

Appendices

- A. Flow Sheets
- B. Code Table
- C. eCornerstone User ID Action Request

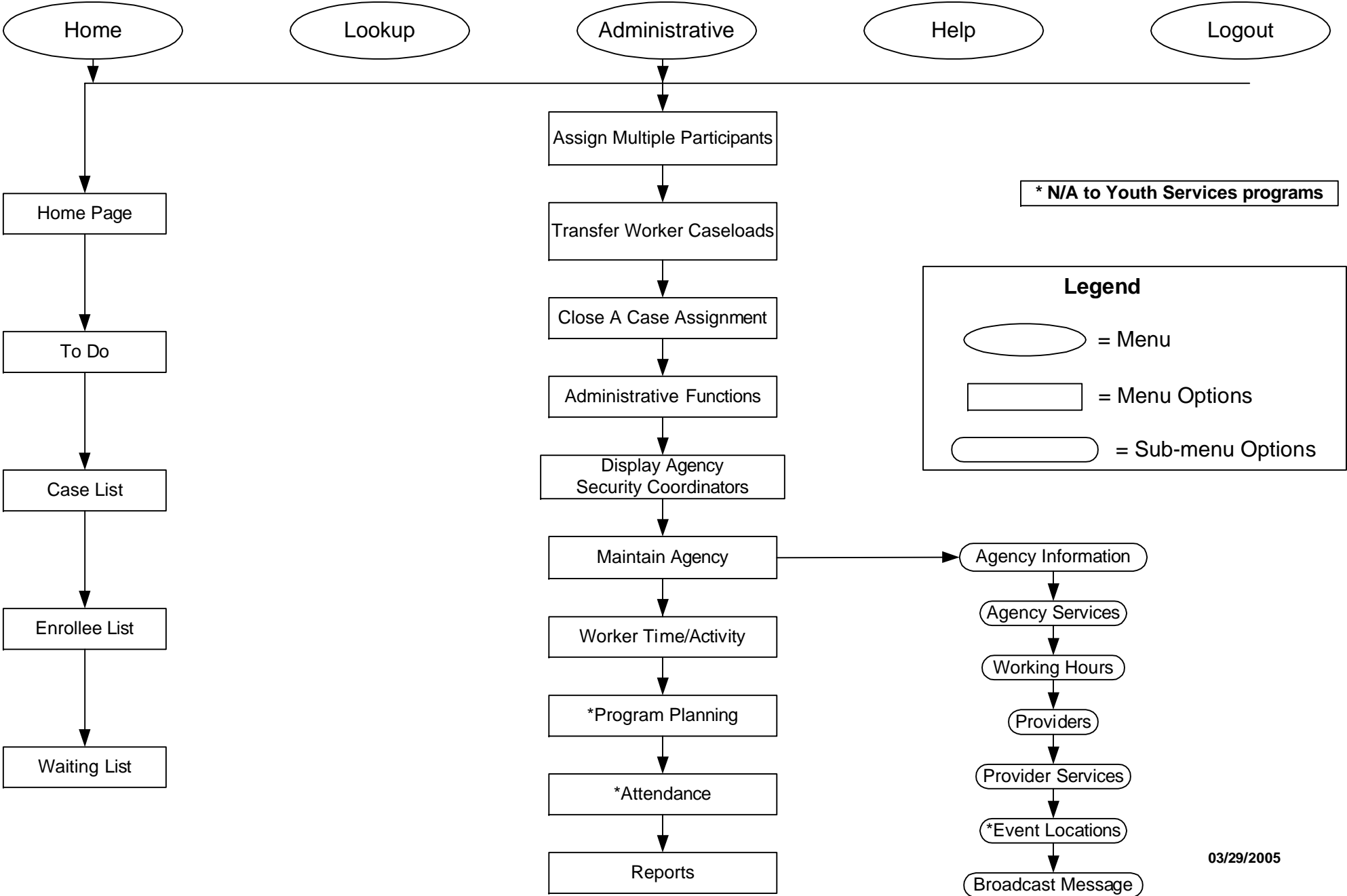
Appendix A: Flow Sheets

Attached are page flows designed to assist users working in eCornerstone.

eCornerstone Overview #1

System Overview - Getting Started

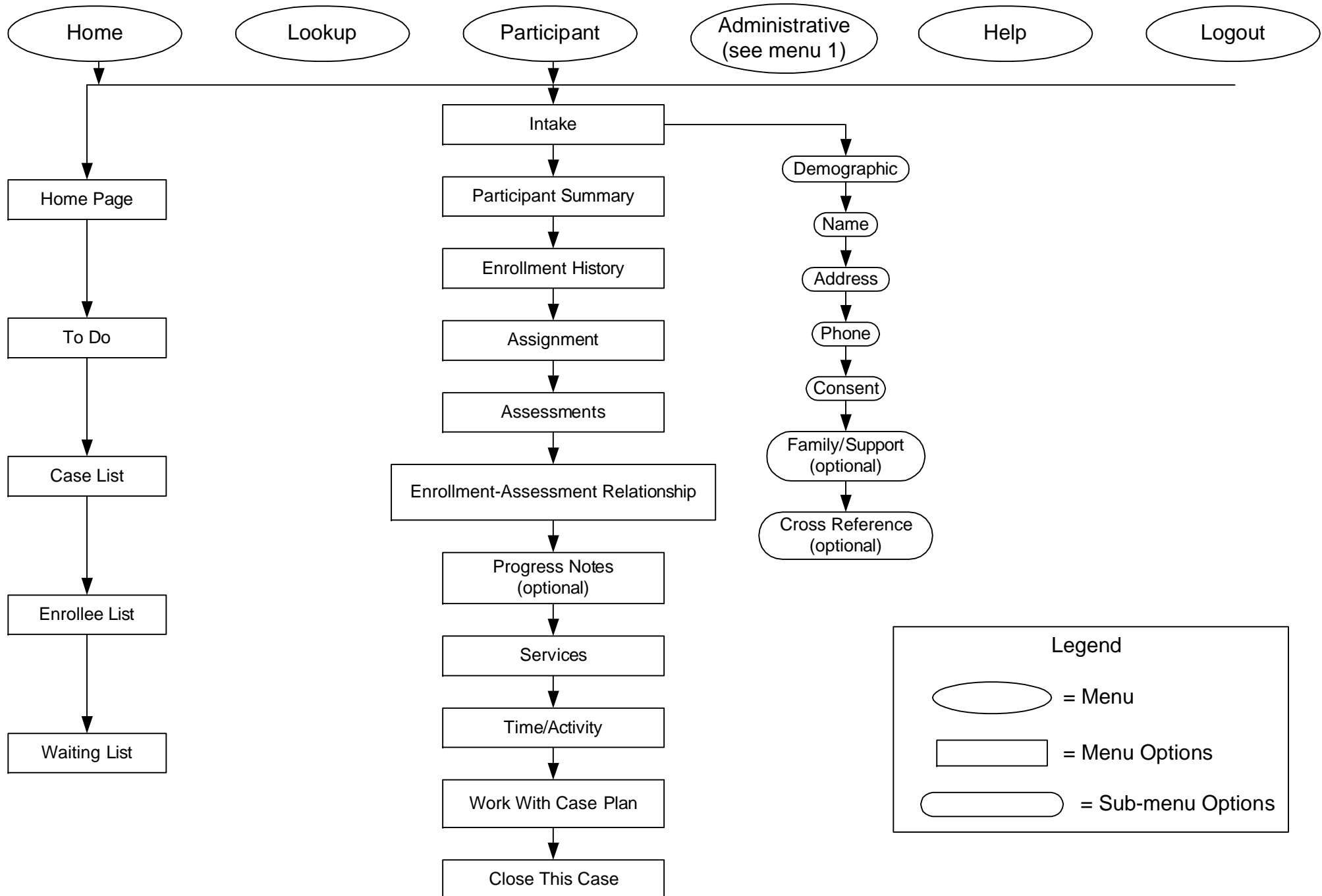
Menu 1



eCornerstone Overview #2

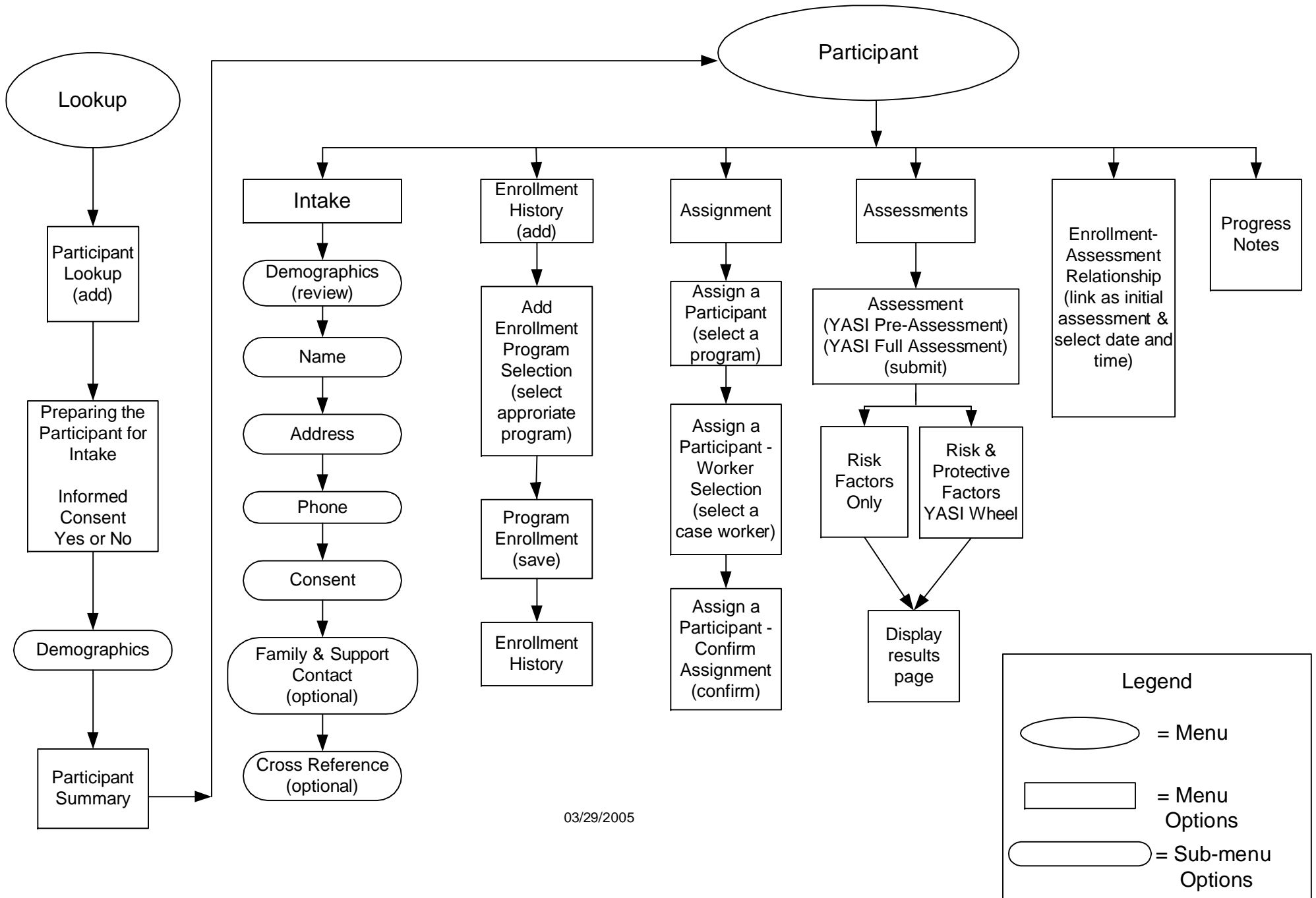
System Overview - After Selecting Participant

Menu 2



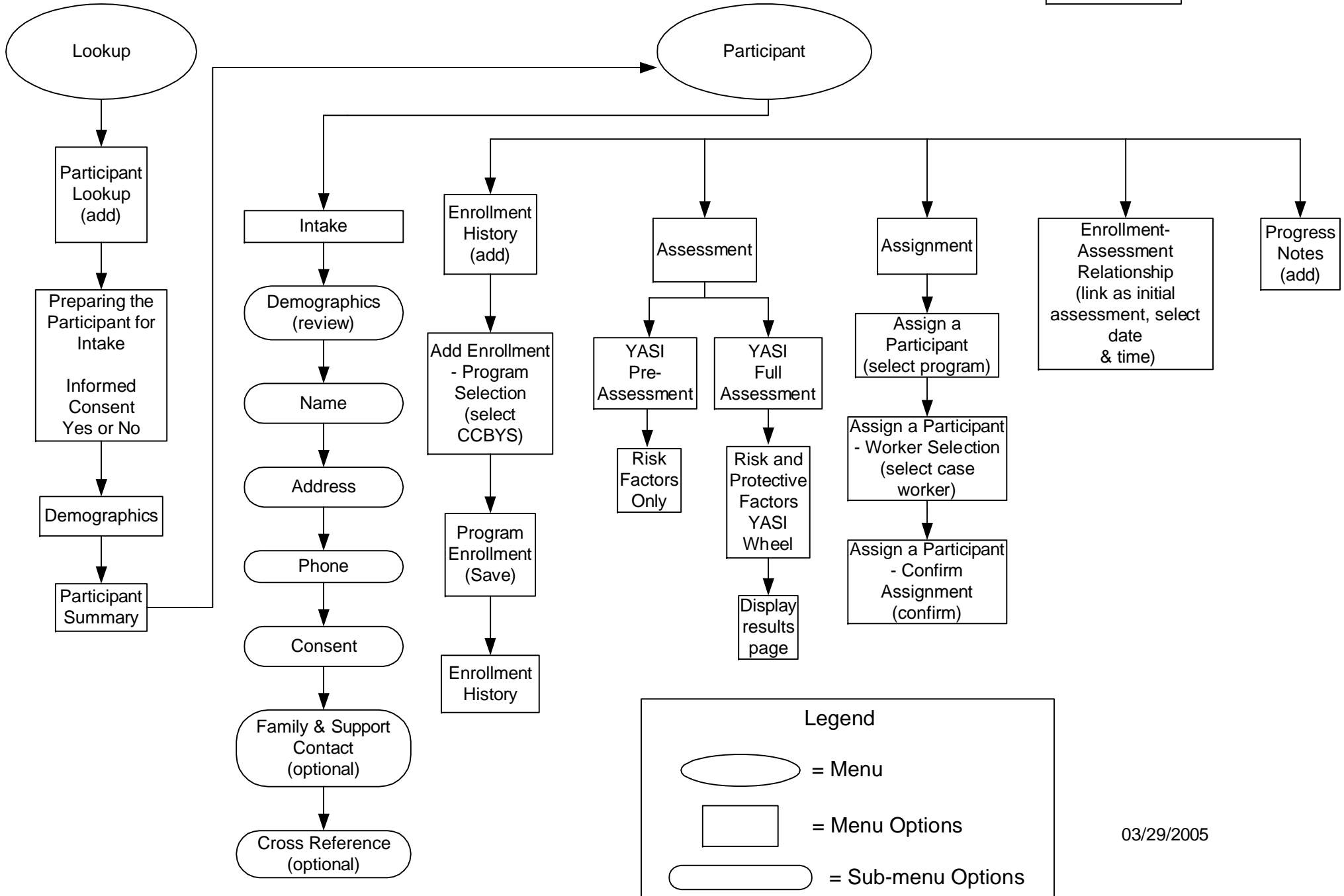
Youth Services New Participant (except for CCBYS)

YS1



Youth Services New CCBYS Participant

YS1A

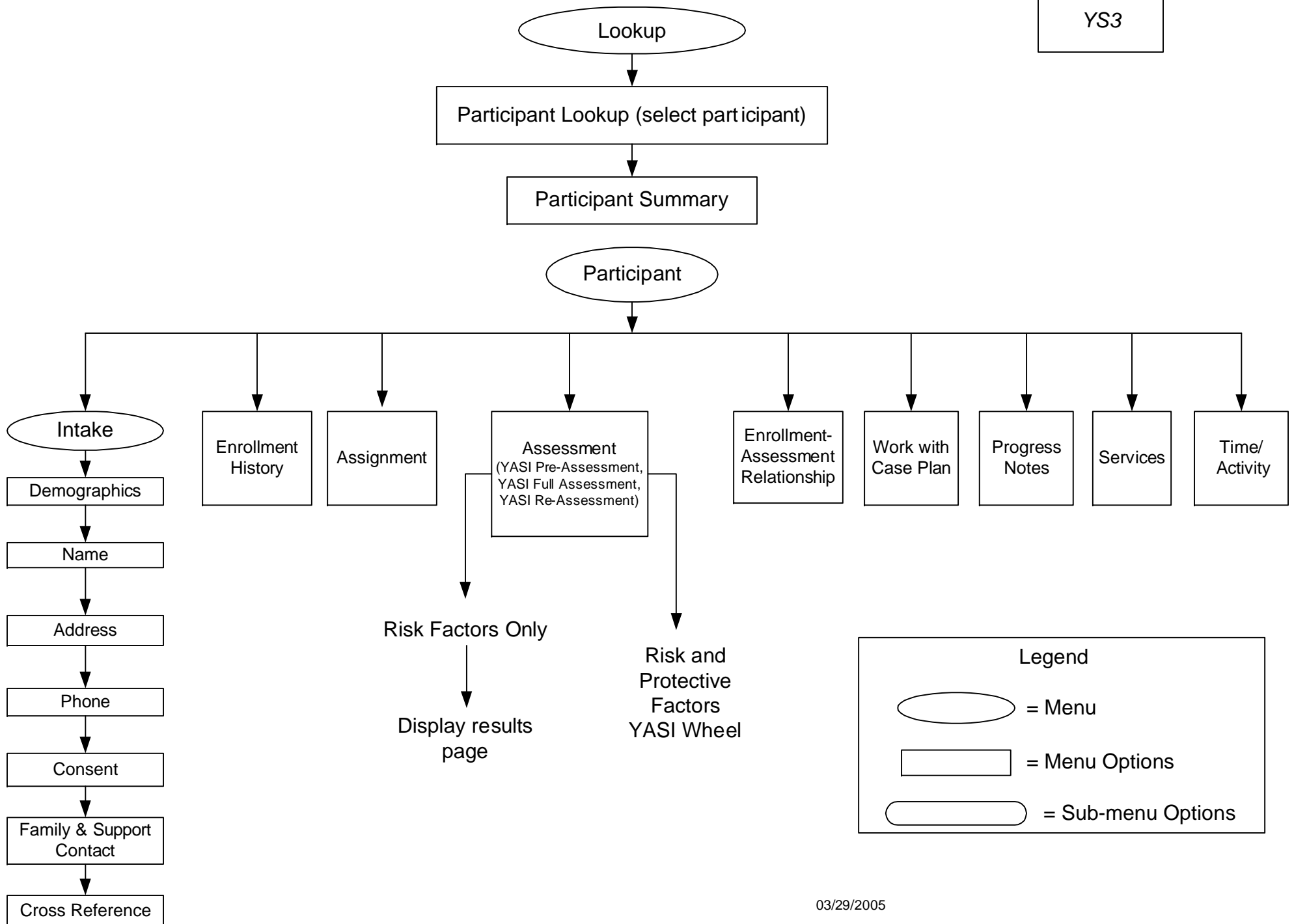


Legend

= Menu
 = Menu Options
 = Sub-menu Options

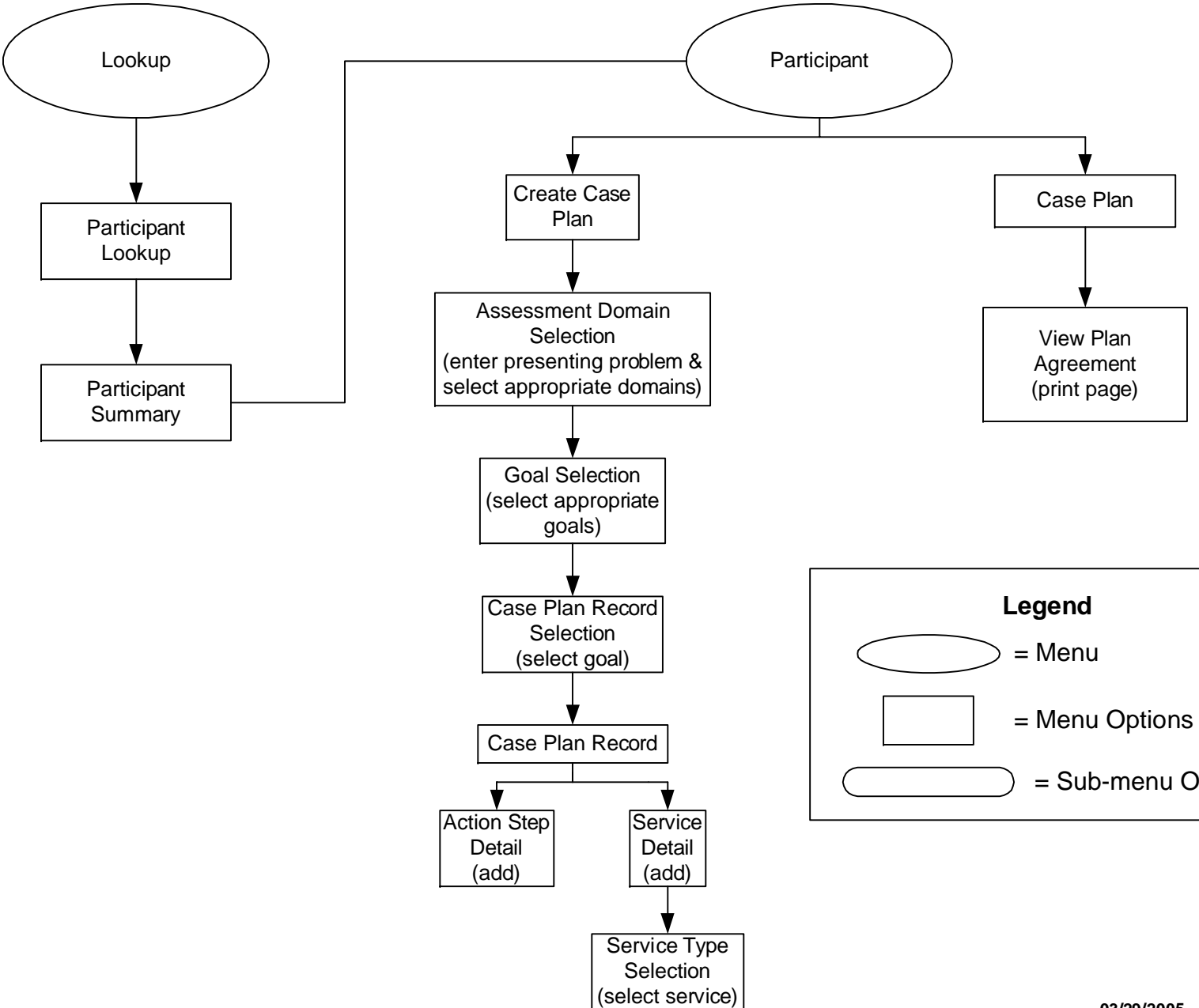
Youth Services Existing Participant

YS3



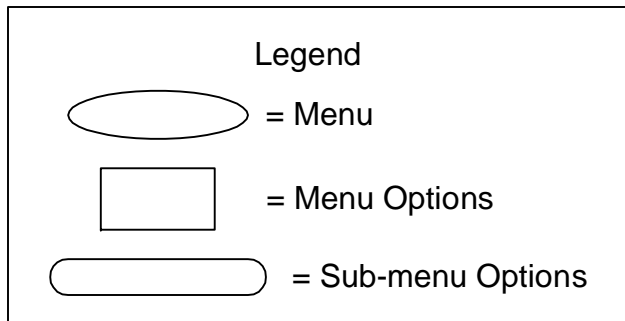
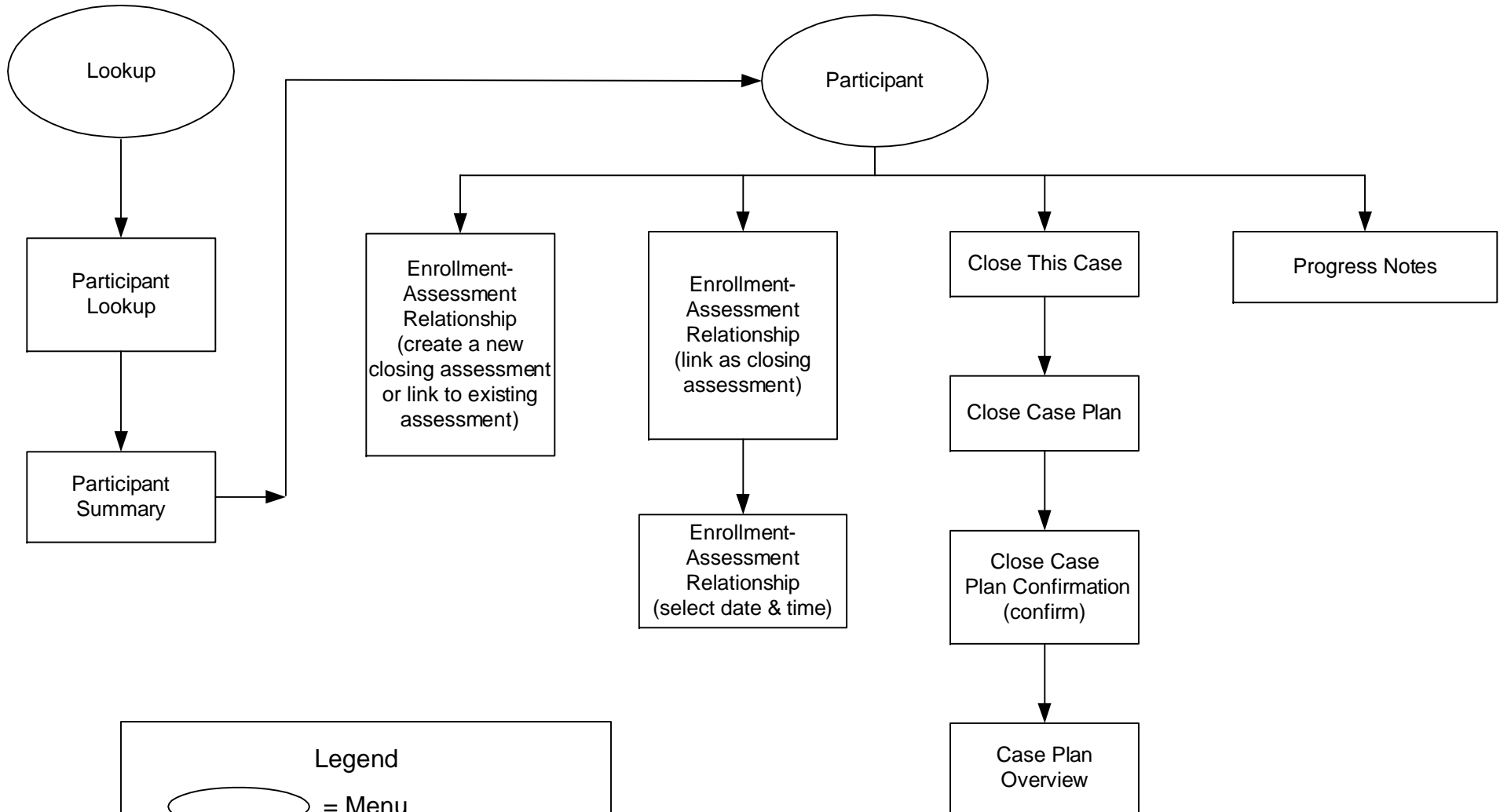
Youth Services Build a Case Plan (NEW)

YS4



Youth Services Participant Case Closure

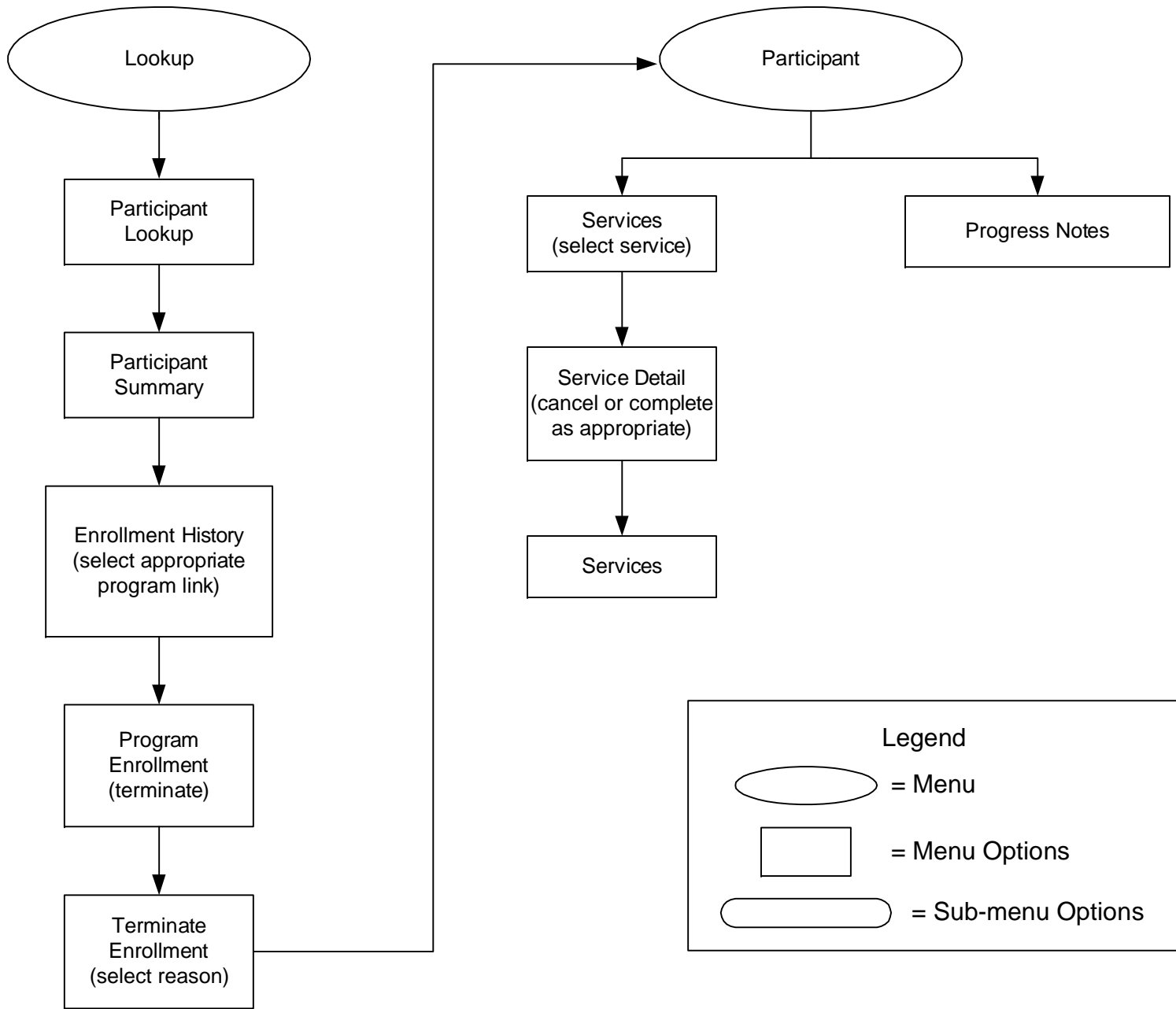
YS5



Youth Services

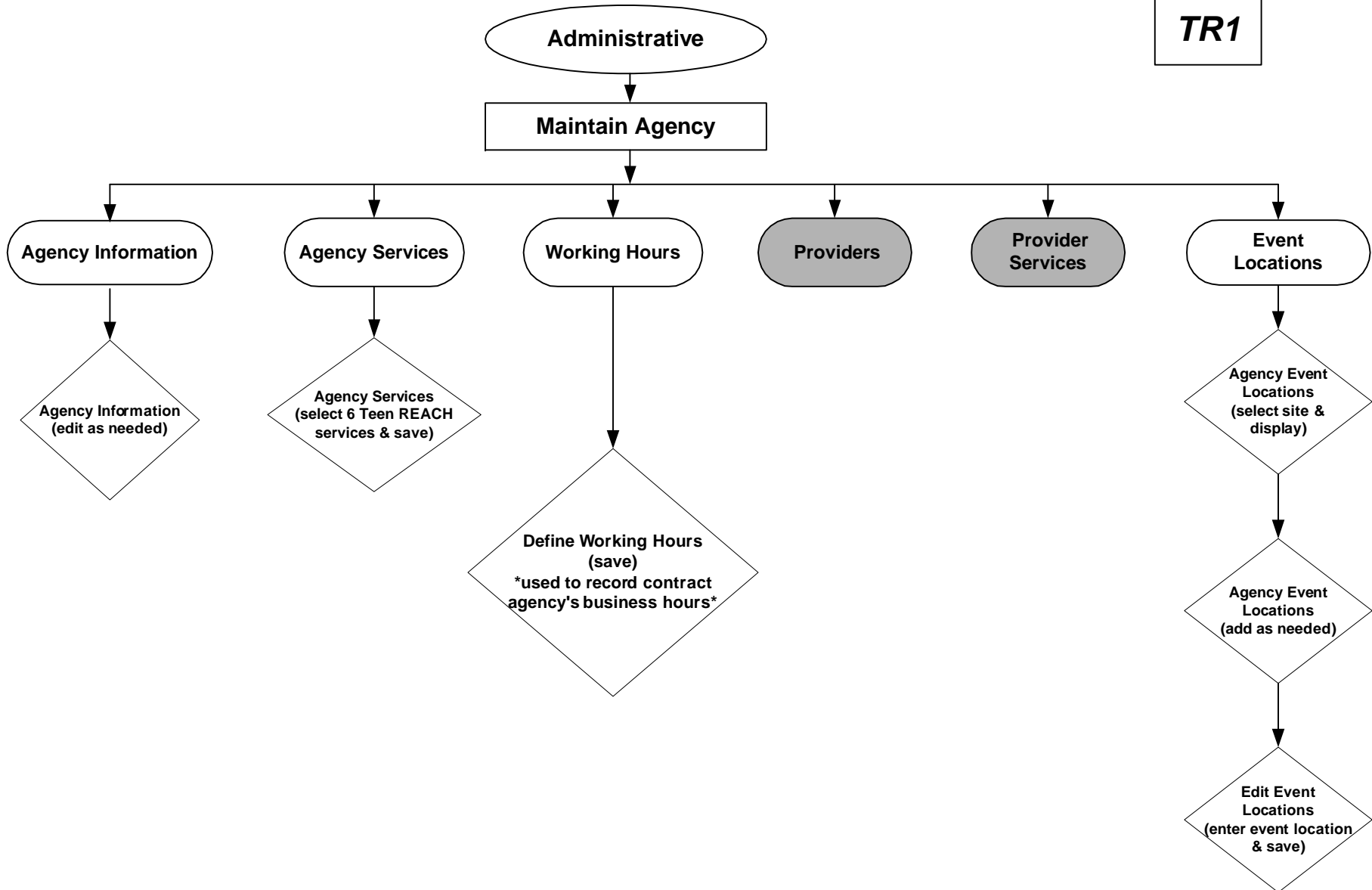
Terminate a Participant/No Case Plan

YS6



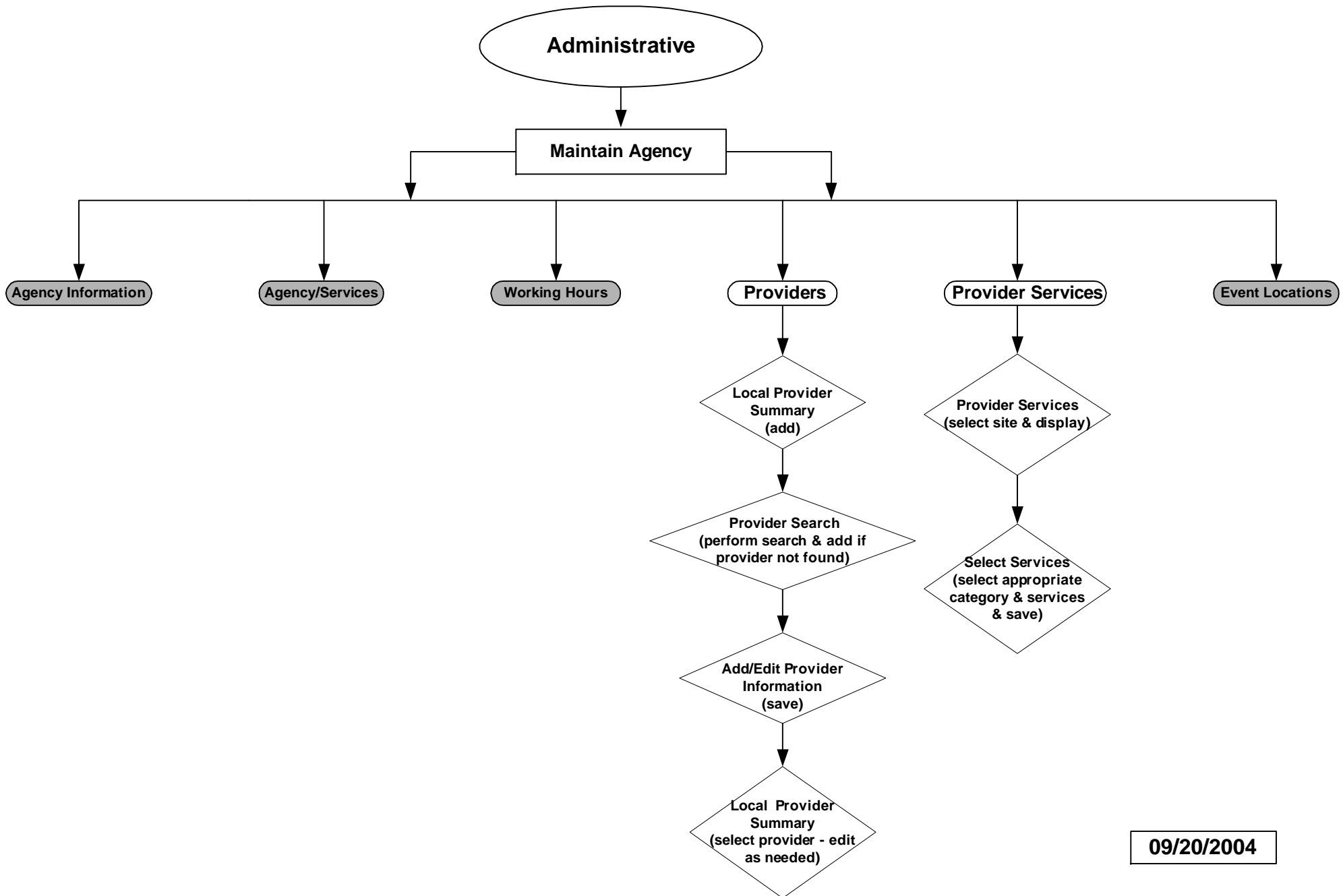
eCornerstone Teen REACH DRAFT Flow
Agency Administration
Initial Set Up/Maintenance

TR1



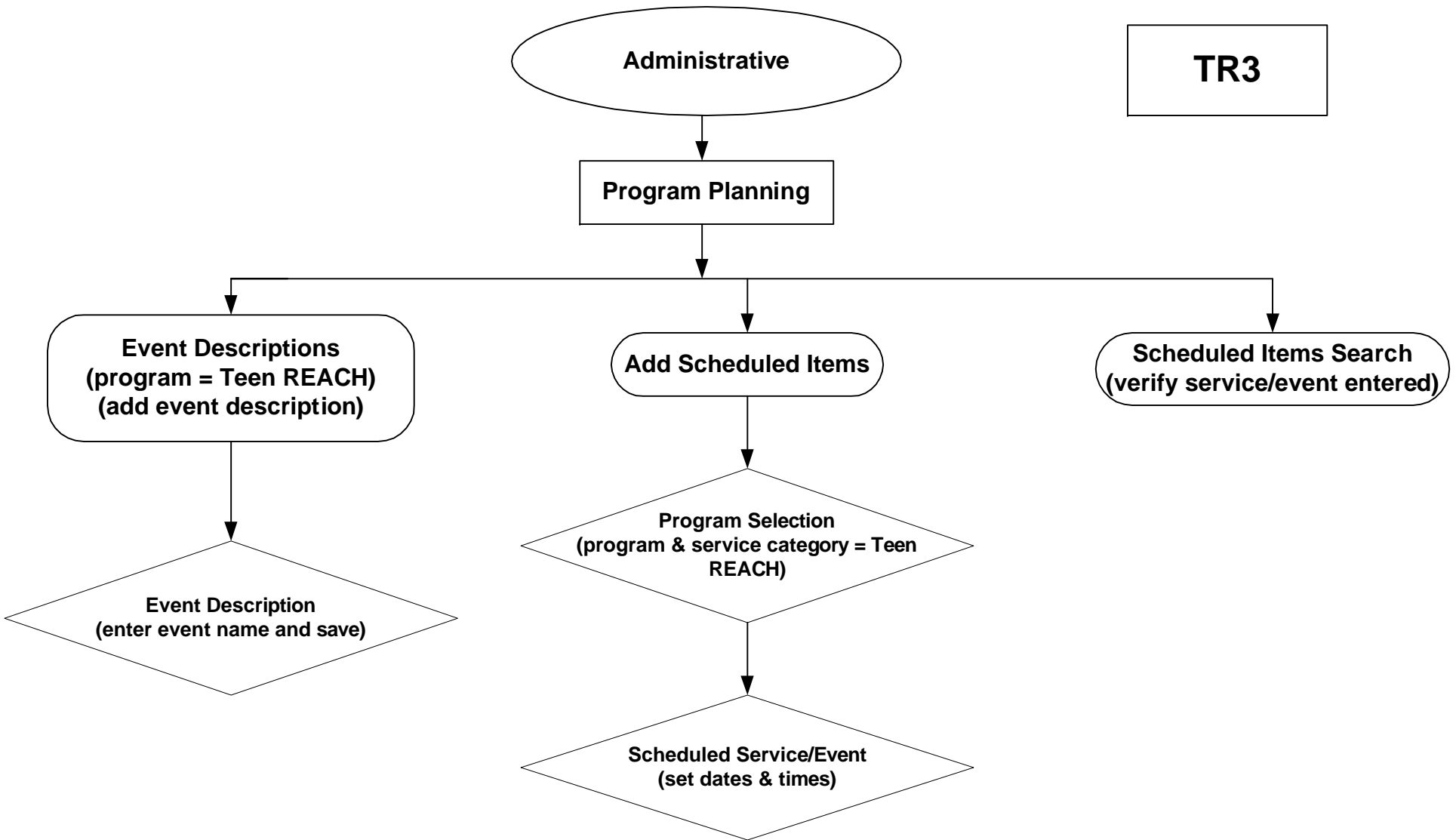
eCornerstone Teen REACH DRAFT Flow
Agency Administration
Service Provider Set Up

TR2



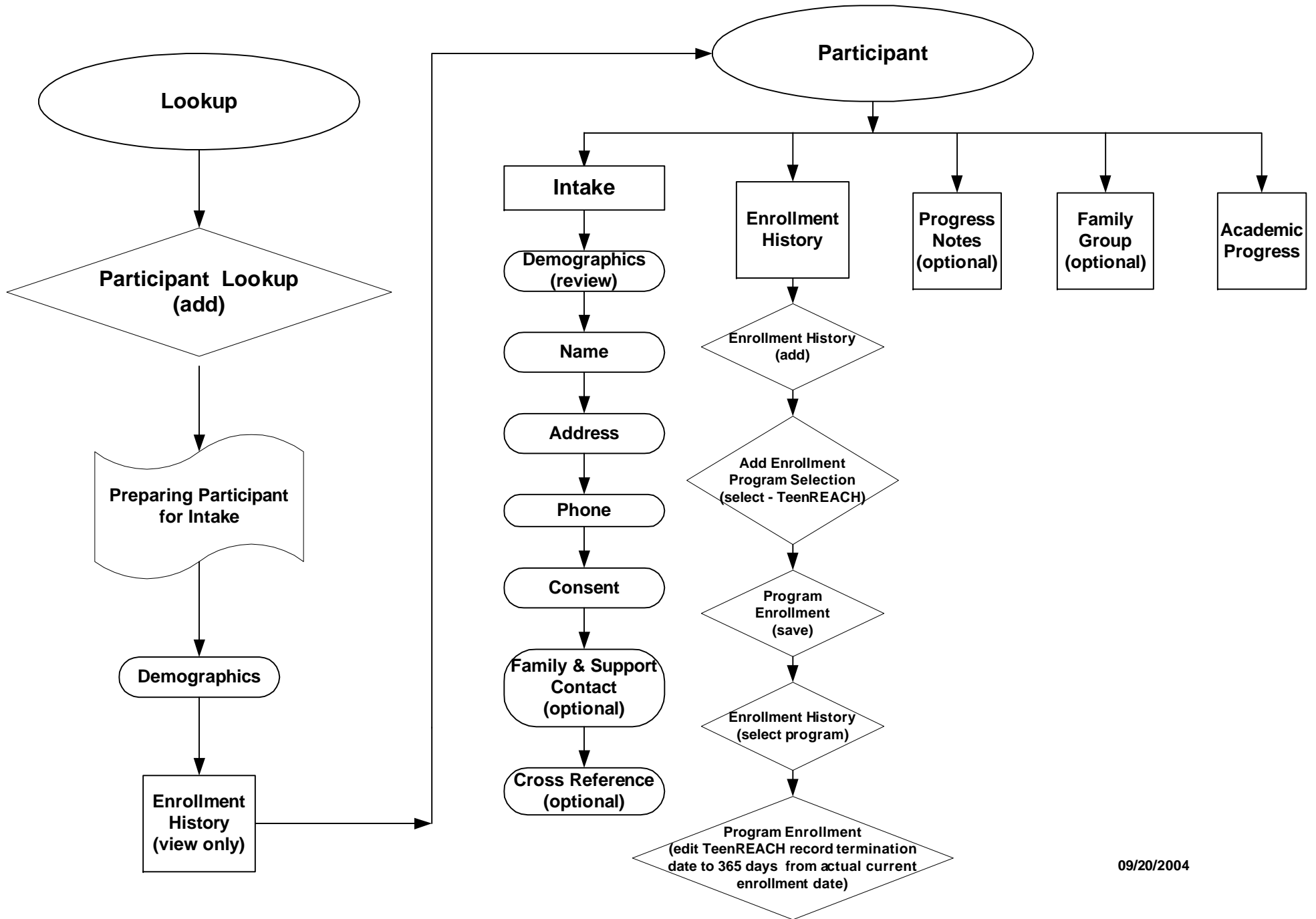
09/20/2004

eCornerstone Teen REACH DRAFT Flow Program Planning



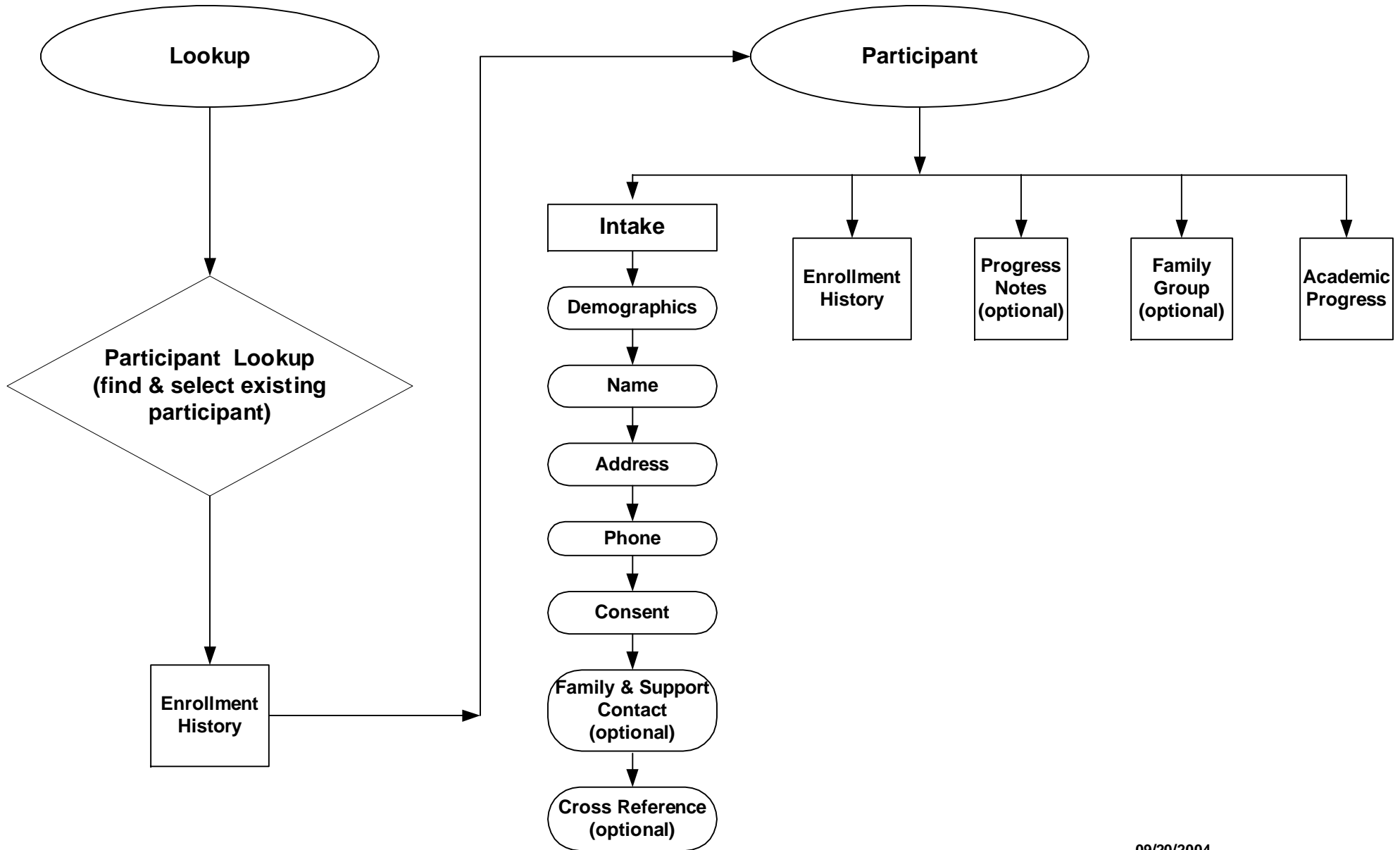
eCornerstone TeenREACH DRAFT Flow New Participant

TR4



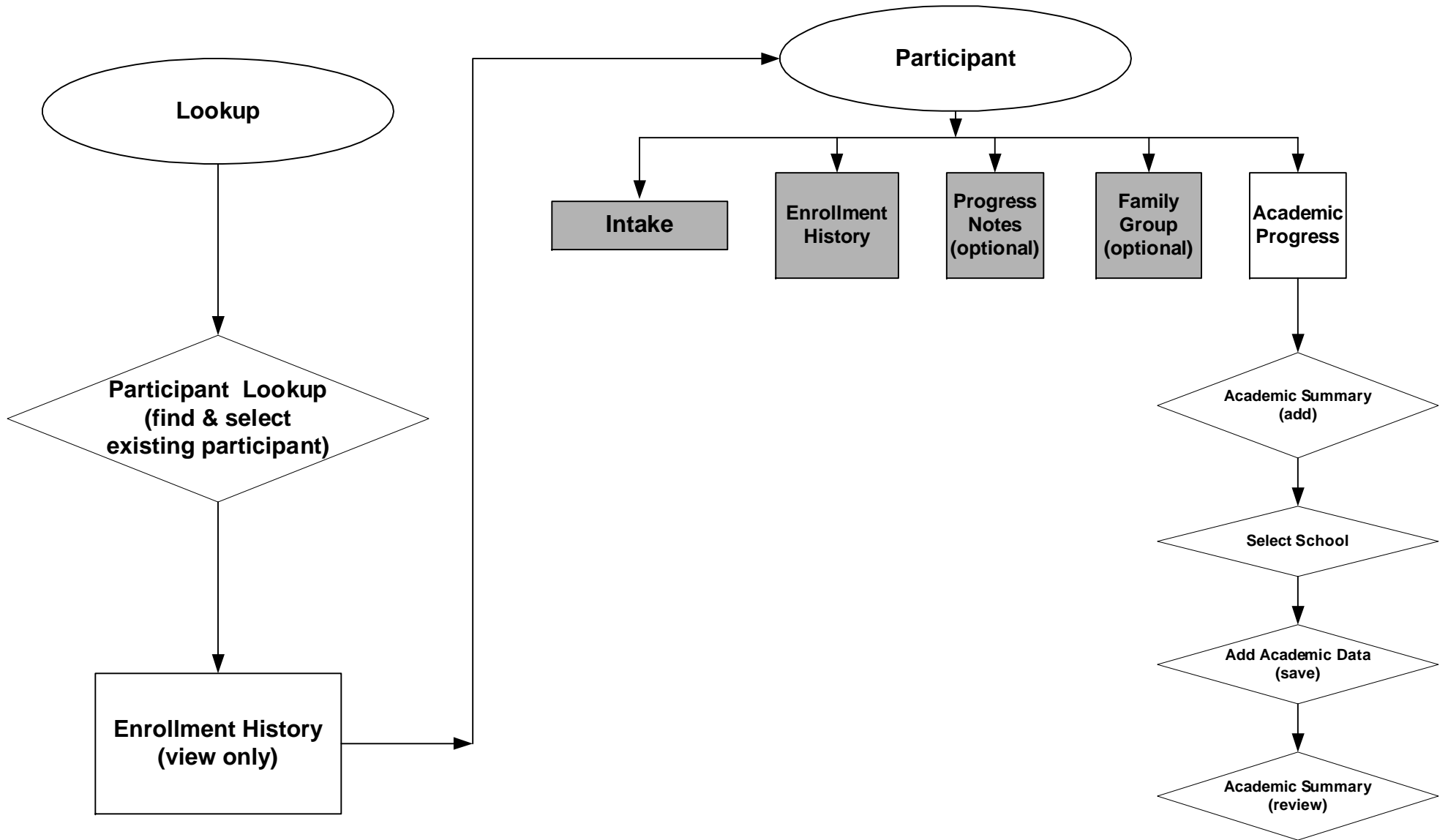
eCornerstone TeenREACH DRAFT Flow
Existing Participant

TR5



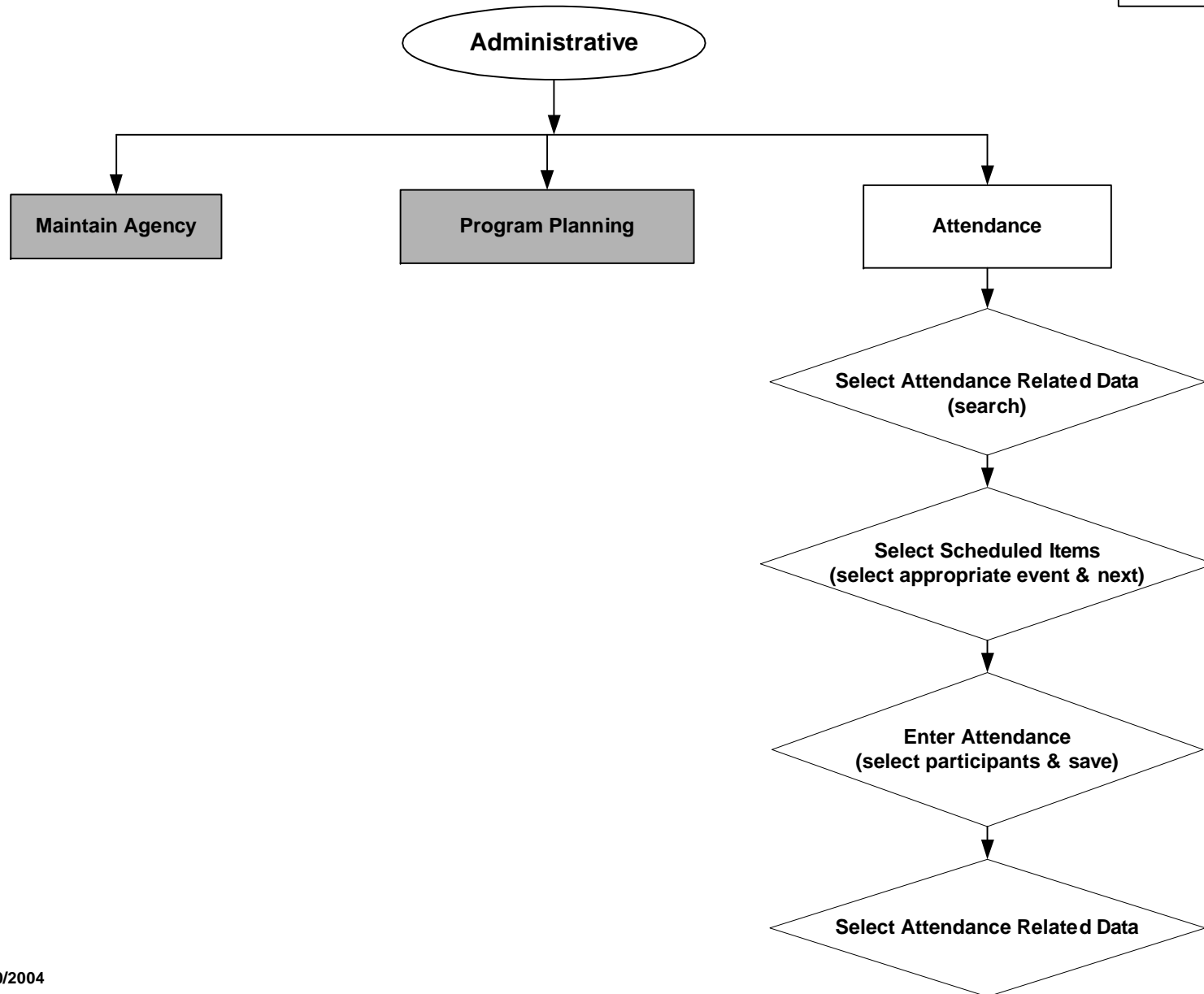
eCornerstone TeenREACH DRAFT Flow Academic Progress

TR6



eCornerstone Teen REACH DRAFT Flow Attendance

TR7



Appendix B: Code Table

Academic Progress

Baseline
Negative
No Change
No Comparison
No Data
Positive

Address Type

Business Address
Mailing Address
Residential Address

Allergy Types

Airborne (housedust, dust mites, pollen, mold, etc.)
Animals
Chemical Sensitivity (smoke, perfume, odors, plastics, etc.)
Food (peanuts, strawberries, shellfish, etc.)
Insect Bites
Latex Materials
Medicines to include Radiologic Dyes
Plants
Seasonal (pollen, ragweed, etc.)

CasePlan Status

Achieved
Active
Canceled
Completed
In Progress
Not Achieved
On Hold
Satisfactory Progress
Unsatisfactory Progress

Doses / Unit Types

Inhalation
Injection - Parenteral (Epi-Pen)
Oral
Topical

Education Level

10th Grade
11th Grade
12th Grade
13th Grade
14th Grade
15th Grade
16th Grade
17th Grade
18th Grade
19th Grade
1st Grade
20th Grade
21st Grade or more
2nd Grade
3rd Grade
4th Grade
5th Grade
6th Grade
7th Grade
8th Grade
9th Grade
Associate Degree
College Bachelors Degree
Completed PH D
GED
Headstart
High school graduate or equivalency certificate
High School Diploma
Kindergarten
Master's degree or higher
Masters Degree
No formal schooling
One Year College
Post graduate study

Post Graduate - 1 yr
Post Graduate - 2 yrs
Post Second Voc Trng
Pre-School
Secondary education, no high school diploma
Some college, no degree
Some Elementary (1-8)
Three Years College
Two Years College

Education Status

At Risk of Drop out
Full-Time
Half Time or More
Not attending
Part-Time
School Dropout

Employment Status

Employed full time (unsubsidized)
Employed part time (unsubsidized)
Not in the labor force
Other Seasonal Worker
Seasonal Migrant Farm Worker
Unemployed/Layoff from job
Unknown

Frequency for Schedule

Annually
As needed
Daily
Day
Every
Every 2 months
Every 2 weeks
Every Fourth
Every Other
Every Third
First
Four Months
Fourth

Last
Monday thru Friday
Monday-Wednesday-Friday
Month
Monthly
Once a day
Once a week
Quarterly
Saturday-Sunday
Second
Semi-Annually
Six Months
Third
Three Months
Three times a day
Tuesday-Thursday
Twice a day
Two Months
Week
Weekly
Year

Frequency Types

As needed
Once a day
Once a week
Three times a day
Twice a day

Goal Acceptance

Action
Confident
Contemplation
Important
Maintenance
Not Confident
Not Important
Partially Confident
Partially Important
Pre-contemplation
Preparation
Relapse

Very Confident
Very Important

Ethnic Status

Central/South American
Cuban
Mexican/Mexican American
Not Hispanic
Other Hispanic
Puerto Rican
Unknown

Disability / Special Needs

Blindness / Visual Impairment
Cardiovascular Disorder
Deafness / Hard of Hearing
Developmental Delay
Developmental Disabilities
Mental Illness
Mobility Orthopedic/Neurological Impairments
Nervous System Disorder
Other
Respiratory Impairments

Proof of Income

AFDC
Disaster exemption
Federal Income Tax Form - 1040
Food Stamps
Instate transfer
Medicaid
Medical exp exemption
Medically presumed eligible
Out of state transfer
Pending exemption
Pending verification
School Lunch Program
State income tax form
Statement of income affidavit
Temporary Assistance to Needy Families
Two (2) check stubs

W-2 forms
Weatherization
Women, Infant and Children ID card
Zero (0) income affidavit

Language

Arabic
Cambodian
Cantonese
Chinese
English
Filipino
French
German
Japanese
Korean
Other
Polish
Russian
Sign Language
Spanish
Vietnamese

Length of Homelessness/Length of Time Away From Home Environment

One week or less
One week to one month
One to two months
Over two months
Unknown

Living Arrangement

Domiciled
Homeless
Sheltered Care
Institution
Without Permanent Address

Marital Status

Divorced

Married
Never Married
Separated
Unknown
Widowed

Measures of Doses / Unit Types

Apply as prescribed
Cubic Centimeter (CC)
Milligram (Mg)
Teaspoon
Unit

Name Types

Alias
Birth Name
Known By
Legal Name
Maiden Name
Previous

Ownership Types

Corporation - Profit
Individual - Sole Proprietorship
Not For Profit
Other
Partnership
Public
Trust / Endorsement

Occupation

ACCOUNTANT AND AUDITOR
ACTORS AND DIRECTORS
ACTUARY
ADMINISTRATOR, PROTECTIVE SVCS
ADMNSTRTR & OFFCL, PUBLIC ADMN
ADMNSTRTR, EDCTN & RELATED FLD
AEROSPACE ENGINEER
AGRICULTURAL & FOOD SCIENTIST
AGRICULTURAL ENGINEER

AIR TRAFFIC CONTROLLER
AIRPLANE PILOT AND NAVIGATOR
ANIMAL CARETAKER
ANNOUNCER
ARCHITECT
ARTIST, PERFORMER, REL. WORKER
ATHLETES
ATMOSPHERIC & SPACE SCIENTIST
ATTENDANT, AMUS & REC FAC
AUDITOR
AUTHOR
BANK TELLER
BARBER
BILL, POST AND CALC MCH OPER
BILLING CLERK
BIOLOGICAL AND LIFE SCIENTIST
BIOLOGICAL TECHNICIAN
BOILERMAKER
BOOKEEPERS, ACCT AND AUDIT CLK
BRICKMASON & STONEMASON
BRICKMASON & STONEMASON APPRN
BUSINESS AND PROMOTION AGENT
BUYER, WHLSL & RETL EXCPT FARM
CARPENTER
CARPENTER APPRENTICE
CARPET INSTALLER
CASHIER
CEMENTING AND GLUING MCH OPER
CHEMICAL ENGINEER
CHEMICAL TECHNICIAN
CHEMISTS, EXCEPT BIOCHEMISTS
CHIEF EXEC & GNRL ADMNSTRTR
CHILD CARE WORKER
CIVIL ENGINEER
CLASSIFIED-AD CLERK
CLEANING LADY
CLERGY
CLERICAL WORKER
CLERK
CLINICAL LAB. TECHNOLOGIST
CMPRSSNG & CMPCTNG MACHN OPRTR
CMPTR SYSTMS ANLYST & SCIENTST
COMMISSIONED OFFICER &
COMMUN EQUIP OPERATOR

COMPUTER PROGRAMMER
COMPUTER TECHNICIAN
CONCRETE AND TERRAZZO FINISHER
CONSTRUCTION INSPECTOR
CONSTRUCTION LABORER
CONSTRUCTION TRADE
CORRESPONDENCE CLERK
COSMETOLOGIST
COST AND RATE CLERK
CRUSH & GRIND MACHINE OPERATOR
DANCER
DENTAL ASSISTANT
DENTAL HYGIENIST
DENTIST
DESIGNER
DIETITIAN
DISPATCHER
DOCTOR
DRAFTING OCCUPATIONS
DRILLER, EARTH
DRILLER, OIL WELL
DRYWALL INSTALLER
DUPLICATING MACHINE OPERATOR
EARLY CHILDHOOD TEACHER ASST
EDITORS AND REPORTERS
ELEC. POWER INSTALLER & REPAIR
ELECTRICAL & ELECTRONIC ENGNR
ELECTRICAL & ELECTRONIC TECHCN
ELECTRICIAN
ELECTRICIAN APPRENTICE
ELEVATOR OPERATORS
ENGINEERING TECHNICIAN, N.E.C.
ENGINEERS, N.E.C.
ENGRAVER, METAL
EXPEDITER
EXPLOSIVE WORKER
EXTRUDING & FORMING MCH OPER
FABRICATING MACHINE OPERATOR
FACTORY WORKER
FAMILY CHILD CARE PROVIDER
FARM WORKER
FARMER, EXCEPT HORTICULTURAL
FILE CLERK
FINANCIAL MANAGER

FLORIST
FOLDING MACHINE OPERATOR
FORESTRY & CONSRVTN SCIENTIST
FREIGHT, STOCK & MATERIAL HAND
FUNERAL DIRECTOR
FURNACE, KILN & OVEN OPR
GARAGE & SERVICE STATN RELATED
GARBAGE COLLECTOR
GARDENER
GEOLOGIST AND GEODESIST
GLAZIER
GRADER AND SORTER, AGRI PROD
GROUNDSKEEPER & GARDENER
GUIDE
HAIRDRESSER & COSMETOLOGIST
HAND PACKER & PACKAGER
HEALTH AID, EXCEPT NURSING
HEALTH DIAGNOSING PRACTITIONER
HEALTH RECORD TECHNOLOGIST
HEALTH TECHNOLOGIST & TECHNCN
HEAT TREATING EQUIP OPERATOR
HELPER, CONSTRUCTION TRADE
HELPER, EXTRACTIVE OCCUPATION
HELPER, MECHANIC AND REPAIRER
HELPER, SURVEYOR
HORTICULTURAL SPECIALITY FRMER
HOTEL CLERK
HOUSEKEEPER
INDUSTRIAL ENGINEER
INDUSTRIAL ENGNRNG TECHNICIAN
INFORMATION CLERK
INSPCTR & CMLNCE, EXCPT CNSTR
INSPECTOR, AGRI PROD
INSULATION WORKER
INTERVIEWER
JANITORS AND CLEANERS
JUDGE
KNITTING, LOOPING, TAPING
LABORATORY TECHNICIAN
LABORER, EXCEPT CONSTRUCTION
LAST WORKED 1984 OR EARLIER
LAUNDRY/DRY CLEANING MCH OPR
LAWYER
LAY-OUT WORKER

LEGISLATOR
LIBRARY CLERK
LICENSED PRACTICAL NURSE
MACHINE FEEDER AND OFFBEARER
MACHINE OPERATOR, NOT SPECIFIED
MACHINIST
MACHINIST APPREN
MAID AND HOUSEMAN
MAIL CARRIER
MAIL CLERK
MAIL PREPARE AND PAPER HANDLE
MANAGEMENT AND RELATED OCCUPTN
MANAGER - FOOD SERVICE/LODGING
MANAGER - REAL ESTATE
MANAGER ANALYST
MANAGER AND ADMINISTRATOR
MANAGER, FARM, EXCEPT HORICTL
MANAGER, HORTCL SPECIALTY FRM
MANAGER, MEDICINE AND HEALTH
MANAGER, SVCS ORGANIZATION
MARINE AND NAVAL ARCHITECT
MARINE LIFE CULTIVATION WORKER
MASON
MATERIAL
MATHEMATICAL SCIENTIST, N.E.C.
MECHANICAL ENGINEER
MECHANICAL ENGRNG TECHNICIAN
MEDICAL SCIENTIST
MELLURGICAL AND MATERIAL ENGR
MESSENGER
METAL PLATING MACHINE OPER
METER READER
MGR, MRKTG, ADVRTSG, PUBLIC REL
MILITARY OCCUPATION
MINING ENGINEER
MINING MACHINE OPERATOR
MINING OCCUPATIONS
MISC FOOD PREPARATION OCCPTN
MISC MACHINE OPERATOR
MISC METAL & PLASTIC PROC
MISC METAL, PLASTIC & GLASS
MISC TEXTILE MACHINE OPERATOR
MISC WOODWORKING MACH OPERATOR
MISC WOODWORKING MACHINE OPRTR

MIXING & BLENDING MCH OPER
MNGR, FOOD SRVNG & LDGNG ESTBL
MNGR, PROPERTIES & REAL ESTATE
MOLDING AND CASTING MACH OPER
MOTION PICTURE PROJECTIONIST
MUSICIAN AND COMPOSER
NAILING AND TACKING MACH OPR
NON-COMMISSIONED OFFICER
NUCLEAR ENGINEER
NUMERICAL CONTROL MACHINE OPR
NURSE
NURSERY WORKER (AGRICULTURE)
NURSING AID, ORDERLY, ATTENDNT
NURSING ASSISTANT
OCCUPATIONAL THERAPIST
OFFICE MACHINE OPERATOR
OPRTNS & SYTMS RSRCHR & ANLYST
OPTOMETRIST
ORDER CLERK
ORDERLY
OTHER
OTHER - NON-PROFESSIONAL
OTHER - PROFESSIONAL
OTHER FINANCIAL OFFICERS
PACKAGING AND FILLING MCH OPR
PAINTER, CONSTRUCTION & MAINT
PAINTER, SCLPTR, CRFT-ARTST
PAINTING & PAINT SPRAYING MCH
PAPERHANGER
PATTERN & MODEL MAKER METAL
PAVE, SURFACE & TAMP EQP OPR
PAYROLL & TIMEKEEPING CLERK
PERSONAL SERVICE OCCUPATION
PERSONNEL & LABOR RELTNS MNGR
PERSONNEL CLERK
PEST CONTROL OCCUPATIONS
PETROLEUM ENGINEER
PHARMACIST
PHOTOENGRAVER AND LITHOGRAPHER
PHOTOGRAPHER
PHOTOGRAPHIC PROCESS MCH OPR
PHYSICAL SCIENTISTS, N.E.C.
PHYSICAL THERAPIST
PHYSICIAN

PHYSICIANS ASSISTANT
PHYSICISTS AND ASTRONOMERS
PLASTERER
PLUMBER, PIPE & STEAM FIT APTM
PLUMBER, PIPE & STEAM FITTER
PODIATRIST
POSTAL CLERK
POSTMSTR & MAIL SUPERINTENDENT
PRCHSNG AGNT & BUYER,FARM PROD
PRECIOUS STONE & METAL WORKER
PRECISION ASSEMBLER, METAL
PRECISION GRINDER, FILER
PRESSING MACHINE OPERATOR
PRINTING PRESS OPERATOR
PRODUCTION COORDINATOR
PRODUCTION HELPER
PRSNL, TRNG & LBR REL SPCLST
PUBLIC RELATION AND SPECIALIST
PUBLIC TRANS ATTENDANT
PURCHASING AGENT AND BUYER
PURCHASING MANAGER
RADIOLOGIC TECHNICIAN
RECEPTIONIST
RECORDS CLERK
RECREATION WORKER
REGISTERED NURSE
RELIGIOUS WORKER, N.E.C.
REPIRATORY THERAPIST
ROASTING & BAKING MCH OPR,FOOD
ROOFERS
SALESMAN
SALESWOMAN
SAWING MACHINE OPERATOR
SCIENCE TECHNICIAN, N.E.C.
SCIENTIST
SECRETARY
SEPARATING, FILTERING
SHAPING AND JOINING MACHINE OP
SHEET METAL WORKER
SHEET METAL WORKER APPREN
SHEETMETAL DUCT INSTALLER
SHOE MACHINE OPERATOR
SLICE & CUT MACHINE OPERATOR
SOCIAL WORKER

SPEECH THERAPIST
SPRVSR, PRODUCTION OCCUPATIONS
SPRVSR, PRSNAL SRVC OCCUPATION
SPRVSR, REL. AGRCLTRL OCCUPTN
SPRVSR, CLEANING, & BLDNG SVC
SPRVSR; PLMBR, PIPEFITTER
STATISTICIAN
STENOGRAPHER
STEVEDORE
STOCK AND INVENTORY CLERK
STOCK HANDLER AND BAGGER
STRUCTURAL METAL WORKER
SUPERVISOR, CONSTRUCTION N.E.C
SUPERVISOR, EXTRACTIVE OPRTNS
SUPERVISOR, FARM WORKER
SUPERVISOR, HANDLER
SURVEYING & MAPPING TECHNICIAN
SURVEYOR AND MAPPING SCIENTIST
TEACHING ASSISTANT
TECHNICAL WRITER
TELEMARKETER
TELEPHONE OPERATOR
TEXTILE CUTTING MACHINE OPER
TEXTILE SEWING MACHING OPER
THERAPIST - PSYCHOLOGICAL
THERAPIST - SPEECH
THERAPIST, N.E.C.
TILE SETTERS, HARD & SOFT
TOOL AND DIE MAKER
TOOL AND DIE MAKER APPREN
TRAFFIC, SHIPPING & RCV CLERK
TRANS TICKET AND RESERV AGENT
TYPESETTER AND COMPOSITOR
TYPIST
UNDERWRITER
USHER
VEHICLE WASHER & EQUIP CLEANER
VETERINARIAN
WAITERS/WAITRESSES ASSISTAN
WASH, CLEAN & PICKING MCH OPR
WEIGHER, MEASURER, CHECKER
WELFARE SERVICE AIDE
WINDING & TWISTING MACH OPER
WOOD LATHER, ROUT & PLNT MCH

Predefined Medication Types

Allergy - Antihistamine/Decongestant Combination
Allergy - Intranasal: Steroids/Antihistamines/Misc.
Arthritis
Asthma
Attention Deficit Disorder
Blood
Cancer
Cardiovascular / Heart
Central Nervous System
Cough / Cold
Dermatology
Diabetes
Ear
Eye
Growth Hormones
Hepatitis
Immune System
Infections: Bacterial, Fungal, Viral
Mental Health
Migraine
Multiple Sclerosis
Pain / Inflammation
Seizure / Pain
Smoking Deterrents
Stomach / Intestinal
Thyroid
Weight Management

Race

American Indian/Alaskan Native
Asian
Black or African American
Hispanic or Latino
Native Hawaiian or Other Pacific Islander
Other
Unknown
White

Referral Reason

Absent From Home Without Parent Consent
Academic Performance
Adjudicated by Juvenile Court at least once
Adjudicated Delinquent more than once
Adjudicated Delinquent once
Behavior Issues
Beyond Control of Parent
Committed Offence Warranting Commitment to IDOC
Criminal History
Detention Lockout
Free and Reduced Lunch
Home Conflict
Homeless
Incarcerated Parent
Ineligible For Other Educational Services (E.G. Special Education)
Interest in the Program
Limited Custody
Limited English Proficiency
Lives With Non-Parent Guardian/Custodian
Lockout
Peer Relationship
Placement
Probation Supervision
Return from Participation in Other Activities
Runaway in YSPA
Runaway Out of State
Runaway Out of YSPA
School Attendance
School Conflict
Sibling of a Dropout
Sibling of a Teen Parent
Sibling Of A Juvenile Delinquent
Single-Parent Household
Social Skills
Station Adjustment
Suspected Substance Abuse
TANF
Violation of Probation
Youth Refuses

Referral Source

Adult Shelter

Court
DCFS
Family
Health Department
Homeless Shelter
Hospital
Hotline
Law Enforcement
Local DHS Office
Mental Health Agency
Other Service Provider
Parent
Partner/Spouse
Peer Recommendation
Probation Officer
School
Self
State's Attorney
Street Outreach
Substance Abuse Agency

Family/Support Relationship

Aunt
Child
Clergy
DCFS Foster Child
Emergency Contact Primary
Emergency Contact Secondary
Employer
Family Member
First Cousin
Foster Parent
Grandchild
Grandparent
In Laws
Legal Guardian
Mentor
Nephew
Niece
Other
Parent
Pickup Authorized
Pickup Not Authorized

School Counselor
Sibling
Social Worker
Spouse
Stepchild
Stepparent
Surrogate Parent
Therapist
Uncle

Reminder Types

Closing Assessment
Eligibility Review
Final Follow-up
Full-YASI
Generic Assessment
Generic Reminder
Goal Target Complete Date
Inactive Category
Initial Assessment
Initial Follow-up
Non-Attending Participant
Planned Service
Pre-YASI
Reassessment
Scheduled Review
Scheduled Termination Date
Unassigned Caseload(s)
Unassigned Participant(s)
Wait List

Service Location

Clinic
Home
Hospital - Outpatient
Hospital - Overnight
Physician's Office

Service Category

Basic Needs
Child Risk and Safety

Clinical Services
Community Disability Resources
Community Rehabilitation
Disability Services
Disability Support Groups
Domestic Violence
Education/Training
Employment
Health
Immigrant Services
Legal Assistance
Mental Health
Personal Aids
Sexual Assault
Substance Abuse
Teen REACH
Youth Services

Telephone Type

Business
Cellular
Emergency
Fax
Home
Hotline
Other
Pager
Toll Free 800 Number
Work

Program Termination Reason

Automated Termination
Certfctn period expired - WIC
Change BF to not breastfeeding
Client / family inappropriately assigned
Completed program objectives/under three
Court action
Deceased
Did not return after 12 month screening
Did not return after 24 month screening
Did not return after base line screening
Did not return after post intervention screening

Does not have doctors permission
Does not meet age requirements
Does not meet income requirements
Does not meet minimum health requirements
Does not meet residency requirements
Dual participation
Duplicate Record
EI ineligible/no referrals
EI ineligible/other referrals
Eligible for special education
Error
Expelled/Involuntary Discharge
Improved health
Incarcerated/Detained
In-patient Treatment
Invalid Referral Reason
Invalid Referral Source
Involuntary withdraw
Lose
Loss to follow up
Medical exclusion
Moved
No nutritional need
No response / unable to contact
Non-adherence
Normal case close
Not Applicable
One year postpartum
Other
Other insurance source
Participation in Other Activities
Pre-existing conditions
Program ineligible - Aged Out
Program ineligible-Low Risk
Program ineligible - Time Limit
Referred to Other Services
Refused futher services
Remove from wait list - WIC
Runaway
Six month postpartum and not breastfeeding
Special education eligibility not determined
Special education ineligible / no referral
Special ED ineligible / other referral
Successful Completion

Term from CM-enrolled in HSCM
Term postpartum - cert preg
Term Pregnancy
Transfer to Another Clinic
Transferred to DCFS Transferred to home agency
Transferred out of state
Two Months No FI Pickup
Unknown
Violation of program rules
Voluntary withdrawal

System Cross-Reference Type

Auto Resolved Duplicate
Case Management Client Infant
Case Management Info System Conversion
Case Management Information System
Early Intervention
Illinois Department of Public Aid
Immunization
Immunization Conversion
Local Agency Application
Manual Duplicate Participant
Women Infant and Children
Women Infant and Children Conversion

Time of Day Types

At Bedtime
Fasting
Pre-Meal

YASI Assessment Type

Closing
Initial
Reassessment

Program

Brst Crvcl Cncr
CCBYS
Comm for Youth
Crossroads

Delinqcy Prevention
Early Intervention
Family Case Managmnt
Healthy Fam of IL
Healthy Start CM
Homeless Youth
IL Diabetes Cntl
JJ Alt to Detention
JJ Intervention
JJ Station Adjust
JJ TitleV Del Prev
Other YS Program
Prenatal
Prmry Pediatric Care
Release Upon Request
Teen Parent Services
Teen REACH
UDIS
Wise Woman
Wom, Infnt, Chld-WIC
Youthbuild

Program Category

BREAST AND CERVICAL CANCER
BREASTFEEDING
Child
CHILDREN, FAMILY SVCS CHILD
CHILDREN, FAMILY SVCS INFANT
CHILDREN, FAMILY SVCS PREGNANT
Crisis Prevention/Non-Mandated
Crossroads
Diversion
DIABETES CONTROL PROGRAM
DP
EARLY INTERVENTION
Emergency Shelter
Enhanced Care
GUARDIAN CASE MGT INF/CHILD
HFI COMPARISON
HFI CREATIVE OUTREACH
HFI LEVEL 1
HFI LEVEL 2
HFI LEVEL 3

HFI LEVEL 4
HFI PRENATAL
HFI SPECIAL SERVICES
Homeless
Infant
Intervention
INFANT
JJ Intervention
JJATD
JJSA
JJTVD
Lockouts
Other Youth Services Program
Postpartum Depression
POST PARTUM DEPRESSION
POSTPARTUM
Pregnant
PREGNANT
PRENATAL/PEDIATRIC PROGRAM
Psych Lockout
Runaway
RUR
Substantial Risk to Self or Others
Teen Parent
Teen REACH
TITLE 20 CHILD
TITLE 20 INFANT
TITLE 20 PREGNANT
Trans/Indpdnt Livng
UDIS
Usual Care
Wait For Randomization

Appendix C: eCornerstone User ID Action Request

Attached is the eCornerstone User ID Action Request form.



State of Illinois
Department of Human Services
E-Cornerstone User ID
Action Request

ACTION REQUESTED

<input type="checkbox"/> Add New User	<input type="checkbox"/> Add Security Administrator
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TO BE COMPLETED BY LOCAL AGENCY: (Please Print)

User's Last Name	First Name	Agency Number	User ID (Assigned by DHS)
Agency Name	Work Address (Street and City)	Phone Number A/C ()	

Remarks

I understand that the use of the IDHS Cornerstone computer system and all IDHS related equipment, software, programs, data, manuals and facilities is intended for and may only be used for the purpose of accomplishing the official business of the Department of Human Services. I understand that Illinois statute and IDHS policy prohibit disclosure or discussion of any confidential IDHS information without proper written authorization. I understand that I am personally responsible for all usage under my user ID and I agree not to share or give my User ID or Password to anyone. I further understand that system usage is logged and my access to use the system may be denied or revoked by the IDHS.

User signature
Date

APPROVALS

Agency Supervisor (required) Date	DHS BSPQA Initials Date
Regional Administrator (required) Date	

Fax the completed form to the appropriate IDHS DCH&P Regional Administrator