

AOD REFERRAL – INITIATED BY AOD

The screenshot shows the 'Avatar 2015' application window. The main content area is titled 'AOD Referral' and contains a form with the following sections:

- Referral Information** (left sidebar): Includes a 'Submit' button and several icons.
- Referral Date**: A date picker field.
- Client is to enroll by / Referral Expires by**: A date picker field.
- Client Name**: A text input field.
- Referral Type**: A grid of radio button options including: Achieve 180, DUT, Adult Probation, CAL-Works, Drug Court, DEJ, Juvenile Probation, Physician Referral, Choices, AB 109, Child Protective Services, Peer Program, Pathways, Parole, General Assistance, and Other.
- Other**: A text input field.
- Level of Treatment (referred to)**: A list of checkboxes for Outpatient, Residential, Day Treatment, Sober Living Environment, Detox, Residential Detox, and Other.
- Program being referred to**: A list of checkboxes for StarVista Girls Program, StarVista Insights, StarVista Women's Enrichment Services, and Women's Recovery Association.
- Social Worker** and **Probation / Parole Agent**: Text input fields.
- Phone #**: Two text input fields.
- Referral Comments**: A large text area with a scroll bar.
- Select Provider to Notify and Finalize Form (You will not be able to edit this document once it is submitted as Final)**: A section with a 'Send To' field and radio buttons for 'Draft' (selected) and 'Final'.

The Windows taskbar at the bottom shows the system tray with the date '03/22/2017 12:16 PM' and the system clock '12:16 PM 3/22/2017'.

Notes:

1. Path: AVATAR CWS/Other Chart Entry/AOD Referrals
2. AOD Initiates referral that is sent to Provider
3. Red Fields are required information
4. Provider recipients will get notification through the TO DO LIST

PROVIDER PROOF OF ENROLLMENT

The screenshot shows a web browser window titled 'Avatar 2015' with a user profile for 'YCHRIS'. The main content area is titled 'ADD Proof of Enrollment' and contains the following sections:

- Referral Date:** A date picker field.
- Client is to enroll by / Referral Expires by:** A date picker field.
- Client Name:** A text input field.
- Level of Treatment referred to:** A list of radio button options: Outpatient, Residential, Day Treatment, Sober Living Environment, Sober Living - IOP, Sober Living - Outpatient, Detox, Residential Detox, and Other.
- Referral Information:** A button.
- Referral Type:** A grid of radio button options: Achieve 180, DUT, Adult Probation, CAL-Works, Drug Court, DEJ, Juvenile Probation, Physician Referral, Choices, AB109, Child Protective Services, Peer Program, Pathways, Parole, and General Assistance.
- Program being referred to:** A dropdown menu with options: A.R.T., Asian American Recovery Services, and B.A.A.R.T.
- ENROLLMENT INFORMATION:** A section with an 'Enrollment Date' field, an 'Enrollment Status' field with radio buttons for 'Enrolled' and 'Not Enrolled', and a large 'Enrollment Comments' text area.
- Select AOD Staff and Finalize (Uncheck yourself from List / You will not be able to edit this form once saved as Final):** A section with a 'Send To' field and radio buttons for 'Draft / Final (Notification only sent with Final)'. The 'Draft' option is currently selected.

The Windows taskbar at the bottom shows the system date and time as 03/22/2017 12:17 PM.

Notes:

1. Providers check TO DO LIST. If you see an AOD Referral double click on message. Then click blue view button.
2. Once a client comes to the agency open Proof of Enrollment Form. Document date and status of enrollment
3. In send box, look for the name of the person who initiated the referral.
4. Clicking Draft will not send the Proof of Enrollment. If provider has verified all the information to be correct, click FINAL and then Submit

PROVIDER PROOF OF DISCHARGE

Avatar 2015

Home Preferences Lock Sign Out Switch Help YCHRIS

Allergies (0)

Chart AOD Proof of Discharge

Proof of Discharge

Submit

Referral Date: [Date Picker] Enrollment Date: [Date Picker]

Client Name: [Text Field]

Referral Information

Referral Type

Achieve 180 Drug Court Choices Pathways
 DUI DEJ AB109 Parole
 Adult Probation Juvenile Probation Child Protective Services General Assistance
 CAL-Works Physician Referral Peer Program Other

DISCHARGE INFORMATION

Date of Discharge: [Date Picker] Discharge Status: Completed Program
 Referred/Transferred to Another Program
 Did Not Complete Program

Program Clients was Referred/Transferred

A.R.T. Asian American Recovery Services B.A.A.R.T.

of Positive U/A Results: [Text Field] # of Negative U/A Results: [Text Field]

Discharge Comments: [Text Area]

Select AOD Staff to Notify and Finalize (You will not be able to edit this form after it is saved as Final)

Send To: [Text Field] Draft / Final (Notification only sent with Final) Final

AVPMLIVE (AOD) 03/22/2017 12:18 PM 100% 12:19 PM 3/22/2017

Notes:

1. Proof of Discharge completed by provider
2. Document clients discharge date and status. This is required. The fields are in **red**.
3. Click either Draft if the information has not been verified. If all the information is correct, then click FINAL and submit.
4. Discharge will be sent to AOD.