



carelogic

by Qualifacts

How to add a Client Relationship

Updated: 02/01/17

How to Add a "Client Relationship"

"CLIENT RELATIONSHIPS ONLY APPLY TO FAMILY MEMBERS, AND SIGNIFICANT PEOPLE IN THE MEMBER'S LIFE. PLEASE DO NOT ADD ANY CAU STAFF. REFER TO "STAFF RELATIONSHIPS" WHEN ADDING CAU STAFF."

| DIVISION OF DEVELOPMENTAL DISABILITIES COMMUNITY SERVICES COVER SHEET | | | |
|---|--|----------------------------|-----------------------------------|
| Name: | <u>QSI TEST</u> | SS#: | <u>ON FILE</u> |
| Sex: | <u>Female</u> | | |
| Birth Date: | <u>06/26/1990</u> | Race/Ethnicity (optional): | <u>Multicultural</u> |
| Primary Language: | <u>English</u> | | |
| Address: | <u>123 Any Street, Elizabeth NJ 07208</u> | | |
| Apartment #: | <u>C</u> | County of Residence: | <u>Union</u> |
| Phone #: | <u>(908)354-3040</u> | | |
| Religion (optional): | <u>Seasonal Allergies</u> | | |
| Annual IHP Date: | <u>6/21/16</u> | Modifications: | <u>None</u> |
| Case Manager: | <u>Jane Test</u> | Phone #: | |
| Current Type of Residence: | <u>Supervised Apartment Program</u> | | Admission Date: <u>04/09/2009</u> |
| Residential Provider: | <u>Community Access Unlimited</u> | | Phone #: <u>(908)354-3040</u> |
| Contact Person: | <u>Linda Gately</u> | | |
| Current Work/Program/School: | <u>SERV Day Program</u> | | Admission Date: <u>09/01/12</u> |
| Contact Person: | <u>Alanna Spence</u> | | Phone #: <u>(732)7514202</u> |
| | <u>Jake Jones (Assoc. Director)</u> | | <u>(609) 571-8544</u> |
| Legal Guardianship Determined: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Type: | <u>Self</u> |
| Status: | | | |
| Guardian: | <u>Self</u> | Relationship: | <u>Self</u> |
| Phone #: | <u>None</u> | | |
| Address: | <u>None</u> | | |
| Date Appointed: | <u>None</u> | | |
| BGS On Call #: | <u>None</u> | | |
| Relative: | <u>QSI TEST</u> | Relationship: | <u>Mother</u> |
| Phone #: | <u>(555)555-5555</u> | | |
| Address: | <u>321 Any Main St Union, NJ 08083</u> | | |
| Relative: | <u>IQS TEST</u> | Relationship: | <u>Father</u> |
| Phone #: | <u>(555) 555-5554</u> | | |
| Address: | <u>321 Any Main St Union, NJ 08083</u> | | |
| CCW Effective Date: | <u>08/16/10</u> | DDD Serial ID#: | <u>109271</u> |
| CCW Status: | <u>Eligible</u> | | |
| County Medicaid #: | <u>000000000055555</u> | Medicare #: | <u>None</u> |
| 90 Medicaid #: | <u>555555555555</u> | | |
| Other Medical Insurance and/or HMO: | <u>United Health Care</u> | | Policy #: <u>55555555</u> |
| Benefit SSI: | <u>None</u> | SSA: | <u>\$201.00</u> |
| Payee: | <u>CAU</u> | | |
| Other: | <u>Rent: \$271.00 per month Food Stamps: \$109 (she holds on independently)</u> | | |

CLIENT RELATIONSHIPS can be found in the member's IHP Face Sheet (1st page) as shown above.

Step 1:

In the **Client Search field**, enter the client's full or partial name you will be adding a "Client Relationship" for and PRESS ENTER.



How to Add a "Client Relationship" (Cont.)

Step 2:

Click the **ECR** button that corresponds to your member.

| | | | | Client Search Results | |
|------------|----------|----------|------|--------------------------------|------------|
| | | | | Client Name | Birth Date |
| ECR | Episodes | Schedule | Info | Lively, Blake (1141) 8/25/1987 | 8/25/1987 |

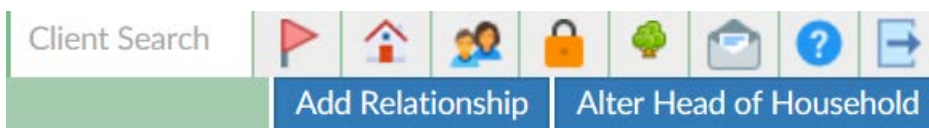
Step 3:

Hover over **Member Tab** in the tab bar, then **Hover** over **General Information** and click on the "Client Relationships" link.

| Member ▾ | My Alerts | |
|-----------------------------------|-----------|-------------------------|
| Member | ▶ | |
| IMPACT Reporting | ▶ | |
| General Information | ▶ | ☆ Bed History |
| Financial Information | ▶ | ☆ Client Picture |
| Inquiry | ▶ | ☆ Client Relationships |
| Clinical Record | ▶ | ☆ Clinical Decision Log |
| Developmental Disabilities Record | ▶ | ☆ Contact Information |
| CAU Forms | ▶ | ☆ Demographics |
| | | ☆ Groups |
| | | ☆ ID Number Entry |
| | | ☆ Message Board |
| | | ☆ Staff Relationships |
| | | ☆ Program History |

Step 4:

Select **Add Relationship**





How to Add a "Client Relationship" (Cont.)


Step 5:

Insert the Begin Date, First Name, Last Name, and Select the Relationship for the client.

*Please Note: **Begin Date** will always be "Today's Date".*

Client Relationship Entry

| | | | |
|---|---|---|--|
|  | Begin Date: | <input type="text" value="03/03/2016"/> |  |
| | End Date: | <input type="text"/> |  |
| | 3rd Party Source Name: | <input type="text"/> | Please enter a 3rd Party Source for search  |
| | | <input type="radio"/> Organization | <input checked="" type="radio"/> Person |
|  | First Name: | <input type="text"/> | |
| | Middle Name: | <input type="text"/> | |
|  | Last Name: | <input type="text"/> | |
| | Relationship: | <input type="text" value="Select Relationship"/> |  |
| | Copy Address from Head of Household: | <input type="radio"/> Yes <input checked="" type="radio"/> No | |



Step 6:

Insert the **Street Address, APT/SUITE, Postal Code, Phone Number, and any relevant Comments.**

If you have an Email Address be sure to enter in the Comments Box.

*Please Note: **Postal Code** will auto generate City and State once Postal Code is entered.*

Address

| | | | |
|------------------------|--|----------------------|----------------------|
| Country: | <input type="text" value="United States of America (USA)"/> | | |
| Street 1: | <input type="text"/> | | |
| Street 2: | <input type="text"/> | | |
| APT/Suite: | <input type="text"/> | | |
| City: | <input type="text" value="Select City"/> | | |
| State/Province: | <input type="text" value="Select State"/> | | |
| Postal Code: | <input type="text"/> | - | <input type="text"/> |
| | <input checked="" type="checkbox"/> Do City/State lookup using Postal Code | | |
| County: | <input type="text" value="Select County"/> | | |
| Phone Number: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="checkbox"/> International Number | | |
| Comments: | <input type="text"/> | | |

Max: 500 characters.

Step 7: Click Submit

| | | |
|---------------------------------------|--------------------------------------|---|
| <input type="button" value="Submit"/> | <input type="button" value="Reset"/> | <input type="button" value="Return to List"/> |
|---------------------------------------|--------------------------------------|---|