Department of Youth & Community Development

# **DYCD**CONNECT

# PARTICIPANT TRACKING SYSTEM:

COMPASS

**Participant Intake & Registration** 

# **Table of Contents**



# What is Intake?

Intake refers to the process of registering program participants in the Participant Tracking System (PTS). NOTE: Intake is distinct from Enrollment which refers to assigning registered participants to activity schedules for the purpose of taking attendance.

Intake is ongoing and begins as soon as the workscope is released to your CBO for completion. NOTE: DYCD does not have to approve your workscope before you begin to register participants.

# The Intake Section

To start the registration process, go to your 'Workscope' in PTS. From 'Workscope Switchboard,' navigate to 'Participation' and click 'Intake.' Here, you will find the list of both 'Completed' ("Enrolled") participants and 'In-Progress' Intakes.





## **Participant Stages**

Participants are placed in the following categories, depending on the stage of the intake process you have reached:

- Accepted: Participant meets the program's registration criteria. NOTE: Only Accepted participants count towards your program's registration numbers.
- Intake: Participant intake is in progress
- Wait list: Participant is currently on the program waiting list
- Exited: Participant has been *de-enrolled* and is no longer in the program

# Starting a New Intake

Prior to starting the process, make sure you have completed the participant's 'Universal Participant Intake' Form. For the most recent version, go to the DYCD Connect Document Library. Before you complete the Intake form, click "+NEW" in the 'Intake Section' (Page 2) and follow the steps below.

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

### **Participant Details**

Start by entering 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.'

Vorkscope *	125 -COMPASS Middle School-9/1/2019-6/30/2020
Workscope Program Site $^{*}$	School Year - FY2020 - School of Hard Knocks
First Name *	Noah
Last Name *	Nickelson
Middle Initial	
Date of Birth *	9/9/2009
Age	🔒 10
Sex at Birth *	Male
Social Security Number	-



# **Duplication Check**

When you click "Search," DYCD Connect will perform a Duplication Check. If the participant is new, click 'Add New Participant.' If the participant was previously registered in the program, you have the option to click 'Register Existing Participant,' and the following notification will appear:

	We have found Birth. Please rev	1 existing participant(s) with the iew the options below careful	he same <b>First Name</b> , Iv to make the best ch	Last Name, a	and Date of
			0		
			Regist	er Existing Pa	rticipant
A	dd New Partici	pant	First Name	Noah	Select this option if the
			Last Name	Nickelson	participant you are entering is the same
irst Name	Noah	Select this option if	мі		participant that is
ast Name	Nickelson	the participant you	DOB	9/9/2009	Tracking System.
11		are entering is NOT	Gender	Male	
	0/0/2000	and you want to	SSN		
OB	9/9/2009	proceed with adding	Borough		
OB					

### **Choose Application**

If you are registering an existing participant, you may select either 'Blank Application' or 'Copy Existing Intake.' (NOTE: If you choose 'Copy Existing Intake,' it will allow you to carry over most of the details from the previous Intake into the current one.) Then, click "Start Intake."

	0	
Blank Application	Cop	y Existing Intake
Start the intake with a blank application.	Registration ID	REG-3454159212
	Intake Year	2020
	Intake Stage	Exited
	Program Site	School Year - FY2020 - School of Hard Knocks
	Workscope	125. COMPASS Middle School-9/1/2019-6/30/2020



# **Completing the Intake**

## **Intake Navigation and Sections**

The 'Intake Switchboard' on the left side of the page lets you navigate through all the sections of the Intake process. Mandatory fields are marked with \* icon or say 'Required' in parentheses, and there is an 'Intake Menu Bar' at the top of the window. NOTE: Regularly save the information you enter by clicking "Save."

NYCE Department of Youth & Community Development CONNE	Main Menu 🗸	Intake > REG-3115505105 - E	E >	
🕞 SAVE 🛱 SAVE & CLOSE 📱 PROCESS 🔻	🗢 EMAIL A LINK 📄 INTAKE FORI	Intake Menu B	Bar	
REGISTRATION Intake	Ethan ID Jung REG- 3115505105	Start Date Age DOB 9/16/2019 11 8/8/2008	Workscope -COMPASS Middle School- 9/1/2019-6/30/2020	Provider CBO1
	Registration Information	mation	Workscope Registration Progress	
PARTICIPANT INFORMATION			Registration Progress	
CONTACT INFORMATION	Participant * Registration ID	<ul> <li>Ethan Jung</li> <li>REG-3115505105</li> </ul>	Workscope Registration Progress	C
EDUCATION/WORK STATUS	Registration Stage * Registration Status *	<ul> <li>Intake</li> <li>In Progress</li> </ul>		
A HOUSEHOLD INFORMATION	Form Completed By *	Applicant	10% 0%	
B HEALTH INFORMATION	Date Application Received " Enrollment Start Date *	9/2/2019 9/16/2019		
	DYCD Funded? * Is Returning Student?	No	Required Registrations Over-Registration 1/10 0/100	۰ I
NOTES & ATTACHMENTS			Required Registrations	10
	Workscope *	COMPASS Mid	DYCD Funded Registrations	1
Intako	Workscope Program Site *	School Year - FY2020 - S	Non DYCD Funded Registrations	0
Switchboard	Provider	СВО1	Remaining Slots to Meet Required Registrations	9
Ownerboard	Contract	■ 125	Registrations in Progress	1
	Program Area	Compass	Registrations in Waitlist	0
	Program Type	COMPASS Middle Schoo	Registrations Exited	1
	Period Type	School Year	Cumulative Registered to Date	2
	Registration Enrollment Date	9/16/2019	Online Applications Pending Action	0

### **Registration Information**

Most details on this page will already be in the system, based on basic information entered in your 'Workscope,' but you must complete the following three fields marked with \* icon.

Form Completed By *	Parent/Guardian
Date Application Received *	6/20/2017
Enrollment Start Date *	9/11/2017



Enrollment Start Date refers to the date from which the applicant may participate in your program. Therefore, you must make sure it is correct. NOTE: Prior to this date, you cannot enroll the participant in activities or take attendance.

Workscope Registration Progress (also available on the 'Basic Information' page of your workscope) shows the progress towards meeting your program's Registration Benchmark.

DYCD Funded?\*

#### **DYCD-Funded and Non-DYCD-Funded Participants**

'DYCD-Funded?' refers to a participant funded *through your DYCD Budget*. Verify that this box is checked off to ensure that the participant will count towards DYCD requirements such as 'Rate of Participation' (RoP). NOTE: If the box above is unchecked, the following notification will appear:



#### **Participant Information**

Here, you must enter the participant's demographic information and at least one address, as indicated on the 'Universal Participant Intake' Form. First, enter your responses to the Ethnicity, Race and Language questions.

irst Name *	🔒 Ethan	Address (Required)
.ast Name *	🔒 Jung	Name Borou
/iddle Initial	A	No Registration Address records found
Date of Birth *	8/8/2008	No Registration Address records round.
lge	🔒 11	
ex at Birth *	And Male	
Ethnicity *	Ethnicity / Race / Language	Additional participant information
thnicity *	Ethnicity / Race / Language	Additional participant information
thnicity *	Ethnicity / Race / Language	Additional participant information Is the applicant any of the following: Parent/Legal Guardian?*
thnicity * acce (Required) * Select all that apply low well does the applicant :	 Ethnicity / Race / Language	Additional participant information Is the applicant any of the following: Parent/Legal Guardian? * Offender/Justice Involved? *
ace (Required) * Select all that apply ow well does the applicant s rimary Language *	 Ethnicity / Race / Language speak English?	Additional participant information Is the applicant any of the following: Parent/Legal Guardian?* Offender/Justice Involved?* In Foster Care?
ace (Required) * Select all that apply ow well does the applicant s rimary Language *	 Ethnicity / Race / Language speak English? S	Additional participant information Is the applicant any of the following: Parent/Legal Guardian?* Offender/Justice Involved?* In Foster Care? Runaway Youth? Endot the Decume 2*
ace (Required) * Select all that apply ow well does the applicant s imary Language *	 Ethnicity / Race / Language speak English? S	Additional participant information Is the applicant any of the following: Parent/Legal Guardian?* Offender/Justice Involved?* In Foster Care? Runaway Youth? An Individual with a Disability?*



To answer Primary Language, hover your cursor over the field and click the magnifying glass icon to see the first 10 results, which will appear in alphabetical order. Select the participant's primary language if you see it listed. If you do not see it, you can use the Search Bar or click 'Look Up More Records' to scroll through the entire list of languages.

		LOOK Enter your s	Up Record earch criteria.		×
		Look for	Language	*	
Primary Language*	Q	Look in	Language Lookup View	¥	
196 119 121	🚺 Albanian	Search	Search for records	Q	
	Arabic				
	Rengali	Langua	age 🛧		e
	Chinese (including Cantonese & Mand	Russia	n		*
	English N	Spanis	h		
		Tagalo	9		
	Lo French	- Turkisł	h		
	👌 Fulani	Urdu			
	German	Vietna	mese		
	👍 Gujarati	Yiddish	h		*
	💊 Haitian Creole	1 - 31 of 3	1 (1 selected)		<b>4 4</b> Page 1 ▶
	Look Up More Records				
	10 results	New		Add	Cancel Remove Value

Next, in the Address Section, click the + icon to add a new address. When the overlay appears on your screen, enter the required information. Use 'Address Notes' to capture any additional information.

		🗅 New Address	
		SAVE 🕂 NEW	
Address (Required)	+ Borough	Primary Address? Number & Street * Apt Borough * City *	<ul> <li>Z Lafayette St</li> <li>21</li> <li>Manhattan</li> <li>Manhattan</li> </ul>
583 w 212 st, Manhattan, NY 10034	Manhattan 🕨	State * Zip Code * Country * Address Notes	NY 10007 United States



DYCD Connect automatically verifies if the address entered is valid. You can see the 'Verification Status' details at the bottom of the overlay. Click "Save" and close the overlay.

Validation Status	Address is valid
Address Ver	rification
Address Verification	1
Community District	Anhattan CD 001
	Council District 001 Manhattan

NOTE: You may enter more than one address. The first address entered is selected as the Primary Address. If you need to designate a different primary address, follow the above steps to add a new address, and make sure to check off the "Primary Address?" box.



#### **Contact Information**

If the participant has provided contact information, enter this in the 'Applicant's Contact Information' section. If the participant has no contact information or is not old enough to have contact information, uncheck 'Does the applicant have contact

Applicant's Contact Information	
Does the applicant have contact information?*	
Preferred Method of Contact *	Cell Phone
Cell Phone*	(212) 655-7284
Work Phone	1. <del></del> ()
Home Phone	944 C
Email Address	ernie@gmail.com

information?' and move to the 'Parent/Emergency Contact' section.

At least one parent or emergency contact is required. To enter 'Parent/Emergency Contact' information, click the + icon.

Parent/Emerge	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	



When the overlay appears on the screen, enter the Contact Details, Contact Method, and Address. Make sure to indicate who is the Primary Contact. The first person entered is automatically checked off as the Primary Contact. When entering additional contacts, the Primary Contact? Box may be checked/unchecked.

		Contact Details	
Contact Method		Primary Contact? *	
Preferred Method of Contact *	Cell Phone	First Name *	Thomas
Cell Phone *	(718) 111-1111	Is Parent/Guardian?	
Work Phone	(212) 333-3333	Relationship To Participant *	Father
Home Phone		May Pick-up Child?	<
Email Address	example@fakemail.com	Notes	

A Preferred Method of Contact and at least one contact number and/or email address is required for each parent/ emergency contact

In Address, if the contact lives at the same address as the participant, check 'Same as Participant' to copy the address entered in the Participant Information section. Otherwise, enter the address information. Click "Save" and close the overlay.

Address	
Same as Participant	
Street	🔒 583 w 212 st
Apt	■
Borough	🔒 Manhattan
City	🔒 Manhattan
State	NY NY
Zip Code	🔒 10034
Country	United States

In addition, if there are additional people who can OR

cannot pick up the participant, the details should be added to the 'Additional people who MAY or MAY NOT pick-up the child" grid, as indicated in the example below.

Additional people who MAY	or MAY NOT pick-up the child			(+
Name of Person 🛧	May Pick-up Child? 🛧	Relationship	Phone	
Sandy Thomas	Yes	Child Care Provider	(718) 455-3456	
Tony M.	No	Friend of the family		



### **Education/Work Status**

Enter the applicant's Student Type, Current Work Status, and Grade.

Education/Work St	atus	Current Grade *
Student Type * Educational Level Current Work Status * OSIS/Student ID	Full-Time Student Elementary School Employed Full-Time	<ul> <li>(None)</li> <li>Pre-K - Elementary School</li> <li>K - Elementary School</li> <li>1st - Elementary School</li> <li>2nd - Elementary School</li> <li>3rd - Elementary School</li> </ul>
		<ul> <li>4th - Elementary School</li> <li>5th - Elementary School</li> </ul>

If the applicant is a full-time student, you must provide the student's 'School Information' by clicking the + icon in the grid.

school information (Required for Fu	II-Time Studenty	<u> </u>
School Name 🔨	School Type	
a particular colorada con d		

An overlay will appear on the screen. Select the 'School Type.' If you choose 'Public School,' you must select from the DOE list of Public Schools. Use the 'Search' bar to find and select the correct school. To quickly find the school, type a \* before a keyword or number in school (see example below). Alternatively, click 'Look Up More Records' for the full list of DOE Schools.



When selecting a DOE school, the address will auto-populate based on the school selected. Click "Save" and close.



#### **Household Information**

All 'Household Information' questions require a response, and at least one Source(s) of Household Income is required. Note the 'Decline to Answer' option for 'Sources of Household Income' and 'Total Household Income.'

Head of Household Type	Si	ngle Parent – Female	Total Household Income	•	
Housing Type*	Re	nt	(None)	S24.601 - \$28,780	\$60,001 - \$70,000
Household Size*	Fo	ur	© 50	\$28,781 - \$32,960	\$70,001 - \$80,000
Sources of Household In	come (Required)		S1 - S12,060	\$32,961 - \$37,140	\$80,001 - \$90,000
Sources of Household In	come (requires)		S12,061 - \$16,240	\$37,141 - \$41,320	\$90,001 - \$100,000
Employment Wages ×	Employment Tax Credit ×	Childcare Voucher X	\$16,241 - \$20,420	\$41,321 - \$50,000	\$100,000+
Select all that apply			\$20,421 - \$24,600	\$50,001 - \$60,000	Decline to Answer

#### **Health Information**

Answer the questions based on information provided by the participant. For most questions, additional information will be needed if you enter 'Yes.'

Does the applicant have any allergies? (food, medication, etc.)
Yes
Please provide list of allergies *
tree nuts, milk

#### Consents

- Consents must be completed for all participants
- 'Consent to Participate/Verification of Information Provided' must be confirmed before you can submit the Intake form. For all other consents, you must enter 'Yes' or 'No' (see example below).
- COMPASS Middle School and COMPASS High Programs: These programs must also complete 'Parent Consent for Participation Data Collection.'

General Program Consents	
Consent to Participate/Verification of Inform	mation Provided *
Yes	
Participant may travel home alone *	
No	
Consent for Emergency Medical Treatment	*
Yes	
Participant Consent for Photo/Videotaping	*
Yes	
Participant consent for use of original work	*
Yes	



### **Reviewing + Submitting the Intake**

Once you have completed the Intake Form, click "Save" in the Intake Menu Bar. There are several options for reviewing and submitting the intake form.

	PARTICIPANT INFORMATION     intake.
	CONTACT INFORMATION
Add to Waitlist	EDUCATION/WORK STATUS
Check Eligibility	# HOUSEHOLD INFORMATION
Submit	Coptional: Use this section to add
Deactivate	CONSENTS notes and/or attach
	■ NOTES & ATTACHMENTS to this intake.

REGISTRATION Intake

REGISTRATION INFORMATION

÷

Click on this

icon to see

options to

review and finalize the

### Add to Waitlist

If you want to add the participant to the waitlist, you can do this, at any time, by clicking the in the 'Intake Switchboard' and selecting 'Add to Waitlist.' You must provide a first name, last name, date of birth, and an address. After you enter the details, the 'Registration' list on the 'Intake Switchboard' will update from 'Intake' to 'Waitlist.'

To remove the participant from the Waitlist, click the "three dots" icon and select 'Remove from Waitlist.' To register the participant, follow the steps set out in the next section.



# Check Eligibility

Each DYCD Program has its own eligibility criteria. At any point during the Intake process, you can check whether the participant is eligible, based on the information entered. From the Intake Switchboard, click the three dots icon and 'Check Eligibility.'



If the participant is eligible based on the information entered, you will see the following confirmation message:



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



A Validation Summary will also appear at the top of the Intake window with additional information. For example:



#### **Deactivate an Intake**

Except for participants with attendance, who must be <u>Exited</u>, you may deactivate (i.e., delete) an Intake created in error.

#### **Register the Applicant**

When you have completed the Intake, you register the participant by clicking the "three dots icon" on the Intake Switchboard and selecting 'Submit.' The system will perform an eligibility check.

REGISTRATION	1
Intake	Add to Waitlist
REGISTRATION	Check Eligibility
	Submit



If the applicant is not eligible for the program, the following notice will appear:



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



After all the information is complete, make sure to save your responses in the Intake, and then click the three dots icon to 'Submit' the form. If the participant passes the eligibility check and all required fields have been completed, the Registration Stage will update to 'Accepted,' and you will see the following message:



Once a participant is Accepted and the workscope is approved, you can proceed with enrollment. You can do this from the Activity Enrollment or Manage Groups sections of the Workscope, or directly from the Enrollment page that will now be visible on the Intake Switchboard.





# **Updating Participant Information**

As the program period progresses, a participant may leave the program or some details may need to be amended. To make updates, open a participant's intake and correct the information. Steps you must take to perform common types of changes are summarized below:

# Changing Name / Date of Birth / Gender

**Step 1:** On the Registration Information page, click on the participant's name in blue text.



**Step 2:** When the new browser window opens, make the necessary changes, and then click "Save & Close."

**NOTE:** You will not be able to make revisions if the participant is registered at another program site during the same period (Summer, School, or Fiscal Year). Reach out to the DYCD Connect Help Center for additional assistance.

# **Changing Parent / Emergency Contact(s)**

**Step 1:** On the 'Contact Information' page, click the existing contact's name to open the Parent/Emergency Contact overlay.

SAVE	😭 SAVE & CLOSE	& DEACTIVATE	🖘 EMAIL A LINK
PARTICIP SOC Gen	ant: information hia Ster eral	ling -≡	
First	st Name *	Sophia	SSN
Las	st Name *	Sterling	Email
Mi	ddle Initial		Borough
Da	te of Birth *	7/7/2007	ZIP Code
Se	x at Birth: *	Female	
Active			

Name	Relationship	Primary Cor	ntact? 🗸 🛛 May Pick-	up Child Cell Phone
David Sterling	Dad	Yes	Ves	(646) 484-796



**Step 2:** Update the information and click "Save." Alternatively, click "Deactivate" to delete the emergency contact.

# **Changing Address**

**Step 1:** On the Participant Information page, click on the existing address record to open the address overlay.

Address (Required)	+
Name	Borough
123 Example Street #3, Brooklyn, NY 11218	Brooklyn

**Step 2:** Update the information and click "Save." Alternatively, click "Deactivate" to delete the emergency contact.

The steps to revise other sections of the intake form are similar to those described above. When you have completed the necessary changes, always click "Save & Close" in the Intake Menu Bar.

### **Exiting a Participant**

If a participant is no longer part of the program, you may exit the participant in order to de-enroll them from your program. All attendance accumulated by the participant prior to their exit date will count towards your program's participation goals.



Click on the three dots icon at the top of the Intake Switchboard of an Accepted participant, and select "Exit Participant."





The system will tell you the most recent date of attendance for this participant. Enter the 'Date Participant Exited,' which must be a date after the last day of attendance recorded. Then, click "OK."

Once exited, the 'Registration' stage will be updated to 'Exited.' The participant cannot reregister through the same Intake. If the participant returns to the program, you must submit a new Intake form reflecting a new Enrollment Start Date. However, following the steps on Page 4, you will be able to import some information from the previous Intake.





# **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.

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 find resources to help with the technical and operational issues you may come across. Here you can contact DYCD support directly or look into additonal resources and guides that can help you move forward with your tasks.		
	<b>a</b> first name Enter your first name	Last name	
View DYCD's public website for information about our funded programs.	<b>binder</b> Enter your phone number	email Enter your e-mail address	
	e organization Select an Organization		
CB CAPACITY BUILDING DYCD invests in building the capacity of nonprofit organizations as a	program area Select a Program Area •	<b>program type</b> Select a Program Type	
families receive high-quality 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 Center.	NEED TECHNICAL ASSISTANCE?	NEED OPERATIONAL ASSISTANCE?	
	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	
F.A.Q Read Frequently Asked Questions to learn more about DYCD Connect.	Detailed Description:		
	Enter a detailed description		

