



Report Program IIS-TP-2110A

<b>Functional Module</b>	Referral	<b>Sub-Module</b>	Online Reports
<b>Program ID</b>	IIS-TP-2110A	<b>Program Type</b>	Report Program
<b>Program Name</b>	PERSON(S) RESPONSIBLE FOR PROTECTING THE CHILD(REN) 2110A	<b>Lead</b>	Elizabeth Kiang

**Program Description**

This form is used with in-home and out-of-home (non-foster care) safety plans to assess the appropriateness of person(s) responsible for protection.

**Requirements Addressed**

<i>ID</i>	<i>RFP ID</i>	<i>Requirement</i>	<i>GAPS (Y/N)</i>
SR5.214		PERSON(S) RESPONSIBLE FOR PROTECTING THE CHILD(REN) 2110A	Y







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**Parameters**

1

**Frequency**

On Demand

**Business Rules**

- 1 To create system form, a Referral must be in focus.
- 2 Upon clicking Preview, the form will be pre-filled and then automatically pushed to the file cabinet upon Supervisor approval of the Safety Conclusion.
- 3 Format using the FORM header and footer standards.

**Data Element and UDB Mapping**

<b>Label:</b> Case Name	<b>Description:</b>	<b>Required:</b> Optional
<b>Source:</b> Display Only	<b>Source Type</b> Free Form Text	<b>Picklist(s):</b>
<b>Processing Rules:</b>		<b>Reporting Indicator:</b>
<b>Table:</b> TCASE		
<b>Column:</b> CAS_NME		<b>Data Type:</b> VARCHAR(25)
<b>Notes:</b>		



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**Label:** County                      **Description:**                      **Required:** Optional  
**Source:** Display Only              **Source Type** Picklist              **Picklist(s):** COUNTYTY  
**Processing Rules:**                      **Reporting Indicator:**  
**Table:** TCASE  
**Column:** FAM\_LOC\_CNTY\_CDE              **Data Type:** INTEGER(4)  
**Notes:**

**Label:** Case #                      **Description:**                      **Required:** Optional  
**Source:** Display Only              **Source Type** Free Form Text              **Picklist(s):**  
**Processing Rules:**                      **Reporting Indicator:**  
**Table:** TCASE  
**Column:** D\_LST\_PRIM\_WRKR\_ID              **Data Type:** VARCHAR(9)  
**Notes:**



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<b>Label:</b>	Name(s)	<b>Description:</b>	<b>Required:</b>	Optional
<b>Source:</b>	Display Only	<b>Source Type</b>	<b>Picklist(s):</b>	
		Free Form Text		
<b>Processing Rules:</b>			<b>Reporting Indicator:</b>	
<b>Table:</b>	TCLIENT			
<b>Column:</b>	FRST_NME		<b>Data Type:</b>	VARCHAR(25)
<b>Notes:</b>	TCLIENT.FRST_NME + TCLIENT.MIDD_NME + TCLIENT.LST_NME			
<b>Label:</b>	Address	<b>Description:</b>	<b>Required:</b>	Optional
<b>Source:</b>	Display Only	<b>Source Type</b>	<b>Picklist(s):</b>	
		Free Form Text		
<b>Processing Rules:</b>			<b>Reporting Indicator:</b>	
<b>Table:</b>	TREF_CLIENT			
<b>Column:</b>	STR_NBR		<b>Data Type:</b>	VARCHAR(10)
<b>Notes:</b>	TREF_CLIENT.STR_NBR + TREF_CLIENT.STR_NME + TREF_CLIENT.CNTY_TYP_CDE + TREF_CLIENT.CTY_NME +TREF_CLIENT.ST_TYP_CDE + TREF_CLIENT.ZIP_NBR			



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**Label:** Home Phone #                      **Description:**                      **Required:** Optional  
**Source:** Display Only                      **Source Type** Free Form Text                      **Picklist(s):**  
**Processing Rules:**                      **Reporting Indicator:**  
**Table:** TREF\_CLIENT  
**Column:** CL\_PH\_NBR                      **Data Type:** VARCHAR(10)  
**Notes:**

**Label:** Work or Message #                      **Description:**                      **Required:** Optional  
**Source:** Display Only                      **Source Type** Free Form Text                      **Picklist(s):**  
**Processing Rules:**                      **Reporting Indicator:**  
**Table:**  
**Column:**                      **Data Type:**  
**Notes:**      *New field, needs to be added to DB.*  
                  *No field mapping available.*



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**Label:** Home Visit Date                      **Description:**    **Required:** Optional

**Source:** Display Only                      **Source Type** Date    **Picklist(s):**

**Processing Rules:**    **Reporting Indicator:**

**Table:**    **Data Type:**

**Column:**    **Data Type:**

**Notes:**    *New field, needs to be added to DB.*  
                   *No field mapping available.*

**Label:** Will the child(ren) be living in the home with the person(s) responsible for providing protection?                      **Description:**    **Required:**

**Source:** Display Only                      **Source Type** Check Box    **Picklist(s):**

**Processing Rules:**    **Reporting Indicator:**

**Table:**    **Data Type:**

**Column:**    **Data Type:**

**Notes:**    *New field, needs to be added to DB.*  
                   *No field mapping available.*



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**Label:** Other Household Members' Full Names/Dates of Birth      **Description:**      **Required:** Optional

**Source:** Display Only      **Source Type** Date      **Picklist(s):**

**Processing Rules:**      **Reporting Indicator:**

**Table:**      **Data Type:**

**Notes:** *New field, needs to be added to DB.  
 No field mapping available.*

**Label:** Date Clearances Conducted      **Description:**      **Required:** Optional

**Source:** Display Only      **Source Type** Date      **Picklist(s):**

**Processing Rules:**      **Reporting Indicator:**

**Table:**      **Data Type:**

**Notes:** *New field, needs to be added to DB.  
 No field mapping available.*



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**Label:** Information Located?      **Description:**      **Required:** Optional  
**Source:** Display Only      **Source Type** Free Form Text      **Picklist(s):**  
**Processing Rules:**      **Reporting Indicator:**  
**Table:**  
**Column:**      **Data Type:**  
**Notes:** *New field, needs to be added to DB.  
 No field mapping available.*

**Label:** If "yes" describe the information and include the county name, case name, and case # in which the material is located      **Description:**      **Required:** Optional  
**Source:** Display Only      **Source Type** Free Form Text      **Picklist(s):**  
**Processing Rules:**      **Reporting Indicator:**  
**Table:**  
**Column:**      **Data Type:**  
**Notes:** *New field, needs to be added to DB.  
 No field mapping available.*



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**Label:** Case Name                      **Description:**                      **Required:** Optional  
**Source:** Display Only                **Source Type** Free Form Text                **Picklist(s):**  
**Processing Rules:**                      **Reporting Indicator:**  
**Table:** TCASE  
**Column:** CAS\_NME                      **Data Type:** VARCHAR(25)  
**Notes:**

**Label:** County                      **Description:**                      **Required:** Optional  
**Source:** Display Only                **Source Type** Picklist                      **Picklist(s):** COUNTYTY  
**Processing Rules:**                      **Reporting Indicator:**  
**Table:** TCASE  
**Column:** FAM\_LOC\_CNTY\_CDE                **Data Type:** INTEGER(4)  
**Notes:**



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<b>Label:</b>	Case No	<b>Description:</b>	<b>Required:</b>	Optional
<b>Source:</b>	Display Only	<b>Source Type</b>	<b>Picklist(s):</b>	
<b>Processing Rules:</b>			<b>Reporting Indicator:</b>	
<b>Table:</b>	TCASE			
<b>Column:</b>	D_LST_PRIM_WRKR_ID		<b>Data Type:</b>	VARCHAR(9)
<b>Notes:</b>				

<b>Label:</b>	Nature and Duration of the Person's Relationship To The Child(ren)	<b>Description:</b>	<b>Required:</b>	Optional
<b>Source:</b>	Display Only	<b>Source Type</b>	<b>Picklist(s):</b>	
<b>Processing Rules:</b>			<b>Reporting Indicator:</b>	
<b>Table:</b>				
<b>Column:</b>			<b>Data Type:</b>	
<b>Notes:</b>	New field, needs to be added to DB. No field mapping available.			



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**Label:** Protective Capacities (i.e., physical, mental, emotional)      **Description:**      **Required:** Optional

**Source:** Display Only      **Source Type** Free Form Text      **Picklist(s):**

**Processing Rules:**      **Reporting Indicator:**

**Table:**      **Data Type:**

**Notes:** *New field, needs to be added to DB.  
No field mapping available.*

**Label:** Ability And Willingness to Cooperate with DHR (including Person's availability, reliability, commitment, and trustworthiness)      **Description:**      **Required:** Optional

**Source:** Display Only      **Source Type** Free Form Text      **Picklist(s):**

**Processing Rules:**      **Reporting Indicator:**

**Table:**      **Data Type:**

**Notes:** *New field, needs to be added to DB.  
No field mapping available.*



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**Label:** Formal and Informal Supports (Family Network) Enabling the person's ability to protect

**Description:**

**Required:** Optional

**Source:** Display Only      **Source Type:** Free Form Text      **Picklist(s):**

**Processing Rules:**      **Reporting Indicator:**

**Table:**

**Column:**      **Data Type:**

**Notes:** *New field, needs to be added to DB.  
 No field mapping available.*

**Dependencies**

This program has no dependencies.

**Routing Information**

Save form to file cabinet automatically when supervisory approval has been granted on the Safety Conclusion screen.

**Retention Requirements**

There are no retention requirements for this report.

**Security**

Workers, their supervisors, and others with appropriate access rights will have access to this information.

**JAD Session Summary Notes**

SMEs agreed that form could be a system form.



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**Deliverable Review Comment**

State Feedback

State Comment Date	State Request	State Comment
7/30/2007	Changes Requested	ChangeSource under mapping section for entire form to DISPLAY ONLY

Deloitte Response

**State Comment #1**

ChangeSource under mapping section for entire form to DISPLAY ONLY

Deloitte Response Date:	Action:	Reason:	Deloitte's Response:
8/30/2007	Action Taken	JAD Phase Agreement	Agreed to requested change as-is - Deliverable Document Modified As Requested. Deloitte Consulting has modified the Detailed Design Program Specification as follows:  All source fields under Mapping Section for this form were changed to DISPLAY ONLY since the change was previously agreed to during the JAD phase.

**Related Incidents**

This program has no related incidents.

**Changes to Program Specification Since Draft Submission**

There have been no changes to this program specification since the draft submission.



Report Program FC-TP-2167

<b>Functional Module</b>	Referral	<b>Sub-Module</b>	Online Reports
<b>Program ID</b>	FC-TP-2167	<b>Program Type</b>	Report Program
<b>Program Name</b>	REFERRAL FOR SERVICES 2167	<b>Lead</b>	Jackie Barnett

**Program Description**

This template is used to refer a child / family to a provider for services only when that provider did not attend the ISP meeting.

**Requirements Addressed**

<i>ID</i>	<i>RFP ID</i>	<i>Requirement</i>	<i>GAPS (Y/N)</i>
SR5.152		REFERRAL FOR SERVICES 2167	Y