

The page features a decorative graphic consisting of three overlapping blue circles of varying sizes, arranged in a descending diagonal line from the top right towards the bottom right. Two thin, light blue lines intersect at the top left and extend diagonally across the page, framing the circles.

***carelogic*** by Qualifacts **How to enter  
Guardianship Information**

**Updated: 02/01/17**

## How to enter "Guardianship Information"

All Guardians should be listed in the Guarantor section of Carelogic. Follow these instructions to enter this information.

DIVISION OF DEVELOPMENTAL DISABILITIES COMMUNITY SERVICES COVER SHEET			
Name:	<u>QSITEST</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>	Phone #:	<u>(609) 571-8544</u>
<b>Legal Guardianship Determined:</b>	<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>SQI 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>		

Guardianship information can be found in the member's IHP Face Sheet ( 1<sup>st</sup> page) as shown above.

### Step 1:

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



## How to enter "Guardianship Information" (Cont.)

### Step 2:

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

				Client Search Results	
				Client Name	Birth Date
<b>ECR</b>	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 **Financial Information** and click on the "Guarantors" link.

Member ▾	My Alerts	
Member		▶
IMPACT Reporting		▶
General Information		▶
Financial Information		▶
Inquiry		▶
Clinical Record		▶
Developmental Disabilities Record		▶
CAU Forms		▶

  

☆	Client Responsibility
☆	Guarantors
☆	Claim Maintenance
☆	Payment Maintenance

### Step 4:

Select **Add a Guarantor**

Add a Guarantor

## How to enter "Guardianship Information" (Cont.)

### Step 5:

Complete the information within this module. You do not have to complete the financial information unless the guardian has responsibility for finances. These items include receive statements for this client, self-pay, social security number and date of birth.

		Guarantor
Begin Date:	10/07/2013	
End Date:		
Legal Guardian for this Client:	<input type="radio"/> Yes <input type="radio"/> No	
Emergency Contact for this Client:	<input type="radio"/> Yes <input type="radio"/> No	
Contact for Appointments for this Client:	<input type="radio"/> Yes <input type="radio"/> No	
Receive Statements for this Client:	<input type="radio"/> Yes <input type="radio"/> No	
Self-Pay:	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Type:	<input checked="" type="radio"/> Person <input type="radio"/> Organization	

### Step 7:

Click **Submit**

Submit	Reset	Return to List
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