Department of Human Services

Juvenile Justice Information System (JJOLT) Training Manual

CHILD CARE FUND FORMS

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Client Management Session

3.5 Hours

Objectives:

To ensure the operator can log on to JJOLT and knows how to change passwords
To ensure the operator knows how to log off of JJOLT
To give the operator an overview of the Client Menu
To give the operator an overview of the Child Care Fund Forms
To Review Electronic Child Care Fund Forms Processes
To ensure the operator knows some of the key forms in JJOLT

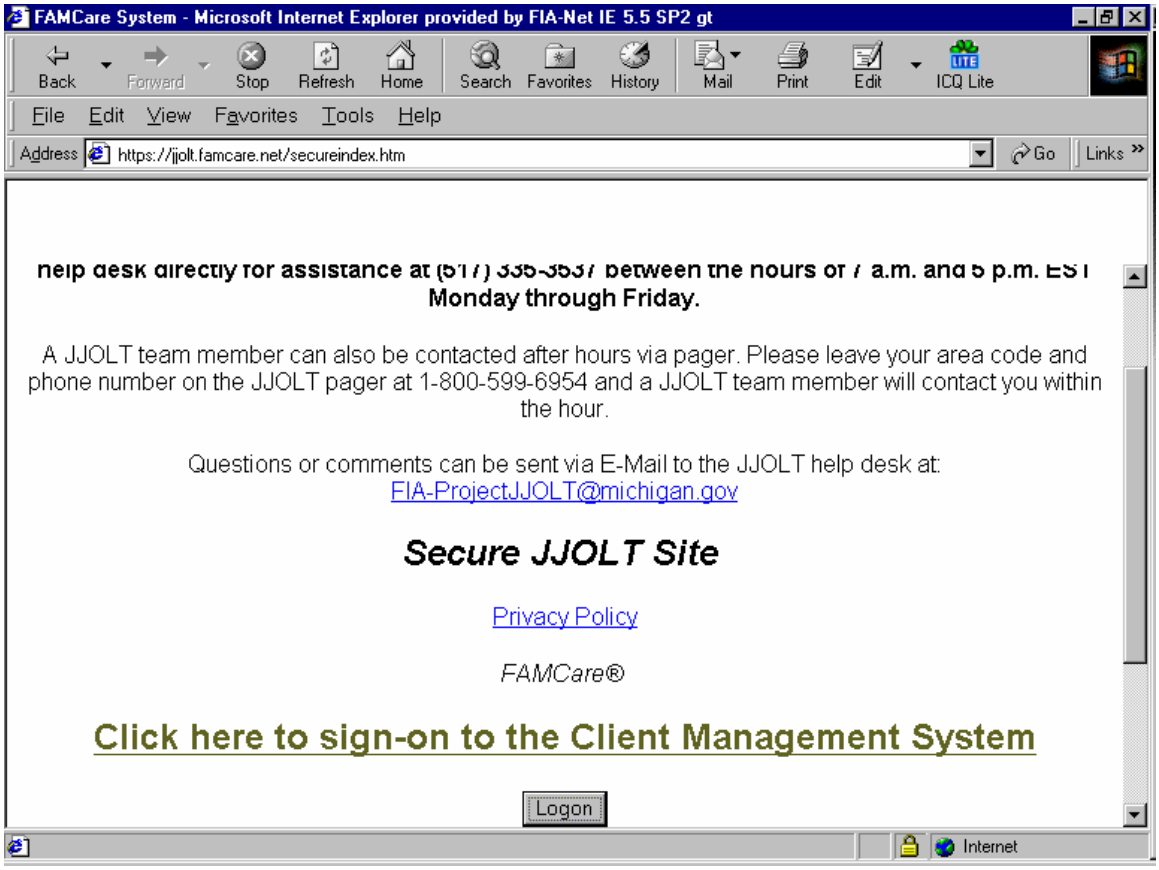
Content Overview

SESSION I
Pre-Logon Basics
Logon and Basic Navigation
Misc. System Functions
Q&A

Session I-Pre Logon Basics

Start/Programs/Internet Explorer E-mail address; FIA-ProjectJJOLT@state.mi.us
Address: HTTP://FAMCAREACCESS.COM/JJOLT
Helpsite; HTTP://JJOLTHELP.FAMCARE.NET
Training site, HTTP://JJOLTTRAINING.FAMCARE.NET

The screen below is the sign-on screen for* JJOLT. *Place your cursor on the line that states "Click here to sign on to Client Management System" and press the left button on the mouse or hit the "Enter" button on the keyboard.

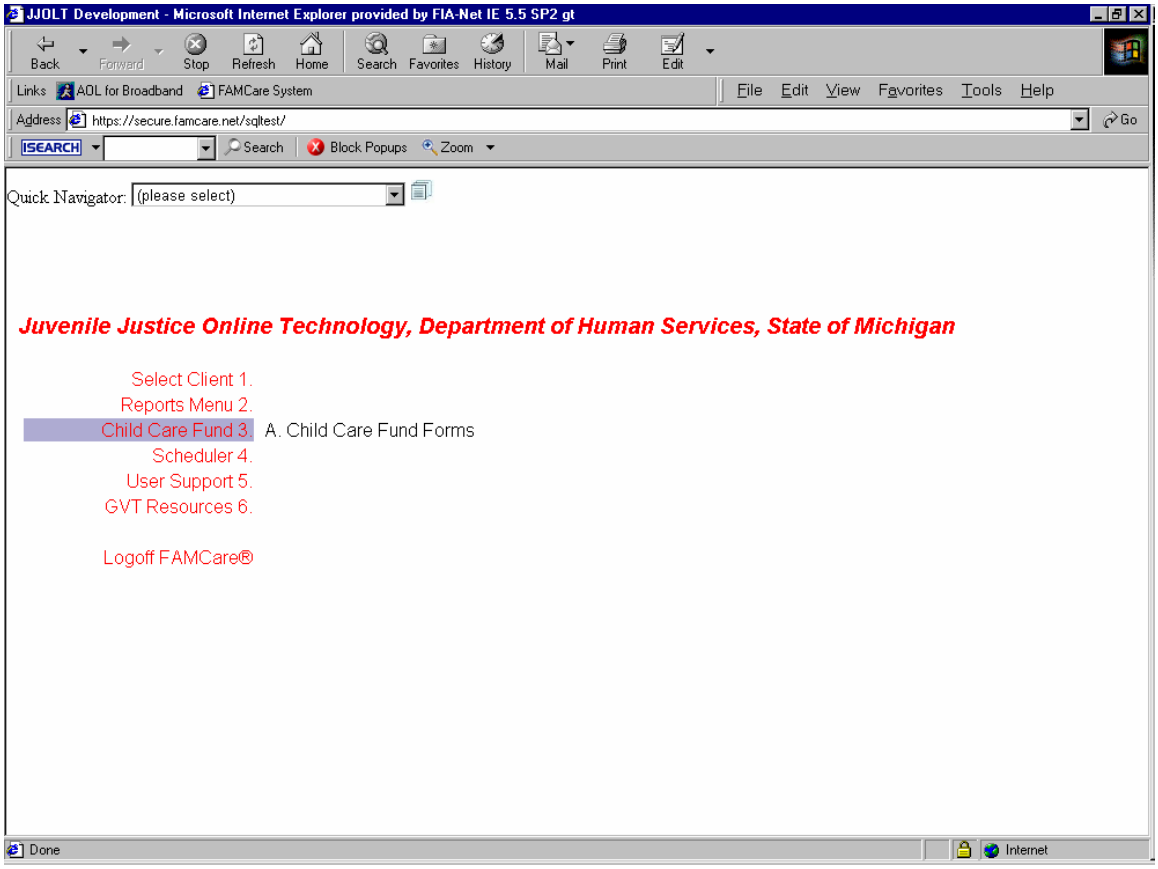


This brings up the sign-on screen, as well as a gray screen that contains the "Redistributable Code Agreement." Click on the "OK" button on that screen, which will then leave the sign-on screen, as show n below.

From this sign on screen, enter your user name (First-Last) and initial password you are given (123456), **then go down to "New Password" and create your new password**. Confirm it, and then click on the "Logon" button. This will produce the main master session menu (next page). **DO NOT CLICK ON LOGON UNTIL YOU CREATE YOUR NEW PASSWORD. YOU MUST CREATE YOUR OWN UNIQUE PASSWORD THE FIRST TIME YOU SIGN IN. ALPHANUMERIC, AT LEAST 2 LETTERS OR NUMBERS!**

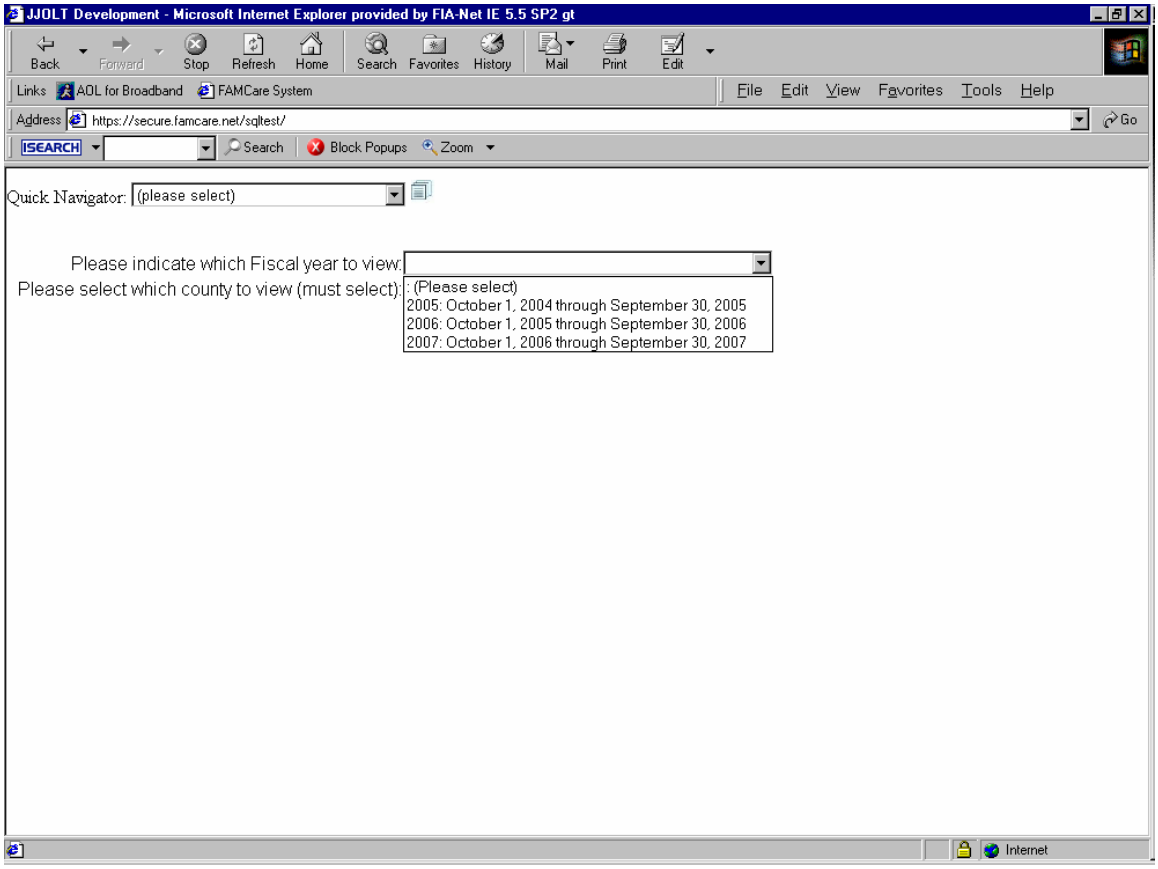
You will then get a message that your password has been successfully saved. Click to continue. You will get a message every 2 months to update/change your password.

This will be the main screen you see when you sign on.



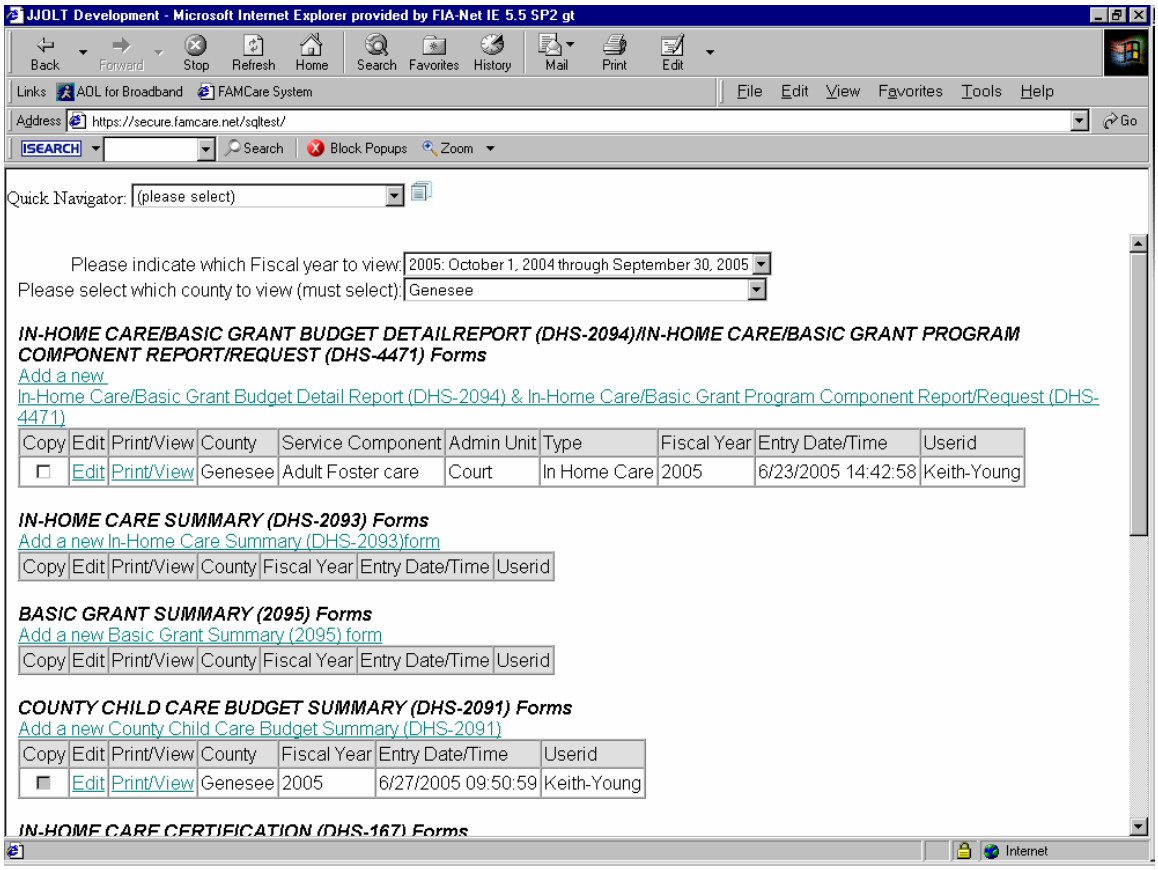
From The above forms menu, you will be able to access the Child Care Fund Forms.

Place your cursor on Number Three to access Child Care Fund Forms. You must first select a Fiscal Year Budget and County, please refer to the example on the next page.

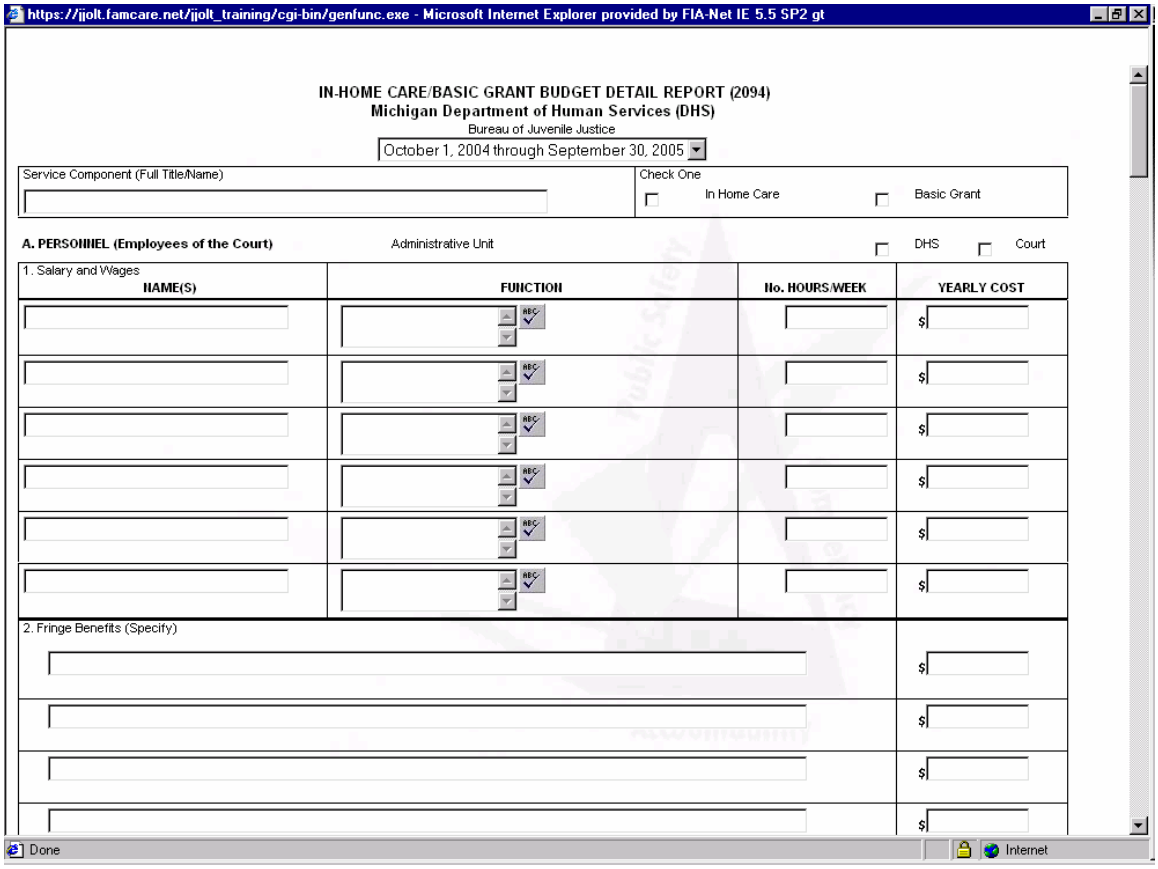


Select a fiscal year from the list above, and then select your county.

You will now see a list of Child Care Fund Forms to choose from, including the DHS Forms Number. For the first time you can select to add a new In-Home 4471 Budget Detail Report.



The forms are listed in the order that they may be filled out; the 2094 and 4471 forms are attached. You may scroll down the 2094 in order to view and complete the 4471.



https://jjolt.famcare.net/jjolt_training/cgi-bin/genfunc.exe - Microsoft Internet Explorer provided by FIA-Net IE 5.5 SP2 gt

IN-HOME CARE/BASIC GRANT BUDGET DETAIL REPORT (2094)
Michigan Department of Human Services (DHS)
Bureau of Juvenile Justice
October 1, 2004 through September 30, 2005

Service Component (Full Title/Name) | Check One: In Home Care | Basic Grant

A. PERSONNEL (Employees of the Court) Administrative Unit DHS Court

1. Salary and Wages

NAME(S)	FUNCTION	No. HOURS/WEEK	YEARLY COST
			$
			$
			$
			$
			$
			$

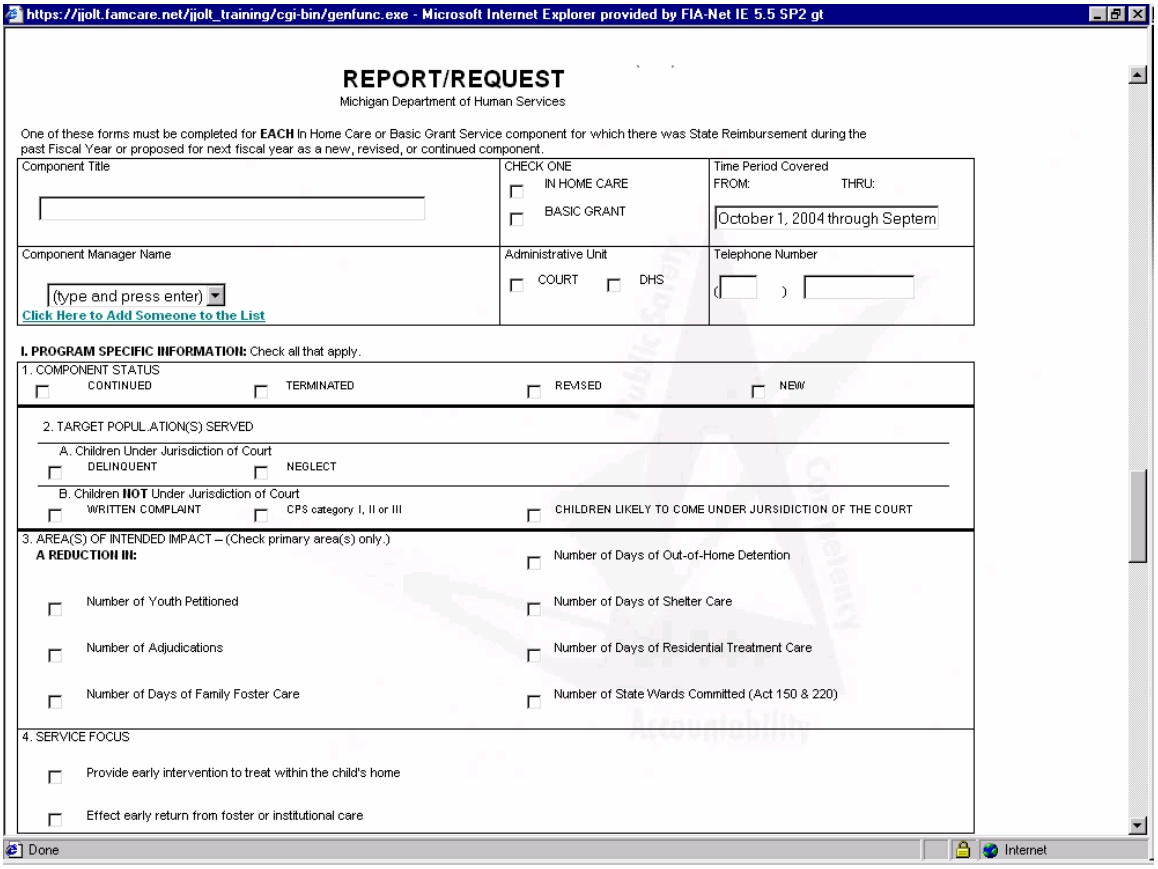
2. Fringe Benefits (Specify)

	$
	$
	$
	$

Done Internet

The Fiscal Year Budget will automatically pre-fill in the box at the top of the form. **You must then type in a service component title and select either <u>In Home Care or Basic Grant</u> by placing a check mark in the appropriate boxes. You must also select either DHS or Court before proceeding.** The 2094 Budget Detail Report and 4471 Report Request forms are located on the same page. You must scroll down to see the 4471.

The In Home, Basic Care, DHS or court information will automatically prefill from the 2094, along with the component name and time period.



https://jjolt.famcare.net/jjolt_training/cgi-bin/genfunc.exe - Microsoft Internet Explorer provided by FIA-Net IE 5.5 SP2 gt

REPORT/REQUEST

Michigan Department of Human Services

One of these forms must be completed for **EACH** In Home Care or Basic Grant Service component for which there was State Reimbursement during the past Fiscal Year or proposed for next fiscal year as a new, revised, or continued component.

Component Title	CHECK ONE ☐ IN HOME CARE ☐ BASIC GRANT	Time Period Covered FROM: THRU: October 1, 2004 through Septem
Component Manager Name (type and press enter) Click Here to Add Someone to the List	Administrative Unit ☐ COURT ☐ DHS	Telephone Number ( )

I. PROGRAM SPECIFIC INFORMATION: Check all that apply.

1. COMPONENT STATUS
☐ CONTINUED ☐ TERMINATED ☐ REVISED ☐ NEW

2. TARGET POPULATION(S) SERVED

A. Children Under Jurisdiction of Court
☐ DELINQUENT ☐ NEGLECT

B. Children **NOT** Under Jurisdiction of Court
☐ WRITTEN COMPLAINT ☐ CPS category I, II or III ☐ CHILDREN LIKELY TO COME UNDER JURSIDICTION OF THE COURT

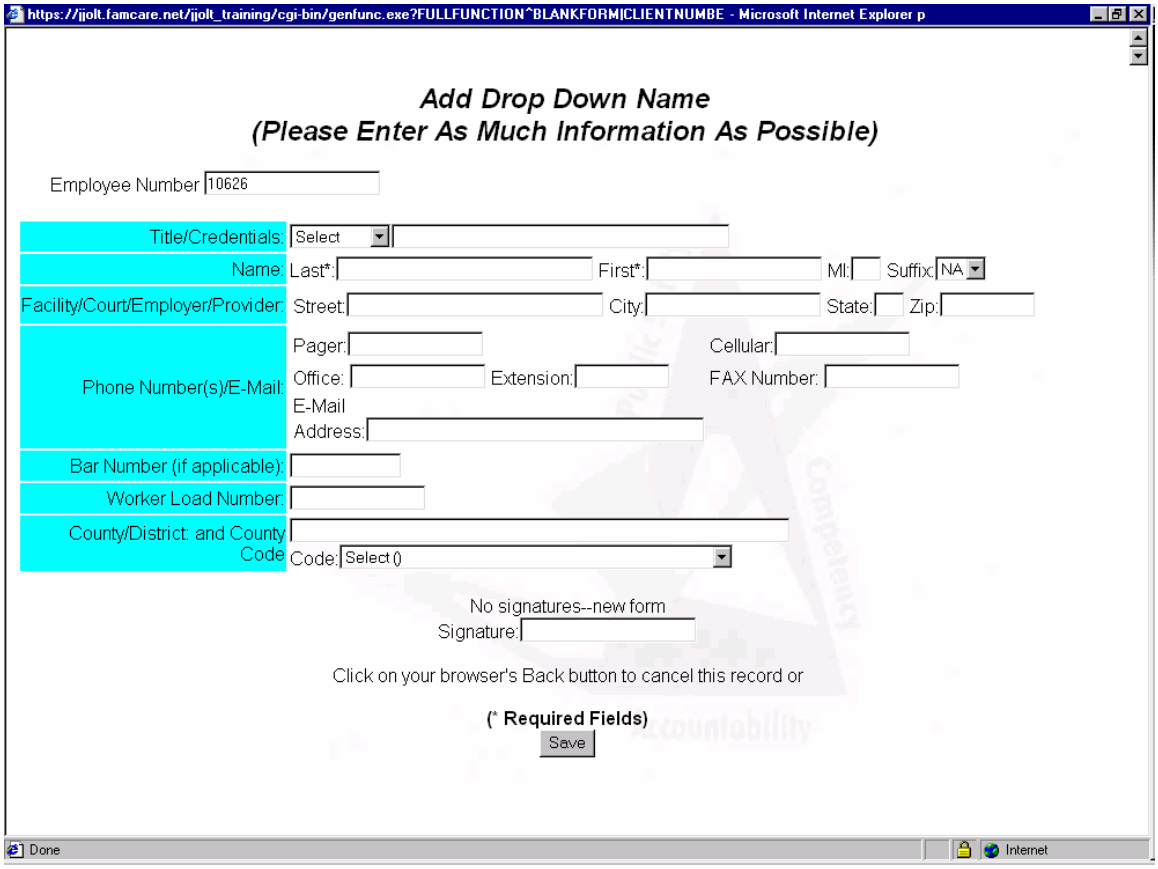
3. AREA(S) OF INTENDED IMPACT – (Check primary area(s) only.)
A REDUCTION IN:

☐ Number of Youth Petitioned
☐ Number of Adjudications
☐ Number of Days of Family Foster Care
☐ Number of Days of Out-of-Home Detention
☐ Number of Days of Shelter Care
☐ Number of Days of Residential Treatment Care
☐ Number of State Wards Committed (Act 150 & 220)

4. SERVICE FOCUS
☐ Provide early intervention to treat within the child's home
☐ Effect early return from foster or institutional care

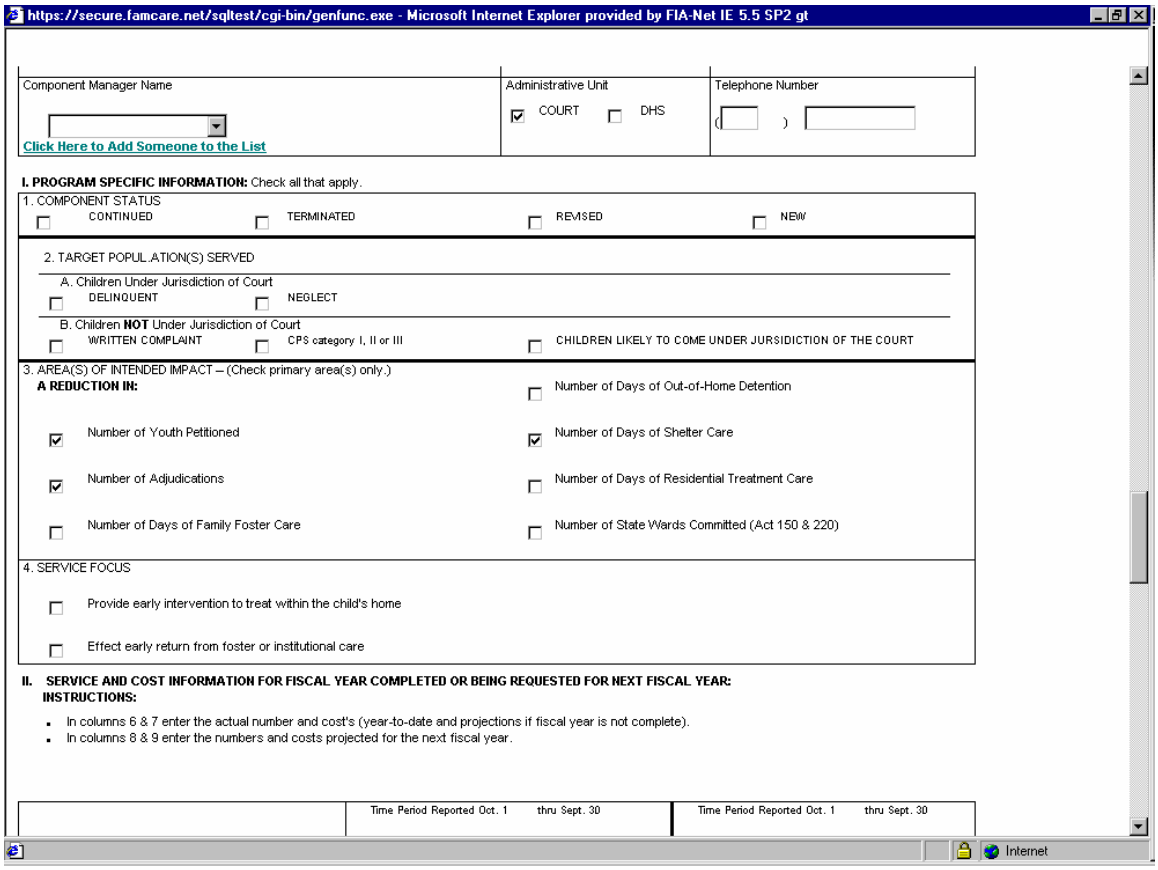
Done Internet

On the 4471 you can add the name of the Component Manager by utilizing the Dynamic Entry function. You must first search for the manager by typing in the first few letters of the last name, and press enter on your keyboard. If the person is not part of the list, you can select "click here to add someone to the list". You will only have to do this once per person to avoid duplicate entries.



Once you have completed the form, you can return to the original 4471 by clicking the save button at the bottom of the page. You can now finish filling out the form accordingly. For more detailed information regarding the Dynamic Entry Feature, please refer to page 29.

When attempting to save the completed 4471, you will receive the above error if section 1.3 does not correspond with section 3. The numeral 0 is not considered as an acceptable value allowed in section 3. Please refer to the next two screen shots below.



https://secure.famcare.net/sqltest/cgi-bin/genfunc.exe - Microsoft Internet Explorer provided by FIA-Net IE 5.5 SP2 gt

		$		$ 121,950.00
D. Average Cost Per Unit		$		$
E. Average Cost Per Youth/Family		$		$

III. IMPACT EVALUATION – Must be completed for continuing or ending components and should correspond to areas of intended identified in Section 1.3.

AREAS OF IMPACT	10. NUMBER OF YOUTH SERVED	ESTIMATED REDUCTIONS 11. NUMBER'S OR DAYS	12. COSTS
A. Youth Petitioned			$
B. Adjudications			$
C. Days of Family Foster Care			$
D. Days of Out-of-Home Detention			$
E. Days of Shelter Care			$
F. Days of Residential Treatment Care			$
G. State Wards Committed			$

IV. PROGRAM ASSESSMENT/EVALUATION:

For ALL Components in effect during the most recent fiscal year this section must be completed

13. Assess strengths, weakness' and problem areas of this component. Assess the intended impact areas and results.
Explain the reason(s), or cause(s) for the difference between the projected No.'s and cost and the actual. Account for all youth served by this component.

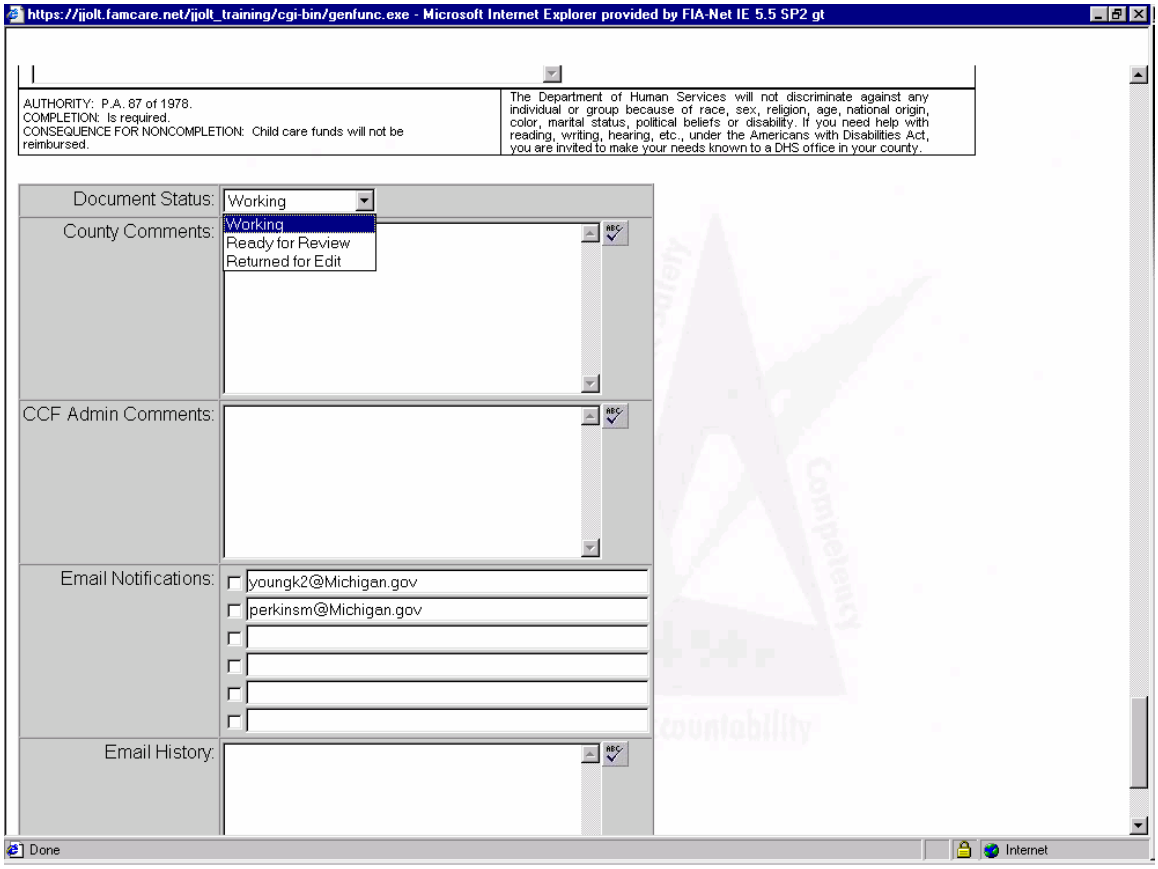
V. PROGRAM DESCRIPTION – Must be completed for **all** components, except those being terminated, **each year**. (Narrative may be attached)

AUTHORITY: P.A. 87 of 1978.
COMPLETION: Is required.

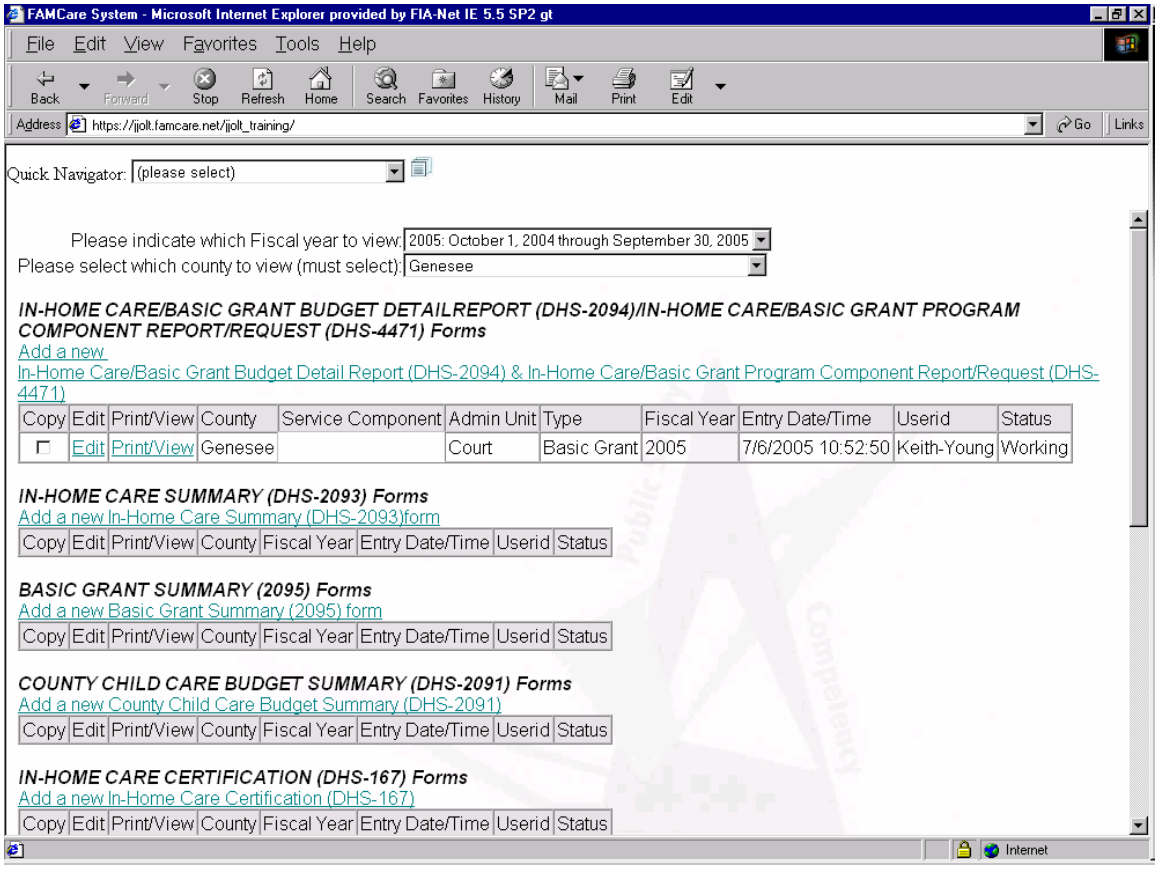
The Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin,

Internet

There is a section below that will allow County Comments and CCF Admin Comments while reviewing the form. The text boxes also have spell check available.

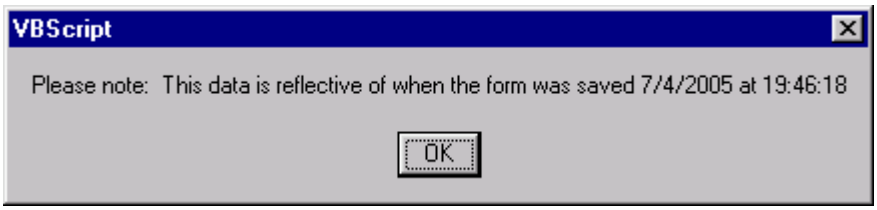


When you are working on the form, leave the document status at working. When you are ready for your supervisor's approval, you can then change the status to Ready for Review. Place a check mark in the Email notification box for your supervisor and click the save button at the bottom of the form. The selected supervisor will receive an email notice that the document is ready for review. The supervisor can either return the form to you for further edits by following the above procedure or submit the electronic form to the Child Care Fund Central Office (Lansing) for approval.



You now have the option to edit, view or print a copy of the 2094 and 4471. **Once the Form is approved and locked by your supervisor, you will no longer be able to make any further edits.**

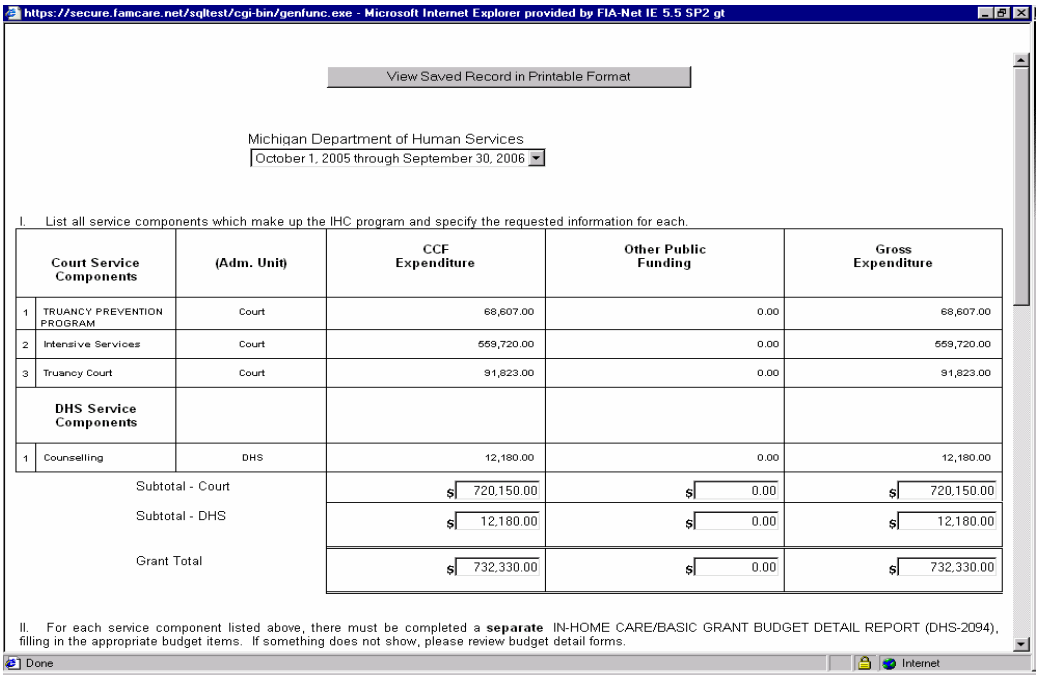
<u>For best results, please do not create any additional forms until all of the budget components are completed and approved. The information from the budget will automatically prefill into other forms when creating new.</u>



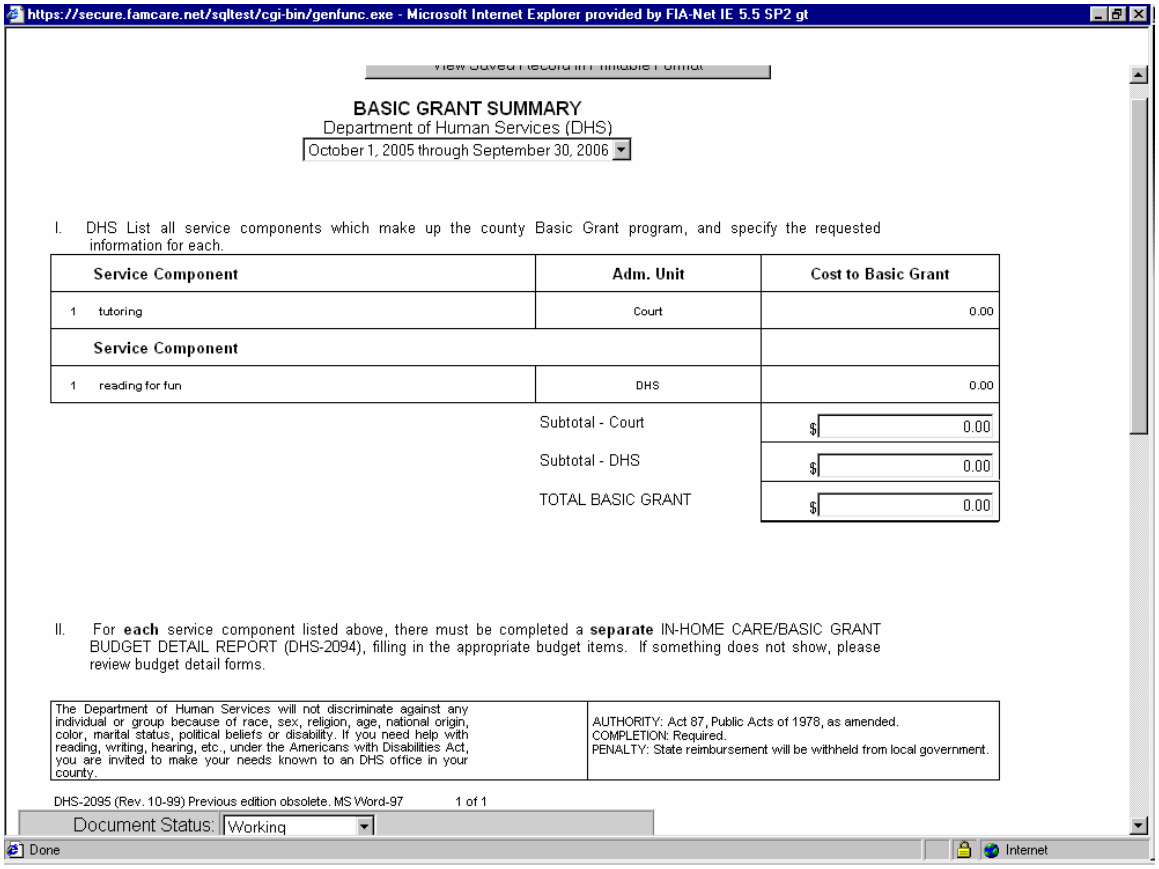
IN-Home Care Summary (DHS-2093) Form

Please note when pulling up a previously saved 2093 and 2095 form, the above message will appear alerting you the last date and time the forms were saved. If you revise the 2094 / 4471 form, you must create another new 2093 in order to view the most up to date data.

When you are working on the form, leave the document status at working. When you are ready for your supervisor's approval, you can then change the status to Ready for Review. Place a check mark in the Email notification box for your supervisor and click the save button at the bottom of the form. The selected supervisor will receive an email notice that the document is ready for review. The supervisor can either return the form to you for further edits by following the above procedure to approve the form locking it from further editing...



BASIC GRANT SUMMARY (2095) Form



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BASIC GRANT SUMMARY
Department of Human Services (DHS)
October 1, 2005 through September 30, 2006

I. DHS List all service components which make up the county Basic Grant program, and specify the requested information for each.

Service Component	Adm. Unit	Cost to Basic Grant
1 tutoring	Court	0.00
Service Component		
1 reading for fun	DHS	0.00
	Subtotal - Court	$ 0.00
	Subtotal - DHS	$ 0.00
	TOTAL BASIC GRANT	$ 0.00

II. For **each** service component listed above, there must be completed a **separate** IN-HOME CARE/BASIC GRANT BUDGET DETAIL REPORT (DHS-2094), filling in the appropriate budget items. If something does not show, please review budget detail forms.

The Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an DHS office in your county.	AUTHORITY: Act 87, Public Acts of 1978, as amended. COMPLETION: Required. PENALTY: State reimbursement will be withheld from local government.

DHS-2095 (Rev. 10-99) Previous edition obsolete. MS Word-97 1 of 1

Document Status: Working

Done Internet

Once again please confirm that the correct Fiscal Year Budget appears in the text box at the top of the form. You can now complete the form accordingly before submitting to your supervisor for approval.

When you are working on the form, leave the document status at working. When you are ready for your supervisor's approval, you can then change the status to Ready for Review. Place a check mark in the Email notification box for your supervisor and click the save button at the bottom of the form. The selected supervisor will receive an email notice that the document is ready for review. The supervisor can either return the form to you for further edits by following the above procedure to approve the form locking it from further editing...

COUNTY CHILD CARE BUDGET SUMMARY (DHS-2091) Form

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View Saved Record in Printable Format

COUNTY CHILD CARE BUDGET SUMMARY
Michigan Department of Human Services (DHS)
Child and Family Services

County	Court Contact Person	Telephone Number	E-Mail Address
Grand Traverse	Click Here to Add Someone to the List		
Fiscal Year	**DHS Contact Person**	**Telephone Number**	**E-Mail Address**
October 1, 2005 through September 30, 2006	Click Here to Add Someone to the List		

TYPE OF CARE	ANTICIPATED EXPENDITURES		
	DHS	COURT	COMBINED
I. CHILD CARE FUND			
A. Family Foster Care	$	$ 425,000.00	$ 425,000.00
B. Institutional Care	$	$ 550,083.00	$ 550,083.00
C. In Home Care	$ 12,180.00	$ 720,150.00	$ 732,330.00
D. Independent Living	$	$ 9,000.00	$ 9,000.00
E. SUBTOTALS	$ 12,180.00	$ 1,704,233.00	$ 1,716,413.00
F. Revenue	$	$ 220,000.00	$ 220,000.00
G. Net Expenditure	$ 12,180.00	$ 1,484,233.00	$ 1,496,413.00
COST SHARING RATIOS: County 50%/State 50%			
II. CHILD CARE FUND Foster Care During Release Appeal Period		$ 17,325.00	$ 17,325.00
COST SHARING RATIOS: County 0%/State 100%			
III. JUVENILE JUSTICE SERVICES FUND Basic Grant	$ 0.00	$ 0.00	$ 0.00
COST SHARING RATIOS: County 0%/State 100% $15,000.00 Maximum			
IV. TOTAL EXPENDITURE			$ 1,513,738.00

BUDGET DEVELOPMENT CERTIFICATION

THE UNDERSIGNED HAVE PARTICIPATED IN DEVELOPING THE PROGRAM BUDGET PRESENTED ABOVE. We certify that the budget submitted above represents an anticipated gross expenditure for the fiscal year: October 1, 2005 through September 30, 2006

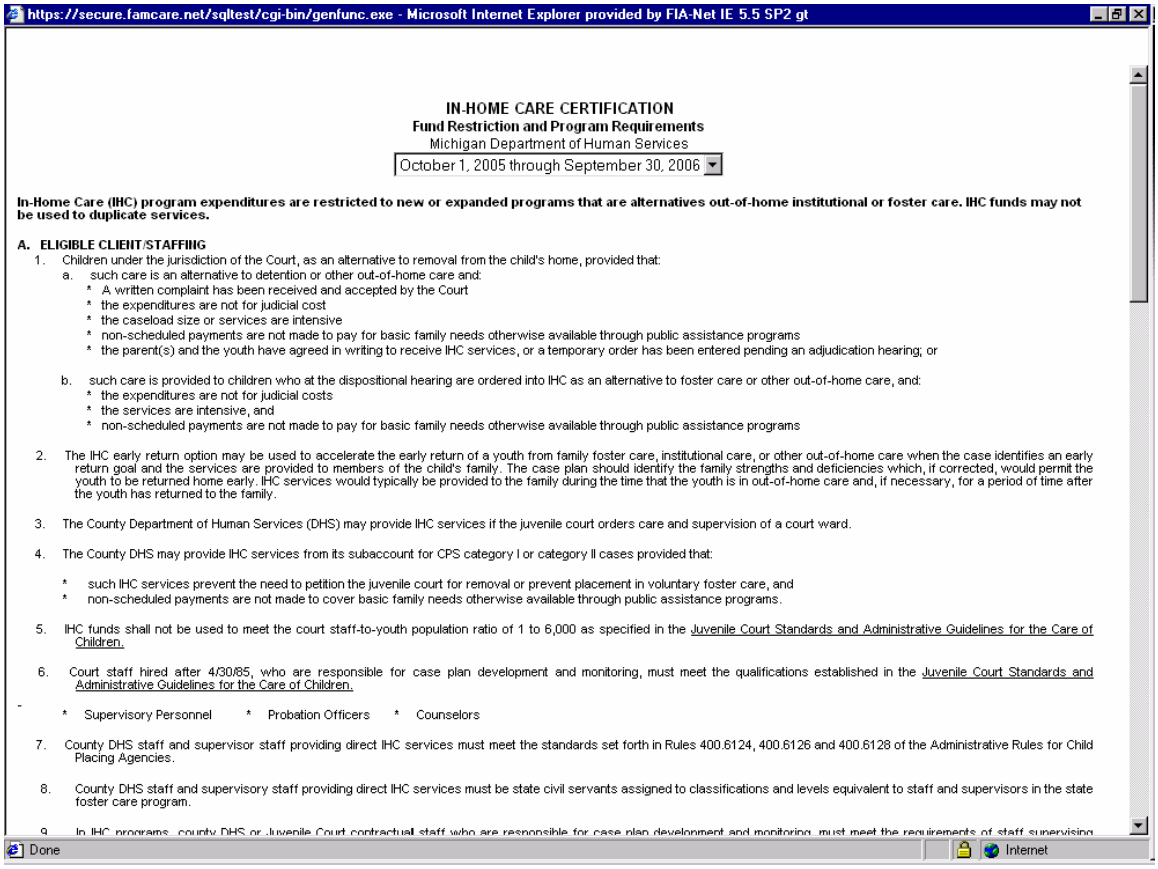
Presiding Judge **Date**

Done Internet

Once again please confirm that the correct Fiscal Year Budget appears in the text box at the top left of the form. Line C and section 3 will prefill from the 2094. Other anticipated expenditures can be directly entered. The combined fields will calculate automatically.

When you are working on the form, leave the document status at working. When you are ready for your supervisor's approval, you can then change the status to Ready for Review. Place a check mark in the Email notification box for your supervisor and click the save button at the bottom of the form. The selected supervisor will receive an email notice that the document is ready for review. The supervisor can either return the form to you for further edits by following the above procedure to approve the form locking it from further editing.

IN-HOME CARE CERTIFICATION (DHS-167) Form



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IN-HOME CARE CERTIFICATION
Fund Restriction and Program Requirements
Michigan Department of Human Services
October 1, 2005 through September 30, 2006

In-Home Care (IHC) program expenditures are restricted to new or expanded programs that are alternatives out-of-home institutional or foster care. IHC funds may not be used to duplicate services.

A. ELIGIBLE CLIENT/STAFFING

1. Children under the jurisdiction of the Court, as an alternative to removal from the child's home, provided that:
   a. such care is an alternative to detention or other out-of-home care and:
      * A written complaint has been received and accepted by the Court
      * the expenditures are not for judicial cost
      * the caseload size or services are intensive
      * non-scheduled payments are not made to pay for basic family needs otherwise available through public assistance programs
      * the parent(s) and the youth have agreed in writing to receive IHC services, or a temporary order has been entered pending an adjudication hearing; or

   b. such care is provided to children who at the dispositional hearing are ordered into IHC as an alternative to foster care or other out-of-home care, and:
      * the expenditures are not for judicial costs
      * the services are intensive, and
      * non-scheduled payments are not made to pay for basic family needs otherwise available through public assistance programs

2. The IHC early return option may be used to accelerate the early return of a youth from family foster care, institutional care, or other out-of-home care when the case identifies an early return goal and the services are provided to members of the child's family. The case plan should identify the family strengths and deficiencies which, if corrected, would permit the youth to be returned home early. IHC services would typically be provided to the family during the time that the youth is in out-of-home care and, if necessary, for a period of time after the youth has returned to the family.

3. The County Department of Human Services (DHS) may provide IHC services if the juvenile court orders care and supervision of a court ward.

4. The County DHS may provide IHC services from its subaccount for CPS category I or category II cases provided that:

   * such IHC services prevent the need to petition the juvenile court for removal or prevent placement in voluntary foster care, and
   * non-scheduled payments are not made to cover basic family needs otherwise available through public assistance programs.

5. IHC funds shall not be used to meet the court staff-to-youth population ratio of 1 to 6,000 as specified in the Juvenile Court Standards and Administrative Guidelines for the Care of Children.

6. Court staff hired after 4/30/85, who are responsible for case plan development and monitoring, must meet the qualifications established in the Juvenile Court Standards and Administrative Guidelines for the Care of Children.

   * Supervisory Personnel * Probation Officers * Counselors

7. County DHS staff and supervisor staff providing direct IHC services must meet the standards set forth in Rules 400.6124, 400.6126 and 400.6128 of the Administrative Rules for Child Placing Agencies.

8. County DHS staff and supervisory staff providing direct IHC services must be state civil servants assigned to classifications and levels equivalent to staff and supervisors in the state foster care program.

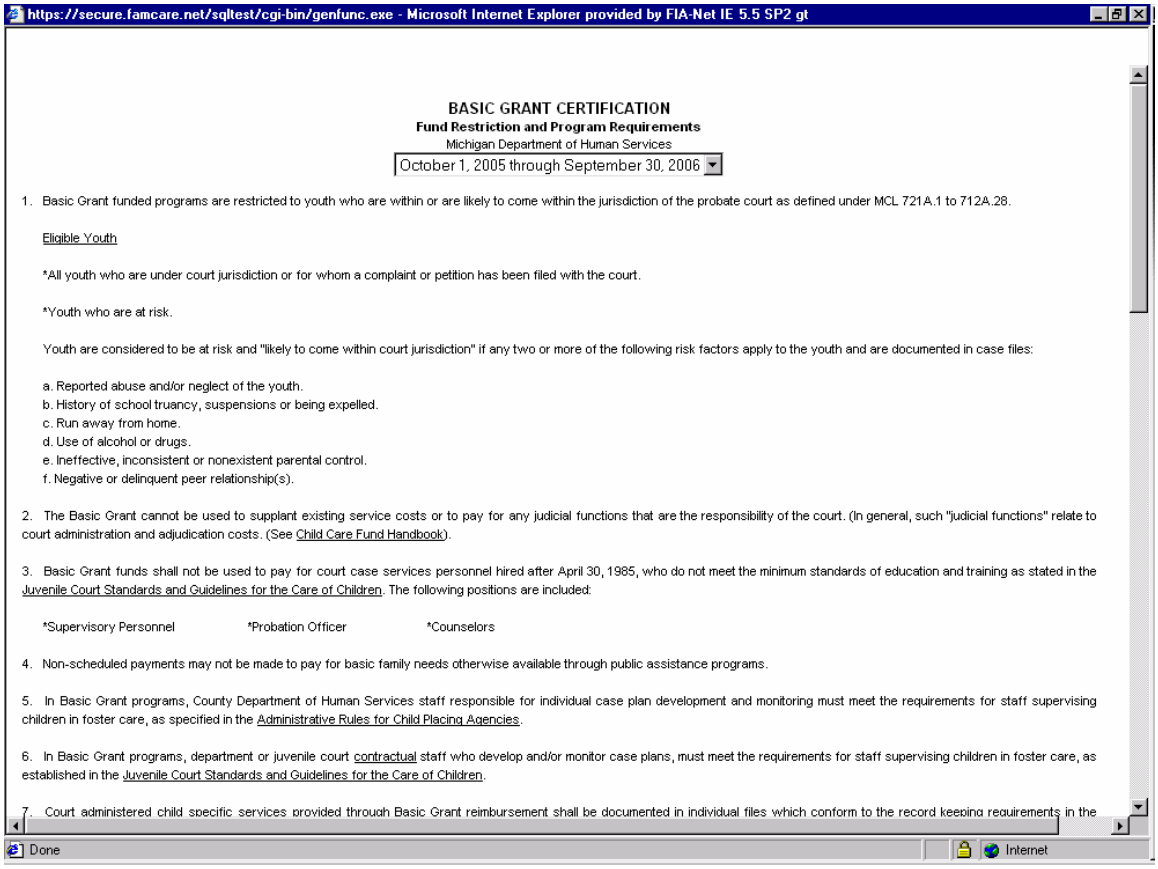
9. In IHC programs, county DHS or Juvenile Court contractual staff who are responsible for case plan development and monitoring, must meet the requirements of staff supervising

Done Internet

This form will require your signature, and then you must follow the procedure to have it approved by your supervisor.

When you are working on the form, leave the document status at working. When you are ready for your supervisor's approval, you can then change the status to Ready for Review. Place a check mark in the Email notification box for your supervisor and click the save button at the bottom of the form. The selected supervisor will receive an email notice that the document is ready for review. The supervisor can either return the form to you for further edits by following the above procedure to approve the form locking it from further editing.

BASIC GRANT CERTIFICATION (DHS-168) Form



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BASIC GRANT CERTIFICATION
Fund Restriction and Program Requirements
Michigan Department of Human Services
October 1, 2005 through September 30, 2006

1. Basic Grant funded programs are restricted to youth who are within or are likely to come within the jurisdiction of the probate court as defined under MCL 721A.1 to 712A.28.

Eligible Youth

*All youth who are under court jurisdiction or for whom a complaint or petition has been filed with the court.

*Youth who are at risk.

Youth are considered to be at risk and "likely to come within court jurisdiction" if any two or more of the following risk factors apply to the youth and are documented in case files:

a. Reported abuse and/or neglect of the youth.
b. History of school truancy, suspensions or being expelled.
c. Run away from home.
d. Use of alcohol or drugs.
e. Ineffective, inconsistent or nonexistent parental control.
f. Negative or delinquent peer relationship(s).

2. The Basic Grant cannot be used to supplant existing service costs or to pay for any judicial functions that are the responsibility of the court. (In general, such "judicial functions" relate to court administration and adjudication costs. (See Child Care Fund Handbook).

3. Basic Grant funds shall not be used to pay for court case services personnel hired after April 30, 1985, who do not meet the minimum standards of education and training as stated in the Juvenile Court Standards and Guidelines for the Care of Children. The following positions are included:

*Supervisory Personnel *Probation Officer *Counselors

4. Non-scheduled payments may not be made to pay for basic family needs otherwise available through public assistance programs.

5. In Basic Grant programs, County Department of Human Services staff responsible for individual case plan development and monitoring must meet the requirements for staff supervising children in foster care, as specified in the Administrative Rules for Child Placing Agencies.

6. In Basic Grant programs, department or juvenile court contractual staff who develop and/or monitor case plans, must meet the requirements for staff supervising children in foster care, as established in the Juvenile Court Standards and Guidelines for the Care of Children.

7. Court administered child specific services provided through Basic Grant reimbursement shall be documented in individual files which conform to the record keeping requirements in the

Done Internet

This form will also require your signature, and then you must follow the procedure to have it approved by your supervisor.

When you are working on the form, leave the document status at working. When you are ready for your supervisor's approval, you can then change the status to Ready for Review. Place a check mark in the Email notification box for your supervisor and click the save button at the bottom of the form. The selected supervisor will receive an email notice that the document is ready for review. The supervisor can either return the form to you for further edits by following the above procedure to approve the form locking it from further editing.

CCF SUMMARY REPORT (DHS-4472) Form

https://secure.famcare.net/sqltest/cgi-bin/genfunc.exe - Microsoft Internet Explorer provided by FIA-Net IE 5.5 SP2 gt

View Saved Record in Printable Format

CHILD CARE FUND SUMMARY REPORT
Michigan Department of Human Services (DHS)
Bureau of Juvenile Justice

COURT-JUDICIAL SUMMARY REPORT
(Section A completed by Family Division of Circuit Court)

Section A is required from all courts as part of the Annual Plan and Budget process.

(SECTION A) REPORTED ITEM	PRIOR YEAR (12 Month Period) FROM: 10/1/2004 TO: 9/30/2005			THIS YEAR (Most Recent 12 Months) FROM: 10/1/2005 TO: 9/30/2006			DIFFERENCE (Totals) PERCENT
Required Information	Delinq.	Neglect Abuse	Total	Delinq.	Neglect Abuse	Total	(+ or -)
i. JUDICIAL (For all Youth Served)							
1. Number of Youth Having Petitions/Written Complaints Filed	405	56	461	437	92	529	15%
2. Number of Youth Having Petitions Authorized	269	56	325	267	88	355	9%
3. Number of Youth Adjudicated	269	56	325	267	88	355	9%
4. Number of Court Wards at **Beginning** of 12 Month Period	304	102	406	213	73	286	-30%
5. Number of Court Wards at **End** of 12 Month Period	213	73	286	151	89	240	-16%
6. Number of State Ward Commitments (Act 150 & 220)	3	5	8	6	4	10	25%

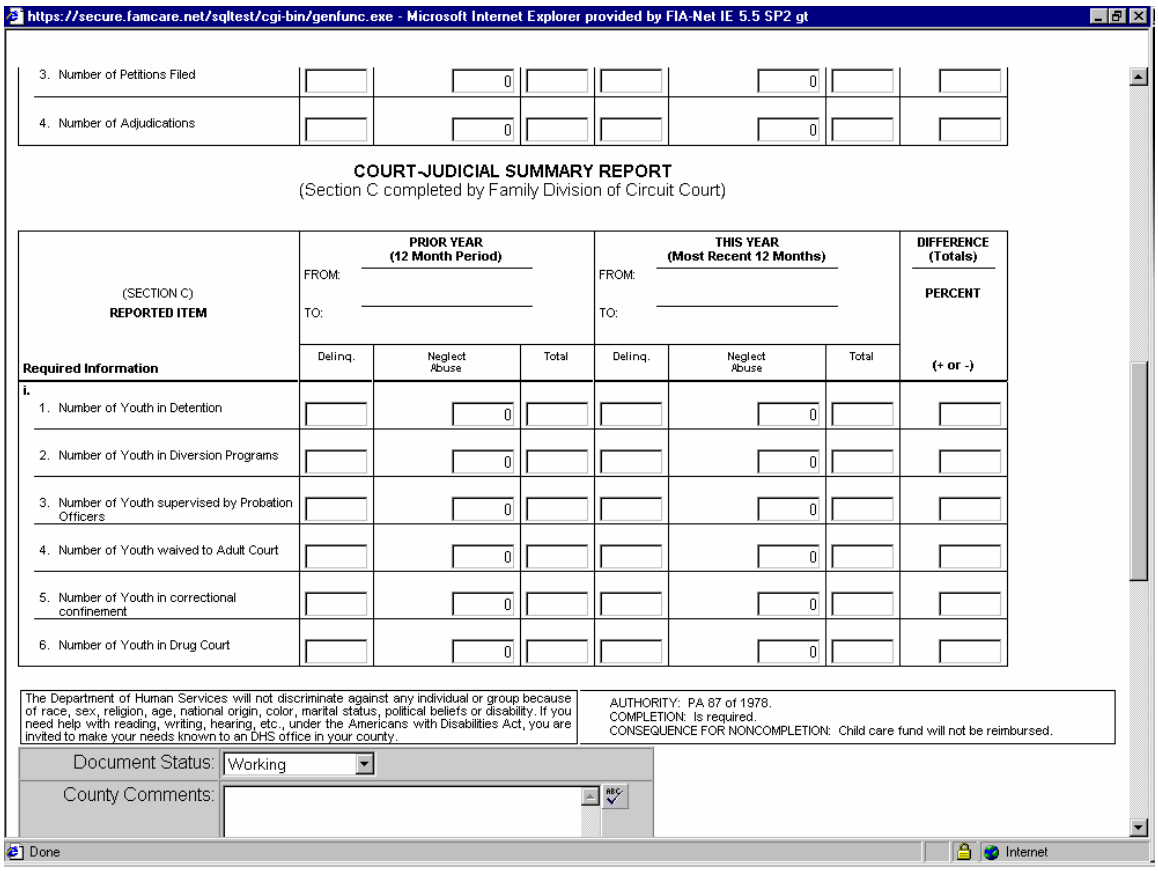
DHS – CHILDREN'S PROTECTIVE SERVICES (CPS) SUMMARY REPORT
(Section B completed by County Department of Human Services)
Section B is required from all county DHS Departments having Child Care Fund Sub-Accounts as part of the Annual Plan and Budget process.

	PRIOR YEAR (12 Month Period)	THIS YEAR (Most Recent 12 Months)	DIFFERENCE (Totals)

Done Internet

Please confirm that the to and from dates at the top of the form is correct. You can now complete the form accordingly before submitting to your supervisor for approval.

Please see the screen print of the new section three on the next page. This section is new to the form for fiscal year 2006.



https://secure.famcare.net/sqltest/cgi-bin/genfunc.exe - Microsoft Internet Explorer provided by FIA-Net IE 5.5 SP2 gt

3. Number of Petitions Filed		0			0		
4. Number of Adjudications		0			0		

COURT-JUDICIAL SUMMARY REPORT
(Section C completed by Family Division of Circuit Court)

(SECTION C) REPORTED ITEM	PRIOR YEAR (12 Month Period) FROM: TO:			THIS YEAR (Most Recent 12 Months) FROM: TO:			DIFFERENCE (Totals) PERCENT
Required Information	Delinq.	Neglect Abuse	Total	Delinq.	Neglect Abuse	Total	(+ or -)
i. 1. Number of Youth in Detention		0			0		
2. Number of Youth in Diversion Programs		0			0		
3. Number of Youth supervised by Probation Officers		0			0		
4. Number of Youth waived to Adult Court		0			0		
5. Number of Youth in correctional confinement		0			0		
6. Number of Youth in Drug Court		0			0		

The Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an DHS office in your county.

AUTHORITY: PA 87 of 1978.
COMPLETION: Is required.
CONSEQUENCE FOR NONCOMPLETION: Child care fund will not be reimbursed.

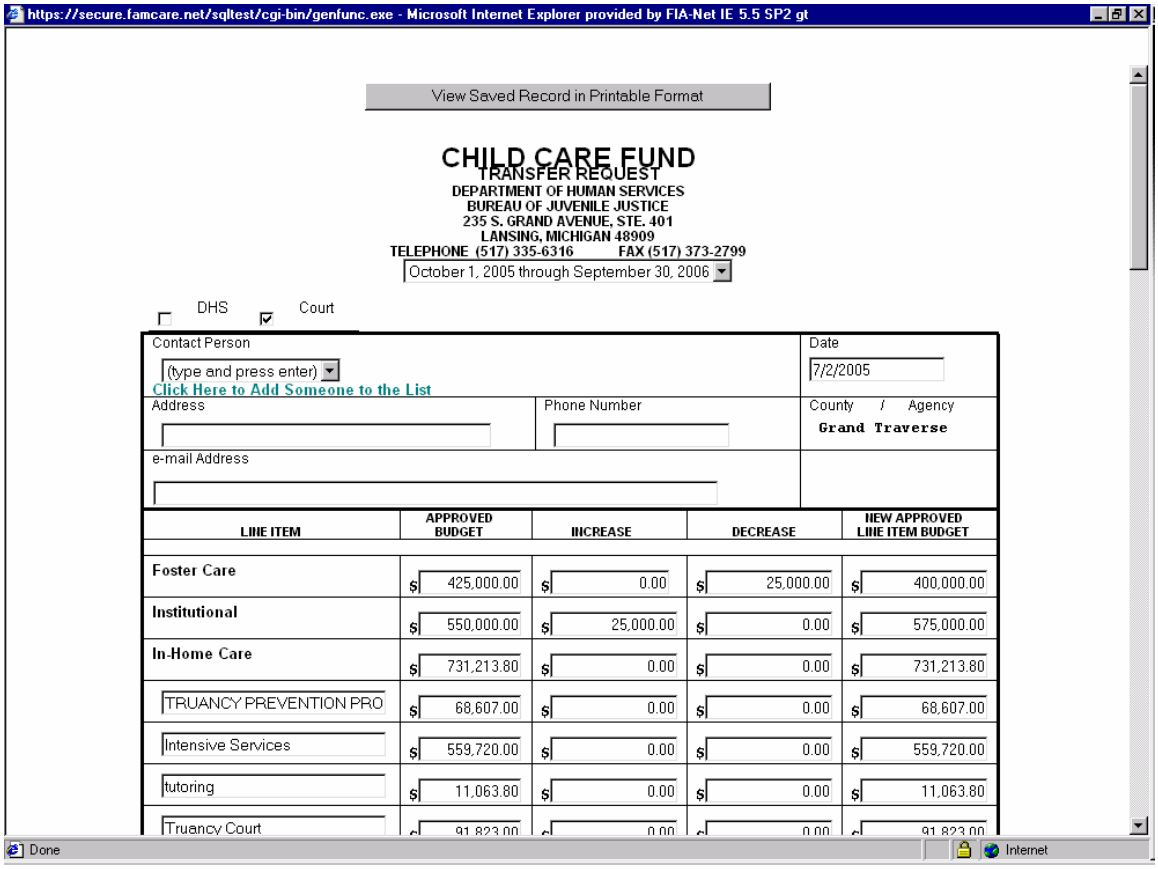
Document Status: Working

County Comments:

Done | Internet

When you are working on the form, leave the document status at working. When you are ready for your supervisor's approval, you can then change the status to Ready for Review. Place a check mark in the Email notification box for your supervisor and click the save button at the bottom of the form. The selected supervisor will receive an email notice that the document is ready for review. The supervisor can either return the form to you for further edits by following the above procedure to approve the form locking it from further editing.

CCF Transfer Request Forms



https://secure.famcare.net/sqltest/cgi-bin/genfunc.exe - Microsoft Internet Explorer provided by FIA-Net IE 5.5 SP2 gt

View Saved Record in Printable Format

CHILD CARE FUND
TRANSFER REQUEST
DEPARTMENT OF HUMAN SERVICES
BUREAU OF JUVENILE JUSTICE
235 S. GRAND AVENUE, STE. 401
LANSING, MICHIGAN 48909
TELEPHONE (517) 335-6316 FAX (517) 373-2799

October 1, 2005 through September 30, 2006

☐ DHS ☑ Court

Contact Person: (type and press enter)
Click Here to Add Someone to the List
Date: 7/2/2005
Address
Phone Number
County / Agency: Grand Traverse
e-mail Address

LINE ITEM	APPROVED BUDGET	INCREASE	DECREASE	NEW APPROVED LINE ITEM BUDGET
Foster Care	$ 425,000.00	$ 0.00	$ 25,000.00	$ 400,000.00
Institutional	$ 550,000.00	$ 25,000.00	$ 0.00	$ 575,000.00
In-Home Care	$ 731,213.80	$ 0.00	$ 0.00	$ 731,213.80
TRUANCY PREVENTION PRO	$ 68,607.00	$ 0.00	$ 0.00	$ 68,607.00
Intensive Services	$ 559,720.00	$ 0.00	$ 0.00	$ 559,720.00
tutoring	$ 11,063.80	$ 0.00	$ 0.00	$ 11,063.80
Truancy Court	$ 91,823.00	$ 0.00	$ 0.00	$ 91,823.00

Done Internet

Before proceeding please confirm that the correct Fiscal Year Budget appears in the text box at the top left of the form. You can now complete the form accordingly before submitting to your supervisor for approval.

When you are working on the form, leave the document status at working. When you are ready for your supervisor's approval, you can then change the status to Ready for Review. Place a check mark in the Email notification box for your supervisor and click the save button at the bottom of the form. The selected supervisor will receive an email notice that the document is ready for review. The supervisor can either return the form to you for further edits by following the above procedure or submit the electronic form to be approved and locked.

MONTHLY REPORT ON FOSTER CARE UNDER THE FAMILY DIVISION (DHS-207) Form

https://secure.famcare.net/sqltest/cgi-bin/genfunc.exe - Microsoft Internet Explorer provided by FIA-Net IE 5.5 SP2 gt

View Saved Record in Printable Format

MONTHLY REPORT ON FOSTER CARE UNDER THE FAMILY DIVISION OF THE CIRCUIT COURT
State of Michigan Department of Human Services
October 1, 2005 through September 30, 2006

County
Grand Traverse

Reporting Period (Month & Year)
January 2006

NOTE: See Non-discrimination and PA 431 information on page 3.

SECTION A:
Children provided care, total days care provided under the jurisdiction of the Family Division of the Circuit Court, and expenditures by order of the family court judge of probate from the Child Care Fund.

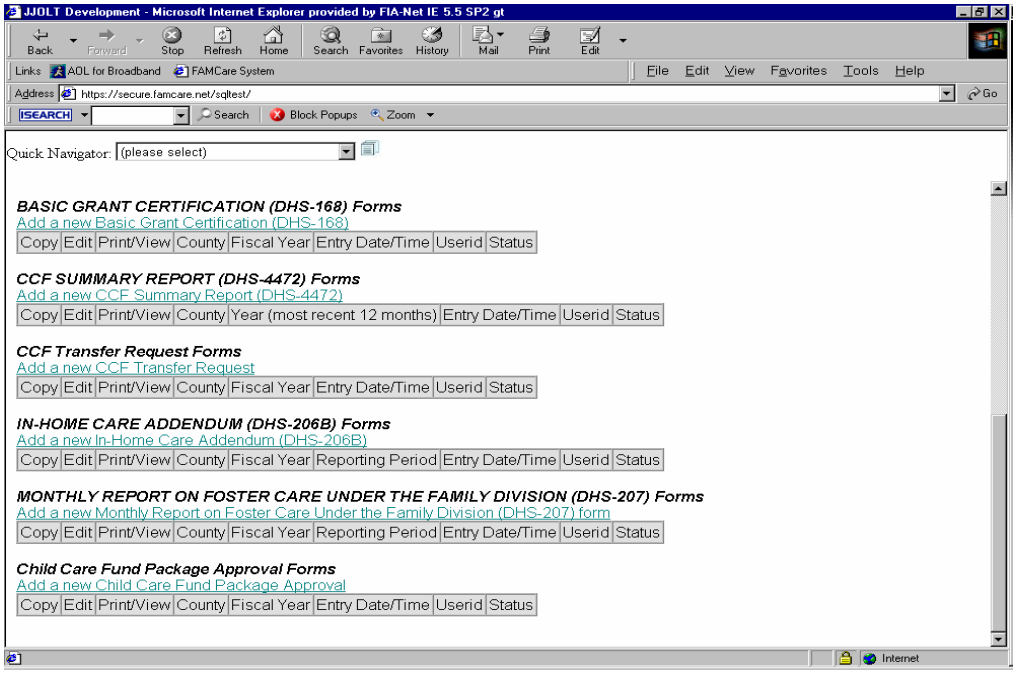
Line (1)	Type of Care (2)	Number of Children (3)	Days Care Provided (4)	Gross Expenditures (5)	Adjustments 1/ (6)	Adjusted Reimbursable Expenditures (7)
1.	III. Family Foster Care					
2.	A. Court Supervised					
3.	1.Family Foster Care Payments	17	441	$ 12,532.40	$ 0.00	$ 12,532.40
4.	2.Other (non-scheduled) payments. . . .			$ 0.00	$ 0.00	$ 0.00
5.	B. Private Agency					
6.	1.Family Foster Care payments	9	599	$ 34,532.89	$ 0.00	$ 34,532.89
7.	2.Other (non-scheduled) payments . . .			$ 0.00	$ 0.00	$ 0.00
8.	Total Family Foster Care (Sum of lines 3 & 6 for col. 3 & 4 and sum of lines 3, 4, 6 and 7 for col 5, 6 & 7) . .	26	1,040	$ 47,065.29	$ 0.00	$ 47,065.29
9.	II. INSTITUTIONAL CARE					
10.	A. Court Operated					

Done Internet

Before proceeding please confirm that the correct Fiscal Year Budget appears in the text box at the top left of the form. You can now complete the form accordingly before submitting to your supervisor for approval.

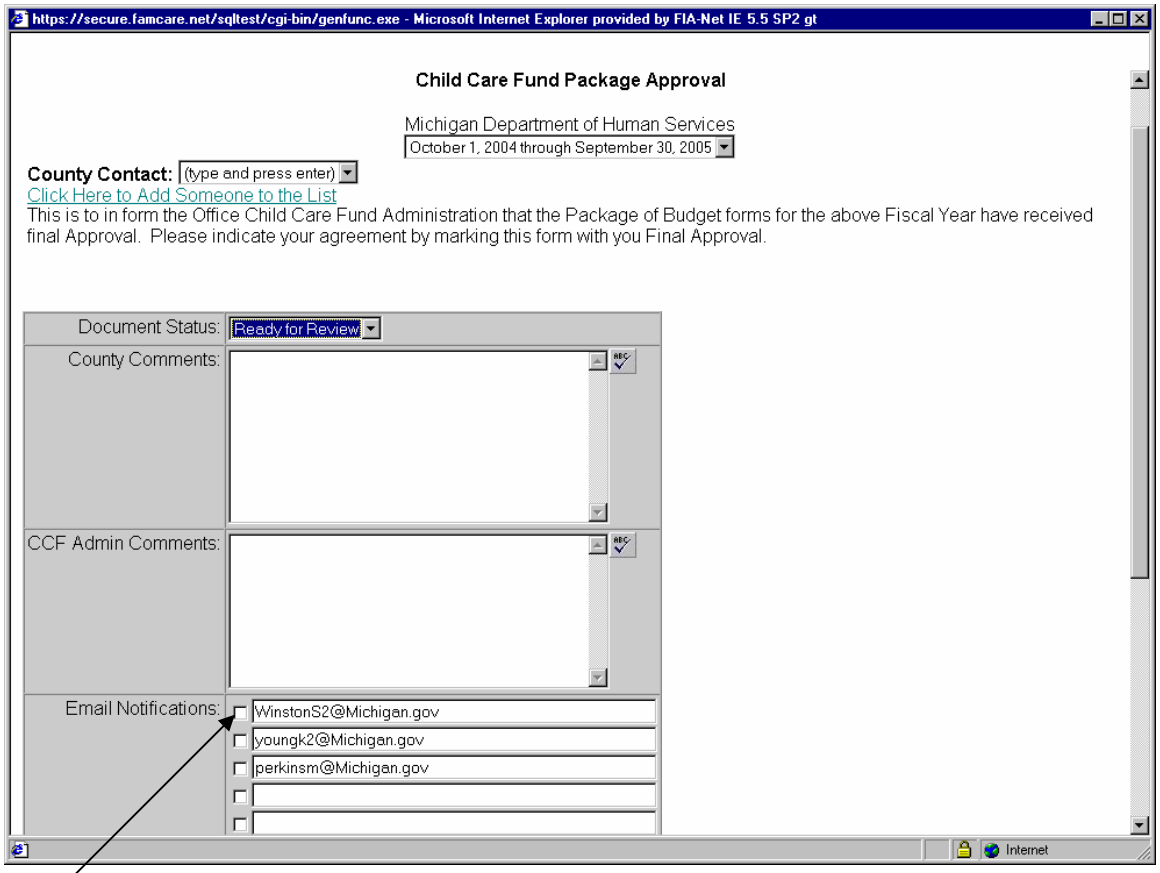
When you are working on the form, leave the document status at working. When you are ready for your supervisor's approval, you can then change the status to Ready for Review. Place a check mark in the Email notification box for your supervisor and click the save button at the bottom of the form. The selected supervisor will receive an email notice that the document is ready for review. The supervisor can either return the form to you for further edits by following the above procedure or submit the electronic form to the Child Care Fund Central Office (Lansing) for final approval.

Child Care Fund Package Approval



When you are ready to submit your package of forms to Lansing for final approval, click on the link for (Child Care Fund Package Approval). Please refer to the example on the next page

The form will refresh and display all of the forms included in your packet. Each form must be approved at the county level, before the packet can be sent to Lansing.



At this point make sure that the fiscal year is correct, and you have added the name of the county contact. Change the Document Status to <u>Approved</u>. Then you must place a check mark in the box next to the E-mail address for Shirley Winston and then click the save button. The packet will be distributed to the appropriate childcare Fund Staff for further review. When the packet of forms has met approval, you will receive a letter from John Evans stating that they have been approved.

HOW TO SET UP SPELL CHECK

THIS IS A ONE-TIME SETUP ON YOUR PC – Unless your PC is rebuilt you won't have to do this again. Most likely your PC has already been configured for spell check.
To check please go to a text box, look to the right of the box (you'll need to have your screen maximized to see the entire form) and you'll see a small box that says ABC. Highlight your text and click on the ABC box. You should get a box for spell check. If not, follow the instructions below.

To prepare your computer for spell check:

!) Open the Internet – look at the task bar at the top of the screen

2) Click on Tools

3) Select Internet Options

4) Click on Security

5) Click on Internet

6) Click on Custom Levels

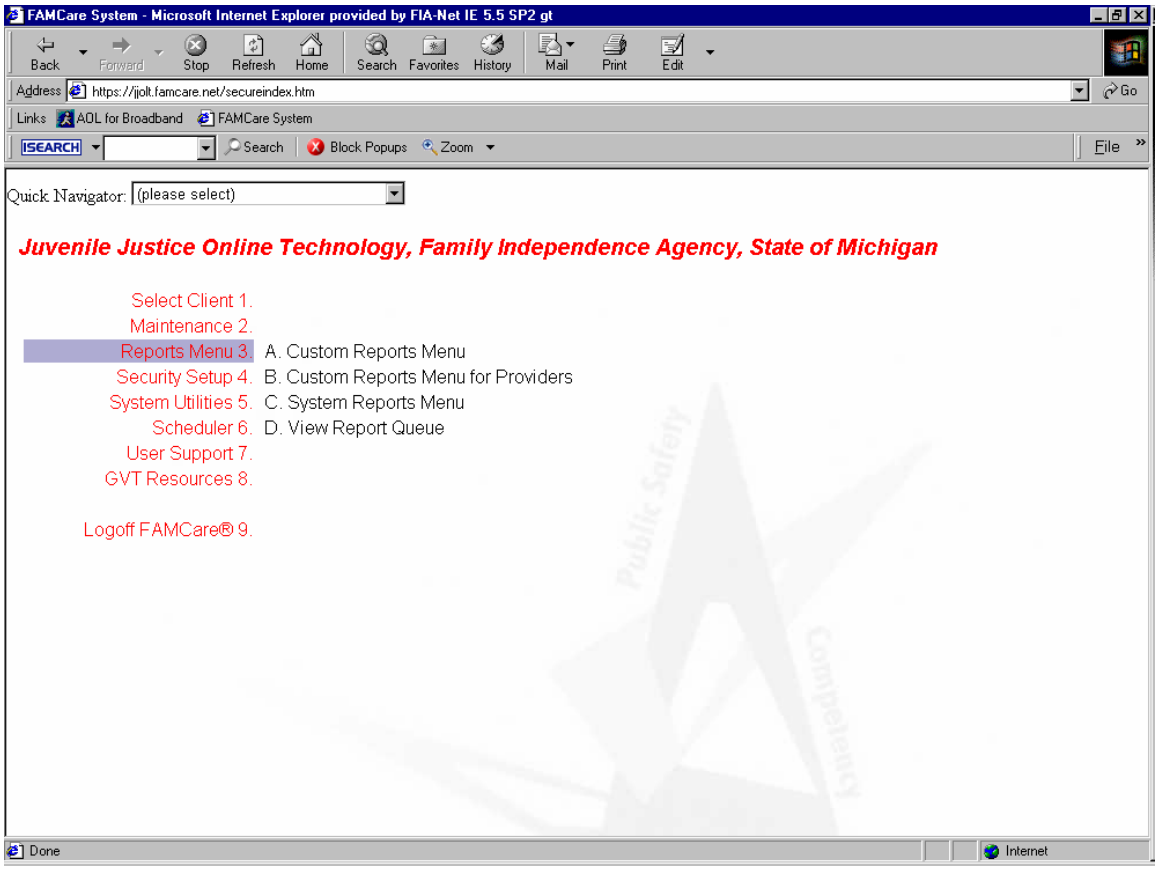
7) In the section labeled Active X Controls and Plug in's
Find this heading "Initialize and script Active X to make safe"

8) Click to make this enabled

Click OK. When prompted, are You Sure? Click Yes

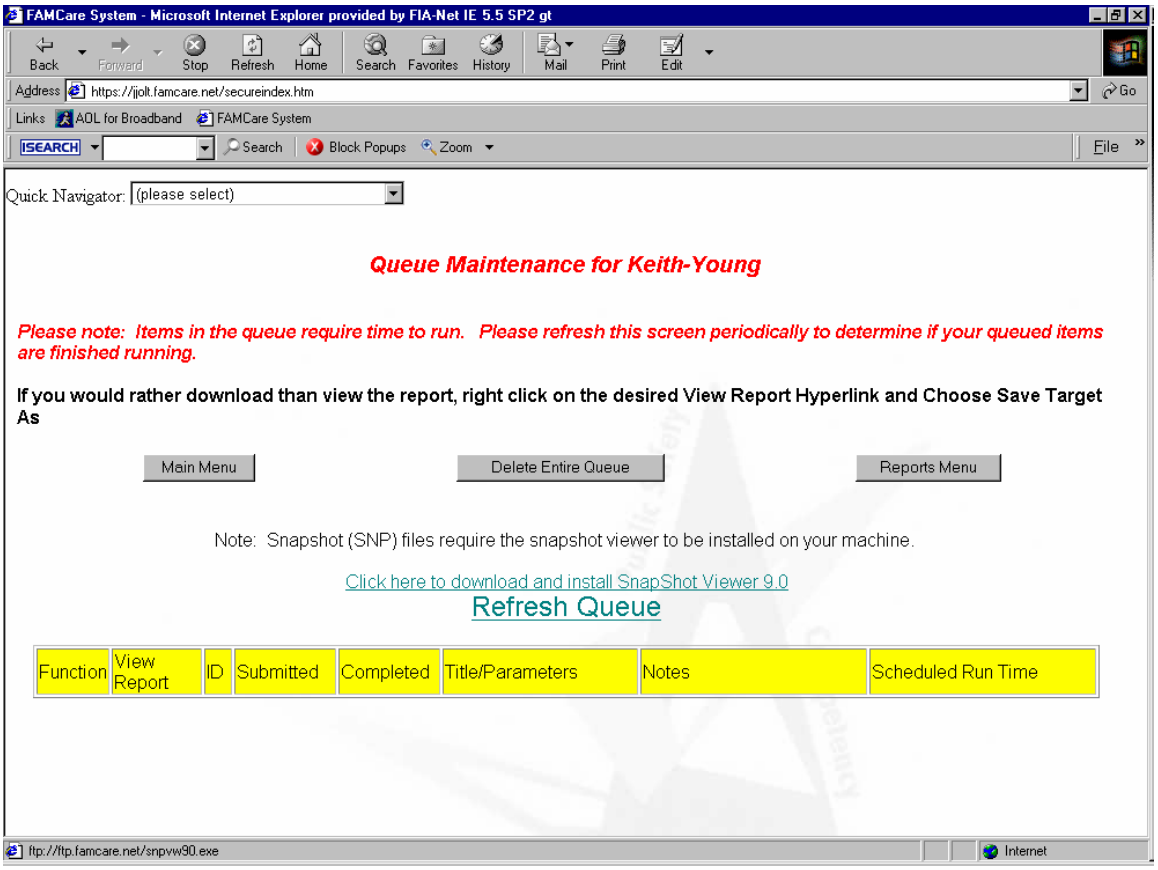
How to Install Snap-Shot Viewer

In order to view reports in the reports Queue, you must have Snap Shot Viewer installed on your desktop. From your Quick Navigator go to Custom Report (View Reports Queue). This will bring up a summation screen where you can view reports and down load snap shot viewer

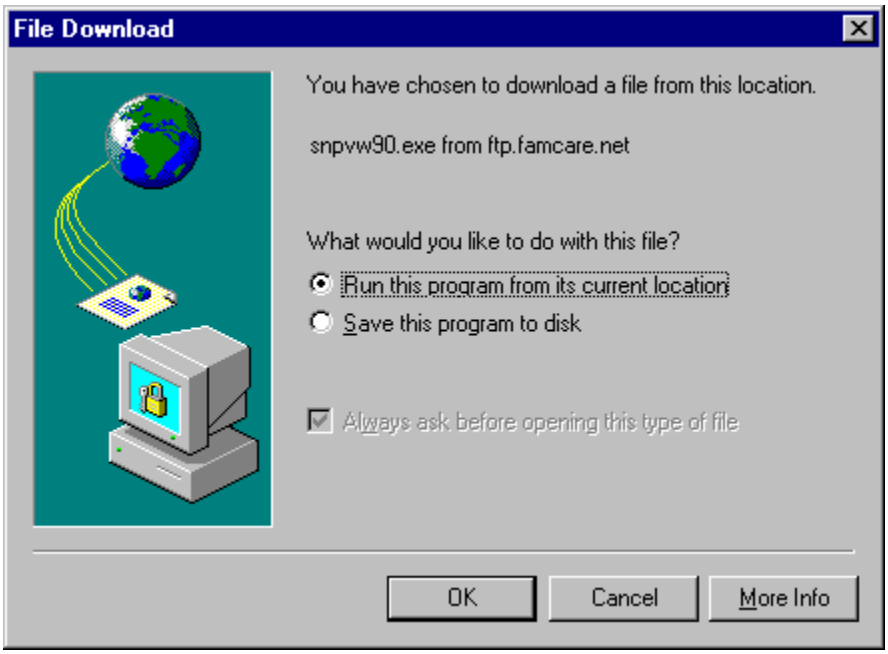


You can now click on the link “click here to download and install snapshot viewer 9.0

Please see example on the next page.

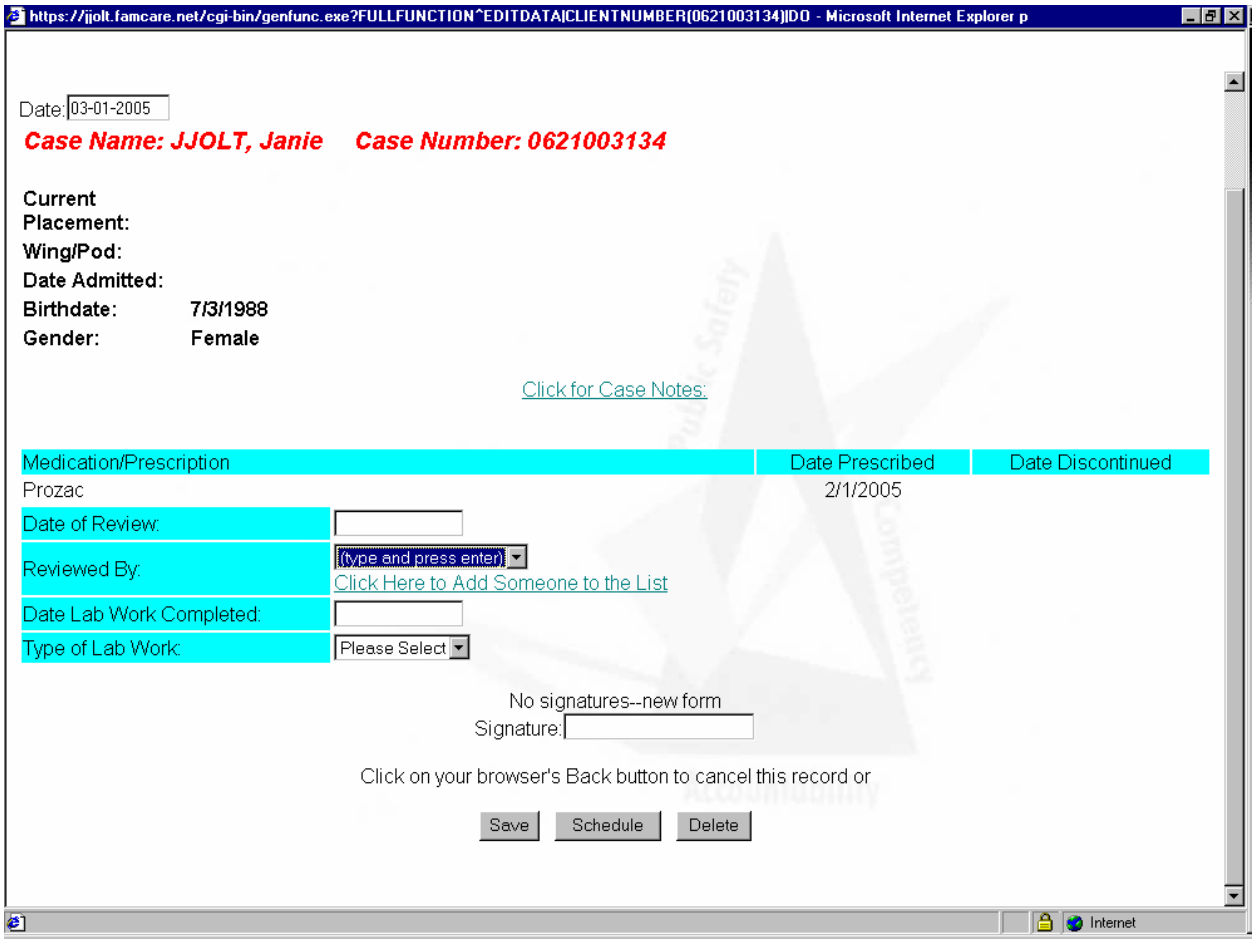


You can then select either download to a disk or run from its current location. Run from its current location appears to work best. You can then click OK. You will be asked would you like to install Snapshot viewer, click yes. A license agreement will appear and you must agree to the terms in order to continue the download

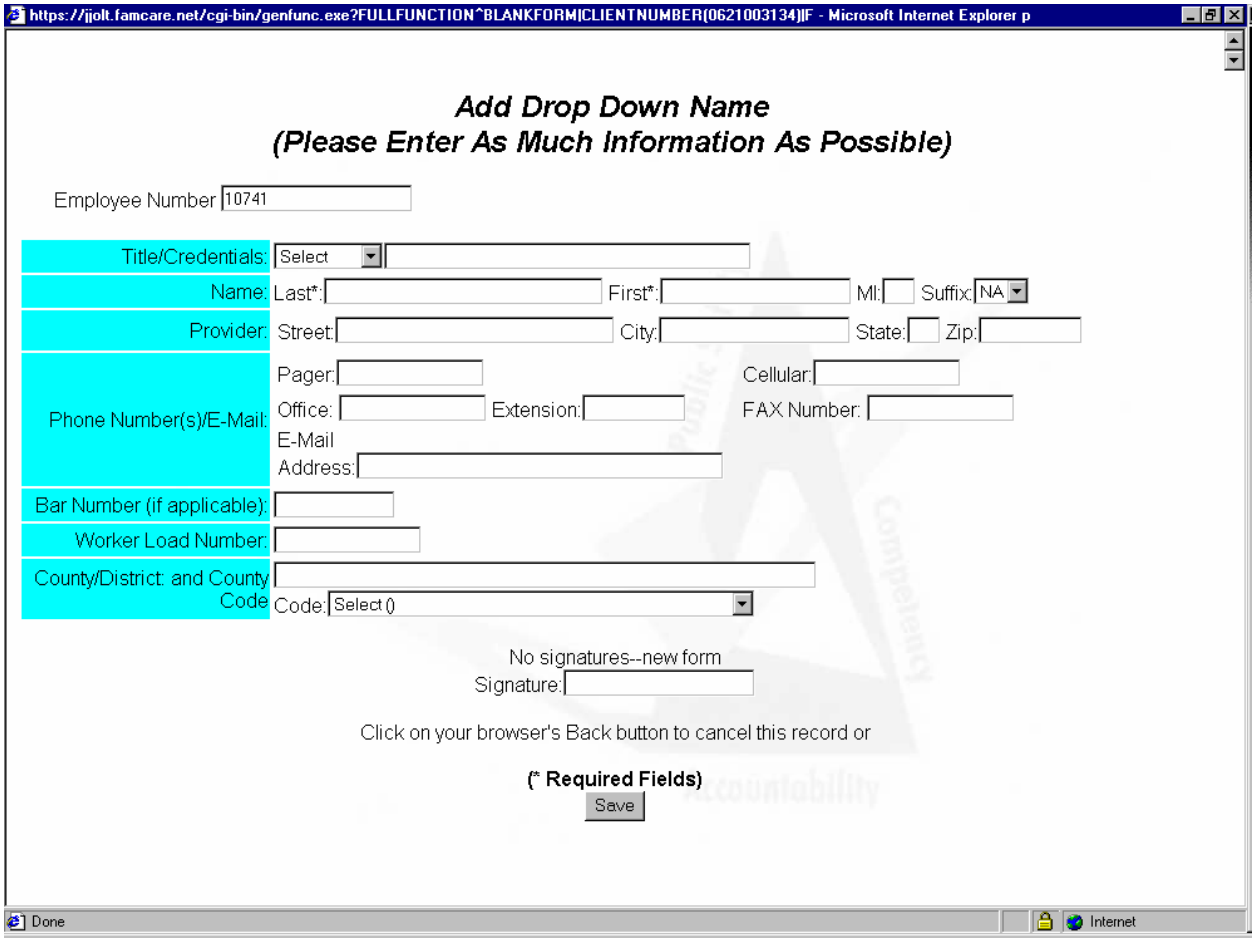


Dynamic Entry

3/1/2005 New Feature!! JJOLT has now included a Dynamic Entry for some fields. If the worker, judge, probation officer etc is not in the drop down list (type two letters of last name and press enter)

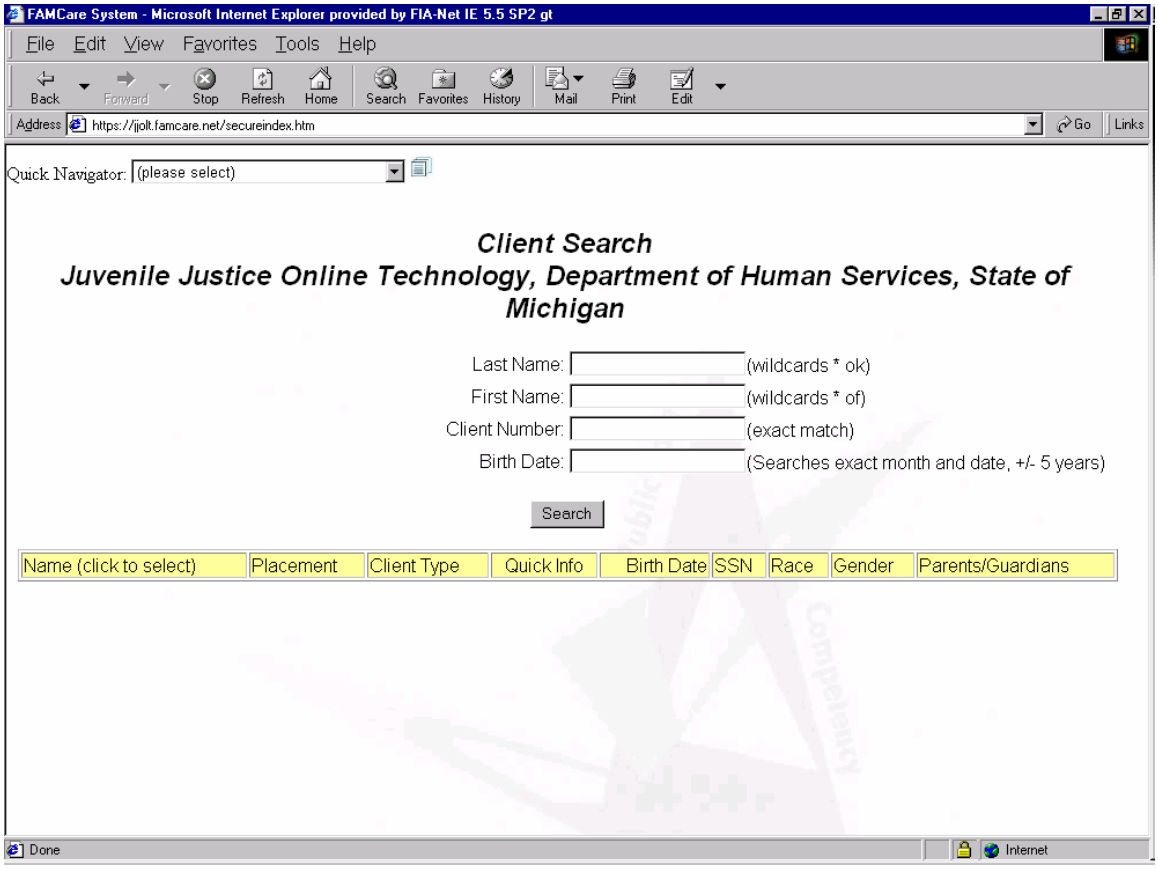


On the form you are working on, you can now add that person (click here to add). Once a person is added they become available in the drop down list on other forms. Weekly the helpdesk will get a report of this list and clean up any duplicates that may have been entered, to keep the list current and up to date.



HOW TO SEARCH FOR A CLIENTCASE RECORD

This will be the main screen you see when you sign on. This is a client specific program and you must search for your youth first before you add a new record. How to properly search for a youth is outlined below. This will help to prevent entry of duplicate case records.



To generate a list of Clients using the "Quick Client Access" section, select a field (preferably Last Name) and type the first few characters that are known, then add an asterisk (*), which is a wild card (for example Ja*). First select the Search JJOLT Server Button. If you still do not see the client that you are searching for, and then select the Search Demographic Server Button, This will produce a list of Clients that have those characters in common. **Please search for, as few parameters as possible, do not type in full name**. This will insure that we are not creating duplicate records. This is very important when we have clients that have difficult spelled names, or we have 2 kids with the same name, but different birth dates etc… When you get the screen that lists all the records, you can see which clients are "active," which are "enrolled" etc.