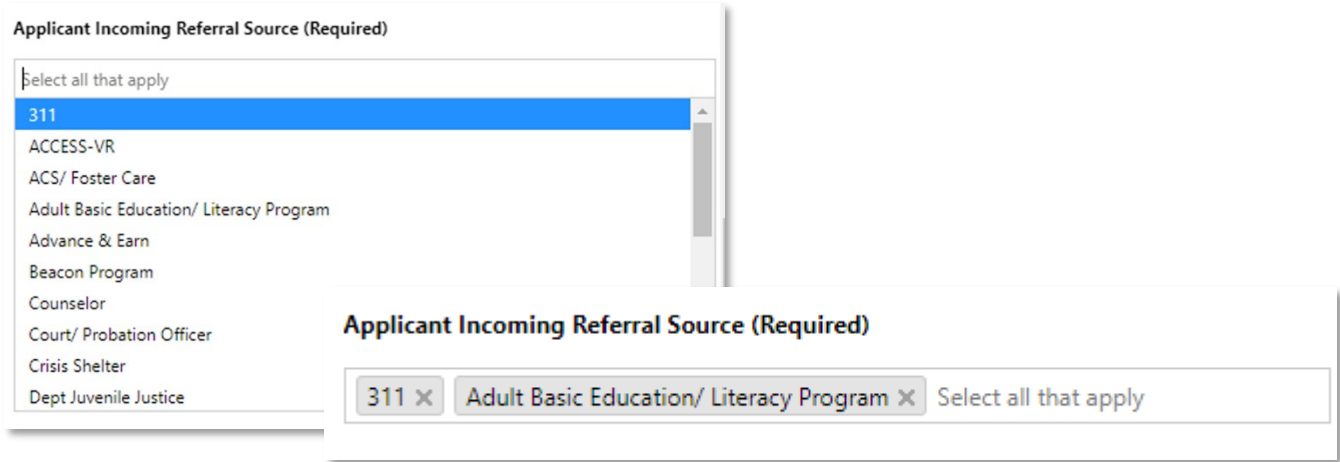
To answer **Primary Language** and **Country of Origin**, hover your mouse cursor over the field and click on . The first 10 alphabetical results appear. If you see the applicant’s primary language, select it from the list. If not, use the search bar or click **Look Up More Records** to view additional languages.



Next, click on the **+** button to add a new address. An overlay will appear on your screen. 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 

An address form overlay with a title bar "2 Lafayette Street #21, Manhattan, NY 10007" and buttons "SAVE", "+ NEW", and "DEACTIVATE". The form fields are: "Primary Address?" (checked), "Number & Street" (2 Lafayette Street), "Apt" (21), "Borough" (Manhattan), "City" (Manhattan), "State" (NY), "Zip Code" (10007), "Country" (United States), "Address Notes" (empty), and "Validation Status" (Address is valid).

Provide the applicant’s **Incoming Referral Source** by clicking on the drop down-menu and selecting the appropriate source(s). You may select multiple referral sources.

An interface for selecting referral sources. It shows a list of sources: 311, ACCESS-VR, ACS/ Foster Care, Adult Basic Education/ Literacy Program, Advance & Earn, Beacon Program, Counselor, Court/ Probation Officer, Crisis Shelter, and Dept Juvenile Justice. Below the list, a summary bar shows "311" and "Adult Basic Education/ Literacy Program" selected, with a "Select all that apply" button.

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**

Does the applicant have contact information? * ☐

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/Emergency Contact (Required) **+**

Name	Relationship	Primary Contact? ↓	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 & Subtype** by clicking on the **Q** icon and selecting the appropriate option. You must also indicate the applicant's **Current Grade**, **Current Work Status**, and if the participant has an **IEP Diploma** or **Foreign Degree**.

Student Type * **Full-Time Student**

Student SubType * **Attending Alternative School**

Educational Level **Middle School**

Current Work Status * **Unemployed (Not in labor force)**

Has IEP Diploma? * **No**

Has Foreign Degree? * **No**

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.	

New School Information

SAVE + NEW

REGISTRATION SCHOOL : INFORMATION

New Registration Sc...

School Type*
School Sub Type
Public School*
Street Address*
Borough*
City*
State*
Zip Code*
Country
Student ID/OSIS #
School Start Date
Last Date of Attendan
Reason for Leaving

Public
Secondary

*110

P.S. 110
P.S. 110 Florence Nightingale
P.S. 110 The Monitor
P.S. 110 Theodore Schoenfeld
Look Up More Records

4 results

Active

Perform a power search by typing * and a keyword or number in the school name

Below **School Information**, you will find additional questions, including sections for **applicant occupational skills, work-related soft skills, and subject(s) in which the applicant requires assistance**. In each section, you may indicate as many skills/subjects that are applicable.

Needs additional assistance to complete an educational program or to secure/ hold employment*

Yes

Eligible to receive a free or reduced price lunch under the Richard B Russell National School Act

--

Applicant occupational skills

Microsoft Office and of Other Office Systems X Answering Phones X Select all that apply

Subject(s) in which the applicant requires assistance

Reading X Math X Select all that apply

Applicant work-related soft skills



Positive attitude X Effective communication X Select all that apply

To add the applicant's **Work History**, click on the **+** icon. A new window will pop up. Enter all required fields noted by the ***** icon.

WorkHistory

+

Employer Name	Job Title	Start Date ↑	End Date
Apple Inc.	President & CEO	5/5/2014	

Sector, Industry, Job Family and **Title** must be completed by clicking on . The first ten results appear. You may click on "Look Up More Records" to see more options. Once all fields are entered, click  **SAVE** to save the Work History record.

New Registration

Employer Name *
Job Title *
Start Date *
End Date
Employer Address *
Phone *
Email *
Job Status *
Job Type Category *
Duties *
Sector *

Administrative and Support and Waste Management and Remediation Services
Agriculture, Forestry, Fishing and Hunting
Arts, Entertainment, and Recreation
Construction
Educational Services
Finance and Insurance
Health Care and Social Assistance
Information
Management of Companies and Enterprises

Look Up More Records

10 results

If the record does not appear in the first ten options, click on Look Up More Records to see the full list.

Selective Service

All Selective Service questions require a response. This section is applicable for male participants ages 18 and over as a part of eligibility criteria.

Selective Service

Is the applicant registered for US Selective Service? *

Yes

Selective Service Registration Number *

1234

Does the applicant understand that US selective service registration is a requirement? *

Yes

Did the applicant on active duty in the US Military/ROTC, ground, naval or air service during a war? *

No

Transitioning Service Member *

No

Household Information

This section is used to provide information about the participant's household members and income information. Answer **Head of Household Type** and **Housing Type**. Next, add all household members by clicking on the **+** icon in the **Household Information** grid.

Household Information

Head of Household Type *

Two Parent Household

Housing Type *

Own

Household Size *

Two

Annual Income Amount *

49,000

WIOA Family Size

2

6 Month Income



24,500.00

Household size and income information are automatically calculated based on data entered below.

Click here to add household members (including the applicant)

Household Information

Name ↑	Relationship	WIOA Includa...	Gross Income...
Gerald Nickelson	Parents	Yes	24,500
Noah Nickelson	Participant/Self		

When adding a new household member, a window pops up where you will be able to provide the member's age and relationship to the applicant. In addition, if the household member had income in the last six months, you will need to provide the **Gross Income** and the **Income Source** by clicking on . Make sure to  **SAVE** once all data is entered.

Household Information

SAVE

NEW

DEACTIVATE

EMAIL A LINK

RUN WORKFLOW

...

REGISTRATION HOUSEHOLD : INFORMATION

Gerald Nickelson

General

Relationship *

Parents

Name *

Gerald Nickelson

Age *

36

Income In The Last 6 I

Yes

Gross Income *

24,500

Income Source *

Employment Wages

Employment Wages

Look Up More Records

1 result

Active

Health Information

Answer the **Health Insurance Status** question. 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** must be granted in order 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 | <input type="checkbox"/> |
| Medicare | <input type="checkbox"/> |
| State Children's Health Insurance Program | <input type="checkbox"/> |
| State Health Insurance for Adults | <input type="checkbox"/> |
| Military Health Care | <input type="checkbox"/> |
| Direct-Purchase | <input type="checkbox"/> |
| Employment Based | <input type="checkbox"/> |
| Decline to Answer | <input type="checkbox"/> |

Consents

General Program Consents

Consent to Participate/Verification of Information Provided *

--

Consent for Emergency Medical Treatment *

--

Participant Consent for Photo/Videotaping *

--

Participant consent for use of original work *

--

Pre-Intake Services

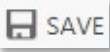
Once you have completed all sections of the Universal Participant Intake Form, the next step is to provide information about the participant's TABE pre-test scores. Pre-tests must be dated within six months of the participant's enrollment start date. Additional information about adding pre-tests is available in the **Participant Services** user guide. (**Due to COVID-19, test scores are not required at this time. Notification will be shared with providers once this changes*)

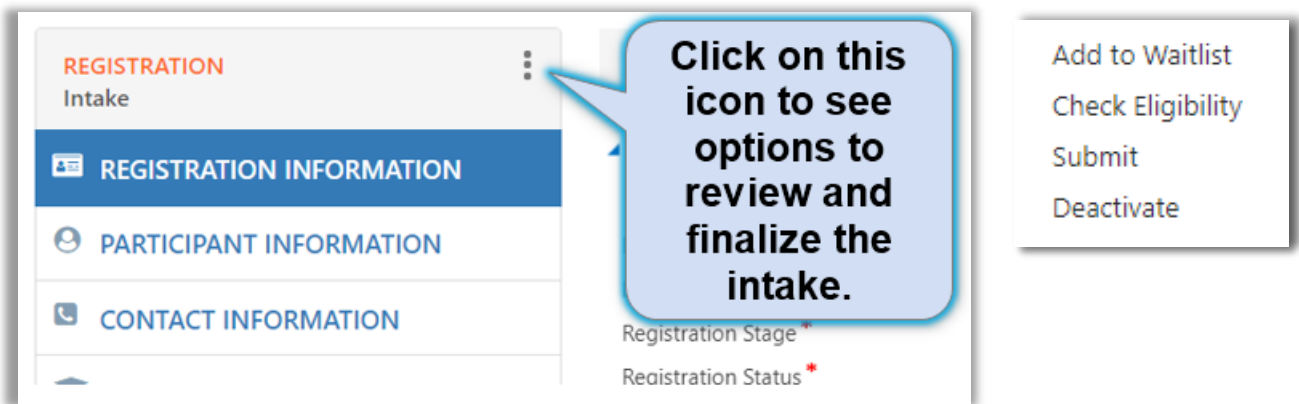
In addition, you will need to generate the participant's **Eligibility Rules, Low-Income Criteria, Barriers**. Each generated eligibility item requires a supporting document. You will upload documents securely via the Diona app.

SERVICES	Test Scores
REFERRALS	
ELIGIBILITY RULES	Eligibility Barriers Low Income Criteria
REGISTRATION HISTORY	
DOCUMENTS	


NOTE: The Documents section of the intake form should only be used for **non-secure documents**, such as proof of goal achievements. **Secure documents should never be uploaded in DYCD Connect.**

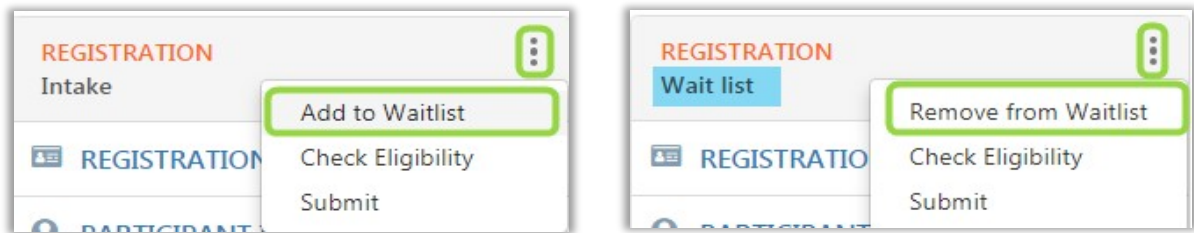
Reviewing + Submitting the Intake


Once you have completed all sections of the intake form, make sure to click on  **SAVE** in the Intake Menu Bar. You must wait for eligibility documents to be approved by DYCD before you can submit the intake for approval. 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.

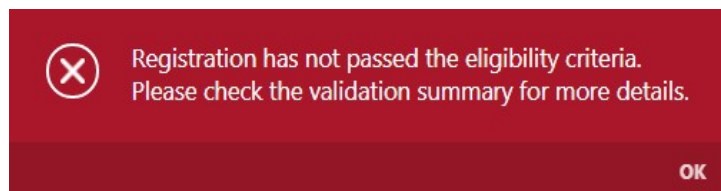


You will notice the Registration stage list on the intake switchboard update from 'Intake' to 'Wait list'. To remove the applicant from the waitlist, click the  and select **Remove from Waitlist**. To register the applicant, follow the steps in the next section.

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  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 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.

Example Learn & Earn Validation Summary

Validation Summary ^

1. Participant must be a full-time student
2. Primary Address must be within the 5 boroughs of NYC
3. Participant must have at least one barrier.
4. Participant must meet at least one low income criteria.
5. Participant must complete Reading TABE Pre-Test
6. Participant must complete Mathematics TABE Pre-Test
7. Participant must provide documents for all eligibility rules.

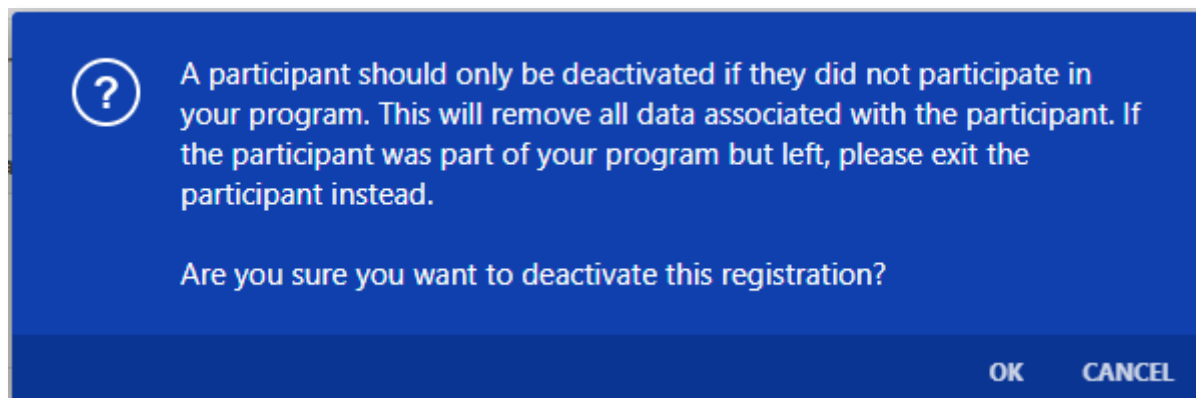
Example Train & Earn Validation Summary

Validation Summary ^


1. Primary Address must be within the 5 boroughs of NYC
2. Participant must be a registered for US selective service
3. Participant must not be in school.
4. Participant must be Retired or Unemployed.
5. Participant must complete Reading TABE Pre-Test
6. Participant must complete Mathematics TABE Pre-Test
7. Participant must be Drop Out / Not Drop Out / High School Graduate
8. Participant must meet at least one low income criteria.
9. Participant must provide documents for all eligibility rules.

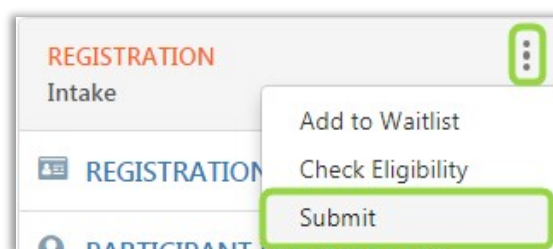
Deactivate an Intake

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.

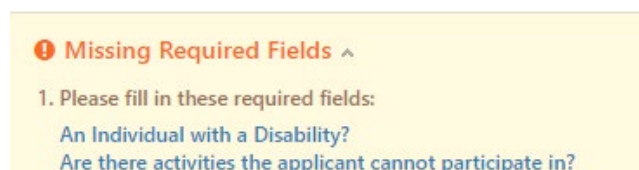
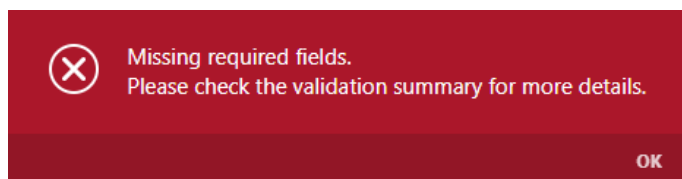



Register the Applicant

When you have completed the intake, and all documents have been approved, 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.



After all information is complete, save the intake, click  and select **Submit**. The intake form is submitted to CVU for review and approval. The record can be rejected if any changes are required.

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 [Help Center](#) on the DYCD Connect homepage.

