

DOCUMENTING POSTSECONDARY EDUCATION SUPPORT PERSONS IN A NEW OR EXISTING CASE PLAN IN CWS/CMS

Client Services



Case Management Section (Green)

1. From Client Services, open the appropriate case. Click *Open Existing Case Plan* or “+” button to *Create New Case Plan*.



2. Case Mgmt Svcs
In the Case Mgmt Svcs tab, click the “+” in the **Case Mgmt Svcs** grid to open the dialog box.

ID	CP Participants	Contributing Factors	Strengths	Service Objectives	Planned Client Services	Case Mgmt Svcs
Case Management Services						
+	Participant		Category		Service Type	
2	Rhiannon(19)			Case Management Services	Inform Sexual and Repro Health Rights	
3	Rhiannon(19)			Case Management Services	SW Plan Contact	
4	Rhiannon(19)			Independent Living Program Services	ILP - Career/Job Guidance	
5	Rhiannon(19)			Secondary and Post Secondary Guidance	Assist with Financial Aid Application(s)	

Participants

+	Rhiannon M(19)
---	----------------

Service

Category: Secondary and Post Secondary Guidance

Type: Assist with Financial Aid Application(s)

Wraparound Core Service

Agency Responsibilities for Service

Schedule for Service

Start Date: 12/01/2022 End Date: 06/01/2023

Occurrences:

Frequency:

Contact/Visitation Waivers:

Go to View by Participant

Contacts/Visits

Contact Party:

Contact Method:

Supervision Required

Yes No Not Applicable

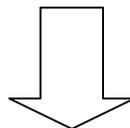
Provider

Staff Person Service Provider Collateral

Substitute Care Provider

Provider Name:

CONTINUED ON NEXT PAGE



3. Next, from the dialog box, select/highlight the *Participant* youth's name, choose "**Secondary and Post Secondary Education Guidance**" from the *Category* drop down list, and choose the *Type* of activity(ies) from the list that have a designated and identified adult support person. Then, choose "OK" and the dialog box will close.
 - a. If the "*Type*" of activity that the identified adult support person is assisting the youth with is completing college applications, select "Other."

Select Case Management Services

If participants have different descriptions or schedules, please select them separately.

Participants
Rhiannon M (19)

Category: Secondary and Post Secondary Guidance

Type: Assist with Financial Aid Application(s)

Buttons: OK, Apply, Cancel, Help

Wraparound Core Service

Provider: Staff Person Service Provider Collateral Substitute Care Provider

Provider Name: _____

4. In the *Provider* frame on the **Case Mgmt Svcs** tab, click "Staff Person", "Service Provider" or "Collateral" from the Provider type radio button list to identify who has been identified as the Post Secondary Education support person for each Secondary and Post Secondary Guidance *Service Type*.
 - a. If the *Service Type* of guidance being provided is to assist the youth with completing college applications, enter a statement in the *Agency Responsibilities for Services* text field stating such.

ID	CP	Participants	Contributing Factors	Strengths	Service Objectives	Planned Client Services	Case Mgmt Svcs
3		Rhiannon(19)			Case Management Services		SW Plan Contact
4		Rhiannon(19)			Independent Living Program Services		ILP - Career/Job Guidance
5		Rhiannon(19)			Secondary and Post Secondary Guidance		Assist with Financial Aid Application(s)
6		Rhiannon(19)			Secondary and Post Secondary Guidance		Detect Partial Credits

Participants: 1 Buckalew, Rhiannon M(19)

Service: Category: Secondary and Post Secondary Guidance, Type: Assist with Financial Aid Application(s)

Schedule for Service: Start Date: 12/01/2022, End Date: 06/01/2023

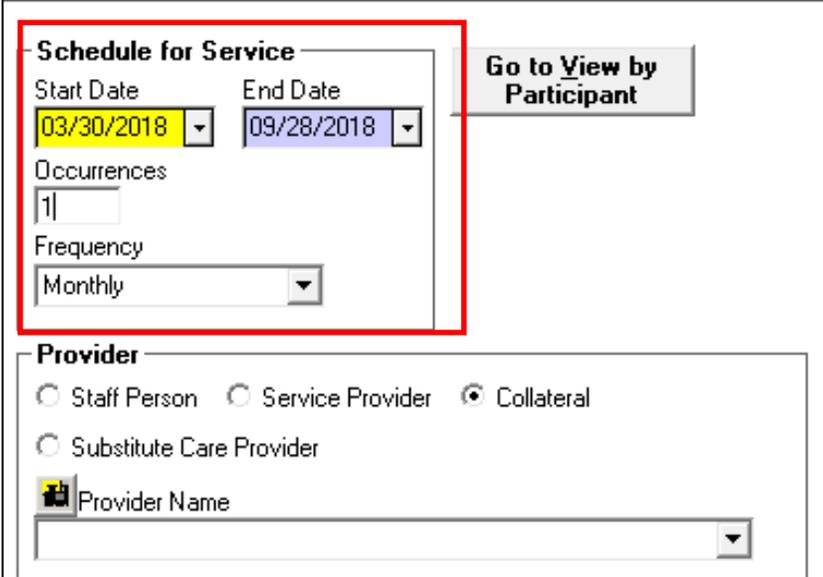
Provider: Staff Person Service Provider Collateral Substitute Care Provider

Provider Name: _____

Provider

Staff Person Service Provider Collateral Substitute Care Provider

Provider Name: _____

<p>5. If the Secondary and Post Secondary Guidance Provider is a “Collateral”, click on the  to perform a search for the “Collateral” Provider Name</p> <p>6. If the Provider is a “Collateral”, select the <i>Provider Name</i> from the drop- down menu.</p>	 <p>Provider</p> <p><input type="radio"/> Staff Person <input type="radio"/> Service Provider <input checked="" type="radio"/> Collateral</p> <p><input type="radio"/> Substitute Care Provider</p> <p> Provider Name</p>
<p>7. Once the <i>Provider</i> for <u>each</u> Secondary and Post Secondary Guidance <i>Service Type</i> is selected, enter the Start Date in the <i>Schedule for Service</i> frame. The system will automatically fill in the end date, which is six (6) months from the selected Start Date.</p>	 <p>Schedule for Service</p> <p>Start Date: 03/30/2018 End Date: 09/28/2018</p> <p>Occurrences: 1</p> <p>Frequency: Monthly</p> <p>Go to View by Participant</p> <p>Provider</p> <p><input type="radio"/> Staff Person <input type="radio"/> Service Provider <input checked="" type="radio"/> Collateral</p> <p><input type="radio"/> Substitute Care Provider</p> <p> Provider Name</p>