

## LASERFICHE REFERRAL FORM – PARENT/GUARDIAN

### Important Items Before Starting

- ❖ **It is recommended to save the document as a draft and save after each page is completed to minimize risk of being forced to start over should connectivity be lost.**
  - It will ask you for an email address and to set up a password and then send you a link to your draft to the email address provided.
  - Each time you save it will send you a link and ask you to sign back in. If you don't want to spend that time after each page, it is recommended to do this at least once you have completed a narrative section due to not being able to quickly redo your work. This suggestion is in hopes of minimizing the risk of losing your data as you are completing the form and having to start over.
- ❖ **Please note for telephone numbers, only provide the numbers necessary. The system will format it accordingly.**
- ❖ **Make sure that all items indicated with a red asterisk \* are filled out as they are required. You will be unable to "Submit" the referral until all required fields are completed.**
- ❖ While filling out this form, please make sure you try to minimize the use of the backspace key. Certain browsers use a shortcut where the backspace key does the same thing as clicking on the back button at the top left corner when the cursor is not in a text box. Should you hit the backspace key while your cursor is not in a text box and you haven't saved as a draft; you could potentially lose your work and have to start over.
- ❖ Should you be prompted that a pop up has been blocked you will need to disable pop up blockers for your browser. Please reference manufacturers help page for assistance disabling pop ups in any browser you may be using to complete the application.

- First things first, you will need to log into your computer and navigate to a web browser and pull up the following web page.
  - <https://lfformsdmz.childrenshopealliance.org/Forms/Referral>
    - **NOTE CHA STAFF:** This URL will NOT work while you are connected to VPN.
- Start by filling out the "Basic Info" section on the first tab. This will be the web page that you first land on. Fill out the requested information being mindful of all required fields. To move forward, either click "Next" in the bottom right-hand corner, or click on the next tab in order at the top of the page.

**Submit a Referral**

Basic Info | Guardian Information | Medical/Insurance Information | Additional Uploads

**Referral Info**

Please Select the Program/Service you are referring the youth to: \*

Referring Organization Type \*

DSS

MCO

Juvenile Justice

Private Party

Primary Care Physician

School System

Other

***Please note that depending on which Program/Service that is selected, you may not see all of the tabs detailed out from this point forward. If you don't see it, skip to the next step. Programs like Foster Care will only have a single tab that they fill out before submitting.***

- The next tab in order is the “Guardian Information” tab. If applicable, continue filling out the requested information being mindful of all required fields. To move forward, either click “Next” in the bottom right-hand corner.

**Submit a Referral**

Basic Info **Guardian Information** Medical/Insurance Information DSS DPS-DACJJ  
 Client Detailed Information Additional Uploads

Legal Guardian's Name\*

Guardian's Phone Number\*

Alternate Phone Number for Guardian

Guardian's Email Address  
Please include for more expedited referral completion and scheduling

- The next tab in order will be the “Medical/Insurance Information” tab. If applicable, continue filling out the requested information being mindful of all required fields. To move forward, either click “Next” in the bottom right-hand corner.

**Submit a Referral**

Basic Info Guardian Information **Medical/Insurance Information** DSS DPS-DACJJ  
 Client Detailed Information Additional Uploads

Physical Health Diagnosis

Mental Health Diagnosis

- The next tab in order will be the “DSS” tab. If applicable, continue filling out the requested information being mindful of all required fields. To move forward, either click “Next” in the bottom right-hand corner.

**Submit a Referral**

Basic Info Guardian Information Medical/Insurance Information **DSS** DPS-DACJJ Client Detailed Information  
 Additional Uploads

Is DSS involved? \*  
 Yes  No

DSS Worker's Name

DSS Worker's Email

DSS Worker's Phone Number

- The next tab in order will be the “DPS-DACJJ” tab. If applicable, continue filling out the requested information being mindful of all required fields. To move forward, either click “Next” in the bottom right-hand corner.

**Submit a Referral**

Basic Info Guardian Information Medical/Insurance Information DSS **DPS-DACJJ** Client Detailed Information  
 Additional Uploads

Is DPS-DACJJ involved? \*  
 Yes  No

Other Agencies Involved:

- The next tab in order will be the “Client Detailed Information” tab. If applicable, continue filling out the requested information being mindful of all required fields. To move forward, either click “Next” in the bottom right-hand corner.

**Submit a Referral**

Basic Info Guardian Information Medical/Insurance Information DSS DPS-DACJJ  
**Client Detailed Information** Additional Uploads

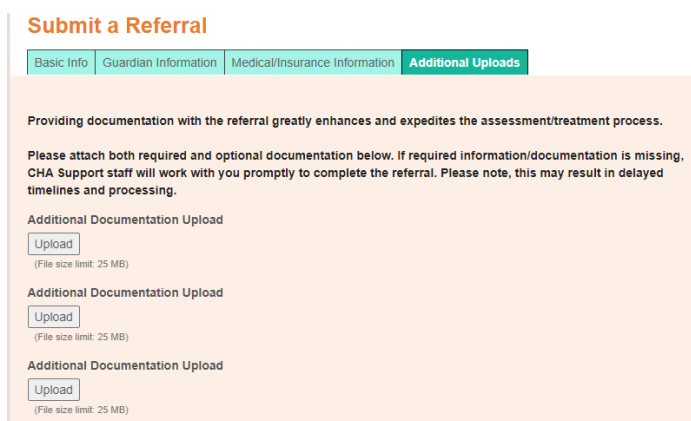
Disability Information  
 Physical Disability  
 Medical Complication  
 Both  
 None  
 Unknown

Aggressive Towards Others  
 Yes  No  Unknown

- The next tab in order will be the “Additional Uploads” tab. If applicable, continue filling out the requested information. Note the file size limit of 25MB for all documents.
  - **Please Note:** You may need to save the page as a draft to return to at a later time once you have finished collecting all needed uploads. Once all documents have been located, please upload them into the designated sections of the form.
    - Some of the possible documents that you may need to upload include the following:

Achievement/Psychological Evaluations  
 Custody Guardianship Document  
 Standing Orders  
 Birth Certificate  
 Immunization Record  
 Visitation and Contact Plan  
 Medicaid Card  
 Social Security Card  
 Medical Exam

Medical Dental Visit  
 Discharge Summary  
 DSS Intake Packet  
 DPS Referral Packet  
 School Reports  
 Transitional/Independent Living Intake Packet  
 504 Documentation  
 IEP Documentation



- Before continuing, it is recommended to review each tab for completeness and accuracy as once this form is submitted, it cannot be edited. Reminder, please review to ensure that all items indicated by a red asterisk are satisfied.
- When you are ready to submit the referral, click the “Submit” button to send the referral for review.



- You will receive a confirmation message stating your form was submitted. This includes a link to a survey where you can provide any feedback regarding your experience using our Online Referral Application. We would appreciate it if you would complete the survey to tell us how were doing or anything you would like to see changed in the future.



Thank you!

Your referral has been submitted for review.

Please take a moment to provide feedback on your experience using our Online Referral Application by clicking the link below:  
<https://www.surveymonkey.com/r/CHAREF>