

RECORDING PERSON CHARACTERISTICS RECORDS

1. Navigate to the Case Overview page. Click the View Case Information Link (There is more than one way to access person characteristics. For this document we will be accessing the person's characteristics tab through the case record)

The screenshot shows the 'Case Overview' page. On the left is a sidebar with various links. The main content area is divided into several sections. The 'Case Overview' section at the top displays case details. Below it is the 'Case Actions' section, where the 'View Case Information' link is circled in red. Other sections include 'Linked Cases', 'Case Ticklers', 'Assignment Information' (with a table), and 'Eligibility Assignment Information' (with a table).

Case Overview

Case ID: 2646016 Case Status: Open (04/07/2014)
Case Name: Bob, Sponge Case Category: Ongoing
Case Address: Agency: IHS Training
Geo Code:

Case Actions

[View Case Information](#) (circled in red)
[Linked Cases](#)
[ProtectOhio Category](#)

Case Ticklers

No Ticklers Found

[Manually Dispose of Tickler](#)

[View Case Status History](#) | [View Assignment History](#)

Assignment Information

| Worker Name | Role | Agency of Worker |
|------------------|--------------------------|------------------|
| Training01, User | Screening Decision Maker | IHS Training |

Eligibility Assignment Information

| Person Name | Eligibility Specialist(s) |
|---------------------------------|---------------------------|
| No Assignment Information Found | |

[Close](#)

2. Click the Members Tab

Case > Workload > Case Information

Case ID: 2646016
Case Name: Bob, Sponge
Case Address: /

Case Status: Open (04/07/2014)
Case Category: Ongoing
Agency: IHS Training
Geo Code:

Assignment Information

[View Case Status History](#) | [View Assignment History](#)

| Worker Name | Role | Agency of Worker |
|------------------|--------------------------|------------------|
| Training02, User | Screening Decision Maker | IHS Training |

Primary Caretaker:
Secondary Caretaker:

Reference List

| Reference Type | Reference Number | Description |
|----------------|------------------|-------------|
|----------------|------------------|-------------|

[Add Case Reference](#)

[Apply](#) [Save](#) [Cancel](#)

3. Click the Name hyperlink of the person you wish to add characteristic records for

Case > Workload > Case Information

Case ID: 2646016
Case Name: Bob, Sponge

Case Status: Open (04/07/2014)
Case Category: Ongoing

Case Members

Active Member List

Warning: Changing the Case Reference Person will change the Case Name and Case Address

[View Member History](#)

| CRP | Person ID | Name | DOB | Age | Gender | Race | Hispanic/Latino | Begin Date |
|----------------------|-----------|--------------------------------|------------|-----|--------|------------------------|-----------------|------------|
| edit | 9064067 | Bob, Sponge | 10/26/1969 | 45 | Male | Other Pacific Islander | No | 04/07/2014 |
| edit | 9064068 | Soulmel, Sandy | 10/22/2003 | 11 | Female | Other Pacific Islander | No | 04/07/2014 |

Inactive Member List

| Person ID | Name | DOB | Age | Gender | Race | Hispanic/Latino | Begin Date |
|-----------|------|-----|-----|--------|------|-----------------|------------|
|-----------|------|-----|-----|--------|------|-----------------|------------|

[Add Member](#)

[Apply](#) [Save](#) [Cancel](#)

4. Click the CharacteristicsTab

Profile | Education | Medical | Employment | Military | Background | Delinquency | SACWIS History | [help](#)

Basic | Demographics | Address | Additional | **Characteristics** | Safety Hazard | Confidential Information

Name: Squirrel, Sandy Person ID: 9064068 DOB: 10/22/2003

-Hazard/Alert Information-

☐ Safety Hazard Exists ☐ Safety Plan Exists ☐ Environmental Hazard Exists ☐ Protective Service Alert ☐ AWOL

☐ Pregnant ☐ Pregnant/Parenting Minor ☐ Pregnant/Parenting Youth in Custody

-Person Information-

Prefix:

First Name: * Sandy Middle Name:

Last Name: * Squirrel Suffix: [Populate AKA Name](#)

Gender: Female ☐ Male ☐ SSN: ☐ Retain ☐ Add/Edit

DOB: 10/22/2003 ☐ Estimated DOB ☐ DOB Unknown

Age: 11

☐ Deceased Deceased Date: ☐ Deceased Date Unknown

Age At Time Of Death:

Driver's License #: Issue State: Expiration:

-AKA Names-

| Prefix | First Name | Middle Name | Last Name | Suffix | AKA Type |
|-------------------------|------------|-------------|-----------|--------|----------|
| Add AKA | | | | | |

[Apply](#) [Save](#) [Cancel](#)

5. Select the appropriate Characteristic Type from the dropdown and click the Add Characteristics button **(Characteristics added to document a parent or older child's substance abuse issues are added in the Mental Health/Substance Abuse Characteristics Group. Characteristics added to document an infant's prenatal exposure are added in the Prenatal/Birth Characteristics Group)**

Basic

Demographics

Address

Additional

Characteristics

Safety Hazard

Confidential Information

Name: Bob, Sponge [ALERT] Person ID: 9064067 DOB: 10/26/1969

-Documented Person Characteristics-

The Characteristics Tab supports Federal Reporting by allowing the worker to record diagnoses of medical or mental health conditions and supports the recording of helpful information which may assist the worker when making placement decisions for a child.

☐ A clinical assessment by a qualified medical or mental health professional has not yet been completed for this person.

☐ A qualified professional has conducted a clinical assessment of this person and has determined this person has no clinically diagnosed conditions (Medical, Mental Health/Substance Abuse, Prenatal/Birth, or Developmental/Intellectual). ②

-Person Characteristics-

Characteristic Type:

Add Characteristics

Created in Error :

Exclude

Include

Returned 1 Record(s)

②

| Characteristic | Category | Method | Begin Date | End Date |
|--|-------------------------------|---------------|------------|----------|
| <div>edit</div> ADHD | Mental Health/Substance Abuse | Self-Reported | 04/16/2014 | |
| No additional known or applicable characteristics are documented for this person | | | | |

Apply

Save

Cancel

6. The Characteristics Details screen appears for the selected characteristic type. Select the applicable characteristics in the available characteristics list and click the Add button. Repeat this step for each characteristic you wish to add to the Selected Characteristics. **(Please note: Each Substance Abuse characteristics for a parent or older child has an Involved/Abuse characteristic and an Addiction/Dependence characteristic.)**
7. On this same screen, in the Method field you will need to click the appropriate radio button. (Clinically Diagnosed characteristics include any medical, physical, or mental health condition which has been diagnosed by a Qualified Professional. Documentation of the Clinically Diagnosed condition must be maintained in the case record. Otherwise, the condition may be documented as Self Reported or Observed.)

Person > Profile > Characteristics

Name: Bob, Sponge [ALERT] Person ID: 9064067 DOB: 10/26/1969

Characteristics Details

Characteristic Group: Mental Health/Substance Abuse

Available Characteristics:

Adjustment Disorder

Amphetamines - Addiction/Dependence

Amphetamines-Involved/Abuse

Anorexia

Antisocial Personality Disorder

Anxiety Disorder

Attention Deficit Disorder (ADD)

Attention Deficit Hyperactivity Disorder (ADHD)

Autism Spectrum Disorder

Avoidant Personality Disorder

Barbiturates - Addiction/Dependence

Barbiturates-Involved/Abuse

Add >

Add All >>

< Remove

<< Remove All

Selected Characteristics:

Method: ☒ Unknown ☐ Self Reported ☐ Observed ☐ Clinically Diagnosed

Additional Information:


4000

Created Date: Created By:

Modified Date: Modified By:

Save Cancel

8. If you selected the Self Reported, Observed, or Clinically Diagnosed radio button additional fields display. (The names of the additional fields change based on the radio button selected.) Complete the required information.

| | |
|----------------|--|
| Method: | <input type="radio"/> Unknown <input checked="" type="radio"/> Self Reported <input type="radio"/> Observed <input type="radio"/> Clinically Diagnosed |
| Reported By: | <input type="text"/> |
| Reported Date: | <input type="text"/>  |
| End Date: | <input type="text"/>  |

| | |
|-------------------|--|
| Method: | <input type="radio"/> Unknown <input type="radio"/> Self Reported <input checked="" type="radio"/> Observed <input type="radio"/> Clinically Diagnosed |
| Observed By: | <input type="text"/> |
| Observation Date: | <input type="text"/>  |
| End Date: | <input type="text"/>  |

| | |
|-----------------|--|
| Method: | <input type="radio"/> Unknown <input type="radio"/> Self Reported <input type="radio"/> Observed <input checked="" type="radio"/> Clinically Diagnosed |
| Diagnosed By: | <input type="text"/> |
| Diagnosis Date: | <input type="text"/>  |
| End Date: | <input type="text"/>  |

9. Enter narrative in the Additional Information text box if applicable. (This is optional). Click the Save button

| | |
|-------------------------|--------------|
| Additional Information: | |
| <div></div> | |
| <div>1000</div> | |
| Created Date: | Created By: |
| Modified Date: | Modified By: |
| <div>Save Cancel</div> | |

10. The Documented Characteristics are displayed

| | Characteristic | Category | Method | Begin Date | End Date |
|--|----------------|-------------------------------|---------------|------------|----------|
| edit | ADHD | Mental Health/Substance Abuse | Self-Reported | 04/16/2014 | |
| No additional known or applicable characteristics are documented for this person | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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