

Need Identified

Not Associated with the Family Goal

Services To-Do List Entry Express Management Dashboard Reports Setup Enter Report # Community Help

John Doe x +

John Doe's Family

Male DOB: 2/24/17 1y 4m CPID: 1055
Enrolled 7/1/18 (22d) Year 3

EHS 2018 - 2019 • Test Site • Test Classroom • <none>

Application Enrollment **Family Services** Health Immunizations Disability Mental Health Education Attendance

Events Family Outcomes Family Services Information HV Form Parent Engagement Survey

Family Services Events [Options](#) **Add Event**

Date	Event	Description	Associated With	Progress	Time	Case Worker	Actions
7/02/18	Home Visit (Educational H...		John	Started	0 h 0 m		9
3/29/18	Communication Log		John		0 h 0 m		0

*In the Family Services' Events tab, click on the green "Add Event" button on the right side of the screen.

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EHS 2018 - 2019 • Test Site • Test Classroom • <none>

Application Enrollment Family Services Health Immunizations Disability Mental Health Education Attendance

Events Family Outcomes Family Services Information HV Form Parent Engagement Survey

Family Services Events

Options Add Event

Date	Event	Description	Associated With	Progress
7/02/18	Home Visit (Educational H...		John	Started
3/29/18	Communication Log		John	

Add Family Service Event

- Educational Event
- Emergency/Crisis
- Family Goal
- Home Visit (Educational Home Base ONLY)
- Informal Contact
- Need Identified**
- Parent Committee Meeting
- Parent Curriculum
- Socialization

Cancel

***Scroll down the drop down menu to "Need Identified" and click...UNLESS it is a crisis or emergency situation.**

Add Need Identified

Initial Date

Service Area

Issue

Associated With
Case Worker

Family Members

Progress

Date Closed

Entire Family

[Add Action](#)

Scheduled	Action Date	Action Type	Description	Status	Case Worker	Referred To	Time
No actions have been entered associated with this event. Click "Add Action" above to add one.							

[Save and Add Another](#) [Save](#) [Cancel Add](#)

*This screen will appear.

*Enter the date the need was identified.

Add Need Identified

Initial Date: 7/23/18

Associated With: Entire Family

Case Worker: [Empty]

Family Members: [Empty]

Service Area Issue: [Empty]

- Attendance
- Child Development
- Disability
- Education
- Emergency/Crisis
- Employment
- Financial
- General Family Support (child care, clothing, non food items, etc)
- Health
- Housing
- Legal
- Mental Health
- Nutrition**
- Parenting
- Transportation

Actions

Scheduled	Action Date	Action Type	Description	Status	Case Worker	Referred To	Time
No actions have been entered associated with this event. Click "Add Action" above to add one.							

Buttons: Add Action, Save and Add Another, Save, Cancel Add

- *Click on the Service Area box to view the drop down menu.
- *Choose the service area that best fits the need you are entering.
- *Click on that service area within the drop down menu.

Add Need Identified

Initial Date: 7/23/18

Service Area: Nutrition

Issue: **Issue**

Associated With: Entire Family

Case Worker:

Family Members:

Progress:

Date Closed:

Actions Add Action

Scheduled	Action Date	Action Type	Description	Status	Case Worker	Referred To	Time
No actions have been entered associated with this event. Click "Add Action" above to add one.							

Save and Add Another Save Cancel Add

- *Click on the Issue box to view the drop down menu.
- *Choose the issue that best fits the family's need.
- *Click on that issue within the drop down menu.

Add Need Identified

Initial Date: 7/23/18

Service Area: Nutrition

Issue: Nutrition Both

Associated With: Entire Family

Case worker: Entire Family

Family Members: John Doe

Progress: []

Date Closed: []

Actions Add Action

Scheduled	Action Date	Action Type	Description	Status	Case Worker	Referred To	Time
No actions have been entered associated with this event. Click "Add Action" above to add one.							

Save and Add Another Save Cancel Add

***The Associated With box will automatically populate "Entire Family".**

***You do have the option to change it to an individual enrollee within the family, if you need.**

***In that case, you would choose the enrollee's name in the drop down menu.**

Add Need Identified

Initial Date: 7/23/18

Service Area: Nutrition

Issue: Nutrition Both

Associated With: Case Worker

Family Members: Entire Family, Hill, Kelly

Progress:

Date Closed:

Actions Add Action

Scheduled	Action Date	Action Type	Description	Status	Case Worker	Referred To	Time
No actions have been entered associated with this event. Click "Add Action" above to add one.							

Save and Add Another Save Cancel Add

*Click on the Case Worker box.

*Either scroll down or begin typing your last name.

*Once you find your name, click on it.

Need Identified

Initial Date: 7/23/18

Service Area: Nutrition

Issue: Nutrition Both

Associated With: Entire Family

Case Worker: Hill, Kelly

Family Members

Nancy

Progress: [Dropdown]

Date Closed: [Calendar]

Actions Add Action

Scheduled	Action Date	Action Type	Description	Status	Case Worker	Referred To	Time
No actions have been entered associated with this event. Click "Add Action" above to add one.							

Delete Event and Actions Save Cancel

***In the Family Members box, type which adult(s) you are working with in regards to this identified need.**

Need Identified

Initial Date: 7/23/18

Service Area: Nutrition

Issue: Nutrition Both

Associated With: Entire Family

Case Worker: Hill, Kelly

Family Members: Nancy

Progress

Date Closed: In Progress

Actions [Add Action](#)

Scheduled	Action Date	Action Type	Description	Status	Case Worker	Referred To	Time
No actions have been entered associated with this event. Click "Add Action" above to add one.							

[Delete Event and Actions](#) [Save](#) [Cancel](#)

*Click in the Progress box.

*Choose "In Progress" from the drop down menu, and click on it.

Need Identified

Initial Date: 7/23/18

Service Area: Nutrition

Issue: Nutrition Both

Associated With:

- Case Worker: Hill, Kelly
- Family Members: Nancy

Progress: In Progress

Date Closed

[Add Action](#)

Scheduled	Action Date	Action Type	Description	Status	Case Worker	Referred To	Time
No actions have been entered associated with this event. Click "Add Action" above to add one.							

[Delete Event and Actions](#) [Save](#) [Cancel](#)

***Leave the Date Closed box blank until all actions have a final status entered.**

***Once that is complete, enter the closed date and update the status.**

Need Identified

Initial Date: 7/23/18

Service Area: Nutrition

Issue: Nutrition Both

Associated With: Entire Family

Case Worker: Hill, Kelly

Family Members: Nancy

Progress: In Progress

Date Closed:

Add Action

Scheduled	Action Date	Action Type	Description	Status	Case Worker	Referred To	Time
No actions have been entered associated with this event. Click "Add Action" above to add one.							

Delete Event and Actions

Save Cancel

***Click the green "Add Action" button.**

***Each referral, task, communication, follow up, or direct service in regards to this need identified will be entered as it's own individual Action.**

***You may have multiple Actions listed for one need.**

Communication:
a conversation or communication in person, over the phone, through text, email, or flyer

Direct:
an action to be completed by Head Start

Family Task:
an action to be completed by the family

Referral:
a referral was given to the family

The screenshot shows the 'Add Action' form. The 'Action Type' dropdown menu is open, displaying the following options: Communication, Direct, Family Task, and Referral. The 'Action Type' label is circled in red. Other fields include 'Type of Contact', 'Description', 'Status', 'Case Worker', and 'Action Notes'. At the bottom are buttons for 'Save and Add Another', 'Save', and 'Cancel Add'.

*This screen will appear.

*From the Action Type drop down menu, choose the most appropriate action type for your entry.

*Depending on the Action Type you choose, more boxes may appear.

Add Action

^ v [icon] [icon]

Action Type	Referral	Type of Contact	
Scheduled	8/10/18 [calendar]	Description	
Action Date	7/23/18 [calendar]	Status	
Referred To		Case Worker	
Referral Type			

Time ABC Print Edit Copy Share

Action Notes

Save and Add Another Save Cancel Add

***Enter the Scheduled Date as the date you expect the action to be completed by.**

***Enter the Action Date as the date you initiated the process for this specific communication, direct service, family task, or referral.**

***If the action is a referral, there will be two extra boxes to fill out:**

- Referred To
- Referral Type.

***If you are not entering a referral, skip to the next slide on Type of Contact.**

Referral - 7/23/18 ^ v 🔍 🖨

Action Type	Referral	Type of Contact	
Scheduled	8/10/18 📅	Description	
Action Date	7/23/18 📅	Status	
Referred To	St. Louis County	Case Worker	
Referral Type	Verbal		

Action Notes 🕒 abc 🖨 ✎ 📄 ↶ ↷

[Delete Action](#) **Save** Cancel

***Click on the Referred To box.**

***Either scroll down or begin typing the agency or name the referral is for.**

***Once you find the name, click on it.**

***Click the Referral Type box.**

***Use the drop down menu to click on how the referral was given to the family, Verbal or Written.**

Referral - 7/23/18

^ v eye print

Action Type	Referral	Type of Contact	
Scheduled	8/10/18	Description	
Action Date	7/23/18	Status	
Referred To	St. Louis County	Case Worker	
Referral Type	Verbal		

Email
Flyer, Handout, Mailing
Home Visit
Phone
Site/Office
Text

clock abc print edit copy link

Action Notes

Delete Action Save Cancel

*Click on the Type of Contact box.

*Choose from the drop down menu what type of contact you had with the family regarding this action.

Referral - 7/23/18



Action Type

Referral

Type of Contact

Home Visit

Scheduled

8/10/18

Description

Referred to WIC

Action Date

7/23/18

Status

Referred To

St. Louis County

Case Worker

Referral Type

Verbal



Action Notes

Empty text area for Action Notes.

Delete Action

Save

Cancel

*Type a brief description of the action.

STATUS OPTIONS

Completed- Receiving Services: The specific action has been finished and the family is now receiving the service.

Dropped- Incomplete: The family dropped from the program and the outcome is unknown.

In Progress: The staff or family is working towards completing the action.

Not Receiving Services- Client Ineligible: The family does not meet eligibility requirements to receive the service.

Not Receiving Services- No Funding: The family may have qualified for service, but the program is currently out of funds.

Refused: The family chooses to not move forward on receiving the service.

Referral - 7/23/18

Action Type	Referral	Type of Contact	Home Visit
Scheduled	8/10/18	Description	Referred to WIC
Action Date	7/23/18	Status	
Referred To	St. Louis County	Case Worker	
Referral Type	Verbal		

Action Notes

Completed
Discontinued - Incomplete
Dropped - Incomplete
Family Cancelled
In Progress
No Child Contact Week
Refused
Staff Cancelled
Started

Delete Action Save Cancel

*Use the drop down menu to choose "In Progress" until you know the final outcome of the action.

*Once you know the final outcome, update the status.

Referral - 7/23/18



Action Type

Referral

Type of Contact

Home Visit

Scheduled

8/10/18

Description

Referred to WIC

Action Date

7/23/18

Status

In Progress

Referred To

St. Louis County

Case Worker

Hill, Kelly

Referral Type

Verbal



Action Notes

Empty text area for action notes.

Delete Action

Save

Cancel

*Click on the Case Worker box.

*Either scroll down or begin typing your last name.

*Once you find your name, click on it.

Referral - 7/23/18

^ v eye print

Action Type	Referral	Type of Contact	Home Visit
Scheduled	8/10/18	Description	Referred to WIC
Action Date	7/23/18	Status	In Progress
Referred To	St. Louis County	Case Worker	Hill, Kelly
Referral Type	Verbal		

Action Notes

7/23/2018 2:31 PM Kelly Hill Gave mom phone number to schedule intake appointment at WIC office.
7/29/2018 3:14 PM Kelly Hill Mom had appointment scheduled for 7/26 at 2pm, but rescheduled for 8/3 at 2pm due to John being ill with a fever.

Delete Action Save Cancel

*In Action Notes, click the date and user stamp that looks like a clock.

*Type any notes to document actions and follow up.

*Click spell check and update any spelling errors.

*Click the green "Save" button.

*Return to this page to update notes and status as needed.

Need Identified

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Initial Date

Service Area

Issue

Associated With

Case Worker

Family Members

Progress

Date Closed

Actions Add Action

Scheduled	Action Date	Action Type	Description	Status	Case Worker	Referred To	Time
8/10/2018	7/23/2018	Referral	Referred to WIC	In Progress	Hill, Kelly	St. Louis County	0h 0m

Delete Event and Actions

Save
Cancel

***You will return to the Need Identified screen with the Actions box filled in.**

***Click the green “Add Action” button for an additional action to this need identified, and follow the process you just completed.**

***Once all actions are entered, click the green “Save” button at the bottom of the page.**

PROGRESS OPTIONS

Completed: All actions have been finalized.

Dropped- Incomplete: The family dropped from the program and the outcome is unknown.

In Progress: The staff and/or family is working on the emergency/crisis.

Need Identified

Initial Date: 7/23/18

Service Area: Nutrition

Issue: Nutrition Both

Associated With: Entire Family

Case Worker: Hill, Kelly

Family Members: Nancy

Progress: In Progress

Date Closed:

Actions

Action Date	Action Type	Description	Status	Case Worker	Referred To	Time
8/10/2018	Referral	Referred to WIC	In Progress	Hill, Kelly	St. Louis County	0h 0m

Delete Event and Actions

Save Cancel

*Once all actions have a final status entered, update the progress of the emergency/crisis and the date.

*Click the green "Save" button at the bottom of the page.

Services | Io-Do List | Entry Express | Management | Dashboard | Reports | Setup | Enter Report # | Community | Help | [Print] [Settings]

John Doe x +

John Doe's Family ▾ Flags [Refresh] [Save]

Male DOB: 2/24/17 1y 4m CPID: 1055
Enrolled 7/1/18 (22d) Year 3 EHS 2018 - 2019 • Test Site • Test Classroom • <none>

Application | Enrollment | **Family Services** | Health | Immunizations | Disability | Mental Health | Education | Attendance

Events | Family Outcome | **Family Services Information** | IV Form | Parent Engagement Survey

▼ Family Services Information

Case Worker	<input type="text"/>	IFPA Agency Name	<input type="text"/>
Other Case Worker	<input type="text"/>	Primary IFPA Agency Type	<input type="text"/>
Other Case Number	<input type="text"/>		
Staff Time Spent	13 hours, 30 minutes		

***Referrals completed in Family Services need attention within the “Family Services Information” tab.**

***Review the PIR training on Needs Identified for the next steps.**

Questions?

**Contact your supervisor
for additional guidance.**