

CLRC Template Guide

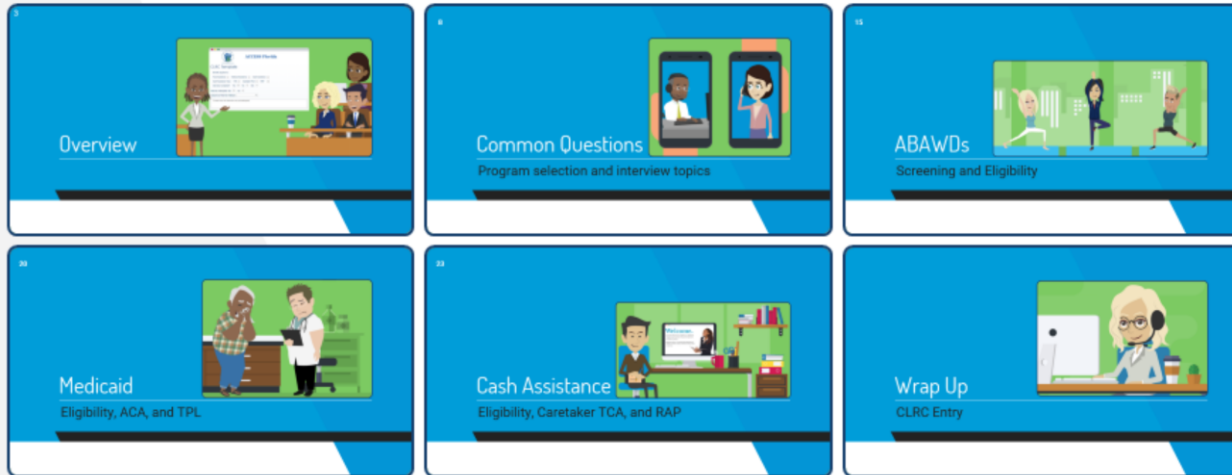
Soft Launch Draft



9/7/2018

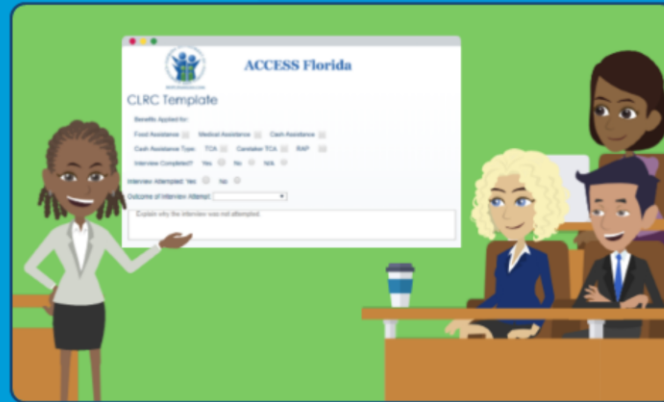
The following guide is intended to assist staff in how to complete the new interactive CLRC template.

Navigation



Click on the header above to be taken to a specific section. CTRL+Home will take you back to the first slide.

Overview



When do I use the template?

CLRC Template

Benefits Applied for:
 Food Assistance ☐ Medical Assistance ☐ Cash Assistance ☐
 Interview Completed? Yes ☐ No ☐ N/A ☐

Interactive CLRC Template

Best for:
 ✓ Conducting interviews
 ✓ Most Medicaid only cases*

"Free Form" CLRC

Best for:
 ✓ Follow-up contacts
 ✓ Wrap-up comments

Case Number: Help

Insert Selected Text Save To List Remove From List

Save Comments To CLRC Templates

CLRC Template

ACCESS Number: Update CLRC

Type: Disposition Date: Next Review Date:

BOA: DO: Person Interviewed:

Benefits Applied for: ☐ CA ☐ FA ☐ Fars Med ☐ Addl Med ☐ Additional Benefits Applied for:

Identity Discovers to? Yes ☐ No ☐

Customer Authorized? ☐ Automatic ☐ Manual ☐ No ☐ N/A

If no, explain:

Incarcerated or Deceased? ☐ Yes ☐ No ☐

If yes, explain:

Case track: Current review: Next Review:

Retro Medicaid

Retro Medicaid requested? ☐ Yes ☐ No ☐

Months Approved: Months Denied:

CLRC Powertool

Best for:
 ✓ FA/TCA cases without an interview

- The new CLRC template is highly interactive, and builds on questions to display more relevant information based on each household's circumstance. It could be used for any most types of customer contact or case action.
 - However, a recommended best practice is to use it for conducting interviews, or after completing drivers on most Medicaid only cases. Keep in mind that some SSI-Medicaid such as ICP, Waiver, or DDD cases may require additional entries in addition to the template.
- The "Free Form" CLRC Comments Box is best suited for any additional follow-up contacts and case wrap-up comments.
- The CLRC Template Powertool (accessed from the "Templates" dropdown menu in the CLRC Comments Box) is suitable for FA/TCA cases when an interview was not completed or not required

Template Components and Keyboard Shortcuts



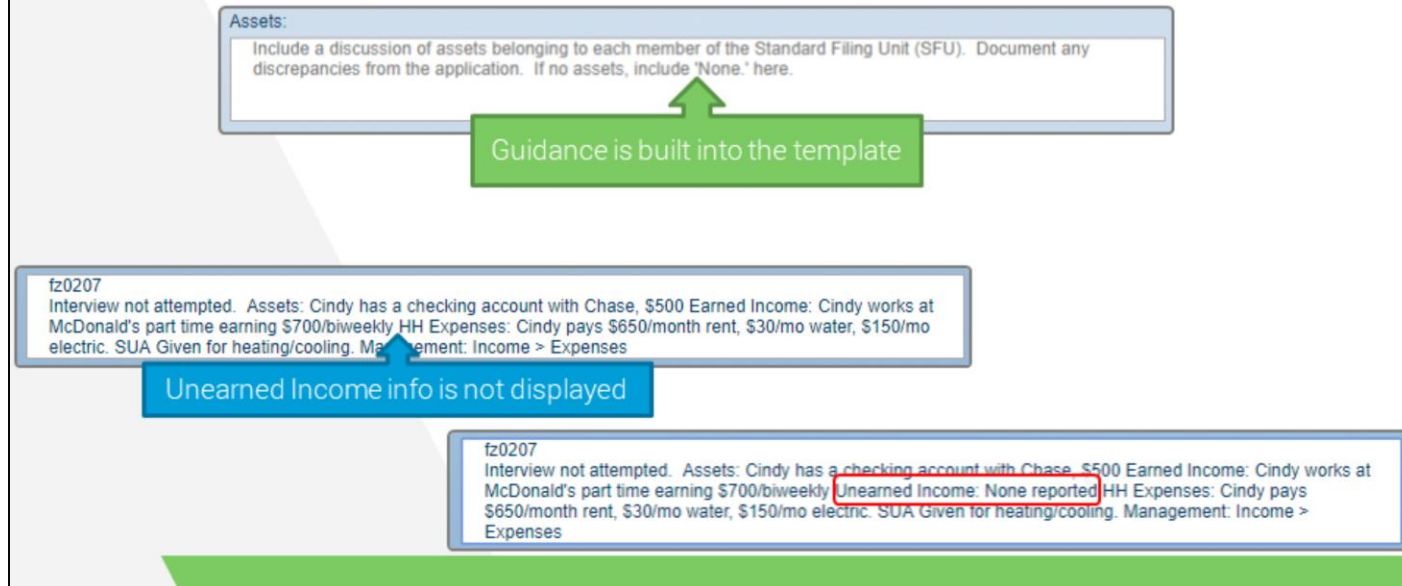
The template is comprised of the following:

- Radio Buttons and Dropdown Menus, which allow for one selection to be made,
- Check Boxes, which allow for multiple selections to be made, and
- Text Boxes to capture freeform text.

If desired, the template can be operated without a mouse using standard keyboard shortcuts:

- Use "Tab" to move forward.
 - Two "Tabs" will take you to the first check box when you first view the page.
- Use "Shift" + "Tab" to go backwards.
- Use the "Spacebar" to select check boxes and buttons.
 - It also activates dropdown menus.
- "Left/Right Arrows" will activate radio buttons and cycle through Dropdown Menu options.
- Pressing enter will open selected links.

Reminders



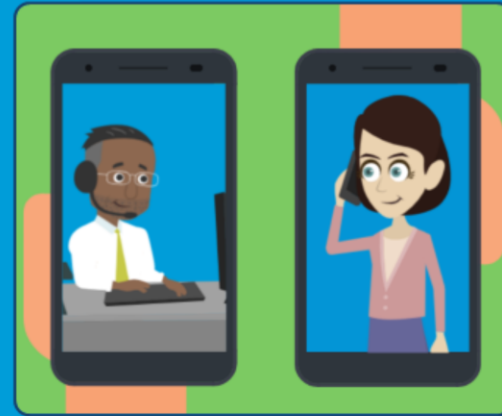
- The template contains guidance and instructions for completion within itself.
 - The guidance will remain as long as the field is left blank.
- If a template question is left blank, it will not populate in the CLRC entry.
 - This means the question was unaddressed and could result in errors being cited for required questions.
 - IE: Leaving "Assets" blank would not be appropriate.
 - A valid input would be "N/A" or "None".
 - However, if a question is not applicable to the customer's situation, it would be appropriate to leave blank.
 - IE: If a customer applies for TCA but is technically ineligible because they are not pregnant and don't have children, then questions related to children in the template are not applicable and can be skipped.
- Dynamic fields will disappear depending on how certain questions are answered.
 - As a safety, info typed before a selection change will be saved in the template.
 - However, this info may still be placed in CLRC if it is not deleted.
 - Therefore, clear all information from a dynamic field prior to changing a selection or delete the extraneous information when pasting into CLRC.

Notes on Interactivity

The diagram illustrates a form template with the following components and interactions:

- Parent question:** A blue box at the top containing:
 - Interview Completed? Yes ☐ No ☒ N/A ☐
 - Interview Attempted: Yes ☐ No ☒
 - Text input field: Explain why the interview was not attempted.
- Child question:** A green box with an arrow pointing to the "Interview Attempted" section of the parent question.
- Annotation:** A blue box with a checkmark stating: "Get CLRC Text" will not work if a child question is left unanswered.
- Trigger questions:**
 - Type of eligibility determination completed:** A dropdown menu with a green box below it stating "Triggers ABAWD section".
 - Management:** A section with the text "Is the SFU able to meet reported expenses with income discussed? If not, include a discussion on how Management is being met." with a green box below it stating "Triggers DDD screening questions".
- Central instruction:** A blue box with a checkmark stating: "Confirm all household members are entered into the Household Composition section **BEFORE** interacting with the trigger questions".

- The interactivity of the new template is built with different types of questions—parent questions and trigger questions.
 - When a parent question is answered, it generates additional questions below it, known as child questions.
 - Child questions with radio buttons MUST be answered in order for "Get CLRC Text" to function.
 - If you click "Get CLRC Text" and text does not generate, review the template to see if a child question is left unanswered.
 - "Type of eligibility determination completed" is a trigger question for the ABAWD section and "Management" triggers the DDD screening questions. These sections appear based on your answers to the Household Composition section.
 - Trigger questions must be interacted with in order for their related sections to generate.
 - DDD screening questions will only generate once, even if additional household members are added and "Management" is interacted with again.
 - Therefore, you must confirm that all household members are correctly entered into the Household Composition section **BEFORE** interacting with the trigger questions.



Common Questions

Program selection and interview topics

Initial Questions

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
MYFLFAMILIES.COM

[INTRANET]

Search Go

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Economic Self-Sufficiency Browse...

- [Intranet Home](#)
- [Internet Home](#)
- [Call Centers](#)
- [Technology](#)
- [Spotlights](#)
- [Program Policy](#)

CLRC Template

[CLRC Guide](#)

Benefits Applied for:

Food Assistance ☐ Medical Assistance ☐ Cash Assistance ☐

Cash Assistance Type: TCA ☐ Caretaker TCA ☐ RAP ☐

Interview Completed? Yes ☐ No ☐ N/A ☐

[Get CLRC Template](#)

DDD interview responses must be added separately in addition to this template.

Be sure to review prior CLRC entries before you begin your interview.

- Benefits applied for – Use the checkboxes to select which benefits the customer is applying for. Benefits can be added if additional benefits are requested during the interview.
 - Cash Assistance Type – Activates and a selection is required when Cash Assistance is selected. Use the checkboxes to select which type(s) of TCA the client is requesting. Multiple selections can be made.
- Interview Completed –
 - N/A – use if the template is being used to complete a case where an interview would not apply such as a Family Medicaid only application.
- Interview Attempted
 - No
 - Response field – If an interview was required, but not attempted use this field to record an explanation. (For use in special situations such as technical issues or if no number was provided.)
- “Get CLRC Template” – Must be clicked to generate the appropriate fields. If a change is made to the Benefit or Interview questions this can be clicked again to generate additional questions.

Interview Questions

Interview Completed? Yes ☒ No ☐ N/A ☐

Name of Person Interviewed: Date of Interview:

Address Correct on Application: Yes ☐ No ☐

Current Address:

Phone Number Correct on Application: Yes ☐ No ☐

Current Phone:

Reviewed ["Rights and Responsibilities"](#) with customer: Yes ☐ No ☐

Discuss why 'Rights and Responsibilities' were not reviewed.

Links to Rights & Responsibilities

- These questions will only populate if "Interview Completed?" is answered "Yes"
- Answer each question as appropriate. If the customer needs additional information regarding their Rights and Responsibilities, use the hyperlink to be taken to the Rights and Responsibilities page.

Household Composition and Individual Information

Household Composition and Individual Information

HH Member Name	Age	Applying	P&P	Disq/Sanx.	Disabled	Add Member
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Add"/>

Explain relationship for all members listed above.

Type of eligibility determination completed:

Type of review or interview completed:

Next review or interview type:

This section will appear for all interview, review, and benefit types. Continue to answer the questions as appropriate.

- Age – You must enter the actual age of the individual. Ask the customer to provide ages or obtain from ARDT.
 - Using actual ages will ensure the ABAWD and DDD screening functionality behaves correctly.
- Applying – Check this box to indicate if the household member is applying for benefits.
- P&P – This field will only display if “Food Assistance” is checked in the Initial Questions section.
 - Check this box if the household member purchases and prepares their meals with the rest of the household.
 - **Note: The template will only separate out individuals who P&P apart from the interviewer. Use the response field or “Additional Comments” when further explanation of P&P is necessary.**
- Disq/Sanx – Indicate whether or not the household member is currently disqualified or sanctioned.
 - ***This text box will appear in between the Citizenship and NCP Demographics questions.**
- Disabled – This field will only display if “Medicaid” is checked in the Initial Questions section. Indicate whether or not the customer is claiming to be disabled.
 - This question will allow DDD screening questions to build. Therefore, answer it based off the customer’s response and not based on whether or not a disability determination has already been completed.
- Add Member – Click to add additional household members. You can add as many as are needed for the case.
 - If you click “Add” too many times, leave excess fields blank to avoid additional text being generated.

Additional Household Details

Links to Customer
Authentication Question Bank

Customer Authentication:

Everyone in the HH US Citizens: Yes ☐ No ☐

If there are any non-US citizens enter name, USCIS status and number of individual, if available. Specify if SAVE is needed. If any documentation is available at the interview, explain.

Disqualified/Sanctioned:

Identify the disqualified or sanctioned member(s) and discuss the type of sanction, pend for cooperation if applicable. If there is an E&T sanction, must review for any potential exemptions, exceptions, or good cause. Must document that this review was completed.

All NCP demographic information correct on application: Yes ☐ No ☐ N/A ☐

Provide NCP details not reported on application or explain why NCP details were not provided or available. If there are no changes from information on the application, this entry may be left blank.

- Customer Authentication – Links to the Customer Authentication Question Bank.
 - Automatic
 - Manual or No
 - Response field – Explain how manual authentication was completed or why authentication was not completed.
 - If Customer Authentication was not required, answer “No” above and explain that the customer was exempt in this field.
- Everyone in HH US Citizens
 - Yes
 - No
 - Response field – Use this field to provide non-citizen details on ALL non-citizens in the household.
 - Any household member not addressed in this field will be assumed to have been claimed as a US Citizen in case reviews.
- All NCP (Non-Custodial Parent) demographic information correct on application:
 - Yes
 - No
 - Response field
 - N/A – For use when NCP information would not apply, such as an intact family.

Financial Information

Assets:

Include a discussion of assets belonging to each member of the Standard Filing Unit (SFU). Document any discrepancies from the application. If no assets, include 'None.' here.

Earned Income:

Specify the employer for each member as appropriate and include details on hours worked. If self employed, include any details, including hours worked and unreported deductions. Document any non-representative income or any other discrepancies from the application. If no earned income, include 'None.' here.

Unearned Income:

Include details on the type, source and frequency. Document any non-representative income or any other discrepancies from the application. Include a discussion of income received from per capita payments from a tribe, from natural resources or from selling things of cultural significance, if applicable and, provide the monthly or annual amount. If no unearned income, include 'None.' here.

HH Expenses:

Discuss shelter, utilities, method of heating or cooling, medical, dependent care, as well as any miscellaneous expenses and the payer of each. Document any discrepancies from the application. If no expenses, include 'None.' here.

Management:

Is the SFU able to meet reported expenses with income discussed? If not, include a discussion on how Management is being met.

This section will appear for all interview, review, and benefit types. Continue to answer the questions as appropriate.

Cash Assistance and Food Assistance Information

Has anyone been convicted of Drug Trafficking: Yes ☐ No ☐

Enter the name of the individual(s) and the conviction date.

Is anyone a Fleeing Felon: Yes ☐ No ☐

Enter the name of the individual(s).

Is anyone a [college student](#): Yes ☐ No ☐

Enter the name of the student, school, enrollment status (Full or Half time), and any exemptions.

Links to FA College
Student help sheet

Does anyone in the household report themselves as homeless? Yes ☐ No ☐

Discuss who is homeless. Discuss if the person has been chronically homeless (living on the streets for more than 90 days). Explore if the reason for the homelessness is due to a physical or mental incapacity. If the homeless person has income, discuss if they have a shelter-related costs (hotel rooms, telephone charges, etc.) and wish to claim as a deduction.

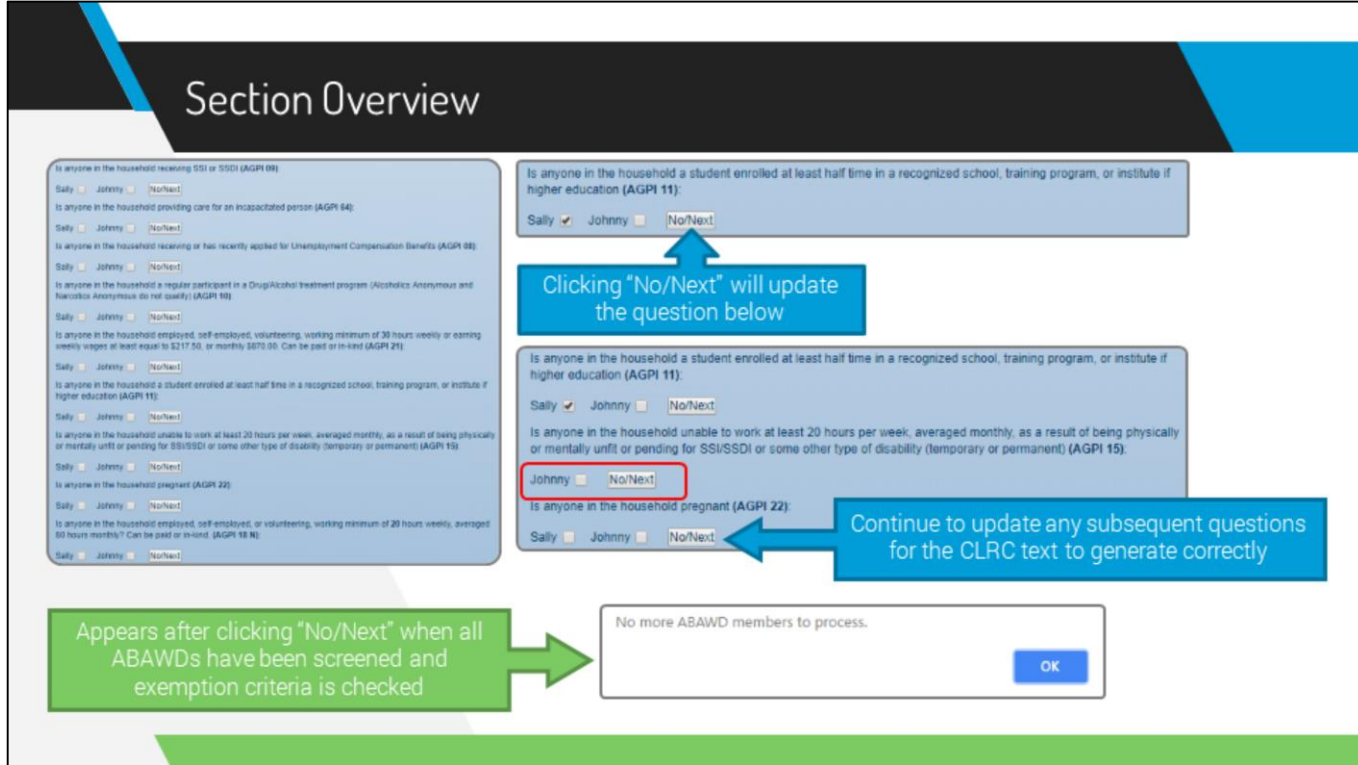
Answer these questions as appropriate. Drug Trafficking and Fleeing Felon questions will generate if "Food Assistance" or "Cash Assistance" are checked. The college student and homeless questions will only show if "Food Assistance" is checked.

ABAWDs

Screening and Eligibility



Section Overview



The ABAWD Section contains a series of screening questions that are dynamically updated.

- The questions will generate for each household member 18-49 applying for Food Assistance once “**Type of eligibility determination completed**” is answered.
 - **Note that these questions will not generate for households where an individual under 18 is listed on the template.**
- The questions are generated in a set order. If the customer does not meet the criteria for the question, leave the checkbox next to their name blank and click “No/Next” to generate the next question.
 - If a question is changed after the fact, click the correlating “No/Next” and continue down the list to correctly display any questions that were previously generated.
- There is no need to ask remaining screening questions once all customers’ status has been determined.
 - A pop-up message will alert you that there are no remaining ABAWD members to process.

ABAWD Screening

Links to ABAWD
requirements explanation

Were [time limits](#), [ABAWD work requirements](#), and [exclusions](#) explained to the customer: Yes ☐ No ☐

Explain why time limits, ABAWD work requirements, and exclusions were not explained to the customer.

Is anyone in the household receiving SSI or SSDI (AGPI 09):
Test ☐ [No/Next](#)

Is anyone in the household providing care for an incapacitated person (AGPI 64):
Test ☐ [No/Next](#)

Who is providing care and to whom is care provided?

Is anyone in the household receiving or has recently applied for Unemployment Compensation Benefits (AGPI 08):
Test ☐ [No/Next](#)

Is anyone in the household a regular participant in a Drug/Alcohol treatment program (Alcoholics Anonymous and Narcotics Anonymous do not qualify) (AGPI 10):
Test ☐ [No/Next](#)

Who is receiving treatment and what is the name of the program or facility?

Continue to answer the questions as appropriate. Clicking the link on the first question will provide an overview of all topics that must be explained to all individuals 18-49 during an interview. Click the checkbox next to the household member's name if the exemption or exception screening criteria apply to them.

ABAWD Screening (cont.)

Is anyone in the household employed, self-employed, volunteering, working minimum of 30 hours weekly or earning weekly wages at least equal to \$217.50, or monthly \$870.00. Can be paid or in-kind (AGPI 21):

Test ☐ No/Next

If the member is meeting this requirement by volunteering, enter the name of the member and a discussion of their volunteering. Otherwise leave this section blank.

Is anyone in the household a student enrolled at least half time in a recognized school, training program, or institute of higher education (AGPI 11):

Test ☐ No/Next

Is anyone in the household unable to work at least 20 hours per week, averaged monthly, as a result of being physically or mentally unfit or pending for SSI/SSDI or some other type of disability (temporary or permanent) (AGPI 15):

Test ☐ No/Next

Who is the unfit individual and what is the expected end date of the unfitness? Indicate if the member is pending for SSI/SSDI and the date of application, if applicable.

Is anyone in the household pregnant (AGPI 22):

Test ☐ No/Next

Was the customer advised that they must report if their weekly hours drop below 20 hours per week, averaged monthly:

Yes ☐ No ☐

Continue to answer the questions as appropriate.

If the customer meets the SNAP E&T Exemption criteria for Working 30 hours per week (or making equivalent earnings) OR is meeting the ABAWD work requirements on their own by working 20 hours per week, an additional question will generate to advise the customer to report if their hours fall below 20 per week.

ABAWD Eligibility

Is anyone in the household employed, self-employed, or volunteering, working minimum of 20 hours weekly, averaged 80 hours monthly? Can be paid or in-kind. (AGPI 18 N):

Test ☐ No/Next

If the member is meeting this requirement by volunteering, enter the name of the member and a discussion of their volunteering. Otherwise leave this section blank.

Have all three time limited months used: Yes ☐ No ☐

Was the customer informed how to regain eligibility: Yes ☐ No ☐

Links to exhausted time limit
explanation

Test appears to be an ABAWD Member (AGPI: 18 Y).

OK

12/20/17
Access#: 123456789
DOA: 06/15/2018
Benefits applied for: Food Assistance
Interviewed: Test Interview date: 08/16/2018. Customer reported address correct on application. Customer reported phone number correct on application. Reviewed R&R: Yes. HH Members: Test. All Members applying for benefits. Determination type: application. Current Review: active. Next Review: Passive. CA: Automatic. All HH Members are US Citizens. Assets: None Earned income: Customer works part time at McDonald's, earns 700/week. Unearned income: None HH Expenses: Pays 500/month rent, 100/month electric, and 15/month water. SUA given as customer heats/cooks with central AC. Management: income > expenses Drug Trafficker: No. Fleeing Felon: No. College Student: No. ABAWD work requirements and exclusions explained: Yes. **Test** appears to be an ABAWD Member (AGPI: 18 Y). Time Limited Months not used.

Answer the questions related to ABAWD eligibility as appropriate.

- If none of the screening questions are checked for a customer, a pop-up will display after the last question and alert you that they appear to be an ABAWD.
 - Text will also be generated after clicking "Get CLRC Text" that indicates these customers appear to be ABAWDs.



Medicaid

Eligibility, ACA, and TPL

Medicaid Eligibility

HH Member Name	Age	Applying	Disq/Sanx.	Disabled
Test	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Test appears to be potential DDD. OK

Retroactive Medicaid Requested: Yes ☐ No ☒

Does anyone already receive Supplemental Security Income (SSI) benefits or Social Security Disability (SSDI) benefits:

Test ☐

Does anyone have an application pending for SSI or SSDI:

Test ☐

Does anyone have an appeal pending or under reconsideration with the Social Security Administration:

Test ☐

Is anyone pregnant: Yes ☐ No ☒

Enter member name and the due date:

Number of unborns expected:

These questions will only generate if "Medicaid" is selected. Continue to answer the questions as appropriate.

- The DDD screening questions will appear for household members 18-65 if "Applying" and "Disabled" are checked in the HH Composition section.
 - If the DDD screening questions are unanswered, an alert will generate once you click "Get CLRC Text" informing you that the customer appears to be a potential DDD. Follow your region's established procedure for handling potential DDD cases.
 - These questions **DO NOT** screen pregnant women, who would not require a DDD in most circumstances. Do not check "Disabled" in the household composition section for pregnant women so this section does not generate.
- Number of unborns expected
 - Unborn coverage created:
 - No – For use by Interview Clerks, who do not have the ability to add the unborn to the case

Affordable Care Act & Third Party Liability

Does anyone in the HH intend to file taxes in the upcoming year: Yes ☐ No ☐

Filing Status:

Allowable deductions listed on application: Yes ☐ No ☐

Discuss any discrepancies with reported deductions.

Tax filer claiming everyone in the HH as their tax dependent: Yes ☐ No ☐

Is anyone outside the home claiming a HH member as their tax dependent: Yes ☐ No ☐

Enter the name of the person claiming someone in the HH and who they are claiming.

Is tax filer claiming a person outside the home as their tax dependent (OOTH): Yes ☐ No ☐

Enter the name of the OOTH being claimed.

Does the claimed OOTH have income: Yes ☐ No ☐

Enter the type and amount of their income.

Did any member of the HH receive Medicaid and age out of Foster Care in Florida: Yes ☐ No ☐

Enter the name of the member who aged out of Foster Care.

Did anyone in the household report Third Party Insurance policies: Yes ☐ No ☐ **Complete AFMD.**

Private/Group ☐ Health Maint. Org. (HMO) ☐ Medicare Supplement ☐ Personal Injury Protection (PIP) ☐

Enter any discrepant or unreported 3rd party insurance information.

Continue to answer questions as appropriate. If the customer reports Third Party Insurance information, you will have the option to select the type of insurance and provide an explanation for discrepant information. If the information within the case, application, and interview are the same, there may be no need to provide additional details and this section could be left blank in that instance.



Cash Assistance

Eligibility, Caretaker TCA, and RAP

TCA Eligibility

Is customer willing to comply with Work Registration at Career Source: Yes ☐ No ☐

Are children over 5 years old attending school: Yes ☐ No ☐

Enter the name of child and reason why they are not attending.

Has parent/guardian completed a school conference by phone or in person each semester: Yes ☐ No ☐

Are children under 5 years old current with immunizations: Yes ☐ No ☐

Enter the name of the child(ren) and reason why they are not current.

Is applicant a teen parent: Yes ☐ No ☐

Enter name of school or GED program the teen parent attends. Discuss current living arrangement if there is no adult household member reported on application.

Applicant needed to provide full time care for a disabled family member who lives in the home: Yes ☐ No ☐

Enter the name of the disabled household member(s).

- These questions will only generate if "Cash Assistance" is selected and "TCA" is selected as the Cash Assistance Type. Answer the questions as appropriate.

Caretaker TCA

Does the caretaker meet degree of relationship to the child: Yes ☐ No ☐

Enter the name of the child(ren) that are outside the degree of relationship and discuss any needed details.

Does the caretaker intend to use the child's cash assistance to help pay for their shelter costs: Yes ☐ No ☐

What amount will be used toward shelter costs.

Does the caretaker wish to be included in the cash assistance: Yes ☐ No ☐

Is the caretaker willing to comply work registration at Career Source: ☐ Yes ☐ No

Was the child placed with the caretaker by Office of Child Welfare (OCW): Yes ☐ No ☐

Was [Relative Caregiver](#) explained: Yes ☐ No ☐

Include any additional details from Relative Caregiver discussion.

Link to CF-ES
2305

These questions will only populate when "Caretaker TCA" is selected as the Cash Assistance Type. In instances where the child was placed in the home by OCW and the household is potentially eligible for Relative Caregiver, a link to CF-ES 2305 is provided which includes RCG program requirements to be explained to the customer. Note that the 2305 does not need to be mailed to the customer, it is merely provided as a reference for discussion with them.

Refugee Assistance Program

Will the RAP applicant be obligated to pay rent if they receive cash assistance: ☐ Yes ☐ No

If "No" is selected

What amount will be obligated for shelter costs.

Is this a temporary arrangement due to homelessness: ☐ Yes ☐ No

Is the RAP applicant married: ☐ Yes ☐ No

What is the spouse's name and where do they live.

These questions will only populate if "RAP" is selected as Cash Assistance Type. Provide additional Non-Citizen details in the citizenship and/or additional comments sections. A "No" answer to the rent question will generate a question on homelessness.

Wrap Up

CLRC Entry



Wrap Up

Additional Comments:
Check case for upcoming changes that might affect any exemptions or exceptions for all members. If driver is run before interview this section must include a list of all items that must be explored with the applicant during the interview, including potential E&T/ABAWD.

Customer Pended: Yes ☐ No ☐

Pending Items:
Include a discussion of any pending information that is needed from the applicant.

Pending Due:

Fraud referral completed: Yes ☐ No ☐

Explain the reason for Fraud referral.

FLORIDA ID:

[Build CLRC Note](#)

[Copy CLRC Text](#)

Enter the applicable wrap-up information. When you are finished completing the template, click "Get CLRC Text" to generate your CLRC notes. If changes are made to the template after this point, click "Get CLRC Text" to update the notes. You cannot make edits to the notes in the box that generates under "Get CLRC Text" itself, however, the notes can be edited in the FLORIDA CLRC Comments box prior to saving.

Transferring to CLRC Using Powertools

Build CLRC Note

fz0207
Access#: 123456789
DOA: 09/09/2018
Benefits applied for: Food Assistance, Medical Assistance
Interviewed: Test Interview date: 09/07/2018. Customer reported address correct on application. Customer reported phone number correct on application. Reviewed R&R: Yes. HH Members: Test. All Members applying for benefits. Determination type: application. Current Review: active. Next Review: Passive. CA: Automatic. All HH Members are US Citizens. Assets: \$500 checking BOA Earned Income: none Unearned Income: \$750/mo SSI HH Expenses: \$450/mo renting room, 100/mo electric, SUA given as heats/cooling Management: income > expenses Drug Trafficker: No. Fleeing Felon: No. College Student: No. ABAWD work requirements and exclusions explained: Yes. Rec...

Copy CLRC Text

Clicking "Copy CLRC Text" will instantly select all generated text and store it in your clipboard

CLRC Comments

Case Number: 1234567890

Help

Insert Selected Text Save To List Remove From List

Save Comments To CLRC templates

CTRL+V to paste text
Review and edit before clicking "Save"

Copy and paste the notes from the CLRC Textbox into the FLORIDA CLRC Comments box. Clicking the "Copy CLRC Text" button will copy the generated text instantly and without the need for keyboard shortcuts. Paste and review the notes in the CLRC Comments box and make any final edits as needed.

Backup Methods

The screenshot displays two windows from the AMS system. The top window, titled 'Previously Entered Comments', contains a table with columns for Date, User ID, and Comments. It shows a single entry from 11/01/2017 10:00 AM by user ME5011, with the comment 'No AGs have been authorized. Check TIP Alerts and run ASVR driver before authorizing AGs'. An 'Edit' button is located below the table. The bottom window, titled 'CLRC RUNNING RECORD COMMENTS', shows case information for CLRC PAGE 001, DISTRICT 4, UNIT: 58076, CASE: 7003116588, NAME: TEST, TRAINING. It includes a 'COMMENTS' section with a table for CL, DATE ENTERED, and COMMENTS. The first row contains the text 'z23488 Access#: 123456789 DOA: 08/31/2018 Benefits applied for: Food Assistance, Medical Assistance'. At the bottom, there are fields for 'NEXT TRAN:' and 'PARMS:'.

Date	User ID	Comments
11/01/2017 10:00 AM	ME5011	No AGs have been authorized. Check TIP Alerts and run ASVR driver before authorizing AGs

Edit

CLRC PAGE 001 RUNNING RECORD COMMENTS 09/04/2018 10:13
F20207 T TRAINER

DISTRICT: 4 UNIT: 58076
CASE: 7003116588 NAME: TEST TRAINING

CL	DATE ENTERED	COMMENTS
—	z23488	Access#: 123456789
—	—	DOA: 08/31/2018
—	—	Benefits applied for: Food Assistance, Medical Assistance
—	—	—
—	—	—
—	—	—
—	—	—
—	—	—
—	—	—

NEXT TRAN: PARMS:

- If the driver has not been initiated on a new case, or the FLORIDA case is otherwise inaccessible at the time, paste the CLRC notes into the AMS comments field.
- Due to an issue with BlueZone, some users may not be able to use the FLORIDA Powertools.
 - If this issue affects you, submit a ticket to your region's Desktop Support IT team. They are aware of the issue and can resolve it.
 - In the meantime, you will need to copy/paste the notes directly into the case's FLORIDA CLRC screen.
 - From CLRC, press F9 to get a blank screen.
 - Select no more than 4 lines of comments from the template and copy them.
 - Paste them into the first available line of comments in CLRC.
 - Press F8 to save the existing comments and pull up a new blank screen.
 - Repeat until all comments are copied from the template into CLRC.
 - Press enter to save.
- The cursor will change to a "No Entry" sign when the mouse hovers over the CLRC Text Box.
 - This simply means that text cannot be entered or edited in this field. This is due to the DCF Intranet framework and cannot be changed.
 - You can still select and copy/paste from this box with no issue.

Resetting

tz0207
Access#: 123456789
DOA: 09/06/2018
Benefits applied for: Food Assistance, Medical Assistance
Interviewed: Test. Interview date: 09/07/2018. Customer reported address correct on application. Customer reported phone number correct on application. Reviewed
R&R: Yes. HH Members: Test. All Members applying for benefits. Determination type: application. Current Review: active. Next Review: Passive. CA: Automatic. All
HH Members are US Citizens. Assets: \$500 checking BOA Earned Income: none Unearned Income: \$750/mo SSI HH Expenses: \$450/mo renting room, 100/mo
electric, SUA given as heats/cool Management. Income > expenses Drug Trafficker: No. Fleeing Felon: No. College Student: No. ABAWD work requirements and
exclusions explained: Yes. Receiving SSI or SSDI: Test. Filing Taxes: No. Intends to Work Reg: No. Children attending school: No.

Copy CLRC Text

Reset Template

Click "Reset Template" when
you're ready to move on



When you're ready to move on to the next case, click "Reset Template" to clear all entries and refresh the page.