

## **SM03: Information and Referral**

---

**May 12, 2017**



## Change History

Release # or Date	CR# or Incident #	Change Description	Author(s)	Section Modified
10/13/2015		Updates resulting from Supported Platforms review	Tom Erskine	Throughout
11/02/2015		Supported Platforms peer review	Ibrahim Allison	Throughout
2/05/2016		Supported Platforms Final Review	Nancy Weglinski	Throughout



## Table of Contents

1.1	Introduction.....	4
1.2	Pages .....	5
1.2.1	Information and Referral.....	5
1.2.1.1	Page Overview .....	5
1.2.1.2	Page Information.....	6
1.2.1.3	Background Processing .....	7
1.2.1.4	Hard Coded Dependencies .....	7
1.2.1.5	Save Processing .....	7
1.2.1.6	CRUD Matrix.....	7
1.3	Inventories.....	8
1.3.1	Table Descriptions .....	8
1.3.2	Reference Data.....	8
1.3.3	Automated Messages .....	12
1.3.4	Checklists .....	12
1.3.5	Ticklers .....	12
1.3.6	Notifications.....	12
1.3.7	Text Templates.....	12
1.3.8	Reports .....	12
1.3.9	Triggers .....	12
1.4	Batch Programs .....	12
1.5	Requirements .....	12



## 1.1 Introduction

The Information and Referral (I & R) design topic supports the documentation, management, and printing of information and referral requests that Department of Children and Families (DCF)/Community-Based Care/Sheriff's Office workers receive. This page provides a method to collect information and track the number of requests for referral information, and do not seek additional services from DCF/Community-Based Care/Sheriff's Office.

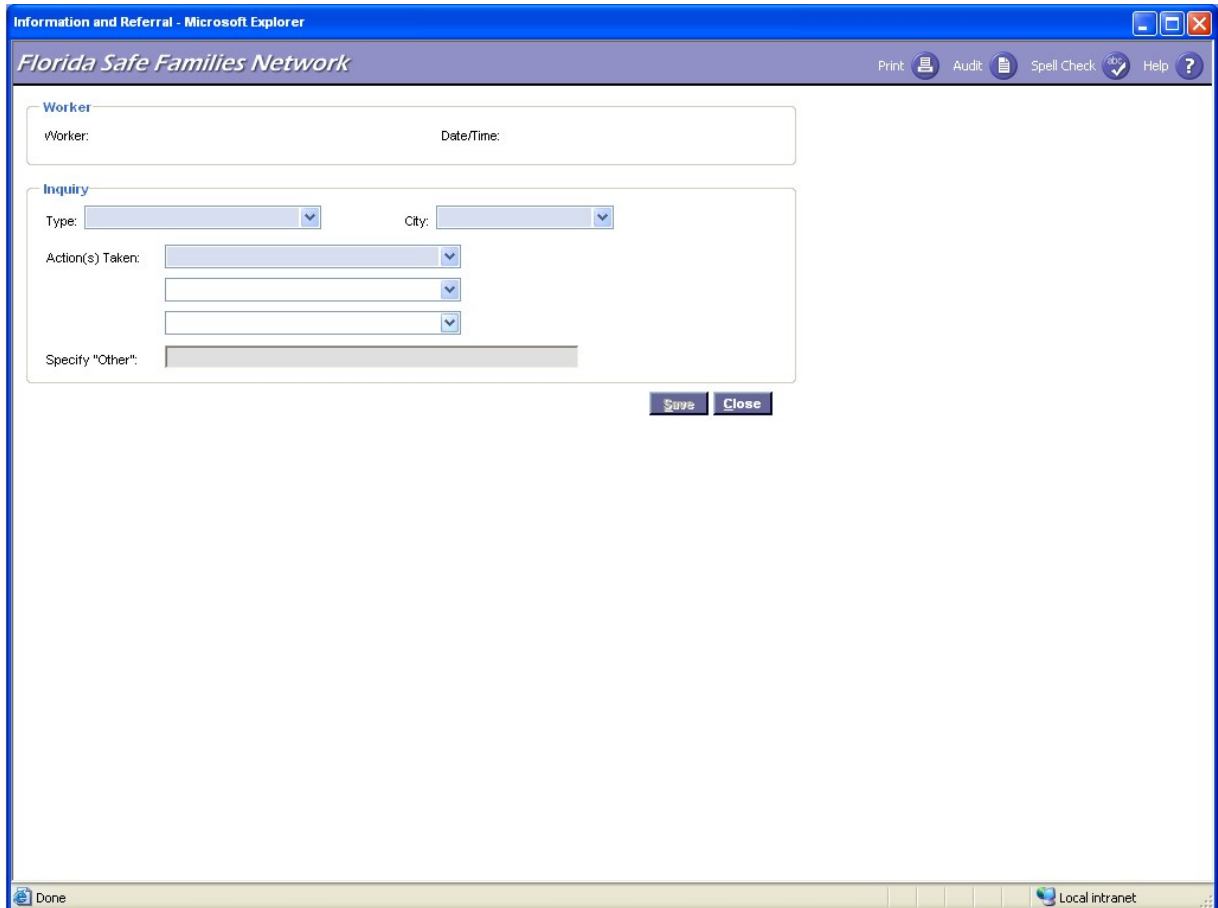
This page is designed with the following assumptions:

- If a worker or referral recipient decides during the course of obtaining information for the Information and Referral, that an Intake or Service Referral is needed, the caller would be instructed to make a call to the Florida Abuse Hotline or the appropriate CBC. Intakes and Service Referrals are documented in SM02: *Intake*. Those items documented as Intakes or Service Referrals are listed as Intakes on the Outliner, and an Information and Referral request is not saved to the Access Report table.
- If a referral recipient requests information about foster care or adoptive parenting, then the caller's name, address, and phone number are entered in *Person Provider Inquiry* (PM07). If a facility or agency inquires about becoming an organizational provider, then information is documented in *Organization Provider* (PM02b). Requests for information about becoming a DCF provider are not entered on the Information and Referral page.

Information and Referral functionality is not linked to the *Intake* (SM02) topic.

## 1.2 Pages

### 1.2.1 Information and Referral



The screenshot shows a web browser window titled "Information and Referral - Microsoft Explorer". The page header is "Florida Safe Families Network" and includes a menu bar with "Print", "Audit", "Spell Check", and "Help". The form is divided into two main sections: "Worker" and "Inquiry".

**Worker Section:** Contains two input fields: "Worker:" and "Date/Time:".

**Inquiry Section:** Contains several dropdown menus and a text input field:

- "Type:" dropdown menu
- "City:" dropdown menu
- "Action(s) Taken:" dropdown menu
- Two additional empty dropdown menus
- "Specify 'Other':" text input field

At the bottom right of the form are "Save" and "Close" buttons. The browser's status bar at the bottom shows "Done" and "Local intranet".

#### 1.2.1.1 Page Overview

##### Navigation

The user can navigate to the Information and Referral page through Create > Information and Referral from the menu items found on the menu bar.

##### Page Summary

This topic assists workers by providing a way to log information and referral requests. The Information and Referral page is used by DCF/Community-Based Care/Sheriff's Office workers to collect information and track requests that seek information, other than DCF/Community Based Care/Sheriff's Office services. At the top of the page, the worker's name and the date/time are pre-filled by Florida Safe Families Network (FSFN). The worker may record the type of call or request received, such as Substance Abuse Information, and the City of the locale about which information or a referral is being sought (e.g., referred to services in Miami). If the worker selects "Other" as the type of request received, then he or she must enter a description of



the type of request in the “Specify “Other”” field. In addition, the worker may select up to three actions taken regarding the request, such as “Answered Questions” or “Referred to Other Florida State Agency”.

A screen print of the Information and Referral page may be printed as needed. When the worker has completed the page, and saves the record by clicking the Save button, the Information and Referral request is logged in the FSFN database with its date and time. FSFN reporting functionality can generate a related report to assist the worker in managing the type of information and referral requests they receive in a given amount of time.

**1.2.1.2 Page Information**

<b>Group Box</b>		<b>Worker</b>
<b>Field</b>	Worker	The name of the worker; system derived based on the worker who is logged in; (system derived from PERSON.NM_LST and PERSON.NM_FRST); Read only.
	Date/Time	Date/time stamp; system derived upon creation of work from INFO_REF.TS_CR. Read only.
<b>Group Box</b>		<b>Inquiry</b>
	Type	Type of information/referral request received; worker selected drop down; required; if this field is not completed, upon save the worker will receive an error message indicating that the field needs to be completed; Data derived from INFO_REF.CD_TYPE.
	City	City or town for which the referral is made; user selected drop down containing Florida cities; required; if this field is not completed, upon save, the worker will receive an error message indicating that the field needs completed. Information is system derived from ZIP_CODE.CD_TOWN.
	Action(s) Taken	Three rows in which to select action taken; worker selected drop down; at least one action taken must be selected; required; if this field is not completed the worker will receive error message, upon save, indicating that the field needs completed; duplicates are not permitted; data saves to INFO_REF.CD_ACTN1, INFO_REF.CD_ACTN2, and INFO_REF.CD.ACTN3.
	Specify “Other”	Other type of request not listed in drop down; enabled and required when the worker selects „Other“ in the Type drop down; worker entered text field; if this field is not completed, worker will receive error message, upon save, indicating that the field needs completed; data saves to INFO_REF.TX_INFOREF_OTHR.
<b>Buttons</b>	Save	Standard save processing.



	Close	Standard close processing.
--	-------	----------------------------

**1.2.1.3 Background Processing**

- FSFN retrieves the name of the worker and the date/time, and then pre-fills the appropriate fields with this information.
- When the value “Other” is selected in the Type field, the “Specify “Other” field is enabled, and required as a text field. If the user then selects another value from the Type field, any previously entered text is deleted and the field is disabled.
- If a value is selected from the Action(s) Taken dropdown that has already been chosen, the user will be prompted with a pop-up message, “The selected value has already been chosen. Please select another value.”

**1.2.1.4 Hard Coded Dependencies**

Field/Column Name	Reference Group	Reference Code Value	Description
Type	INFOTYPE	Other	If the Type field has a type of “Other”, the Specify Other text field is enabled (INFO_REF.CD_TX_INFOREF_OTHR).

**1.2.1.5 Save Processing**

- Save Processing is initiated by clicking on the Save command button. Save processing is also initiated when the user clicks the Close button, and then clicks “Yes” when prompted with the “Save changes before closing page?” question.
- The Type, City, Action(s) Taken, and Specify “Other” fields are required and need to be completed prior to saving the referral record. (The Specify “Other” field is required only when the value in the Type field is “Other”.) If the user fails to select values or enter text, as appropriate, in these fields, a validation error is displayed. The message will read: “You must correct the following errors before proceeding:”, and provide of list of issues that must be corrected before the Save will be allowed.

**1.2.1.6 CRUD Matrix**

Table	Column	Process Description	CRUD
-------	--------	---------------------	------



Table	Column	Process Description	CRUD
INFO_REF	ID_CR	Worker’s name will pre-fill based on login ID used to access FSFN.	R
INFO_REF	TS_CR	FSFN retrieves the date/time and then pre-fills the appropriate field with this information.	R
INFO_REF	CD_TYPE	The worker will select the Type of information and referral request made from a drop down field. Once the Save process is initiated, the code for the Type will be recorded in the INFO_REF table.	C
INFO_REF	CD_ACTN1, CD_ACTN2, CD_ACTN3	The worker will select an Action Taken in response to the information and referral inquiry from a drop down field. Once the Save process is initiated, the code for the Action Taken will be recorded in the INFO_REF table.	C
INFO_REF	TX_INFOREF_ OTHR	When “Other” is selected as the Type, the Specify Other text field will be enabled. The worker will enter the type of information and referral request in the field and once the Save process is initiated, the worker entered text will be recorded in the INFO_REF table.	C

### 1.3 Inventories

#### 1.3.1 Table Descriptions

Table Name	Description
INFO_REF	The INFO REF table maintains the log of Information and Referral Requests, Type of Request, City, and corresponding Action(s) Taken. The log is created by processes in SM03 (Information and Referral).

#### 1.3.2 Reference Data

<b>Field:</b>	Type of Request
<b>Table:</b>	CODE_DESC
<b>Id_Group:</b>	INFO_TYPE
<b>Values:</b>	Abuse Neglect Information Adult Facility Information Adult Respite Services





Adult Services  
Caregiver Support  
Child Care Information  
Child Care Licensing Inquiry  
Child Development Issues  
Child Facility Information  
Child Respite Services  
Child Support Information  
Crisis Intervention  
Custody/Guardianship Inquiry  
Dental Services  
Developmental Disabilities  
Domestic Violence Services  
Educational Information  
Employment Information  
Financial Assistance  
Food  
Home Health Care  
Homeless Services  
Homemaker Services  
Housing  
Kinship Care Support/No Case  
Law Enforcement Issue  
Legal Service Assistance  
Medical Services  
Mental Health  
Mentoring  
Other (Please Specify)  
Parenting Support  
Post Adoption Support/No Case  
Prospective Adoptive Parent Inquiry  
Prospective Foster Parent Inquiry  
Prospective Kinship Caregiver Inquiry  
Rape Crisis Intervention  
Runaway Services  
Substance Abuse Information  
Suicide Prevention  
Ungovernable Youth  
Utilities

**Field:** Actions Taken

---



<b>Table:</b>	CODE_DESC
<b>Id_Group:</b>	INFO_ACTN
<b>Values:</b>	Answered Question(s) Counseling/Crisis Intervention No Services Available Ref. to AA/NA Ref. to Adult Mental Health Program Ref. to Agency for Health Care Administration Ref. to Agency for Workforce Innovation Ref. to Agency on Aging Ref. to APD Ref. to Children's Mental Health Program Ref. to Child Support Enforcement Ref. to CINS/FINS/Florida Network Ref. to Community Agency Ref. to County Agency Ref. to County Health Department Ref. to Court System Ref. to Department of Education Ref. to Department of Elder Affairs Ref. to DJJ Ref. to DOH Ref. to Early Intervention Services Ref. to Economic Self Sufficiency (ESS) Ref. to Florida Hotline Ref. to Housing Authority Ref. to ICPC Ref. to Infoline/211 Ref. to Law Enforcement Agency Refer to Legal Aid Society Refer to Licensing Agency Ref. to Local CBC Agency Ref. to Local Child Care Agency Ref. to Local Food Pantry Ref. to Local School District Ref. to Local Senior Centers Ref. to Local Support Group Ref. to Meals on Wheels Ref. to Other Florida State Agency Ref. to Out-of-State Agency Ref. to Out-of-State Hotline



Ref. to Parenting Education  
Ref. to Parents Anonymous  
Refer to Respite Coalition  
Refer to Runaway Hotline  
Ref. to Shelter  
Ref. to Transitional Housing  
Ref. to Victim Advocate  
Ref. to Vocation Rehabilitation

**Field:** City  
**Table:** ZIP\_CODE  
**Id\_Group:** TOWN



### **1.3.3 Automated Messages**

- None

### **1.3.4 Checklists**

- None

### **1.3.5 Ticklers**

- None

### **1.3.6 Notifications**

- None

### **1.3.7 Text Templates**

- None

### **1.3.8 Reports**

- Information/Referral Inquiries Summary  
Description: This report records monthly Information and Referral request activity for a specific county, which is based on the County of the worker documenting the Information and Referral Request. It displays the type and number of all Information and Referral requests taken during the month.

### **1.3.9 Triggers**

- None

## **1.4 Batch Programs**

- None

## **1.5 Requirements**

- IMR-001