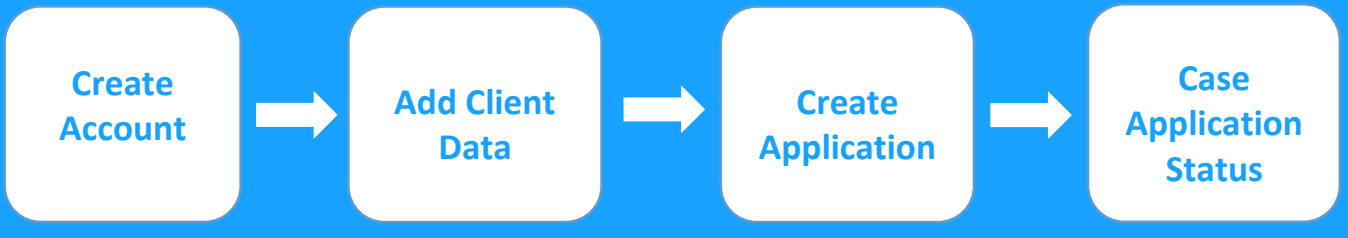


Summary

Use the Portal Support page, within Registration Assistance to view and edit existing client records that have been created through the Portal or to create new client records. If the Client has created their record using the Portal, the information will be available here and may be edited as needed. Search for a client in fields at top of page or use the Profile Listing Quick Access menu.



Add New Account: On Portal Support page, Account tab

- Select **Look-Up** to search for client
 - Enter Clients name
 - Click **SEARCH & ADD**
- Click **ADD ACCOUNT** to open Create Account popup window:
 - Enter First and Last Name, Date of Birth, SSN, Email or Phone Number and Language
 - Mark Checkbox if Phone number or Email is not available
 - Click **SIGN UP**
- If there is an existing account, matches will be displayed on the **Existing Account(s)** popup window
 - If new account is not a duplicate account
 - Click **OK**
 - If existing Client account appears, mark the Checkbox
 - Click **Confirm**
- Click **ADD** next to Note to add information and alerts.

Create Account

To Create a 'NEW ACCOUNT' complete the fields below
OR
Click <CLOSE> and go to the 'MEMBER' tab to add additional members to current household.

First Name *	Last Name *
<input type="text"/>	<input type="text"/>
Date Of Birth (Format: mm/dd/yyyy) *	SSN (Highly recommended)
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Account Email or Mobile Number is not Available	
Account ID (Email or Mobile Number) *	
<input type="text"/>	
Language *	
<input type="text" value="English"/>	

Sign Up

Close

Existing Account(s)

The following duplicate customer records were found with matching First Name, Last Name, and DOB.

	First Name	Last Name	Date Of Birth	Account	Address	Email
<input type="checkbox"/>	Grace	Acosta	1/1/1984	GAcosta202344@TMP.com	4538 West Fifth Avenue, Chicago, IL, USA	GAcosta202344@TM

This is a warning that you may be creating a duplicate customer. If you made any mistakes, you can correct them. If you agree that this is not a duplicate customer, you can ignore this warning. Pressing 'OK' will take you back to the previous screen.


OK

- Selecting an **Alert** note will give the profile picture a red glow around it
- Selecting **Information** note will not give the profile picture a red glow around it
- Click **SAVE**
- To Edit Record
 - Click **EDIT**
 - Edit data in popup window
 - Click **SAVE**
- To Change Account Owner
 - Click **SET OWNER**
 - Select Household member in Member dropdown
 - Click **SET AS OWNER**

Add Note

Subject * Note By

Note Type Note Date Expire Date


Note 

May get verbally aggressive.

Note: Click on  to send Account Profile to Client. Click on  to create an account Pin.

Add Contact Information: On Contact tab

- Click **EDIT** button next to Contact Information
- In the **Contact Information & Address** popup window:
 - Select Housing
 - Enter or select Phone and Email
 - Enter Address information
 - Checkmark applicable boxes if:
 - No mailing address
 - Uses Agency address
 - Different mailing address
 - Click **SAVE**
 - Some items may fill automatically
- To view Address in Google Maps

CONTACT INFORMATION 

Contact Information & Address

Household Type

CONTACT INFORMATION

Primary Phone Phone Type Leave MSG

Alternate Phone Phone Type Leave MSG

Email Contact Preference




LAST KNOWN PERMANENT ADDRESS

Address Zip Code County * Unit Type Unit Number

No mailing address available Use Agency Same address

Check if the mailing address is different from the address above

Housing Status


- Click Map  button next to Contact Information
 - Select map preferences:
 - Map – Terrain
 - Satellite – Labels
 - Zoom in & out
 - Tilt Map
 - Use Pegman for street view
 - Toggle fullscreen view
 - Click **CLOSE**
- To view Address History
 - Click **HISTORY** button  next to Address
 - Click **CLOSE**
- To add additional Contact
 - Click **ADD** next to Additional Contact
 - In Add Contact popup window, complete requested information
 - Checkmark applicable boxes if:
 - Member to Contact
 - Select Member's Checkmark box
 - Option to Provide an e-Signature
 - Notifications sent to selected Member
 - Click **SAVE**
- Click on the e-Signature Verify  button, to provide an e-Signature
 - Phone number will be displayed for where the verification code will be sent
 - Click **Send Verification Code**
 - Provide e-Signature code in blank box
 - Click **VERIFY**

CONTACT INFORMATION 

PRIMARY PHONE		PHONE TYPE		LEAVE MESSAGE	No
ALTERNATE PHONE		PHONE TYPE		LEAVE MESSAGE	No
ACCOUNT ID	GAcosta202344@TMP.com	EMAIL	GAcosta202344@TMP.com	CONTACT PREFERENCE	

LAST KNOWN PERMANENT ADDRESS 

	4538 West Fifth Avenue, Chicago, IL, USA	ZIP CODE	60639	UNIT		COUNTY	Cook
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ADDITIONAL CONTACT 
Add Contact
 Member Contact e-Signature Notification

 Grace Acosta Zak Acosta

Email Phone

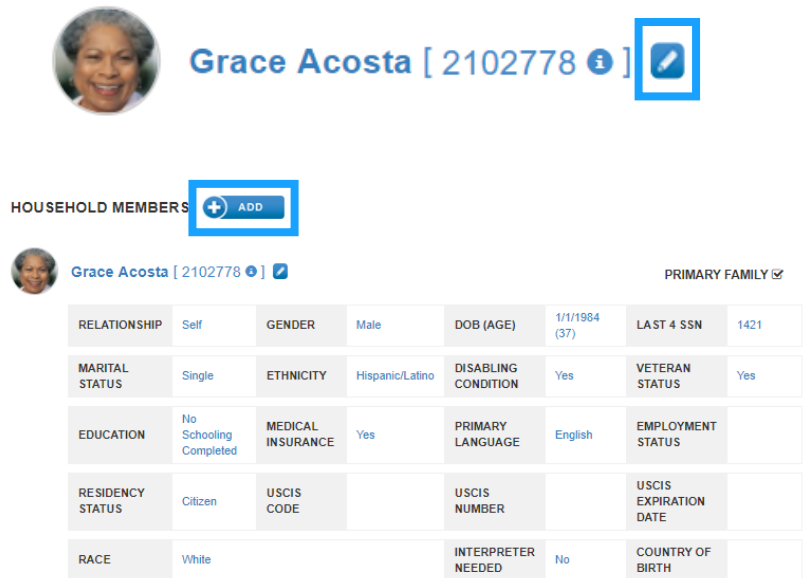
Relationship


e-Sign Verify
Zak Acosta


Phone: (773)555-2121



Edit or Add Household Members: On Member tab

- Edit Account Owner Record:
 - Click **EDIT** next to Clients name
 - In popup window:
 - Select or Enter each item
 - Click **SAVE**
- To Add Household Member:
 - Click **ADD**
 - In popup window:
 - Select or Enter each item
 - Click **SAVE**




Grace Acosta [2102778 ⓘ] 

HOUSEHOLD MEMBERS 


Grace Acosta [2102778 ⓘ] 
PRIMARY FAMILY

RELATIONSHIP	Self	GENDER	Male	DOB (AGE)	1/1/1984 (37)	LAST 4 SSN	1421
MARITAL STATUS	Single	ETHNICITY	Hispanic/Latino	DISABLING CONDITION	Yes	VETERAN STATUS	Yes
EDUCATION	No Schooling Completed	MEDICAL INSURANCE	Yes	PRIMARY LANGUAGE	English	EMPLOYMENT STATUS	
RESIDENCY STATUS	Citizen	USCIS CODE		USCIS NUMBER		USCIS EXPIRATION DATE	
RACE	White			INTERPRETER NEEDED	No	COUNTRY OF BIRTH	



Add Income and Non-Cash Benefits/Insurance: On Income tab

- To Add Income:
 - Click **EDIT** button next to Income for each Client
 - In Income popup window:
 - Select Frequency and Income Amount for all Income Sources needed
- Or
 - Select Declare No Income at top of page
 - Saving this will erase all income values
 - Click **SAVE**
 - Repeat for each enrolled Household Member

Income

Declare no income Save will erase all income values

INCOME SOURCE	FREQUENCY	INCOME
Wage1 <input type="text" value="Employer Name"/>	<input type="text" value=""/>	<input type="text" value=""/>
Unemployment Insurance	<input type="text" value=""/>	<input type="text" value=""/>
Supplemental Security Income (SSI)	<input type="text" value=""/>	<input type="text" value=""/>
Social Security Disability Insurance (SSDI)	<input type="text" value=""/>	<input type="text" value=""/>
VA Service-Connected Disability Compensation	<input type="text" value=""/>	<input type="text" value=""/>
VA Non-Service-Connected Disability Pension	<input type="text" value=""/>	<input type="text" value=""/>
Private disability insurance ⓘ	<input type="text" value=""/>	<input type="text" value=""/>
Worker's Compensation	<input type="text" value=""/>	<input type="text" value=""/>
Temporary Assistance for Needy Families (TANF)	<input type="text" value=""/>	<input type="text" value=""/>
General Assistance (GA)	<input type="text" value=""/>	<input type="text" value=""/>
Retirement Income from Social Security	<input type="text" value=""/>	<input type="text" value=""/>
Pension or retirement income from a former job	<input type="text" value=""/>	<input type="text" value=""/>
Child support	<input type="text" value=""/>	<input type="text" value=""/>
Alimony and other spousal support <input type="text" value="Employer Name"/>	<input type="text" value=""/>	<input type="text" value=""/>
Other source	<input type="text" value=""/>	<input type="text" value=""/>
Other: <input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

NOTE: Income amounts will be totaled and Monthly, Quarterly and Yearly Income Calculations will be displayed along with Poverty levels for the Household.

Income and Benefits must be collected for each household member.



- Add **Non-Cash Benefits/Insurance:**
 - Click **EDIT** next to Non-Cash for each household member
- In top **Social Benefits** section:
 - Check all benefits received by Account Owner
- In bottom **Health Insurance Benefits:**
 - Check all benefits received by Account Owner
 - Click **SAVE**
 - Repeat for each enrolled Household Member

NON-CASH BENEFITS/HEALTH INSURANCE

Non-Cash Benefits

None

Client Doesn't Know Client Refused Data Not Collected

SNAP Amount: TANF Child Care WIC

SSI/Disability/SSD Other TANF-Funded Services Section 8 or Rental Assistance

Other Amount:

Health Insurance

No Health Insurance

Client Doesn't Know Client Refused Data Not Collected

MEDICAID MEDICARE VA Medical Services

State Children's Health Insurance Employer Provided health Insurance COBRA Health Insurance

Private Health Insurance State Adult Health Insurance Indian health services program

Other Medically Needy Amount:

Save

Close

Add Assessment: On Portal Assessment tab

- Click **EDIT** next to **Needs Assessment**
- In **EDIT** Questions popup window:
 - Enter or select answer for each question
 - When finished, click **SAVE**
 - Save Success will display at top of page
 - Enter Date of Assessment
 - Click **CLOSE**
- Answers will be displayed on page after saving

NEEDS ASSESSMENT

EDIT

Edit Question

* 1. What is your family's current household income and how would you rate your money management practices?
Sufficient income to pay bills without subsidies

* 2. How would you describe your family's current housing situation?
Homeless

* 3. How would you describe your family's current employment situation, including status, skill set, benefits, and how it meets basic needs?
Part Time Employment

* 4. How would you describe your family's current physical and oral health situation, including insurance, immunizations, and ability to pay for medications?
A family member's health problem regularly interferes with employment or other goal options.

* 5. How would you describe your family's current mode of transportation, including reliability, insurance, and licensing?
Public or private transportation available most of the time

* 6. Are mental health and/or substance abuse issues present in the family and if so, how are they being addressed?
Some basic needs met

* 7. How would you describe your family's regular food, nutrition, and clothing situation?
Unable to afford food without food program assistance; Food Bank

* 8. How would you describe your academic skill set and how it impacts employment or other goal attainment?
High School/Hi Set

Save

Close

Note: Needs Assessment is color coded to easily identify severity of Needs and Progress.

Red – In Crisis

Pink – Vulnerable

Yellow – Stable

Light Green – Safe

Dark Green - Thriving

In Crisis

Vulnerable

Stable

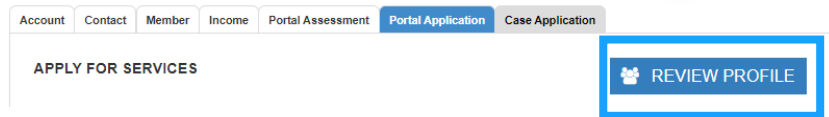
Safe


Thriving

Add Application: On Portal Application tab

- Application must be selected first
- Click **REVIEW PROFILE**
 - Click **ADD** next to Note
 - Popup window displays all information entered for household members. It may not be edited here, but may be reviewed.

- Apply to Services, if available
 - Select program to enter on left side; screen will display instructions for that Program
 - Click **CONTINUE**
 - Step 1: Select household member who is the primary recipient of services “Applicant”
 - Household Member is displayed in window
 - Click **CONTINUE**
 - Step 2: Select household members to be included in application
 - Household members are displayed in window
 - Click **CONTINUE**
 - Step 3: Complete application details Each section displays an edit button if any additional information needs to be added
 - Check Certification of Completion
 - Click **SUBMIT**
 - Note Submit button is available only when checkbox is checked
 - Click **YES**
 - A message will display successful completion
 - Click **RETURN**






Chicago Community Services

Who Should Apply

City of Chicago Community Service Centers help individuals and families in need access a wide range of resources from shelter, food and clothing to domestic violence assistance, job training/placement and services for the formerly incarcerated. Clients can also get information about rental, utility and other financial assistance programs. The centers also serve as warming and cooling centers during periods of extreme weather.



Disability Services

INSTRUCTIONS

Just 3 simple steps to submitting your application.

Step1: Selection of the household member who is the primary recipient of services “Applicant”.

Step2: Selection of the Household members to be included in the application.

Step3: Completion of application details.

CONTINUE

Applicant's Certification of Completion

I certify that all information provided as part of this application is true and correct to the best of my knowledge.

SUBMIT


CANCEL

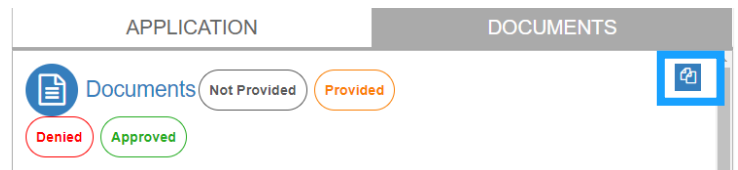
RETURN

NOTE: All program rules must be met for application to be available.

Application box will turn blue and checkmark will be displayed when application has been submitted.

Case Application Status: On Case Application tab

- On the Case Application tab, select **Application**
 - Application and Services are displayed as a quick overview
 - Submit a response to the Case Manager, if there are any Outstanding Items listed
- On the Case Application tab, select **Documents**
 - Documentation status is displayed as a quick overview and color coded
 - Not Provided - Black
 - Provided - Orange
 - Denied - Red
 - Approved - Green
 - Document Forms may also be downloaded by clicking on the  Show Forms button



NOTE: The number in the RED circle tells you how many items need a response in the tab. Select the tab and provide a response to each item in order to finalize the application.