



# **United Way Driving The Dream CoactionNet User Guide**

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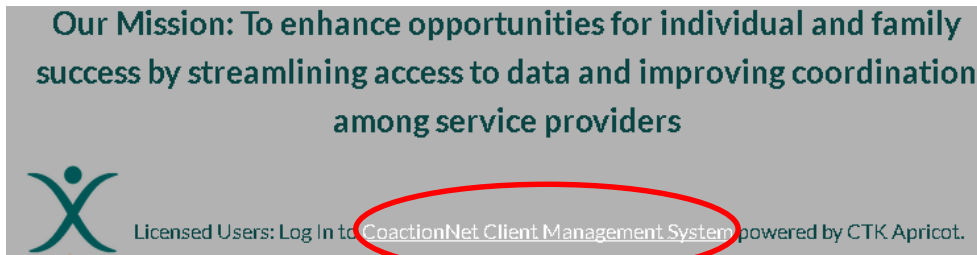
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# Navigating CoactionNet

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## I. Website Login

- Open your web browser (Google Chrome, Mozilla Firefox or Safari)
- Type [www.coactionnet.org](http://www.coactionnet.org) in your web browser.
- Click Log In to **CoactionNet Client Management System** (on the bottom of the screen).



You will be redirected to the Apricot site.

Enter your email address ([firstname.lastname@abcorganization.org](mailto:firstname.lastname@abcorganization.org)) as the username and your password. Click **Login to Apricot**. If you forget your password, click **Forgot Your Password?** and follow the steps to reset your password.

- DO NOT select the option to SAVE your password
- You will see the default dashboard/home screen.

# Obtaining/Managing CoactionNet User Profiles

## II. Obtaining CoactionNet Profile

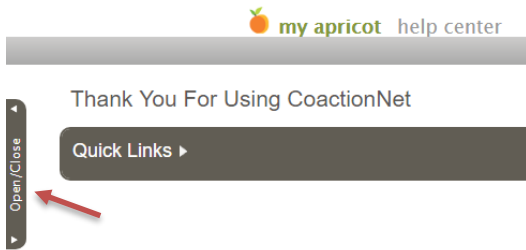
- Agency Supervisor or Management staff will inform United Way Data Quality Analyst of new hire or departing staff Member
- United Way Data Quality Analyst contacts CoactionNet System Administrator to request CoactionNet access or deactivation using the CoactionNet Technical Request Form

- CoactionNet System Administrator provides training to New Hire and Collects CoactionNet User Agreement
- CoactionNet System Administrator updates the Technical Request form with the outcome, and sends New Hire:
  - CoactionNet ID
  - CoactionNet Password
- United Way Data Quality Analyst provides feedback to Supervisor or Management staff requesting the update

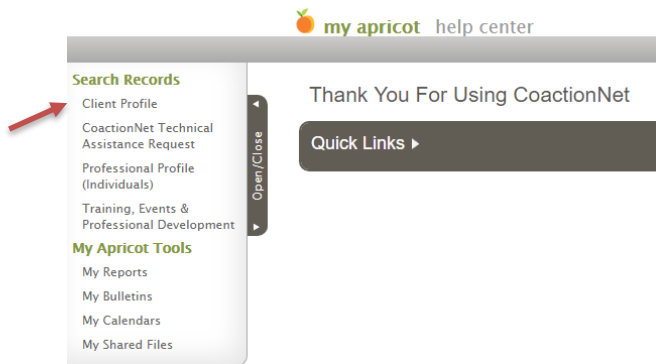
### III. Client Profile

#### A. Navigating to Client Profile

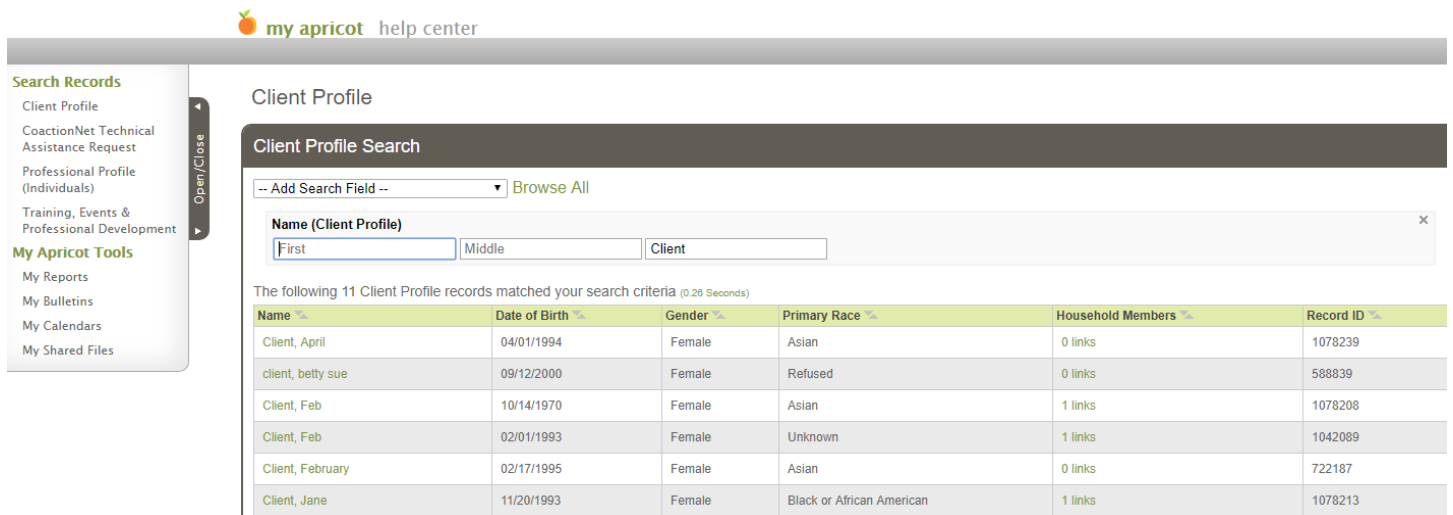
- Once you are logged in to CoactionNet, on the left side of your screen, you will see a list with “**Search Records**” in Green. If you do not see this on the left side of your screen, click the black tab with “Open/Close” on it.



- Click on “Client Profile” under **Search Records**.



- You will see a screen similar to the one below which includes a list of all clients you have access to as a CoactionNet user.



## B. Searching for Clients by Name

Before entering a new Client, it is requested that you check to make sure the Client is not already in the system by searching the first 2 letters of the last name% and the first letter of the first name% to see if a different spelling of the same person is in the system.

- Type in the search criteria

In this example, I am searching for May Client. I will type in the first letter of her first name plus the wildcard symbol (M%) and the first 2 letters of her last name and the wildcard symbol (CI%). No entries for May Client were returned, so now I can go on to create a **New Client Profile** – click on the item under **Search Actions** on the right side of the screen.

Client Profile

Client Profile Search

-- Add Search Field -- Browse All

Name (Client Profile) X

M% Middle CI%

The following 1 Client Profile records matched your search criteria (0.23 Seconds)

Name %	Date of Birth %	Gender %	Primary Race %	Household Members %	Record ID %
Client, March	03/01/1994	Female	Asian	1 links	1078199

Click any of the orange text to go directly to that record. Clicking any gray text will take you to the Tier 1 document folder.

Search Actions

- New Client Profile
- Clear Search History

Create Batch Records

- Client Contact...
- Events Attendance

Favorite Lists

## C. Adding a New Client Profile

This section is for the main Client demographics that should stay the same throughout the participant's enrollment.

- If a Client Profile already exist, you will receive a *Duplicate Record Warning* and the opportunity to view existing profile information.
- Required fields are:
  - First Name, Last Name
  - Date of Birth
  - Gender
  - Primary Race

Client Profile

Client Information

Prefix/Title --Please Select--

\*Name May Middle Client

Suffix --Please Select--

\*Date of Birth 07/04/1990

Nickname (AKA)

\*Gender Female

\*Primary Race Asian

Secondary Race (optional) --Please Select--

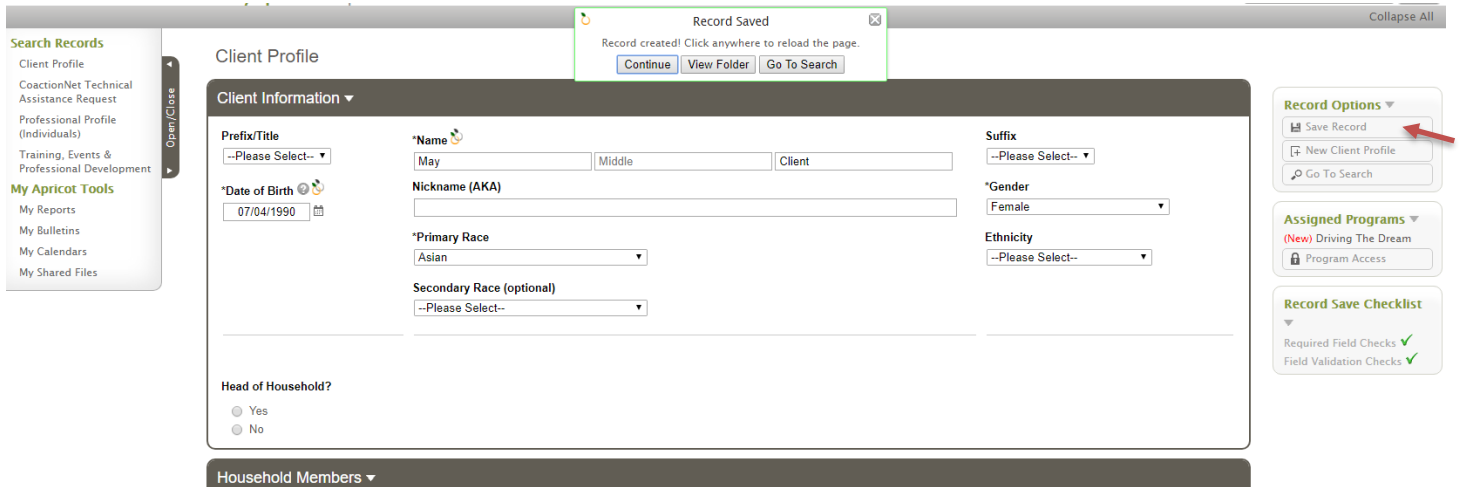
Ethnicity --Please Select--

Head of Household?

Yes

No

- After entering the required information, click **Save Record** on the right-hand side of the screen under **Record Options**.
- Once the record saves, a pop-up box will appear confirming the record was saved with 3 options: **Continue, View Folder, Go To Search**.

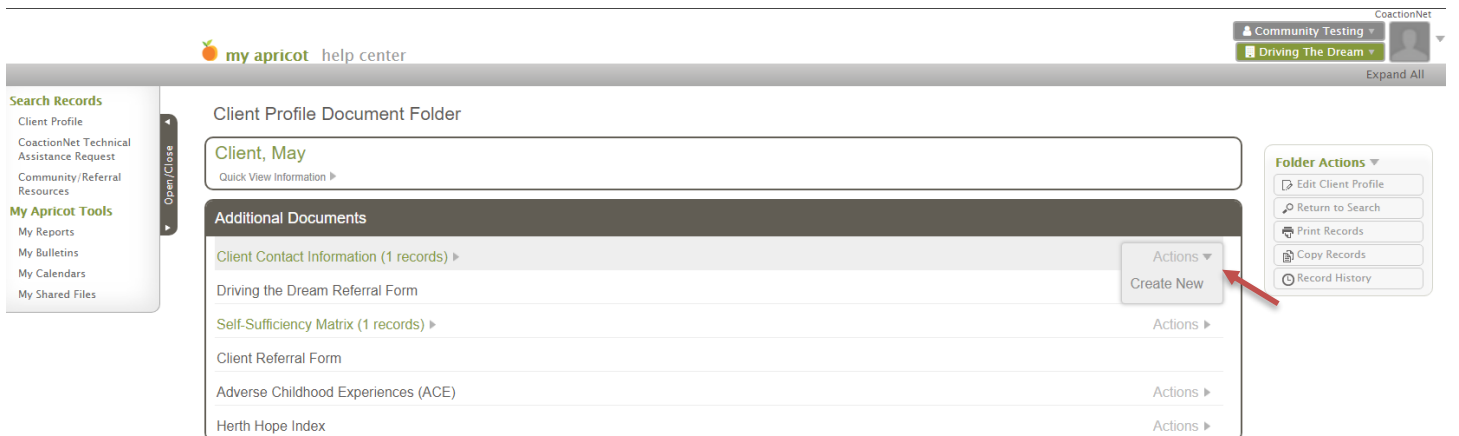


## IV. Client Folder View

The Client Folder view shows a list of all the forms that are available for each client. The forms that are required for Clients are not listed in order as the folder view is shared among many other organizations using CoactionNet. It's important that you complete at least the forms in the order they are listed in this guide.

### A. Create a New Record

To create a new record for any folder, hover your mouse over **ACTIONS** and click **CREATE NEW**.




## B. Modify a Record

To **modify a record** for any folder, click the arrow to collapse or expand entries for that folder and select the record you wish to modify.

Client Profile Document Folder

Client, May  
Quick View Information ▶

**Additional Documents**

Client Contact Information (1 records) ▶  Actions ▶

Primary Phone Number: ▶	Email Address: ▶	Client Address ▶
901-900-0000	email@domain.com	101 Wilder Tower 🏠

Page 1 of 1 | 20 records per page

Driving the Dream Referral Form Actions ▶

Self-Sufficiency Matrix (1 records) ▶ Actions ▶

Client Referral Form

Adverse Childhood Experiences (ACE) Actions ▶

Herth Hope Index Actions ▶

## V. Screenings and Assessments

### A. Self-Sufficiency Matrix

The head of household completes the Self-Sufficiency Matrix in order to identify the household's immediate needs.

- Agency staff completes the Self Sufficiency Matrix
  - Select Date of Assessment
  - Type of Assessment
    - Initial
    - Follow-Up
    - Final
- Complete the outcome for each domain

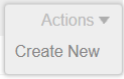
Client Profile Document Folder

Client, May  
Quick View Information ▶

**Additional Documents**

Client Contact Information (1 records) ▶ Actions ▶

Driving the Dream Referral Form Actions ▶

Self-Sufficiency Matrix (1 records) ▶  Actions ▶

Client Referral Form

Adverse Childhood Experiences (ACE) Actions ▶

Herth Hope Index Actions ▶



**Search Records**  
 Client Profile  
 CoactionNet Technical Assistance Request  
 Professional Profile (Individuals)  
 Training, Events & Professional Development

**My Apricot Tools**  
 My Reports  
 My Bulletins  
 My Calendars  
 My Shared Files

Open/Close

### Self-Sufficiency Matrix

Client, May  
 Quick View Information ▶

**Assessment** ▼

Created By  
 --

\*Date of Assessment  
 04/23/2018

\*Type of Assessment  
 Initial

- CoactionNet automatically scores the Self-Sufficiency Matrix
- Agency staff is responsible for entering the “Number of Domains Vulnerable or In Crisis”

**Assessment Score:**  
 28

**Number of Domains Vulnerable or In Crisis**  
 4

## B. Herth Hope Index

Offer adult family members the Herth Hope Index

- Complete the “Herth Hope Index” Form in CoactionNet
  - Enter the Date Herth Hope Index Form completed
  - Complete Questionnaire
  - Review Final Score

**Search Records**  
 Client Profile  
 CoactionNet Technical Assistance Request  
 Community/Referral Resources

**My Apricot Tools**  
 My Reports  
 My Bulletins  
 My Calendars  
 My Shared Files

Open/Close

### Client Profile Document Folder

Client, May  
 Quick View Information ▶

**Additional Documents**

Client Contact Information (1 records) ▶	Actions ▶
Driving the Dream Referral Form	Actions ▶
Self-Sufficiency Matrix (1 records) ▶	Actions ▶
Client Referral Form	
Adverse Childhood Experiences (ACE)	Actions ▶
Herth Hope Index	Actions ▼ Create New

## C. Adverse Childhood Experience (ACE) screening

Offer adult family members the Adverse Childhood Experience (ACE) screening to identify and more effectively care for individuals who have been exposed to violence.

- Agency staff completes the Adverse Childhood Experience (ACE) form in CoactionNet
  - Enter date ACE completed
  - Enter the ACE score
  - Upload the ACE screening document in CoactionNet (if necessary)

ACE Score ▾

\*Date ACE Completed  
MM/DD/YYYY

\*Score (0-11)  
00

Access to this assessment summary/scoring form on this system does not provide permission needed to use the actual assessment instrument and all instruments require some form of training for administration and scoring. Please speak with your supervisor if you have questions or concerns about your role and this assessment summary.

According to the Centers for Disease Control and Prevention website:  
"The Family Health History and Health Appraisal questionnaires were used to collect information on childhood maltreatment, household dysfunction, and other socio-behavioral factors examined in the ACE Study. The questionnaires are not copyrighted and there are no fees for their use."

For more information regarding the ACE:  
<http://www.cdc.gov/ace/questionnaires.htm>

Upload Document  
Browse...

Up to 25 MB

## VI. Driving The Dream Referral Process

Based on assessments and/or conversations with the client and family, create referrals to appropriate community agencies/organizations.

### A. Client Contact Information Form

- Complete new or review and verify each section of an existing Client Contact Information Form
  - Select Program Completing Form
  - Choose the Best Way to Contact
  - Enter Client Telephone Number, Alternative Number, E-Mail Address, and Address
  - Housing Information
  - Save the Record

## Client Contact Information

Client, May  
Quick View Information ▶

Enter Client Contact Information ▼

<b>Program Completing Form</b> Driving The Dream ▼	<b>Best Way to Contact:</b> Primary Phone ▼
<b>Primary Phone Number:</b> 901   900   0000   ext. <input type="text"/>	<b>Primary Phone Type</b> Cell Phone ▼
<b>Alternate Phone Number:</b> 901   100   1001   ext. <input type="text"/>	<b>Alternate Phone Type</b> Work ▼
<b>Email Address:</b> email@domain.com <a href="#">Change</a>	<b>Add Assessor and District Information</b> <input type="checkbox"/> Check here to add information below
<b>*Client Address</b> <a href="#">Clear</a>	<b>Apartment Complex Name</b> <input type="text"/>
<b>Address</b> 101 Wilder Tower Line 2 <input type="text"/>	
<b>Neighborhood</b> East Memphis	
<b>City</b> Memphis	
<b>State</b> Tennessee ▼	
<b>County</b> Shelby County	
<b>Zip</b> 38152 <input type="text"/>	
<b>Do you have a mailing address? (Different from Address)</b> No ▼	

## B. Driving The Dream Referral Form

- Open the Driving the Dream Referral Form by selecting “Create New” under “Actions”

Search Records  
Client Profile  
CoactionNet Technical Assistance Request  
Community/Referral Resources

My Apricot Tools  
My Reports  
My Bulletins  
My Calendars  
My Shared Files

Open/Close

### Client Profile Document Folder

Client, May  
Quick View Information ▶

#### Additional Documents

Client Contact Information (1 records) ▶	Actions ▶
Driving the Dream Referral Form	Actions ▼ Create New
Self-Sufficiency Matrix (1 records) ▶	
Client Referral Form	
Adverse Childhood Experiences (ACE)	Actions ▶
Herth Hope Index	Actions ▶

- Complete the “Referring Organization” section
  - Select the Referring Organization
    - Choose your organization from the dropdown
  - Answer “What type of services are you providing to this person”

Client, May  
Quick View Information ▶

**Referring Organization** ▼

<b>*Referring Organization</b> Demo Organization ▼	<b>Creation Date</b> --	<b>Created By</b> --
---	----------------------------	-------------------------

**What type of services are you providing to this person?**

- 1. Shelter and Housing
- 2. Employment
- 3. Income
- 4. Food and Nutrition
- 5. Childcare
- 6. Children's Education
- 7. Adult Education
- 8. Health Care
- 9. Life Skills
- 10. Family Relations/Support Network
- 11. Transportation/Mobility
- 12. Community Involvement
- 13. Parenting Skills
- 14. Legal
- 15. Mental Health
- 16. Substance Abuse
- 17. Safety
- 18. Disabilities
- 19. Credit/Financial Management
- 20. Spirituality

- Complete the “Consent” section
  - Select if the organization wants to either “Hide Referring Organization information” or “Share Referring organization information”
  - If the client agrees to consent over the telephone, check the Client Consent Box
  - If the client agrees to consent in person, Type the Clients Name, Press Sign, and have him/her sign his/her name electronically. Press “Done”

**Consent** ▼

**\*Consent to Share Referring Information**

Hide Referring Organization Information  
 Share Referring Organization Information

I am consenting to allow agencies that are part of the DTD Network to share select pieces of information about me in order to provide high quality timely services. This information includes:

- My contact information
- Information I provided on the *Driving The Dream* referral form and/or intake form
- Assessments that would be helpful to other service providers so that I do not need to share the same information again
- DTD-related consent forms
- Results of referrals to service providers or meetings with my Care Coordinator

**Client Consent**

Client has agreed to consent over the telephone

**Client Signature**

**Name**  
Full Name

**Signature**

**Consent** ▾

**\*Consent to Share Referring Information**

Hide Referring Organization Information  
 Share Referring Organization Information

I am consenting to allow agencies that are part of the DTD Network to share select pieces of information about me in order to provide high quality timely services. This information includes:

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- Assessments that would be helpful to other service providers so that I do not need to share the same information again
- DTD-related consent forms
- Results of referrals to service providers or meetings with my Care Coordinator

**Client Consent**


Client has agreed to consent over the telephone

**Client Signature**

**Name**

May Client

**Signature**



Done Reset

A signature is required when there is a name.

- Complete the “Contact Information” section. This section provides the receiving agency with a way to contact client.
  - Enter Address and Phone Number
  - Enter Email Address is available

**Contact Information** ▾

**Client Address**  Select to map X

**Address** 101 Wilder Tower, Memphis, TN 38152, USA  
3675 Alumni Ave, Memphis, TN 38152, USA

101 Wilder Tower

Line 2

**City**

Memphis

**State**

Tennessee ▾

**County**

Shelby County

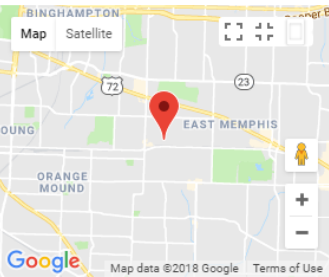
**Zip**

38152

**Client Phone**

901 900 1000 ext.

**Client Email**



- Complete “Care Coordinator Referral and Appointment” section
  - Select an option for “Client’s Interest” in care coordination
    - Client is interested in Care Coordination at this time
    - Client is not interested in Care Coordination at this time

Care Coordinator Referral and Appointment ▾

**\*Client's Interest**

Client is interested in Care Coordination at this time

Client is not interested in Care Coordination at this time

If your client is interested in Care Coordination additional information will appear

- Choose Care Coordinator Agency\*
- Save Record

Contact Information ▶

Care Coordinator Referral and Appointment ▾

**\*Client's Interest**

Client is interested in Care Coordination at this time

Client is not interested in Care Coordination at this time

**\*Care Coordinator Organization:**

Catholic Charities ▾

**Appointment Date**

**Appointment Time** 5:30 AM ▾

**Care Coordinator Referral Outcome**

--Please Select-- ▾

**Care Coordinator Notes about Referral Outcome**

Notes

**Client Declined Self Sufficiency Matrix**

Yes

**Client Declined Herth Hope Scale**

Yes

**Client Declined ACE Questionnaire**

Yes

**Record Options** ▾

Save Record

New Driving the

View Folder

Go To Search

**Assigned Programs** ▾

(New) Driving The Dream

Program Access

**Record Save Checklist**

Required Field Checks ✓

Field Validation Checks ✓

If client is not interested in Care Coordination the “Referral to DTD Agency” section will appear

Care Coordinator Referral and Appointment ▾

**\*Client's Interest**

Client is interested in Care Coordination at this time

Client is not interested in Care Coordination at this time

## Referral To DTD Agency ▾

### Primary Reason for This Referral (Choose One)

-- Please Select -- ▾

### Secondary Reason for This Referral (Choose as many as apply)

- 1. Shelter and Housing
- 2. Employment
- 3. Income
- 4. Food and Nutrition
- 5. Childcare
- 6. Children's Education
- 7. Adult Education
- 8. Health Care
- 9. Life Skills
- 10. Family Relations/Support Network
- 11. Transportation/Mobility
- 12. Community Involvement
- 13. Parenting Skills
- 14. Legal
- 15. Mental Health
- 16. Substance Abuse
- 17. Safety
- 18. Disabilities
- 19. Credit/Financial Management
- 20. Spirituality

### Notes about the Referral

Notes

### Attach Documentation

Choose File No file chosen

Up to 25 MB

- Complete the “Referral to DTD Agency” section
  - Choose the Primary Reason for Referral
  - Choose the Secondary Reason(s) for Referral if applicable
  - Select the TTS Domain that corresponds with the referral from the drop down list
  - Select the appropriate Referral Program from the list of agencies
    - The Referral Service Description box provides details of each program
    - Referral Contact, address, phone number and email are listed for reference
  - Complete Referral Notes
  - Attach documentation – if necessary
  - Save Record to complete referral

Referral To DTD Agency ▾

Primary Reason for This Referral (Choose One)

-- Please Select --  
-- Please Select --  
1. Shelter and Housing  
2. Employment  
3. Income  
4. Food and Nutrition  
5. Childcare  
6. Children's Education  
7. Adult Education  
8. Health Care  
9. Life Skills  
10. Family Relations/Support Network  
11. Transportation/Mobility  
12. Community Involvement  
13. Parenting Skills  
14. Legal  
15. Mental Health  
16. Substance Abuse  
17. Safety  
18. Disabilities  
19. Credit/Financial Management

Choose as many as apply)

- 13. Parenting Skills
- 14. Legal
- 15. Mental Health
- 16. Substance Abuse
- 17. Safety
- 18. Disabilities
- 19. Credit/Financial Management
- 20. Spirituality

Notes about the Referral

Notes

Attach Documentation

No file chosen

Up to 25 MB

\*Referral Program  
Demo Organization: Demo Employment Services ▾

Referral Service Description  
TEST:  
Demo Employment Services provides skills training, certifications and job placement. Candidates must be at least 18 years of age with a high school diploma, GED or HiSet. Advise clients to bring a valid photo id on the day of their appointment.

Referral Contact  
Demo | Middle | Organization

Referral Phone  
901 | 100 | 1000 | ext. |

If you do not have an email address for the referral program, please enter your own email address here.

\*Referral E-Mail  
customer\_care@apricot.infr  
This field is required.

Referral Address

Address  
Line 1  
Line 2  
City  
State  
--Please Select-- ▾  
County  
County  
Zip  
| |

Notes about the Referral  
Notes

Attach Documentation  
 No file chosen  
Up to 25 MB



- Entering an agency that is not listed as a “Referral Program”
  - After reviewing the agencies and determining that the agency you are searching for is not listed
    - Choose: “Other: The program I want isn’t listed” from the drop down
  - Enter “Referral Program” name
  - If known, enter referral program description, contact and phone number
  - Enter the “Referral Email”
    - If you do not have an email address for the referral program of choice, please enter your own email address
  - Save Record to complete referral

**\*Referral Program**

**\*Referral Program\***

**Referral Service Description**

**Referral Contact**

**Referral Phone**  
   ext.

If you do not have an email address for the referral program, please enter your own email address here.

**\*Referral E-Mail**

**Referral Address**

**Address**  
  
  
  
  
**State**

**County**

**Zip**

**Notes about the Referral**

**Attach Documentation**  
 No file chosen  
 Up to 25 MB

### C. Feedback from Referral Agencies

Both referring and receiving agency will receive an email confirming that a referral was made. The receiving agency will follow the steps outlined below.

- View/Complete the status of a referral
- Complete the “Referral Status” section of the Driving The Dream Referral Form
- Enter Date of Status Update

- Enter Status of Referral
  - **Warm Hand-Off:** An introduction from the referring to the receiving agency
  - **Received:** Receiving agency should update status to **Received** upon receipt of referral
  - **At Capacity:** Receiving agency is at full capacity
  - **Pending – In Contact:** Receiving agency is attempting to contact client or scheduled meeting
  - **Pending – Screening for Enrollment:** Receiving agency has made contact
  - **Completed/Enrolled In Program:** Enrollment in receiving agency is complete
  - **Ineligible:** Client is ineligible for services
  - **Unable to Contact:** Receiving agency is unable to contact client
  - **Contacted but Declined Services:** Client declined against receiving agency services
- Review/Complete Notes about Referral Section based on information from the Referral Agency

The screenshot shows a form titled "Referral Status" with a dropdown arrow. It contains three main sections:
 

- Date of Status Update:** A date input field with a calendar icon and a placeholder "MM/DD/YYYY".
- Status Update:** A dropdown menu currently showing "--Please Select--".
- Notes about Referral:** A large text area with a placeholder "Notes".

This screenshot is similar to the one above but with the "Status Update" dropdown menu open. The menu lists the following options:
 

- Please Select--
- Warm Hand-Off
- Received
- At Capacity
- Pending - In Contact
- Pending - Screening for Enrollment
- Completed/Enrolled in Program
- Ineligible
- Unable to Contact
- Contacted but Declined Services

## Data Quality & Troubleshooting

- Agency Staff should review reports weekly for additional information and to view the status of referrals.