



Step-By-Step Instructions

When you open the Tracker, the following screen will appear as shown below. You must click the close button to get to the main login screen.

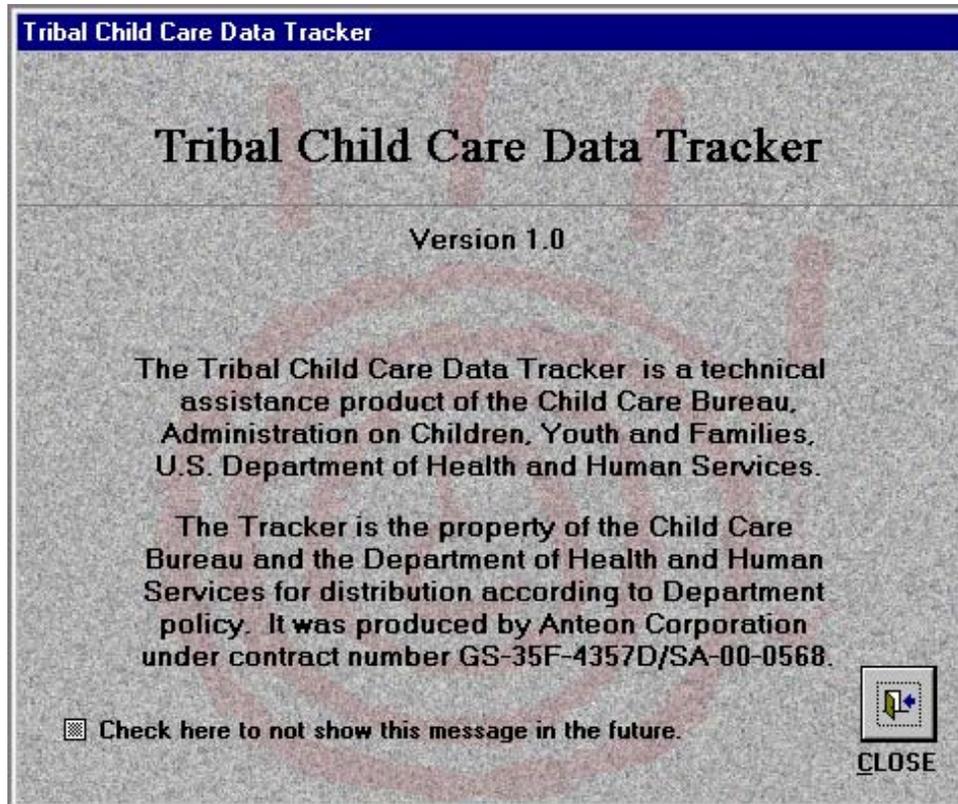


Figure 5 -Tribal Tracker Opening Screen



Once you close the main screen, the following login screen will appear as shown:

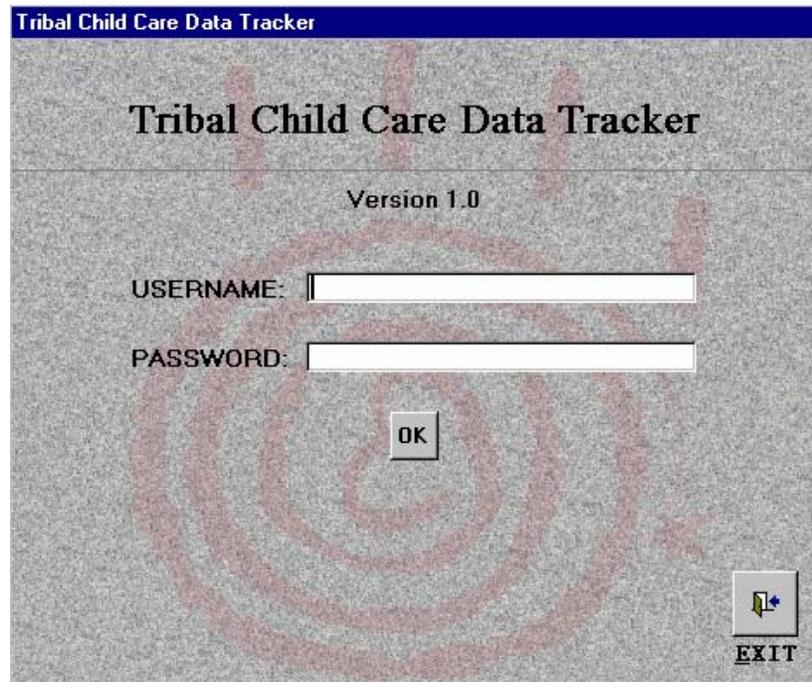


Figure 6 -Data Tracker Login Screen

Logging Into the Data Tracker

You must login every time you open the Tracker. You have the ability to change usernames and passwords at any time by clicking the Application Maintenance button (Discussed on page 62 of this guide). Initially, the software is set so that the Username is **Tribe** and the Password is also **Tribe**. After typing the word “Tribe” into both fields, click the OK button to open the Main Menu (Figure 7).

Steps to Logging On to Tracker

1. Type **Tribe** into the Username field exactly how it is written.
2. Type **Tribe** into the Password field exactly how it is written
3. Click OK



Figure 7 - Data Tracker Main Menu

The Provider Information Screen

Although information on providers can be entered at any time, we recommend that you enter information on providers after completing the contact information, and prior to entering information on clients.

The Provider Information module contains basic information about the location and status of child care providers. This module can be used to track the applications of new providers for approval, licensing, or certification. A brief description of the fields found in the Provider Information module can be found below.

The screenshot shows a software interface titled "Provider Information". At the top, there are two buttons: "Edit Existing Provider" (highlighted with a green box and a callout) and "Create New Provider". Below these are several input fields organized into sections: "Vendor Number", "Provider Name", "SSN / EIN", "Address" (Street, City, State, Zip), "County/Parish", and "TelephoneNo". There are also sections for "Approval Information" (Application Date, Approval Date, Last Review Date, Next Review Date, Background Check options) and "Status Information" (Provider Status, Status, Changed Date, Closed Date). A "Mailing Address" section includes a "Copy Address From Above" button and fields for Street, City, State, and Zip. A "Comments" text area is at the bottom left. The "License / Accreditation Information" section has a "Licensed/Regulated?" checkbox and a "License Type" dropdown menu (open, showing options: Tribal, Business, State License, State Registration, Certifications/Accreditation). The bottom of the form has a status bar "Provider 1 Of 0", navigation arrows, a search icon, a printer icon, and "Help" and "Close" buttons.

Figure 8- Provider Information License Type Pull-Down Menu

In the Provider Information screen, the user can **edit an existing provider’s** information by selecting the Provider from the “Edit Existing Provider” pull-down menu or the user can create a record for a new provider by clicking the “Create New Provider” button.

The Provider Information module contains a field labeled “License Type,” which is the first time you will encounter a **user-defined, customizable pull-down menu**. Before you start entering providers in the Tracker, take a look at the license types that are already entered in this field – Tribal, Business, State License, or State Registration – and see if they meet your tribe’s requirements. If they do not, you may change them in the Application Maintenance module discussed on page 63 of this guide. You can add to, delete, or modify the values in Application Maintenance that are listed in the way that best meets the needs of your tribe.

The following is a brief description of the fields in the Provider Information module, and an indication of the information to be entered in each field.

Provider Information

Vendor Number, Provider Name

The tribe usually chooses the vendor number. If the provider is a center or company name, (LaBirt Early Learning Center Inc.) the name should be entered as it appears. If the provider is an individual (Marx, Groucho), the last name should be entered first.



SSN / EIN

Enter the Social Security Number (SSN) or the Employer Identification Number (EIN). The EIN is similar to an SSN for a business.

Address, City, State, Zip

Enter the street or physical address and the city. Use the predefined pull-down menu to select the state. Enter the Zip Code.

County/Parish

Select a county or parish from the drop-down list. All counties or parishes within the state will be listed from which a selection can be made.

Telephone Number

Enter the phone number of the provider.

Mailing Address

Copy the provider's address from the frames above by selecting the **Copy Address From Above** button. Otherwise, enter the appropriate mailing address. These fields are used to generate the provider **mailing lists**.

Comments

Enter any additional provider information in the comments field.

Approval Information, Application Date, Approval Date

Enter the date the child care services application was filed, and enter the date the application was approved.

Last Review Date, Next Review Date

Enter the date of the last review. Enter the date of the next review according to the review schedule used by the tribe, frequently every six months (for example: enter 6/30/01 if last review date was 1/1/01).

Background Check, Background Check Date

If a background check has been performed, place a check in this box. Enter the date the background check was performed in the corresponding box.



Setting Information

Setting

Choose the child care setting type using the pre-defined pull-down menu. The choices are Child's Home, Family Home, Group Home, or Center.

Status Information

Provider Status, Status Changed Date, Closed Date

Choose the provider status from the pre-defined pull-down menu. The choices are Active, Probation, Inactive, Restricted, or Closed. Enter the date of any change in status in the **Status Changed Date** field. Enter the date that this provider was closed or became ineligible to provide child care services in the **Closed Date** field.

License/Accreditation Information

Licensed/Regulated

Check this box if it applies. A licensed or regulated provider is a provider that is legally regulated or licensed by a Tribal or State-designated licensing agent.

***License Type**

*The License Type is a user-defined, customizable field. This means that you can go into the Applications Maintenance screen, select the License Type tab, and enter the types of licenses that are appropriate in your jurisdiction.

License Number, Expiration Date

Enter the provider's license number and the date that the provider's license expires.

Accreditation Type

Choose the accreditation type that applies from the pull-down menu. The choices are No Accreditation, National Accrediting Organization, State-only Accreditation, Religious Affiliation Accreditation, or Multiple Accreditation.

Certificates/Accreditations

Enter any other certificate or accreditation information in this field.



Steps for Entering a New Provider



Figure 9 -Data Tracker Main Menu

1. Click the Provider Information button on the Main Menu.





Click here to create a new Provider

Provider Information

Edit Providers **Provider Information** **Create New Provider**

Edit Existing Provider: [AProvider1]

| | | | | | | | | | |
|-------------------------|----------------------|--|----------------------|---------------------------|----------------------|----------------------|----------|----------------------|--|
| Vendor Number | <input type="text"/> | Approval Information | | Setting | <input type="text"/> | | | | |
| Provider Name | <input type="text"/> | Application Date | <input type="text"/> | Status Information | | | | | |
| SSN / EIN | <input type="text"/> | Approval Date | <input type="text"/> | Provider Status | <input type="text"/> | | | | |
| Address | <input type="text"/> | Last Review Date | <input type="text"/> | Status | <input type="text"/> | | | | |
| City | <input type="text"/> | Next Review Date | <input type="text"/> | Changed Date | <input type="text"/> | | | | |
| State | <input type="text"/> | <input type="checkbox"/> Background Check? | <input type="text"/> | Closed Date | <input type="text"/> | | | | |
| County/Parish | <input type="text"/> | Background Check Date | <input type="text"/> | | | | | | |
| TelephoneNo | <input type="text"/> | License / Accreditation Information | | | | | | | |
| Mailing Address | | <input type="checkbox"/> Licensed/Regulated? | | | | | | | |
| Copy Address From Above | Street | <input type="text"/> | License Type | <input type="text"/> | License Number | <input type="text"/> | Exp Date | <input type="text"/> | |
| | City | <input type="text"/> | | | | | | | |
| | State | <input type="text"/> | | | | | | | |
| Comments | <input type="text"/> | | Accreditation Type | <input type="text"/> | | | | | |
| | | Certifications/Accreditation | | <input type="text"/> | | | | | |

Figure 10 -Provider Information Screen

2. Click the Create New Provider button.
3. Type in a Vendor Number and the Provider's name.



Provider Information

Edit Providers **Provider Information** **Create New Provider**

Edit Existing Provider: Provider1

| | | | | | |
|--|-------------------------------|--|----------------------|---------------------------|----------------------|
| Vendor Number | <input type="text"/> | Approval Information | | Setting | <input type="text"/> |
| Provider Name | LaBirt Early Learning Center | Application Date | <input type="text"/> | Status Information | |
| SSN / EIN | <input type="text"/> | Approval Date | <input type="text"/> | Provider Status | <input type="text"/> |
| Address | <input type="text"/> | Last Review Date | <input type="text"/> | Status | <input type="text"/> |
| City | <input type="text"/> | Next Review Date | <input type="text"/> | Changed Date | <input type="text"/> |
| State | <input type="text"/> | <input type="checkbox"/> Background Check? | <input type="text"/> | Closed Date | <input type="text"/> |
| County/Parish | <input type="text"/> | Background Check Date | <input type="text"/> | | |
| TelephoneNo | <input type="text"/> | License / Accreditation Information | | | |
| Mailing Address | | <input type="checkbox"/> Licensed/Regulated? | License Type | License Number | Exp Date |
| <input type="checkbox"/> Copy Address From Above | Street | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | City | <input type="text"/> | | | |
| | State | <input type="text"/> | | | |
| | Zip | <input type="text"/> | | | |
| Comments | <input type="text"/> | | | | |
| | Accreditation Type | <input type="text"/> | | | |
| | Certifications/ Accreditation | <input type="text"/> | | | |

Help **Close**

Figure 11- Provider Information: Provider Name

4. Type in SSN/EIN, street address, and city.



Provider Information

Edit Providers **Provider Information** **Create New Provider**

Edit Existing Provider:

| | | | | | |
|--|---|---|-------------------------------|-------------------------------|-------------------------------|
| Vendor Number | <input type="text" value="97859"/> | Approval Information | | Setting | <input type="text" value=""/> |
| Provider Name | <input type="text" value="LaBirt Early Learning Center"/> | Application Date | <input type="text" value=""/> | Status Information | |
| SSN / EIN | <input type="text" value="123456789"/> | Approval Date | <input type="text" value=""/> | Provider Status | <input type="text" value=""/> |
| Address | <input type="text" value="123 Main Street"/> | Last Review Date | <input type="text" value=""/> | Status | <input type="text" value=""/> |
| City | <input type="text" value="Rockville"/> | Next Review Date | <input type="text" value=""/> | Changed Date | <input type="text" value=""/> |
| State | <input type="text" value="MD"/> | <input type="checkbox"/> Background Check? | <input type="text" value=""/> | Closed Date | <input type="text" value=""/> |
| Zip | <input type="text" value="20852"/> | Background Check Date | <input type="text" value=""/> | | |
| County/Parish | <input type="text" value="Montgomery"/> | License / Accreditation Information | | | |
| TelephoneNo | <input type="text" value="301-816-1234"/> | <input type="checkbox"/> Licensed/Regulated? | | | |
| Mailing Address | | License Type | License Number | Exp Date | |
| <input type="checkbox"/> Copy Address From Above | Street <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | |
| | City <input type="text" value=""/> | | | | |
| | State <input type="text" value=""/> | | | | |
| | Zip <input type="text" value=""/> | | | | |
| Comments | <input type="text" value=""/> | | | | |
| | Accreditation Type | <input type="text" value=""/> | | | |
| | Certifications/Accreditation | <input type="text" value=""/> | | | |

Figure 12 -Provider Information: Street Address Completed

5. Click the pull-down menu next to the State field and select the state the Provider is located in.



Provider Information

Edit Existing Provider: **Create New Provider**

| | | | | | |
|--|--|--|--------------------------------------|---------------------------|---|
| Vendor Number | <input type="text"/> | Approval Information | | Setting | <input type="text" value="Child's Home"/> |
| Provider Name | <input type="text" value="Christine White Cloud"/> | Application Date | <input type="text" value="6/30/99"/> | Status Information | |
| SSN / EIN | <input type="text" value="111-22-3333"/> | Approval Date | <input type="text" value="7/30/99"/> | Provider Status | <input type="text" value="Active"/> |
| Address | <input type="text" value="123 East Jefferson St"/> | Last Review Date | <input type="text" value="7/30/00"/> | Status | <input type="text"/> |
| City | <input type="text" value="Rockville"/> | Next Review Date | <input type="text" value="7/30/01"/> | Changed Date | <input type="text"/> |
| State | <input type="text" value="MD"/> Zip <input type="text" value="20852"/> | <input type="checkbox"/> Background Check? | Background Check Date | Closed Date | <input type="text"/> |
| County/Parish | <input type="text" value="MD"/> Maryland | License / Accreditation Information | | | |
| TelephoneNo | <input type="text"/> | <input checked="" type="checkbox"/> Licensed/Regulated? | | | |
| Mailing Address | | License Type License Number Exp Date | | | |
| <input type="button" value="Copy Address From Above"/> | Street | <input type="text" value="Tribal"/> <input type="text" value="125T01"/> <input type="text" value="1/30/03"/> | | | |
| | City | <input type="text"/> | | | |
| | State | <input type="text"/> | | | |
| | State | Accreditation Type <input type="text" value="State-only Accreditation"/> | | | |
| | | Certifications/Accreditation <input type="text"/> | | | |
| Comments | <input type="text"/> | | | | |

Provider 1 Of 13

Figure 13 - Provider Information: State Pull-Down Menu

- Type in the zip code of the provider.
- Click the County/Parish pull-down menu and select the County or Parish the Provider is located in.
- Type in the Provider's telephone number.
- If the Provider's mailing address is the same as the street address, click the Copy Address From Above Button.
- If the Provider's mailing address is different from the street address, type in the mailing address.



Provider Information

Edit Providers **Provider Information** **Create New Provider**

Edit Existing Provider:

| | | | | | |
|--|---|---|-------------------------------|-------------------------------|-------------------------------|
| Vendor Number | <input type="text" value="97859"/> | Approval Information | | Setting | <input type="text" value=""/> |
| Provider Name | <input type="text" value="LaBirt Early Learning Center"/> | Application Date | <input type="text" value=""/> | Status Information | |
| SSN / EIN | <input type="text" value="123456789"/> | Approval Date | <input type="text" value=""/> | Provider Status | <input type="text" value=""/> |
| Address | <input type="text" value="123 Main Street"/> | Last Review Date | <input type="text" value=""/> | Status | <input type="text" value=""/> |
| City | <input type="text" value="Rockville"/> | Next Review Date | <input type="text" value=""/> | Changed Date | <input type="text" value=""/> |
| State | <input type="text" value="MD"/> | <input type="checkbox"/> Background Check? | Background Check Date | Closed Date | <input type="text" value=""/> |
| Zip | <input type="text" value="20852"/> | | | | |
| County/Parish | <input type="text" value="Montgomery"/> | License / Accreditation Information | | | |
| TelephoneNo | <input type="text" value="301-816-1234"/> | <input type="checkbox"/> Licensed/Regulated? | | | |
| Mailing Address | | License Type | License Number | Exp Date | |
| <input type="button" value="Copy Address From Above"/> | Street | <input type="text" value="123 Main Street"/> | <input type="text" value=""/> | <input type="text" value=""/> | |
| | City | <input type="text" value="Rockville"/> | | | |
| | State | <input type="text" value="MD"/> | | | |
| | Zip | <input type="text" value="20852"/> | | | |
| Comments | <input type="text" value=""/> | | | | |
| | Accreditation Type | <input type="text" value=""/> | | | |
| | Certifications/Accreditation | <input type="text" value=""/> | | | |

Figure 14 - Provider Information: Mailing Address Complete

11. In the Approval Information section, type in the date of the application, the date the Provider was approved to provide child care, the date of the last review, and the date of the next review.



Provider Information

Edit Providers **Provider Information** **Create New Provider**

Edit Existing Provider: Provider1

| | | | | | | |
|-------------------------|------------------------------|--|--------------|---|-----------------|--|
| Vendor Number | 97859 | Approval Information | | Setting | | |
| Provider Name | LaBirt Early Learning Center | Application Date | 02/10/2001 | Status Information | Provider Status | |
| SSN / EIN | 123456789 | Approval Date | 03/13/2001 | | Status | |
| Address | 123 Main Street | Last Review Date | 02/19/2001 | | Changed Date | |
| City | Rockville | Next Review Date | 08/19/2001 | | Closed Date | |
| State | MD | Zip | 20852 | <input checked="" type="checkbox"/> Background Check? | | |
| County/Parish | Montgomery | Background Check Date | 03/01/2001 | | | |
| TelephoneNo | 301-816-1234 | License / Accreditation Information | | | | |
| Mailing Address | | <input type="checkbox"/> Licensed/Regulated? | | | | |
| Copy Address From Above | Street | 123 Main Street | License Type | License Number | Exp Date | |
| | City | Rockville | | | | |
| | State | MD | Zip | 20852 | | |
| Comments | | | | | | |
| | | Accreditation Type | | | | |
| | | Certifications/Accreditation | | | | |

Help **Close**

Figure 15 - Provider Information: Approval Complete

12. If a background check occurred, check the Background Check box and enter the date the background check was done.
13. Click the pull-down menu next to the Setting field.



Provider Information

Edit Providers **Provider Information** **Create New Provider**

Edit Existing Provider:

| | | | | | | | | |
|-------------------------|---|---|---|---|--|----------------------|------------------------------|----------------------|
| Vendor Number | <input type="text" value="97859"/> | Approval Information | | Setting | <input type="text" value="Center"/> | | | |
| Provider Name | <input type="text" value="LaBirt Early Learning Center"/> | Application Date | <input type="text" value="02/10/2001"/> | Status | <input type="text" value="Center"/> | | | |
| SSN / EIN | <input type="text" value="123456789"/> | Approval Date | <input type="text" value="03/13/2001"/> | | <input type="text" value="Child's Home"/> | | | |
| Address | <input type="text" value="123 Main Street"/> | Last Review Date | <input type="text" value="02/19/2001"/> | | <input type="text" value="Family's Home"/> | | | |
| City | <input type="text" value="Rockville"/> | Next Review Date | <input type="text" value="08/19/2001"/> | | <input type="text" value="Group Home"/> | | | |
| State | <input type="text" value="MD"/> | <input checked="" type="checkbox"/> Background Check? | Background Check Date | <input type="text" value="03/01/2001"/> | <input type="text" value="Center"/> | | | |
| County/Parish | <input type="text" value="Montgomery"/> | Changed Date | <input type="text"/> | Closed Date | <input type="text"/> | | | |
| TelephoneNo | <input type="text" value="301-816-1234"/> | License / Accreditation Information | | | | | | |
| Mailing Address | | <input type="checkbox"/> Licensed/Regulated? | | | | | | |
| Copy Address From Above | Street | <input type="text" value="123 Main Street"/> | License Type | <input type="text"/> | License Number | <input type="text"/> | Exp Date | <input type="text"/> |
| | City | <input type="text" value="Rockville"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | State | <input type="text" value="MD"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Zip | <input type="text" value="20852"/> | Accreditation Type | | <input type="text"/> | | | | |
| Comments | <input type="text"/> | | | | | | Certifications/Accreditation | <input type="text"/> |

Figure 16 -Provider Information: Setting Pull-Down Menu

14. Select the type of setting.
15. Click the pull-down menu next to the Provider Status field and select the status of the Provider from the pull-down menu.



Provider Information

Edit Providers **Provider Information** **Create New Provider**

Edit Existing Provider:

| Vendor Number | <input type="text" value="97859"/> | Approval Information | | Setting | <input type="text" value="Center"/> | | | | | | | | | |
|--|---|--|---|---------------------------|---|--------------|----------------|----------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Provider Name | <input type="text" value="LaBirt Early Learning Center"/> | Application Date | <input type="text" value="02/10/2001"/> | Status Information | | | | | | | | | | |
| SSN / EIN | <input type="text" value="123456789"/> | Approval Date | <input type="text" value="03/13/2001"/> | Provider Status | <input type="text" value="Active"/> | | | | | | | | | |
| Address | <input type="text" value="123 Main Street"/> | Last Review Date | <input type="text" value="02/19/2001"/> | Status | <input type="text" value="Active"/> | | | | | | | | | |
| City | <input type="text" value="Rockville"/> | Next Review Date | <input type="text" value="08/19/2001"/> | Changed Date | <input type="text" value="Probation"/> | | | | | | | | | |
| State | <input type="text" value="MD"/> | <input checked="" type="checkbox"/> Background Check? | Background Check Date | Closed Date | <input type="text" value="Inactive"/> | | | | | | | | | |
| Zip | <input type="text" value="20852"/> | | <input type="text" value="03/01/2001"/> | | <input type="text" value="Restricted"/> | | | | | | | | | |
| County/Parish | <input type="text" value="Montgomery"/> | License / Accreditation Information | | | | | | | | | | | | |
| TelephoneNo | <input type="text" value="301-816-1234"/> | <input type="checkbox"/> Licensed/Regulated? | | | | | | | | | | | | |
| Mailing Address | | <table border="1"><thead><tr><th>License Type</th><th>License Number</th><th>Exp Date</th></tr></thead><tbody><tr><td><input type="text" value=""/></td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr><tr><td><input type="text" value=""/></td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr></tbody></table> | | | | License Type | License Number | Exp Date | <input type="text" value=""/> |
| License Type | License Number | Exp Date | | | | | | | | | | | | |
| <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | | | | | | | | | | | | |
| <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | | | | | | | | | | | | |
| Copy Address From Above | Street | Accreditation Type <input type="text" value=""/> | | | | | | | | | | | | |
| | <input type="text" value="123 Main Street"/> | Certifications/Accreditation <input type="text" value=""/> | | | | | | | | | | | | |
| | City | | | | | | | | | | | | | |
| | <input type="text" value="Rockville"/> | | | | | | | | | | | | | |
| | State | | | | | | | | | | | | | |
| | <input type="text" value="MD"/> | | | | | | | | | | | | | |
| | Zip | | | | | | | | | | | | | |
| | <input type="text" value="20852"/> | | | | | | | | | | | | | |
| Comments <input type="text" value=""/> | | | | | | | | | | | | | | |

Figure 17 -Provider Information: Provider Status Pull-Down Menu

16. Enter the date the Provider's status changed.
17. If the Provider is no longer used for CCDF subsidized child care, type the date the Provider status was closed.
18. If the Provider is licensed or regulated, click the box for Licensed/Regulated so a check appears in the box.



- Click the pull-down menu under the License Type field and select the license type. This is the first field that can be customized. **Note:** To add new provider license types not listed; see the customizing section on page 59 of this guide.

Provider Information

Edit Providers **Provider Information** **Create New Provider**

Edit Existing Provider:

| | | | | | | |
|-------------------------|---|---|---|---|-------------------------------------|----------------------|
| Vendor Number | <input type="text" value="97859"/> | Approval Information | | Setting | <input type="text" value="Center"/> | |
| Provider Name | <input type="text" value="LaBirt Early Learning Center"/> | Application Date | <input type="text" value="02/10/2001"/> | Status Information | | |
| SSN / EIN | <input type="text" value="123456789"/> | Approval Date | <input type="text" value="03/13/2001"/> | Provider Status | <input type="text" value="Active"/> | |
| Address | <input type="text" value="123 Main Street"/> | Last Review Date | <input type="text" value="02/19/2001"/> | Status | <input type="text"/> | |
| City | <input type="text" value="Rockville"/> | Next Review Date | <input type="text" value="08/19/2001"/> | Changed Date | <input type="text"/> | |
| State | <input type="text" value="MD"/> | <input checked="" type="checkbox"/> Background Check? | Background Check Date | <input type="text" value="03/01/2001"/> | Closed Date | <input type="text"/> |
| Zip | <input type="text" value="20852"/> | License / Accreditation Information | | | | |
| County/Parish | <input type="text" value="Montgomery"/> | <input checked="" type="checkbox"/> Licensed/Regulated? | | | | |
| TelephoneNo | <input type="text" value="301-816-1234"/> | License Type License Number Exp Date | | | | |
| Mailing Address | | State License <input type="text"/> | | | | |
| Copy Address From Above | Street | Business <input type="text"/> | | | | |
| | City | State License <input type="text"/> | | | | |
| | State | State Registration <input type="text"/> | | | | |
| | Zip | Tribal <input type="text"/> | | | | |
| Comments | | Certifications/ Accreditation | | | | |

Figure 18 -Provider Information: License Type Pull-Down Menu



20. Enter the license number and the license expiration date.
21. Enter additional license information as necessary, a vertical scroll bar will automatically appear after the first license entry.
22. If the Provider is accredited, click the pull-down menu next to the Accreditation Type field and select the Accreditation type.

Provider Information

Edit Providers **Provider Information** **Create New Provider**

Edit Existing Provider: Provider1

| | | | | | |
|--|------------------------------|---|-------------------------------------|---------------------------|--------|
| Vendor Number | 97859 | Approval Information | | Setting | Center |
| Provider Name | LaBirt Early Learning Center | Application Date | 02/10/2001 | Status Information | |
| SSN / EIN | 123456789 | Approval Date | 03/13/2001 | Provider Status | Active |
| Address | 123 Main Street | Last Review Date | 02/19/2001 | Status | |
| City | Rockville | Next Review Date | 08/19/2001 | Changed Date | |
| State | MD | <input checked="" type="checkbox"/> Background Check? | Background Check Date | Closed Date | |
| Zip | 20852 | Background | 03/01/2001 | | |
| County/Parish | Montgomery | License / Accreditation Information | | | |
| TelephoneNo | 301-816-1234 | <input checked="" type="checkbox"/> Licensed/Regulated? | | | |
| Mailing Address | | License Type | License Number | Exp Date | |
| <input type="checkbox"/> Copy Address From Above | Street | State License | 102T01 | 02/19/2003 | |
| | City | | | | |
| | State | | | | |
| | Zip | | | | |
| Comments | | Accreditation Type | No Accreditation | | |
| | | Certifications/Accreditation | Multiple Accreditation | | |
| | | | National Accrediting Organization | | |
| | | | No Accreditation | | |
| | | | Religious Affiliation Accreditation | | |
| | | | State-only Accreditation | | |

Figure 19 - Provider Information : Accreditation Type Pull-Down Menu

23. Type information concerning the Provider's accreditations and/or certificates into the field below the pull-down field.
24. Click Close to exit the Provider Information screen and return to the Main Menu.



Steps for Editing an Existing Provider



Figure 20 - Main Menu

1. Click the Provider Information button from the Main Menu.



Provider Information

Edit Existing Provider: **Christine White Cloud** **Create New Provider**

Vendor Number

Provider Name **Christine White Cloud**

SSN / EIN

Address

City

State Zip

County/Parish

TelephoneNo

Mailing Address

Copy Address From Above

Street

City

State Zip

Comments

Setting

Status Information

Provider Status

Status

Changed Date

Closed Date

License / Accreditation Information

Licensed/Regulated?

| License Type | License Number | Exp Date |
|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="text" value="Tribal"/> | <input type="text" value="125T01"/> | <input type="text" value="1/30/03"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Accreditation Type

Certifications/ Accreditation

Check Date

Provider 1 Of 9 Help Close

Figure 21 -Provider Information: Existing Provider Pull-Down Menu

2. Click the pull-down menu next to the Edit Existing Provider field.
3. Select the Provider you wish to edit.
4. Click in the field you wish to edit and type in the change.
5. Click Close to exit the Provider Information screen and return to the Main Menu.



The Client Information Screen

After the client's eligibility has been determined, you can enter key information from the client application and eligibility determination process into the second module of the Tracker, **Client Information**.

Client Information

Edit Existing Applicant: [Dropdown] New Case

Applicant Information | Family Member Information

Local Case ID [Text] Tribal ID [Text] Type [Dropdown]

Applicant SSN [Text] Tribal Affiliation [Dropdown]

First Name [Text] Application Date [Text]

Middle Initial [Text] Case Worker [Dropdown]

Last Name [Text] Monthly Income [Text: \$0]

Address [Text] Planned Copay [Text: \$] [Text]

City [Text]

State [Dropdown] Zip Code [Text]

County/Parish [Dropdown]

Phone # [Text]

Single Parent [Dropdown] Family Size [Text: 1]

Reason for Subsidy [Dropdown] Closed Date [Text] Closed Reason [Dropdown]

Comments [Text Area]

Eligibility Dates

Initial Date [Text]

Last Review Date [Text]

Next Review Date [Text: 05/01/2001]

Period: [Text: 01/01/2000] thru [Text: 01/01/2000]

Income Sources/Benefits (check all that apply)

Employment Income Child Support Educational Aid

Medicaid TANF Food Stamps

WIC Housing Assistance SSI

Other Fed Program(s) Other [Text]

Applicant 1 Of 1 [Navigation Icons] [Copy Applicant Info] [Help] [Close]

Figure 22 -Client Information Screen

This module is divided into two screens, or tabs - one for **Applicant Information**, and a second for individual **Family Member Information**. Client information includes contact, income, demographic, work, school, and eligibility data.



The Applicant Information Screen

Create New Case or Edit Existing Case

When information about a new applicant is first entered, you should select the **New Case** button at the top right of the Applicant Information screen. This will create a new, blank record, into which you may enter the client's information. If you discover that you've made an error after you entered the information, all you have to do is click the **Edit Cases** Button, select the Client's record (see below), make the necessary changes, and close it again.

If you're modifying information about a case that is already in the system, you can select the existing case from the **Edit Existing Applicant** pull-down menu at the top of the screen, which lists all the applicants already in the system, sorted by last name, then first name.

The other data fields on this screen are briefly described below.

Local Case ID

To be assigned by the tribe according to any system it chooses. For example, the tribe may choose to continue the case ID numbering system it was using previously in order to maintain consistency.

Applicant Contact Information

Enter the Name, Address, Phone, Social Security Number, and the County/Parish of the applicant in these fields.

Single Parent, Family Size, Reason for Subsidy

Allowable entries in the **Single Parent** field are No, Yes, or Not Applicable (in the case of protective services, for example, a child may be the applicant).

The **Family Size** field is where you record the number of family members, and is necessary, when combined with the Federal Poverty Guidelines table (see Application Maintenance module), in helping to determine eligibility. Note that this number may be more than the number of children receiving child care subsidy including the parents since other family members may be in the household.

The **Reason For Subsidy** is very important because it is a required data element for the **ACF-700 Tribal CCDF Data Report**. Values are Work, Training/Education, Work/Training/Education, Protective Services, and Other. It should be noted that these allowable values are different than the ones listed on the ACF-700 Tribal CCDF Data Report. On the ACF-700 Tribal CCDF Data Report, the options are only Work, Training/Education, or Protective Services. So, when the Tracker is used to generate the



ACF-700, both *Work and Work/Training/Education* will be entered in the Work reason for subsidy box.

The 'Other' value is for future use and should not be used because it is not an acceptable data element for the ACF-700 Tribal CCDF Data Report and will cause errors in your reporting.

Tribal ID, *Tribal Affiliation field

If the tribe issues a unique Tribal ID to its members, it may be recorded in the Tribal ID field.

The Tribal Affiliation List is a user-defined, customizable field that can be very useful. For instance, there may be a Tribal Consortia that serves families from several different tribes within their program, and who may wish to keep track of which tribes are receiving services.

Application Date field

The Application Date is used to enter the date that the client applied for child care subsidy.

***Case Worker field**

The Case Worker field is a customizable field, entered under the **Case Worker List** tab in the **Application Maintenance** module. This is where you can keep a list of case workers and their respective case assignments. It is also very useful in obtaining contact information about a particular case.

Monthly Income, Monthly Co-Payment

Income eligibility is based upon the applicant's Monthly Income, and is entered as a dollar amount. Applicant's Monthly Co-Payment is a pull-down menu that allows the applicant's monthly payment to the childcare provider to be expressed as a dollar amount or as a percentage. If you choose to record the family's monthly co-payment as a percentage, you might choose to enter the percent of the family's contribution in the field to the right. If the family's contribution is recorded as a monthly dollar amount, you might wish to record the family's total monthly contribution for all children in this field.

***Type**

The Type field, found on the **Applicant Information** module is one of the most flexible, and therefore most useful, of the user-defined pull-down menus. A Tribal Child Care Lead Agency may enter literally *anything* (up to 50 characters) in this field that it wants to keep track of concerning a given applicant or case.

Eligibility Dates



Information about eligibility dates, periods of eligibility and review dates are determined by the tribe and entered here. This information is necessary for authorizing service, and will be very useful in managing caseloads. For example, by using the review dates, you can generate reports in the **Reports** module detailing which cases will be up for review in the next 30 or 60 days. Note that the eligibility dates are 30 or 60 days from the date in the **next review date field** and **not** 30 or 60 days from eligibility period.

Income Sources/Benefits

The Income Sources/Benefits check-boxes reflect various programs that a family may receive benefits or income. Check all that apply. Additional programs may be listed in the 'Other' field (up to 100 characters).

Closed Date, *Closed Reason List, Comments

The Closed Reason List pull-down menu displays a preliminary list of reasons why a particular case may be closed, and a place to enter the date it was closed. Although there are some common reasons already listed, a tribe may wish to enter other reasons that more accurately reflect their applicants and program. Any additional reason may be entered in the **Closed Reasons List** tab of the **Application Maintenance** module.

Notes, special instructions, or any other comments may be entered in the comments field at the bottom of the screen.

Steps For Entering a New Applicant

1. Click the Client Information Button from the Main Menu.
2. Click the New Case button.
3. Enter Data for all fields up to and including the phone number.
4. Click the pull-down menu for Single Parent.



Client Information

Edit Cases Edit Existing Applicant: **New Case**

Applicant Information Family Member Information

Local Case ID Tribal ID Type

Applicant SSN Tribal Affiliation

First Name Application Date

Middle Initial Case Worker

Last Name Monthly Income

Address Planned Copay \$

City Eligibility Dates

State Zip Code Initial Date

County/Parish Last Review Date

Phone # Next Review Date

Single Parent Family Size Period: thru

Reason for Subsidy Closed Date Closed Reason

Comments

Figure 23 - Client Information:- Single Parent

5. Select the Single Parent status.
6. Enter the number of family members living in the applicant's household in the Family Size field. The Family Size field is required and a value must be entered. The default value is 1, which will only be correct when the child is the applicant (For example a child in protective services).



Client Information

Edit Cases Edit Existing Applicant: **New Case**

Applicant Information Family Member Information

Local Case ID Tribal ID Type

Applicant SSN Tribal Affiliation

First Name Application Date

Middle Initial Case Worker

Last Name Monthly Income

Address Planned Copay \$

City **Eligibility Dates**

State Zip Code Initial Date

County/Parish Last Review Date

Phone # Next Review Date

Single Parent Family Size Period: thru

Income Sources/Benefits (check all that apply)

Employment Income Child Support Educational Aid

Medicaid TANF Food Stamps

WIC Housing Assistance SSI

Other Fed Program(s) Other

Reason for Subsidy Closed Date Closed Reason

Comments

Figure 24 -Client Information: Subsidy Reason

7. Click the Reason for Subsidy pull-down menu.
8. Select the reason that the applicant receives subsidized child care.
9. Type in the Tribal ID.
10. Click the Tribal Affiliation pull-down menu, if appropriate. (**NOTE:** You must first enter Tribal Affiliations on the appropriate tab in Application Maintenance).
11. Select the Tribal Affiliation of the applicant.
12. Enter the application date.



Client Information

Edit Cases Edit Existing Applicant: [dropdown] **New Case**

Applicant Information | Family Member Information

Local Case ID [text] Tribal ID [text] Type [dropdown]

Applicant SSN [text] Tribal Affiliation [LABIRT] Eligibility Dates

First Name [Rose] Application Date [LABIRT] Initial Date [text]

Middle Initial [B] Case Worker [dropdown] Last Review Date [text]

Last Name [Water] Monthly Income [\$0] Next Review Date [text]

Address [44 High Street] Planned Copay [\$] [text] Period: [04/20/2001] thru [04/20/2001]

City [Rockville]

State [MD] Zip Code [20852]

County/Parish [Montgomery]

Phone # [301-498-7373]

Single Parent [Yes] Family Size [1]

Reason for Subsidy [Work] Closed Date [text] Closed Reason [dropdown]

Comments [text area]

[Print] [Save] **Copy Applicant Info** **Help** **Close**

Figure 25 -Client Information: Tribal Affiliation

13. Click the pull-down menu for Case Worker. **NOTE:** You must first add Case Worker information in the Application Maintenance module.
14. Select the Case Worker.
15. Enter the Applicant's monthly income.
16. Click the pull-down menu for the Monthly Co-payment field and indicate either a dollar sign or a percent symbol.
17. Type the co-payment dollar amount or co-payment percentage in the field next to the monthly co-payment pull-down menu.
18. If your Tribal agency has defined a type (Discussed on page 34) click on the pull-down menu next to the Type field and select the type that applies for this applicant.
19. Enter the initial date of eligibility (01/01/2001) in the field next to Initial Date.
20. Enter the last review date and the next review date of the applicant in the **Last Review Date** and **Next Review Date** fields.



21. Enter into the **Period: thru** field the Eligibility Period's month, day and year for the beginning and ending of the current period.
22. For **Income Sources/Benefits**, click in the boxes that reflect the programs from which a family may receive benefits or income. Once clicked, a check will appear in the box. Click on a check box to de-select a particular income source/benefit.
23. If you select **Other Fed Programs**, type the program name in the **Other** field.
24. If subsidized care for this applicant ends, enter the date subsidized care ended in the **Closed Date** field.
25. If the case is closed, select the reason subsidized care ended from the pull-down menu next to the **Closed Reasons** field.

The screenshot shows a software interface titled "Client Information" with a blue header bar. Below the header are two buttons: "Edit Cases" and "New Case". A dropdown menu labeled "Edit Existing Applicant:" is positioned between them. The form is divided into two tabs: "Applicant Information" (selected) and "Family Member Information".

Applicant Information:

- Local Case ID: [Empty]
- Applicant SSN: [Empty]
- First Name: **Rose**
- Middle Initial: **B**
- Last Name: **Water**
- Address: 44 High Street
- City: Rockville
- State: **MD**
- Zip Code: 20852
- County/Parish: Montgomery
- Phone #: 301-498-7373
- Single Parent: **Yes**
- Reason for Subsidy: **Work**
- Comments: The mother works afternoon and evening hours, so the services must occur during odd times.

Other Fields:

- Tribal ID: [Empty]
- Tribal Affiliation: LABIRT
- Application Date: 03/01/2001
- Case Worker: Barbara Bender
- Monthly Income: **\$540**
- Planned Copay: \$ 25
- Type: [Empty]
- Eligibility Dates: Initial Date (03/01/2001), Last Review Date (03/01/2001), Next Review Date (08/31/2001), Period: 03/01/2001 thru 08/31/2001
- Income Sources/Benefits (check all that apply):
 - Employment Income
 - Child Support
 - Educational Aid
 - Medicaid
 - TANF
 - Food Stamps
 - WIC
 - Housing Assistance
 - SSI
 - Other Fed Program(s) Other: [Empty]
- Closed Date: [Empty]
- Closed Reason: [Empty]

At the bottom of the form are several icons and buttons: a magnifying glass, a group of people, "Copy Applicant Info", "Help", and "Close".

Figure 26 - Completed Applicant Information Screen



26. Additional comments can be typed into the **Comments field**.
27. To enter information on the applicant's family members, click the Family Member Information tab. To return to the Main Menu, click Close.

To edit an existing Applicant, click on the Applicant you wish to edit, click on the field you wish to edit, and then enter the new information by typing it or making a different selection from the pull-down menu.

The Family Member Information Screen

This screen can be used in three ways. Some tribes will want additional information about the Applicant. This information can be entered onto the **Family Member Information** tab where additional fields are available to collect the additional information. Some tribes will want to list every household member, including grandmothers, grandfathers, aunts, uncles and others. Other tribes will enter information only on children receiving services. The important thing to remember is that **every child receives his or her own record, or screen.** Information about individual family members is entered on the Family Member Information screen. Brief descriptions of the fields follow.

Client Information

Edit Existing Applicant: [Dropdown]

Edit Cases **New Case**

Applicant Information | **Family Member Information**

SSN: 123456789 Tribal ID: [Text] Date Record Last Modified: 04/20/2001

First Name: Rose Tribal Affiliation: LABIRT

Middle Initial: B

Last Name: Water

Date Of Birth: 05/12/1971 Age: 29 yrs, 11 mos

Gender: [Dropdown]

Marital Status: [Dropdown]

Relationship to Applicant: Applicant

Special Needs?

Program Location (work, school, Head Start, etc.): [Dropdown]

Location Phone #: [Text] Comments: [Text Area]

Ethnicity

Hispanic / Latino

Race (check all that apply)

Native American / Alaska Native

Asian American

African American

Native Hawaiian / Pacific Islander

White

Program Participation (check all that apply)

CHIP Attend School

Medicaid Early Start / Head Start Program

Part B/C Program Special Education

IHS Special Education

Status Change Date: [Text]

Member 1 Of 1 [Navigation Buttons]

New Person

Applicant 3 Of 3 [Navigation Buttons] [Copy Applicant Info] [Help] [Close]

Figure 27 - Family Member Information Screen



Create New Case or Edit Existing Case

If you want to add additional information about the applicant, begin by clicking the **Copy Applicant Info** button, which allows you to create/update a family member record for the selected applicant with the information entered in the Applicant Information tab.

If you wish to add a new person to the family, select the New Person button at the bottom right of the **Family Member Information tab**. If you're modifying information about a family member that is already in the system, you can select the existing case from the **Edit Existing Applicant** pull-down menu at the top of the screen, and then you can use the navigation arrows at the bottom left of the screen to advance to the family member you wish to modify. These arrows are located next to the label saying Member 1 of 3, or however many family members there are.

Family Member Information

Enter the name, date of birth (age will be calculated), gender, and social security number of the family member.

***Marital Status, Relationship to Applicant**

The **Marital Status** and **Relationship to Applicant** fields allow a wide range of reporting options for the individual family members. In addition to children in child care programs, information about other members of the immediate or extended family may be entered, according to individual circumstances or Tribal customs. The **Marital Status** pull-down menu may be customized in the **Application Maintenance** module.

Special Needs

Check this box if the family member has Special Needs (such as a disability) that require special care.

***Program Location List, Location Phone Number**

The Program Location List is another **user-defined** pull-down menu that may be customized by accessing the **Application Maintenance** module. It is used to reflect the location at which a family member is obtaining service. For instance, if the applicant is attending school, the name of the school might be entered, along with the location phone number in the comments field below.

There is a **Comments Field** where you can enter any additional information about the family member, including information associated with the Program Location List. This field may be used to further clarify the Program Location entry. In this case, a contact name and class schedule might be appropriate. Once again, flexibility is the key. Collect the information that is important to your tribe and your clients.



Tribal ID, *Tribal Affiliation List

Again, the Tribal Affiliation List is a user-defined, customizable field that can be very useful. For instance, it can be used for Tribal Consortia that may serve people from several different tribes within their program, and wish to keep track of which tribes are receiving services. If the family member has different, or additional, affiliations than the applicant, they may be listed here.

Ethnicity/Race

Ethnicity and Race information is becoming an increasingly important factor in the collection and interpretation of child care data, and will continue to gain importance, especially in the realm of federally required reporting, in the future. Consequently, the Ethnicity/Race section of the screen was included in the Tracker.

If the family member is of Hispanic or Latino ethnic background, put a check in that check box. *Then* put a check in the box indicating *each* race that applies to the family member. At least one race category should be selected.

Date Record Last Modified

The date that the record was last modified is automatically entered into this field when changes to the record are made.

Child Receives CCDF Subsidy/Status Change Date

Allowable entries in the **Child Receives CCDF Subsidy** field are Yes, No, or N/A. The date that the child's status last changed may be entered in the **Status Change Date** field. (NOTE: If "yes" is not selected, no childcare authorizations can be generated for that child).

Program Participation List

This section of the tab lists programs that the family member may be participating in, including CHIP, Medicaid, Part B/C, IHS, Head Start, Early Head Start, or attending school, or receiving Special Education. Please check *all* that apply.

Steps For Entering Additional Information About the Applicant (i.e., Parent/Guardian)

1. Make sure the **Family Member Info** tab is selected.
2. Click Copy Applicant Info button, which will complete the fields directly related to the fields entered on the Applicant tab. (Note that the first record will appear after you select the Copy Applicant Information button).



3. Select the end of record button to advance to the end of the record. This button looks like this:  and it is located at the bottom of the screen.
4. Click in the Date of Birth field and enter the required information (The Age field will automatically be completed after you enter the birth date).
5. Verify that the Gender, Marital Status, and Relationship to Applicant fields are completed and correct.
6. Click the Special Needs check box if the Applicant has any special needs or disabilities.
7. Click the pull-down menu below the Program Location field.
8. Click on the Program Location (if the location is not listed, you can customize this field using the Application Maintenance).
9. Type in the phone number of the program location in the Location Phone number field.
10. If the Applicant is Latino or Hispanic, click the check box next for Hispanic/Latino.
11. Click the check boxes for *all* races that apply to the Applicant.
12. When first entering applicant information, there will be no Status Change, but this field can be completed if the status of the Applicant ever does change. You initially enter the first approval date.
13. Under Program Participation, click the check boxes for any programs the Applicant participates in or receives services from.
14. The Comments field is available for any additional information you would like to include.
15. To return to the Main Menu, click Close.
16. To add more family members, click the New Person button.
17. To add a new applicant, click the New Case button.
18. To edit an existing applicant, choose the applicant from the Edit Existing Applicant pull-down menu and change the fields desired.
19. To edit an existing family member, select the correct applicant and use the arrows at the bottom left to find the record for the family member being changed. Enter changes and click Close to return to the Main Menu.

Steps for Entering New Family Member Information

1. If you are entering from the Main Menu, click the Client Information button.
2. Choose the desired applicant from the Edit Existing Applicant pull-down menu.
3. Click the Family Member Info tab.
4. Click the New Person button.
5. Enter the SSN, first name, middle initial, and last name.
6. Type in the date of birth of the family member.
7. Select the gender from the pull-down menu.
8. Select the marital status from the pull-down menu (if the status is not included in the pull-down menu, you can customize the pull-down menu in the Application Maintenance).



9. Select the relationship of the family member to the applicant from the pull-down menu (if the relationship is not included in the pull-down menu, you can customize the pull-down menu in the Application Maintenance).
10. Click the Special Needs check box if the family member has any special needs or disabilities.
11. Click the pull-down menu below the Program Location field. Click on the program location (If the location is not listed, you can customize this field in the Application Maintenance).
12. Type in the phone number of the family member location in the Location Phone # field.
13. If the family member is Latino or Hispanic, click the check box next for Hispanic/Latino
14. Click the check boxes for *all* races that apply to the family member.
15. Select from the pull-down menu next to the field Child Receives CCDF Subsidy whether that family member receives CCDF subsidy. (**NOTE:** Any selection other than “yes” will prevent childcare authorizations)
16. When you first enter family members, there will not be a status change for that family member. However, if the status of a family member changes at any time, type the date it changes into this field. You initially enter the first approval date.
17. Under Program Participation, click the check boxes for any programs the Applicant participates in or receives services from.
18. The Comments field is available for any additional information you would like to include about this family member.
19. To add a new family member, click the New Person button.
20. To return to the Main Menu, click Close.
21. To add a new Applicant, click the New Case button.
22. To edit an existing Applicant, choose the applicant from the Edit Existing Applicant pull-down menu and change the fields desired.



The Service Authorization Screen

After determining eligibility, entering applicant and family member information, and selecting or approving a provider, the next step in the process, is to **authorize service**. You enter this information in the **Service Authorization** module.

Service Authorization

Create New Service Authorization:

New Authorization Select Child: Water, Rose B. **Edit Authorizations**
Select Provider: LaBirt Early Learning Cente

Child's Name: Rose B. Water
Provider's Name: LaBirt Early Learning Center

Certificate Control #
Certificate Issue Date:

Authorization Period: 03/01/2001 To 03/31/2001
Eligibility Period: 03/01/2001 To 08/31/2001

Relative Care ?
Hours Authorized: 20 Per Month
CCDF Payment: \$100.00 Per Month
Parent Copayment: \$15.00 Per Month

Method of Payment: Certificate or voucher to provider or provider and applicant

Copy/Create Authorization for Eligible Months

Help Close

Figure 28 - Service Authorization Screen

The Service Authorization module allows the user to set up an authorized plan of care for **each child** in the family during the period of the family's eligibility. Providers are selected for **each child**, and child care services are authorized for a certain number of hours per month, and at a specified rate.

Upon entering the **Service Authorization** module, the record navigation area at the bottom of the form will show you a message similar to "**Authorization 1 of 30**" (30 is used in this example as the total number of authorizations created to date), indicating that the first record of the total existing records is currently displayed. You can either create a new authorization or edit an existing authorization. Editing an existing authorization is done by selecting the desired child/provider authorization record using the navigation arrows or by using the **Select Child** and **Select Provider** pull-down lists. Selecting an individual child using the **Select Child** pull down list will automatically display the **first** (not the last) existing authorization for the selected child while also reducing the **Select Provider** pull-down list to only those providers serving the selected child. If you use the



Select Provider pull-down list to further refine your search, the **first** authorization record for the selected child/provider combination will be displayed while the **Select Child** pull-down list will be modified to reflect those children served by the selected provider.

NOTE: The children and providers displayed in the **Select Child** and **Select Provider** pull-down lists will continue to change according to the child and provider selected. Clicking the **Reset Selections** button will change the **Select Child** and **Select Provider** pull-down lists to display all children and all providers with existing authorization records.

The user sets up new authorizations by clicking the **New Authorization** button. This creates blank fields in which to enter data. The case worker must then select the child for which an authorization is being created from the pull-down list labeled **Select Child**. This list contains all the children entered in the system, sorted by family last name, and then by child. Once the child is selected, the case worker selects the provider from the **Select Provider** pull down list. (Note closed providers will not appear on this list)

Once this is entered you must enter the **Authorization Period**. You may only authorize services on a monthly basis. If this is a new authorization, the date fields will be blank. This is entered in an “mm/dd/yyyy to mm/dd/yyyy” format like 04/01/2001 to 04/30/2001. **Remember you may not authorize services for children if you haven’t entered the eligibility dates.**

If the provider is a relative of the child, put a check in the **Relative Care?** check box. Next, enter the **Hours Authorized** for care, the maximum dollar amount of the authorized **CCDF Payment** during the same period, as well as the **Parent Co-payment**. (**NOTE:** The actual number of service hours provided and the actual CCDF Payment may be **less** than the authorized hours but not more. The amount the provider charges should equal the sum of the CCDF payment and the parent co-payment). Finally, the case worker must enter the method of payment, whether certificate or voucher to provider or provider and applicant, grant/contract with provider, cash payment to applicant, or Tribal operated center.

The certificate control number and certificate issuance date will be generated when you generate a certificate for the selected child. The **Application Maintenance** Module will allow you to customize and track certificates.

When all the information is entered in a new authorization, **you must click the Save button**, which is an icon labeled with a pictured of a diskette, in order to save the record into the system. (**NOTE:** Unlike other screens in this software, you must click the Save icon to save the entered data.)

Because the ACF-700 Tribal CCDF Report requests monthly averages, the Tracker accounting is currently based only on Service Authorizations and Payment Authorizations that begin and end within the same month. It is anticipated that most



Service Authorizations and Payment Authorizations will cover a period that begins on the first day of a month and end on the last day of the month.

To facilitate this typical monthly accounting, when you enter a date in the **Authorization Period** in the “From Date” field, the “To Date” field automatically defaults to the last day of the same month. You can edit this defaulted value to any day within this month that is not before the “To Date” field and not past the end of month. The software will provide appropriate messages and not allow Authorization Periods that span from one month to another. It is not necessary for the Authorization Period to begin on the first day of the month or end on the last day of a month, however, both the “From Date” and the “To Date” must be within the same month and the “To Date” cannot be before the “From Date”. (Note that the Service Authorization Certificate generated by this software currently only shows a month/year regardless of the day of the month entered in the tracker software authorization screen.)

In addition the Tracker software will only allow you to enter one Service Authorization for a particular child, month/year, and provider combination. However you may have separate authorizations for each provider for the same child and month/year. In other words you may enter any number of providers for the same child and month/year combination.

After saving an initial authorization for a Child/Provider combination, you can click the **Copy/Create Authorization for Eligible Months** button to create an authorization trail by automatically creating an identical authorization for each month of the applicant’s eligibility period. This means that this process needs to be done only once at the beginning of each eligibility period, rather than repeatedly every month. (Note that all authorizations created with the **Copy/Create Authorizations for Eligible Months** begin in the first day of the month and end on the last day of the month, except when the Eligibility Period does not end on the last day of the month).

Steps for Entering A New Service Authorization

1. Enter the Service Authorization Screen from the Main Menu.
2. Select the New Authorization button.
3. Select the Child from the Select Child pull-down menu.
4. Select the Provider from the Select Provider pull down menu. This information will be automatically copied to the appropriate fields below.
5. Place the cursor in the Authorization Period box. Enter the date for which services are authorized. Press Enter. (**Remember the Tracker will automatically calculate to the end of the month.**) .
6. If the child is receiving subsidized care from a relative of the child, click on the Relative Care? check box.
7. Enter the total number of hours authorized per month in the Hours Authorized field.



8. Place the cursor in the field to the right of the CCDF Payment and enter the dollar amount that CCDF will subsidize.
9. Place the cursor in the Parent Co-Payment field and enter the dollar amount representing the parent's co-payment.
10. Go to the Method of Payment pull down menu and select the method of payment to be made, whether it will be in the form of a grant/contract with the provider, etc.
11. Click on the Save icon at the bottom of the screen, which is a button labeled with a diskette, to save the current Service Authorization. (Note that after you click the Save button, the screen shows the first authorization for the child/provider combination, not the last).
12. If desired, click the **Copy/Create Authorization for Eligible Months**. Make sure the Service Authorization you want copied is showing before you click this button.
13. After creating all desired authorizations, it a good idea to review them for accuracy. Remember that any errors found may be edited.
14. Click the Close button to return to the Main Menu.

The Payment Authorization Screen

When you create a new Service Authorization, a **Payment Authorization** record for that service is automatically created. The Payment Authorization screen allows the case worker to compare services authorized with services delivered before authorizing the financial office to make payment. The Payment Authorization screen applies only to the subsidy amount and not the parent co- payment.

Various methods are used to verify that services have been rendered before payments are made. The most common are attendance sheets and invoices submitted by providers. It may be a good idea to verify that the co-payment has been made and subtracted from the total cost before authorizing payment. After ensuring that the expenses are proper the case worker then authorizes payment. The financial office of the tribe usually cuts the check to the provider or parent. Please note that the software will not allow any payment authorizations greater than the amount authorized. Additionally, payment authorizations can only be generated during the periods of time that services have been authorized. If you try to authorize a payment before or beyond eligibility dates, you will receive an appropriate message from the software.



Payment Authorization

Payment Authorization

Edit Existing Payment Authorization:

Select Child:

Select Provider:

Child:

Provider:

Payee:

Payment Authorization Date:

Service Period: TO

Total Hours:

Payment:

Payment 1 of 6

Figure 29 - Payment Authorization Screen

Upon entering the **Payment Authorization** module, the record navigation area at the bottom of the form will show you a message similar to **Payment 1 of 6** (6 is used in this example as the total number of payments created to date) indicating that this is the first record of the total existing records currently displayed. The case worker can edit an existing payment by selecting the desired child/provider payment record by either using the navigation arrows or using the **Select Child** and **Select Provider** pull-down lists. Selecting an individual child using the Select Child pull-down list will automatically display the first existing payment for the selected child while also reducing the Select Provider pull-down list to only those providers serving the selected child. If you use the Select Provider pull-down list to further refine your search, the first payment record for the selected child/provider combination will be displayed while the Select Child pull-down list will be modified to reflect those children served by the selected provider. Once the case worker finds the desired child-provider combination, the case worker can then compare invoices, timecards, or other documentation to determine what to pay.

NOTE: The children and providers displayed in the **Select Child** and **Select Provider** pull-down lists will continue to change according to the child and provider selected. Clicking the **Reset Selections** button will change the Select Child and Select Provider pull-down lists to display all children and all providers with existing payment records.

Next, select the payee (either the provider or the client) from the pull down list. After entering the **Payment Authorization Date**, **Service Period**, **Total Hours** and **Payment**



Amount fields must be checked and changed as necessary. Remember again, that the software will not allow a payment greater than the amount authorized. If a greater payment is appropriate, first change the service authorization.

A few things to remember when entering a payment date:

- The payment authorization date is the actual date that you are authorizing for a provider to receive payment. This could be different than the date that the service provider receives payments or current date.
- The date that you actually key into this field date you are authorizing payment could essentially differ. It would be beneficial that these two dates be the same to avoid any confusion.

Steps for Entering A Payment Authorization

1. Enter the Payment Authorization screen from the Main Menu.
 2. Select the Child from the Select Child pull-down menu.
 3. Select the Provider from the Select Provider pull-down menu. This information will be automatically copied to the appropriate fields below.
 4. Go to the Payee pull-down menu, and select either Provider or Client.
 5. Place cursor in the Payment Authorization Date field and enter the date.
 6. Verify that the information appearing in the Service Period, Total Hours, and Payment amount fields is correct. Make changes as necessary.
- Select Close to return to the Main Menu