



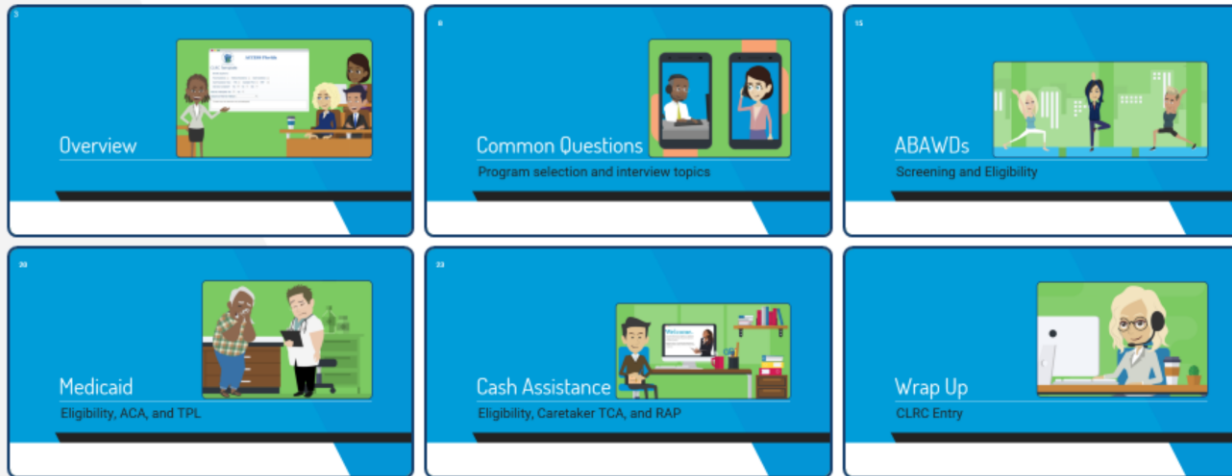
CLRC Template Guide



3/20/2019

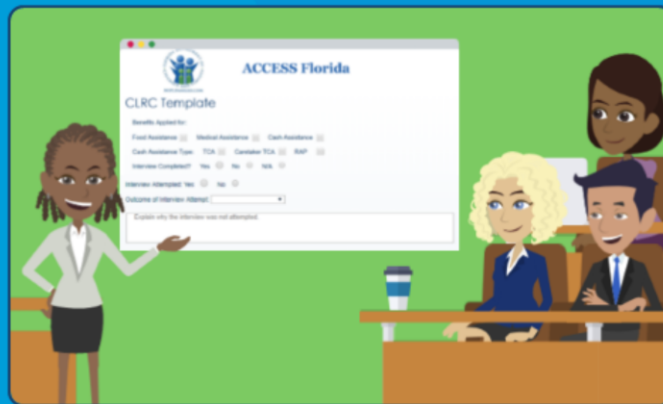
The following guide is intended to assist staff in how to complete the new interactive CLRC template.

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

Must be used for:

✓ Food assistance interviews

Recommended for:

✓ All other interviews

✓ Medicaid only cases

Case Number:

Save Comments To CLRC:

"Free Form" CLRC

Recommended for:

✓ Follow-up contacts

✓ Wrap-up comments

- The new CLRC template is highly interactive, and builds on responses to questions to display more relevant information based on each household's circumstance. It could be used for most types of customer contact or case action.
 - **Use of the template is mandatory for all food assistance interviews.**
 - **It is recommended that it also be used in interviews for all other programs, DDD screening questions, and 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.

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.

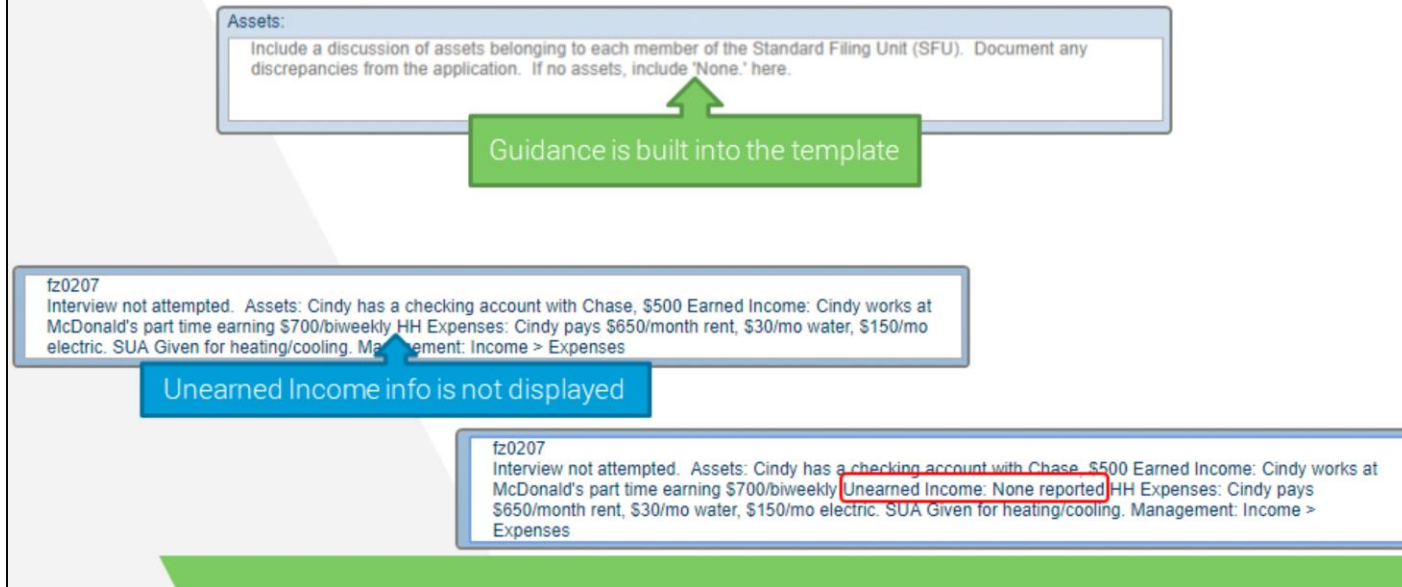
Notes on Interactivity

The diagram illustrates a form interface with the following components and annotations:

- Parent question:** A blue box labeled "Parent question" points to a form section containing:
 - Radio buttons for "Interview Completed?" with options Yes, No, and N/A. The "No" option is selected.
 - Radio buttons for "Interview Attempted:" with options Yes and No. The "No" option is selected.
 - A text input field with the placeholder text "Explain why the interview was not attempted."
- Child question:** A green box labeled "Child question" points to the "Interview Attempted:" section.
- Annotation:** A blue callout box with a checkmark states: "Build CLRC Note" will not work if a child question is left unanswered.
- Trigger questions:**
 - A dropdown menu labeled "Type of eligibility determination completed:" is annotated with a green box: "Triggers ABAWD section".
 - A section labeled "Management:" with the question "Is the SFU able to meet reported expenses with income discussed? If not, include a discussion on how Management is being met." is annotated with a green box: "Triggers DDD screening questions".
- Central Annotation:** A blue callout box with a checkmark states: "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, child questions, and trigger questions.**
- **Dynamic fields will appear or disappear depending on how certain questions are answered.**
 - When a parent question is answered, it generates additional questions below it, known as child questions/text boxes.
 - Child **radio buttons** MUST be answered in order for the "Build CLRC Note" button to function.
 - If you click "Build CLRC Note" and text does not generate, review the template to see if a child **radio button** 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.
 - If changes are made to HH comp, the "Type of eligibility determination completed" question must be interacted with again to update the ABAWD screening questions.
 - 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.

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 or skipped, it will not populate in the CLRC entry.**
 - This means the question was unaddressed and could result in errors being cited.
 - IE: Leaving "Assets" blank would not be appropriate **if assets are a factor of eligibility.**
 - **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.
 - There are also instances where a "No" or "N/A" response to a radio button does not display. This is done when there is no policy requirement to document a negative response such as a Medicaid applicant not aging out of the Florida Foster Care System.
 - **Child text boxes are sometimes generated based on answers to parent radio buttons. If information is typed into a child text box and the answer to the parent radio button is changed, the text box will disappear, but the text within it will not.**
 - This info may still be placed in CLRC if it is not deleted.
 - Therefore, **clear all information from a child text box prior to changing a selection or delete the extraneous information when pasting into CLRC.**

Common Questions

Program selection and interview topics



Initial Questions

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
MYFLFAMILIES.COM

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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, obtain them from ARDT in FLORIDA, or the ACCESS Summary (if more than one individual is in the home).
 - Using actual ages will ensure the ABAWD and DDD screening functionality behaves correctly.
 - Numbers are the only valid entry in this field. Enter ages in **years**, if a child is under 1, enter “0.” Entering months will interfere with the ABAWD and DDD screening functionality.
- 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.

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.

Links to FA College
Student help sheet

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 screenshot shows a series of screening questions for ABAWD members. Each question has a list of household members with checkboxes. The process is annotated with blue callouts:

- A blue box with an arrow pointing to the 'No/Next' button for the first question: "Clicking 'No/Next' will update the question below".
- A blue box with an arrow pointing to the 'No/Next' button for the second question: "Continue to update any subsequent questions for the CLRC text to generate correctly".
- A green box with an arrow pointing to a final message box: "Appears after clicking 'No/Next' when all ABAWDs have been screened and exemption criteria is checked".

The final message box contains the text: "No more ABAWD members to process." and an "OK" button.

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 exemptions explained to the customer: Yes No

Explain why time limits, ABAWD work requirements, and exemptions 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 screening criteria apply to them.

ABAWD Screening (cont.)

Is anyone in the household employed, self-employed, volunteering, working minimum of 120 hours monthly or earning monthly wages at least equal to \$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 80 hours per month 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? What is the condition and 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 hours drop below 80 hours per month: Yes No

Continue to answer the questions as appropriate.

If the customer meets the SNAP E&T Exemption criteria for Working 120 hours per month (or making equivalent earnings) **OR** is meeting the ABAWD work requirements on their own by working 80 hours per month, 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 80 hours per month? Can be paid or in-kind. (AGPI 18 N):

Test

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 been 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).

E2007
 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/biweekly 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. Floating Felon: No. College Student: No. ABAWD work requirements and exclusions explained: Yes
 appears to be an ABAWD Member (AGPI: 18 Y). Time Limited Months not used.

Answer the questions related to ABAWD eligibility as appropriate.

- **Important:** The last screening question is “Is anyone in the household employed, self-employed, or volunteering, working minimum of 80 hours per month.”
- 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 “Build CLRC Note” that indicates these customers appear to be ABAWDs.
 - Once the pop-up has displayed for an individual, the generated text from “Build CLRC Note” will **ALWAYS** indicate that the person is an ABAWD, even if you later change your answer.
 - In this instance, the template will generate both the exemption statement AND the “appears to be an ABAWD” statement
 - If you determine the customer is NOT an ABAWD, simply erase the “appears to be an ABAWD” statement after the generated text is pasted into the Free-Form CLRC box prior to clicking “Save comments to CLRC”
 - If the customer appears to be an ABAWD, the template will generate the “Have all three time limited months been used:” question.
 - Review ARFS to see if three “T”s are on the grid.
 - If there are three “T”s on ARFS, and the customer has lost their eligibility for food assistance, review the explanation on how eligibility can be regained with the customer.



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 appeal pending or under reconsideration with the Social Security Administration within the last year:
Test

Is anyone pregnant: Yes No

Enter member name and the due date:

Number of unborns expected:

Unborn coverage created: Yes No

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.**
 - Remember that the Management text box is the "trigger" for DDD screening questions. If the questions do not display, make sure HH Composition is correctly answered and that you have interacted with the Management question.
 - If the DDD screening questions are **unanswered**, an alert will generate once you click "Build CLRC Note" informing you that the customer appears to be a potential DDD. Follow your region's established procedure for routing potential DDD applications.
 - 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.
 - There are some instances where an SSI/SSDI application or appeal are currently pending, yet a DDD is still needed. You still must route the application to a DDD worker if necessary.
 - Refer to Policy Manual Passage 1440.1204 for additional information regarding disability determinations.
- 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 and who is covered by the TPL. 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 “Build CLRC Note” to generate your CLRC notes. If changes are made to the template after this point, click “**Build CLRC Note**” again to update the notes. You cannot make edits to the notes in the box that generates under “Build CLRC Note” itself, however, the notes can be edited in the FLORIDA CLRC Comments box prior to saving.

Transferring to CLRC Using Powertools

The screenshot displays two windows from the CLRC system. On the left, the 'Build CLRC Note' window contains a text area with the following information: '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. ADA/VD work requirements and exclusions explained: Yes. Rec...'. Below the text area is a 'Copy CLRC Text' button. A blue callout box with an arrow pointing to this button contains the text: 'Clicking "Copy CLRC Text" will instantly select all generated text and store it in your clipboard'. On the right, the 'CLRC Comments' window is open for 'Case Number: 1234567890'. It features a 'Help' button, a dropdown menu, and three buttons: 'Insert Selected Text', 'Save To List', and 'Remove From List'. Below these is a large black text area. At the bottom of the window, there is a 'Save Comments To CLRC' button (highlighted with a red box) and a 'templates' dropdown menu. A green callout box with an arrow pointing to the 'Save Comments To CLRC' button contains the text: 'CTRL+V to paste text Review and edit before clicking "Save"'. A green bar at the bottom of the screenshot contains the text: '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 a software application. The top window, titled 'Previously Entered Comments', contains a table with columns for 'Date', 'User ID', and 'Comments'. A single entry is visible: Date: 11/01/2017 10:00 AM, User ID: MESS011, Comments: No ADA have been authorized. Check TIP Alerts and run ASVR driver before authorizing ADA. Below the table is an 'Edit' button. The bottom window, titled 'RUNNING RECORD COMMENTS', shows case details: CLRC PAGE 001, DISTRICT: 4, UNIT: 88076, CASE: 7003116588, NAME: TEST, TRAINING. It also displays a table for 'CL DATE ENTERED' and 'COMMENTS' with one entry: z23488, Access#: 123456789, DOA: 08/31/2018, Benefits applied for: Food Assistance, Medical Assistance. Other fields include NEXT TRAN: and PARS:.

- 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

120307
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/coolers. 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.

Other Template Uses

Earned Income:
Customer returned income verification from State of Florida, pay stubs as follows:
9/24/18 800.00 80 hours
9/10/18 750.00 75 hours
Pays are representative as OPS hours vary.

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".

Medical Expenses:
Discuss whether utilities, medical or hearing 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".

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

Additional Comments:
No other items pending. FS authorized. Next review due 02/2019.

Customer Pending: Yes No
Food referral completed: Yes No
FLORIDA ID: 223488

Build CLRC Note
223488
Earned Income: Customer returned income verification from State of Florida, pay stubs as follows:
9/24/18 800.00 80 hours
9/10/18 750.00 75 hours
Pays are representative as OPS hours vary. Additional Comments: No other items pending. FS authorized. Next review due 02/2019

Suggested Uses:

- ✓ Updating a case after completing a driver when no interview was done
- ✓ Using only "Additional Comments" to amend a previous entry
- ✓ Updating only relevant fields with returned verification

While use of the template is mandatory for food assistance interviews only, you may find it useful for a variety of situations.

In the example shown, the only fields used were "Earned Income," "Additional Comments," and "FLORIDA ID" to update a case with returned income verification.

There are many ways in which the new template can be used, feel free to use it to best suit your needs!

Just remember, if you activate a **child radio** and don't answer it, the CLRC note will not build. Change the answer to the **parent radio** and re-click "Build CLRC note".