



DYCD CONNECT

***PARTICIPANT TRACKING SYSTEM:
Runaway & Homeless Youth (RHY)
Participant Intake & Registration***



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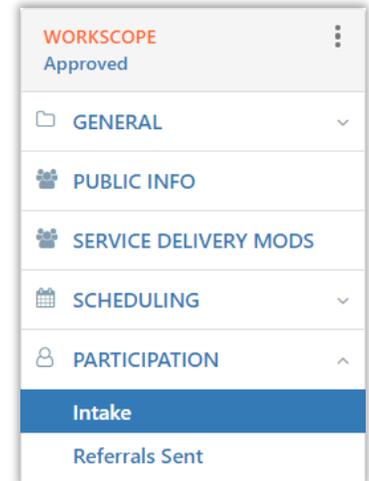
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Key Terms

Intake:	The process to register a participant to your workscope, so your program can complete Service Tracking (I.e. track goals, provide referrals, etc.)
Stage:	Indicates the progress of the intake (e.g. In Progress, Accepted, etc.)
Expedited Entry:	Allows participants to be registered to your workscope by completing partial intake information. Any missing information must be entered within 48 hours.
Goals:	Goals are tied to program outcomes, and can include participant short- and long-term goals in a variety of fields (Employment, Housing, etc.)
Slot Type:	Used in DYCD Connect to refer to your program's available bed types
Exit:	The process to discharge a participant, either as part of a planned or unplanned exit.

Purpose of this Guide

This guide outlines the process of submitting participant intakes on DYCD Connect, using information from the Universal Intake Forms for RHY Programs.



What is Intake?

RHY program participants must complete an [Intake](#) before participating in or receiving services at a Drop-In Center, Crisis Shelter, or Transitional Independent Living (TIL) site. During intake, your program gathers information from participants and creates a participant profile in DYCD Connect. This profile is used to track enrollment, referrals and other services rendered to participants.

How do you Submit a New Intake?

Prior to starting a new intake in the Participant Tracking System (PTS), make sure your client is present so they may answer mandatory questions. 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.

Participant	Registration ID	Stage	Status	Start Date	Slot Type	Dr
Davidson, Hunter	REG-0216619041	Accepted	Enrolled	9/27/2021	Male/Female/Gender N...	
Richards, Tom	REG-2632352111	Intake	In Progress	9/27/2021	Mother Child/Female/G...	
Smith, Melody	REG-0848109267	Exited	De-enrolled			

Key Buttons

  	<p>Click on this button to start a new intake</p> <p>Click on this button to search for a participant's name or keyword</p> <p>These buttons allow you to sort your list of intakes.</p>
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Intake Stages

Participants will have the following [stages](#), depending on the progress of the intake form.

- **Accepted** – The participant meets your program’s enrollment criteria.
 - Crisis Shelter/TIL participants may be accepted to your program via [Expedited Entry](#).
- **In Progress** – The participant’s intake was started, but is not yet complete.
- **Exited** – The participant is no longer enrolled to your program.

Participants may also have one or more flags next to their name in the intake list.

-  The participant’s intake was “rolled over” from the previous year’s workscope. Participants who are in the “Accepted” stage are automatically rolled over between workscope periods.
-  The participant does not have any [Goals](#) recorded.

Duplication Check

On the new intake page, 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

First Name *		David
Last Name *		Parker
Middle Initial		--
Date of Birth *		5/3/2006
Age	🔒	18
Sex at Birth *		Male

These red astericks indicate the a field must have data entered into it.

If this a new participant, you will only see the option to **Add New Participant** and start with a **Blank Application**. However, if the system finds a participant with the same details as a previously registered participant, then you may also choose to **Register Existing Participant**. You may then import data from the participant’s previous intake by selecting “Copy Existing Intake”. Finally, click on the blue “START INTAKE” button to create the participant’s profile.

Note: Program participants who are enrolled to your program between contract years are automatically “rolled over” to your new workscope. You do not need to import intake data from their previous intake. However, make sure to verify they are still active in your program.

The screenshot shows a two-step process. Step 2, 'Choose Participant', has a yellow warning banner: '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.' Below are two options: 'Add New Participant' (grey) and 'Register Existing Participant' (green, selected). Both have fields for First Name (Test), Last Name (Test), MI, DOB (5/26/2002), Gender (Male), and SSN. Step 3, 'Choose Application', has two options: 'Blank Application' (grey) and 'Copy Existing Intake' (green, selected). 'Copy Existing Intake' shows fields for Registration ID (REG-2041617232), Intake Year (2022), Intake Stage (Intake), Program Site (Crisis Site), and Workscope (9564-Crisis Shelters (HYA)-7/1/2021-6/30/2022). A blue 'START INTAKE' button is at the bottom right. Callout boxes provide instructions: 'Select these options if you are gathering an applicant's information for the first time.' (pointing to 'Add New Participant'), 'If available, use these options to import data from a participant's previous intake form.' (pointing to 'Register Existing Participant' and 'Copy Existing Intake'), and 'Click here to generate the participant's profile.' (pointing to the 'START INTAKE' button).

How do you Complete an Intake?

To register the participant to your program, you must complete data entry on all required intake sections, using information provided by the applicant. Make sure to regularly use the “SAVE” button at the top-left of the intake page to ensure you do not lose any progress.

Navigating through the Intake

Upon starting the intake, you will notice the Intake Switchboard on the left side of the page, and can navigate through intake sections in any order. Mandatory fields are noted by a * icon or say “(Required)” in parentheses. Note the Intake Menu Bar at the top of the window, which includes options to “SAVE” as well as print out a copy of the “INTAKE FORM”.

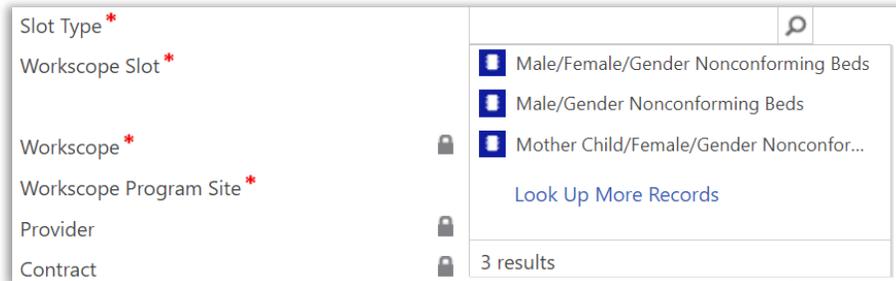
Participant *	Hunter Davidson
Registration ID	REG-0216619041
Registration Stage *	Accepted
Registration Status *	Enrolled
Form Completed By *	Applicant
Date Application Received *	9/27/2021
Enrollment Start Date/Time *	9/27/2021 8:00 AM
Slot Type *	Male/Female/Gender Ne
Workslope *	9564-Crisis Shelters-7/1
Workslope Program Site *	Crisis Site
Provider	CBO1
Contract	9564
Program Area	RHY
Program Type	Crisis Shelters
Period Type	Fiscal Year

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/time** should reflect the day and time you are completing the intake with the participant.

Form Completed By *	Applicant
Date Application Received *	12/30/2022
Enrollment Start Date/Time *	1/1/2022 8:00 AM

Hover your mouse cursor over the [Slot Type](#) field, and click on the magnifying glass to indicate which type of bed the participant will occupy. Depending on your program type, you will have one or more bed types (e.g. Male/Gender Nonconforming, etc.). Please note that if all beds of a particular type are assigned to other participants, you cannot register another participant to the corresponding Slot Type until slots are opened up.



Participant Information

In this section, you will gather demographic details and information for family members who will receive services. Click onto each field and type to complete all mandatory date entry fields marked with * or say “(Required).”

Participant Information

First Name * Davina
 Last Name * Parker
 Middle Initial --
 Date of Birth * 5/30/2009
 Age 15
 Sex at Birth * Female

Race/Ethnicity (Required) *

Select all that apply

Demographics

How well does the applicant speak English? --
 Primary Language * --

Other Languages Spoken

Select all that apply

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

Select all that apply

Gender Identity

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

Address (Required)

Name | Borough | Primary

No Registration Address records found.

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? * --
 Supplemental Form Submitted? --
 Victim of Domestic Violence? * --
 Victim of Human Trafficking? * --

Did you or any member of your household serve in the armed forces, national guard, or reserve? * --

How did you learn about the DYCD program(s) you're applying to? (Select all that apply) (Required):

Select all that apply

Referral Source

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

You must enter an address for each applicant. If the applicant does not have a

Primary Language *

Arabic
 Bengali
 Chinese (including Cantonese & Mandarin)
 English
 French
 Fulani
 German
 Gujarati
 Haitian Creole

Look Up More Records

10 results

primary address, you may enter the address information for your program site. To add an address, click on the “+” at the top right of the “Address (Required)” table.

An overlay appears where you may type in the address. The system performs a check to ensure the address is valid. Scroll down to view additional information about the address entered. When you are finished, click on “Save”.

The screenshot shows an address verification interface. On the left, the address details are listed: 2 Lafayette Street #21, Manhattan, NY 10007. The 'SAVE' button is highlighted with a green box. On the right, the 'Address Verification' section shows various location and demographic data:

- Community District: Manhattan CD 001
- City Council District: Council District 001 Manhattan
- NTA: MN25
- NDA: Out of NDA (highlighted in orange)
- NYCHA Resident:
- Town/Area: Battery Park City-Lower Manhattan
- X-Coordinate: 0982417
- Y-Coordinate: 0197728
- Geo Message: --
- High Poverty Area:
- Census Track: 1502

At the bottom of the address details, the 'Validation Status' is 'Address is valid'.

Scroll down to see additional required fields in the Participant Information section of the intake.

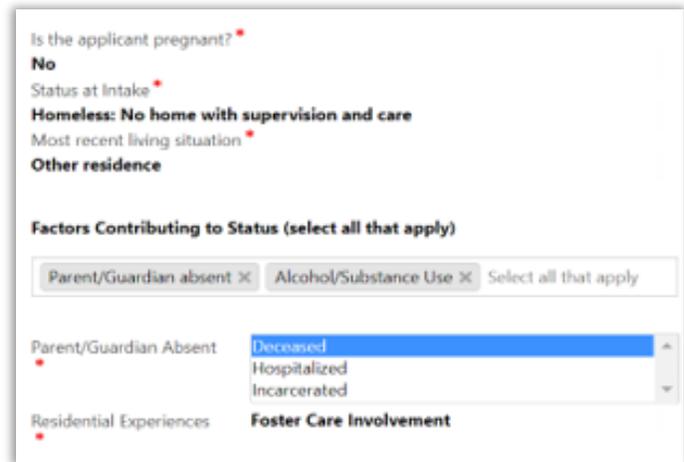
The screenshot displays the 'Participant Information' section of the intake form. It includes several required fields:

- Applicant's Gender Identity (Select all that Apply) (Required) ***: Includes a dropdown menu with 'Male' selected and 'Select all that apply'.
- Sexual Orientation & Gender Identity**: A callout box highlighting the gender identity and sexual orientation questions.
- Does the applicant identify as transgender? ***: Yes
- Applicant's Gender Pronoun ***: They/Them/Theirs
- Applicant's Sexual Orientation (Select One) ***: Not Sure
- Family Member**: A table with columns for Name, Full Name, Date of Birth, Gender, and Relation To P. It shows 'No Registration records found.' and a callout box labeled 'Additional Family Members'.
- Would applicant like to receive information/be contacted about registering to vote? ***: --
- Factors Contributing to Status**: A callout box highlighting the pregnancy and status at intake questions.
- Is the applicant pregnant? ***: No
- Status at Intake ***: Homeless: No home with supervision and care
- Most recent living situation ***: Other residence
- Factors Contributing to Status (select all that apply)**: Includes a dropdown menu with 'Parent/Guardian absent' selected and 'Select all that apply'.
- Parent/Guardian Absent ***: Deceased
- Residential Experiences ***: Foster Care Involvement

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

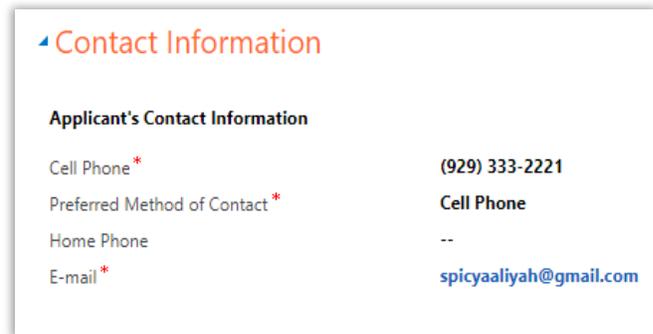


Finally, you must indicate whether the applicant is pregnant, their “Status at Intake,” and most recent living situation. In addition, you must select one or more factors contributing to the applicant’s status at intake. Note that depending on the factor(s) selected, the system may prompt you to provide additional details.

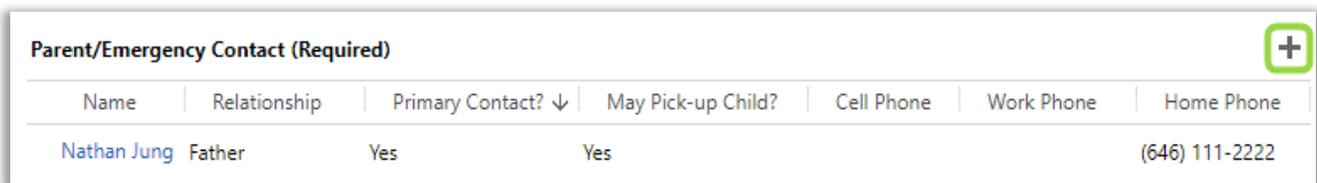


Contact Information

In this section, providers will enter in contact information for the applicant and at least one parent or emergency contact. At minimum, an email address must be provided. If the participant is under 14 years of age, the system will request the Parent/Guardian’s email address.



To enter Parent/Emergency Contact information, click on “+” and enter the information on the overlay.



If you are entering multiple Parent/Emergency contacts, the first contact you list will be marked as the Primary Contact.

Education/Work Status

Enter the applicant’s Student Type, Current Work Status, and Current/Last Grade. When entering the current or last grade completed, make sure to scroll down to see all available options (e.g. HSE, Foreign Degree, etc.).

Education/Work Status

Student Type * **Not in School**

Educational Level **Community College**

Current Work Status * **Unemployed (Short-term, 6 months or less)**

Is your resume on file with this provider? **Yes**

Last Grade *

- (None)
- Pre-K - Elementary School
- K - Elementary School
- 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

If the participant is a full-time student, you may enter the participant’s School by clicking on the “+” icon in the School Information table.

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 size and income information. All sources of household income should be included. Please note that applicants may choose to “Decline to Answer” income-related questions.

Tom Richards

Registration ID: REG-2632352111 | Start Date: 9/27/2021 | Age: 22 | DOB: 1/1/2001 | Workscope: 9564-Crisis Shelters-7/1/2021-6/30/2022 | Provider: CBO1

Household Information

Head of Household Type * **Single Person – No Children**

Housing Type * **Homeless**

Household Size * **One**

Emergency Housing Voucher **Yes**

Voucher Insurance Date **5/1/2023**

Total Household Income *

(None) \$24,601 - \$28,780 \$60,001 - \$70,000
 \$0 \$28,781 - \$32,960 \$70,001 - \$80,000
 \$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+
 \$20,421 - \$24,600 \$50,001 - \$60,000 Decline to Answer

Sources of Household Income (Required)

Employment Wages Child Support Select all that apply

If the applicant has an emergency housing voucher, also indicate an insurance date.

Use this field to select one or more sources of household income. There is a "Decline to Answer" field.

Health Information

This entire section consists of one mandatory question, indicating the applicant’s health insurance status. Depending on the response, you may be prompted to provide additional information.

Health Information

Health Insurance Status

Does the applicant have health insurance? *

Yes

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

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

Consents

Consents must be completed for all applicants. The applicant must grant “Consent to Participate/Verification of Information Provided” and consents under “Consent to Release Information” for your program to submit the intake. For all other consents, a response of ‘Yes’ or ‘No’ must be entered.

Consent to Release Information

Participant grants consent to release/obtain information within DYCD RHY Network *
Yes

Participant grants consent to release/obtain information outside of the DYCD Network *
Yes

Participant grants consent to release info to HMIS *
No

Participant grants permission for data collected to be shared with HRA *
No

Consents

General Program Consents

Consent to Participate/Verification of Information Provided *
Yes

Consent for Emergency Medical Treatment *
No

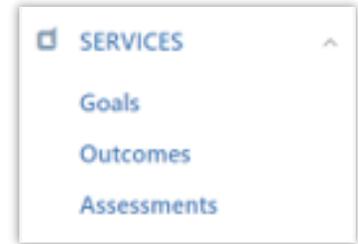
Participant Consent for Photo/Videotaping *
Yes

Participant consent for use of original work *
Yes

Participant Consent to Share Data for DYCD Referrals *
Yes

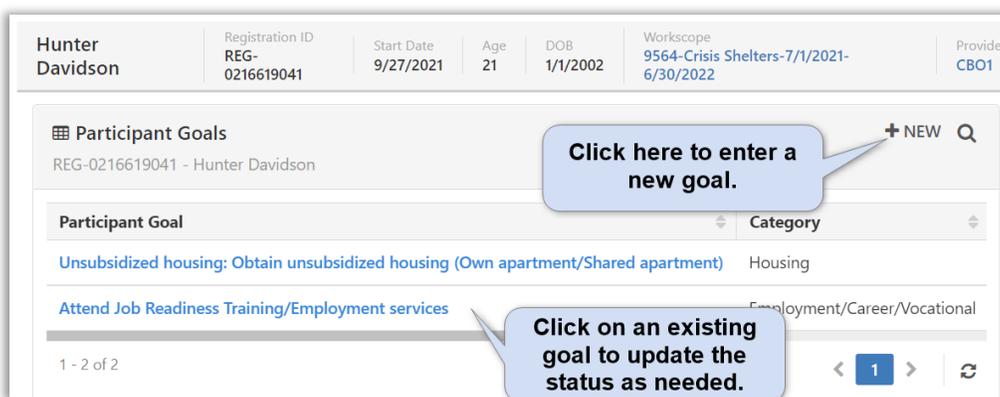
Services

The Services section of the intake helps you keep track of participant goals. You will also use this section to provide referrals to complete assessments (i.e. CSEC Safe Harbor, Participant Discharge Survey). For additional information, speak with your DYCD Program Manager regarding upcoming Case Management Trainings.

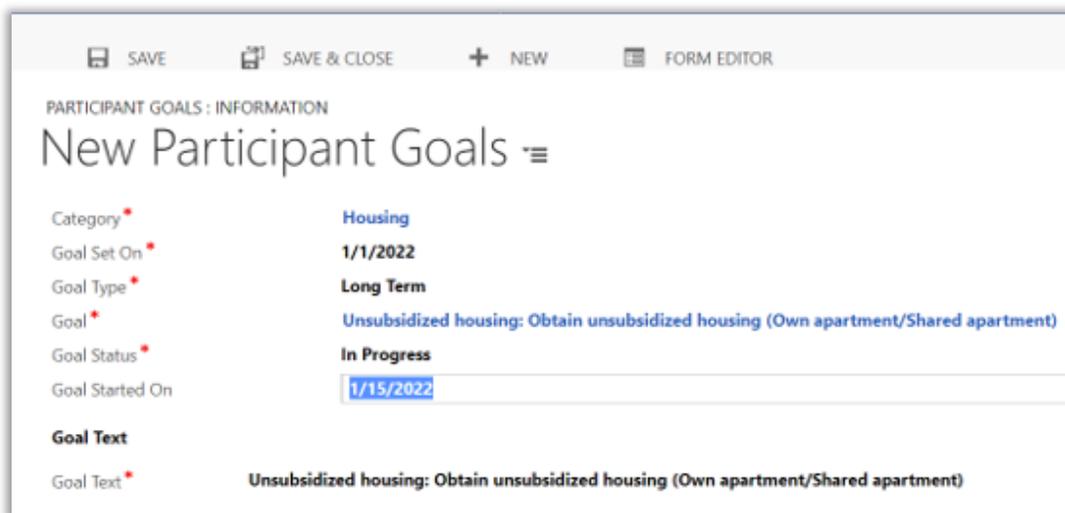


Goals

Your program will identify goals the participant will work towards while attending your program. To add a new goal, click on “Goals”, and then click on “+NEW”.

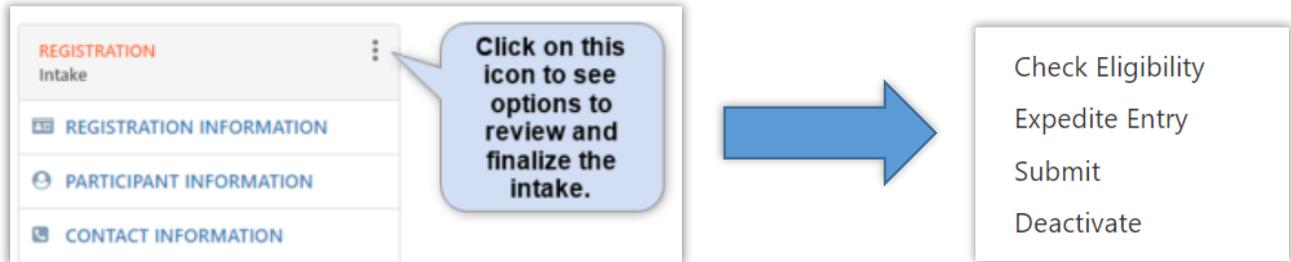


A new window will pop up in your browser. You will indicate the goal category and the specific goal the participant will work towards. Click through each field and respond to each mandatory field marked with a *. Then, click “Save and Close” to add the goal to the participant’s record.



What Actions can you Complete on an Intake?

Once you have completed all sections of the intake form, be sure to click on “SAVE” in the Intake Menu Bar. Then, you may click on the “Three-Dots Icon” at the top right of the intake switchboard to select from several options to finalize the intake.



- [Check Eligibility](#)
- [Expedited Entry](#)
- **Submit** – this option will submit the application for final review. The applicant will be accepted to your program if all data entry is complete and the applicant is eligible.
- **Deactivate** – this option will delete the intake from your workscope. This is typically used to delete duplicate entries.

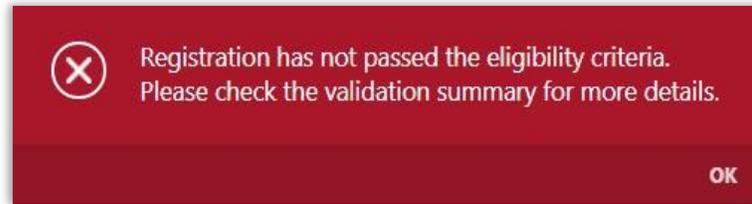
Check Eligibility

Each RHY 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 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 appears at the top of the page with additional context:



Expedited Entry

Applicants for Crisis Shelters and TILs may be accepted to your program via Expedited Entry. In urgent situations, this option allows you to register a participant after completing the [Registration Information](#) and [Participant Information](#) intake sections. Please note that the applicant still needs to meet your program’s eligibility criteria, and there must be an available bed slot in your workscope.

A participant accepted to your program via Expedited Entry will appear in the “Accepted” stage with a status of “Pending Info.” Within 48 hours, you must complete all remaining sections of the intake and re-submit the application. Otherwise, the participant will automatically be de-enrolled.

9543-Crisis Shelters-7/1/2019-6/30/2020

Registrations

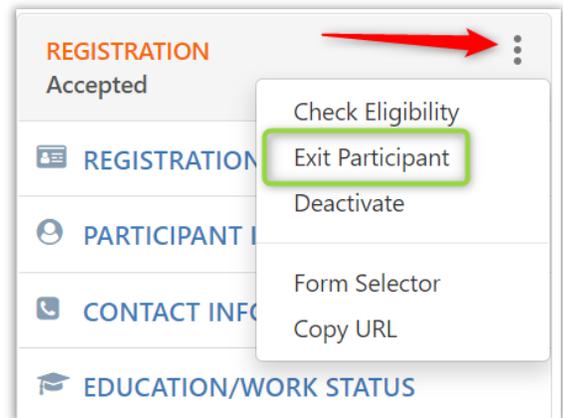
9543-Crisis Shelters-7/1/2019-6/30/2020

Participant	Stage	Status	Start Date
Al Roker	Accepted	Enrolled	1/1/2020
Al Roker	Exited	De-enrolled	10/22/2019
Ashea Acevedo	Accepted	Pending Info	1/30/2020

What are the Discharge (Exit) Procedures?

RHY participants may leave your program at various stages of their stay, either due to a planned, self-discharge, or involuntary exit. Regardless of the exit reason, discharged participants will appear in the “Exited” stage with a status of “De-enrolled”. Make sure to complete the [Participant Discharge Survey](#) after exiting the resident.

To exit a participant, open their intake form. At the top of the intake switchboard, click on the “three dots” icon and select “Exit Participant”. An overlay will appear where you will be able to specify the type of exit and provide additional details.



Planned Exit

Select this option if your program and the participant have jointly planned the discharge, such as when a participant has aged out or has been referred to another program. Make sure to provide a discharge location, and an exit date aligned with the participant’s last day of services.

Self-Discharged Exit

Select this option if a participant has left your program without notice, and/or has been detained by authorities. If applicable, indicate where the participant was discharged to, or select “Unknown.”

Involuntary Exit

This Exit option is used in instances when youth display, they are a harm to themselves, youth, or staff; extreme behavior that impacts program operation, and/or when program rules are consistently broken.

Prior to exiting youth via Involuntary Exit, you must conduct an Initial Discharge Meeting with the resident. Your program must also submit an Involuntary Discharge Form to your DYCD Program Manager and the RHY Director. All youth may request an Appeal Meeting within 24 hours of their proposed discharge. Additional information about discharge policies and procedures is provided at the following link: [DYCD RHY Graduated Discipline and Involuntary Discharge Policy](#).

If the resident chooses not to appeal, or the discharge was upheld by DYCD during an appeal, you may proceed to exit the participant by selecting “Involuntary Exit”. Indicate if an Appeal Meeting occurred. Finally, provide an exit reason, a discharge location, and exit date. Then click on “OK”.

Discharge Appeal
Check the box below if the youth being discharged had a Program Appeal Meeting and/or DYCD Appeal Meeting regarding the circumstances of this involuntary discharge. (Do not check the box if a youth has had previous history of appeal meetings where they were able to remain onsite.)

Exit Reason for Involuntary Discharge

Discharged To

Please select Discharged To ▼

Date Participant Exited

mm/dd/yyyy 📅

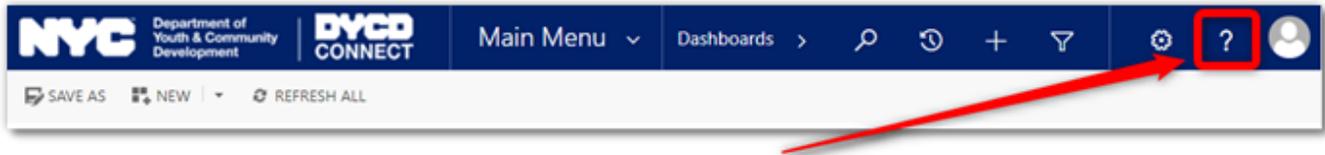
Please enter an exit date between 1/1/2022 and 6/30/2022.

OK CANCEL



DYCD Connect Help Center

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



Alternatively, you may submit a ticket through the [Help Center](#) on the DYCD Connect homepage.

DYCD RESOURCE CENTER

DYCD Connect is the main resource center to help organizations communicate and coordinate with the communities they serve.

- DYCD WEBSITE**
View DYCD's public website for information about our funded programs.
- CB CAPACITY BUILDING**
DYCD invests in building the capacity of nonprofit organizations as a strategy to help ensure that youth and families receive high-quality services.
- HELP CENTER**
Having trouble? Send a message to our support team through the Help Center.
- F.A.Q**
Read Frequently Asked Questions to learn more about DYCD Connect.

DYCD HELP CENTER

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 additional resources and guides that can help you move forward with your tasks.

first name Enter your first name **last name** Enter your last name

phone Enter your phone number **email** Enter your e-mail address

organization Select an Organization

program area Select a Program Area **program type** Select a Program Type

I am a DYCD employee

Select if you need operational or technical help:

NEED TECHNICAL ASSISTANCE?
If you are having a technical issue related to logging in, accessing your services, or experiencing a bug, contact the technical help desk

NEED OPERATIONAL ASSISTANCE?
Having trouble performing your existing operations using the new systems and tools within DYCD connect? Get in touch with a program specialist

Detailed Description:
Enter a detailed description