

CHOICE Payment Voucher

- From the **HOME** Screen & the Charts tab, select **Services**

01/28/2016 9:50 AM CST Foothold © 2016

- From the Services Menu, select **CHOICE Payment Voucher**

Consumer Services Menu

Agency File Cabinet

Program	Database	A-Z	Census
Training Housing Program (multi-step)	Data Entry	.	<input type="checkbox"/> Roster Archives

Individual		Group
Contacts Log	Progress Notes	Activities
Service Plans	Charting Timetable	Group Notes
Service Coordinators	Service Referrals	Staff Training
Calendar	Utilization Reports	Group Schedule Setup
Assessment Data		
CHOICE Payment Voucher		
Payment Voucher Checklist		

Service Contacts ReportBuilder

- Select **Consumer**

Training Housing Program (multi-step) CHOICE Payment Voucher Menu

Consumer	Date Range
Cruise, Tom	12/01/2015 01/31/2016

CONTINUE

- Select, **Create New CHOICE Payment Voucher**

Training Housing Program (multi-step) - CHOICE Payment Voucher

Tom Cruise

Date Entered	Time Entered	Client Name	Client ID	Date of Birth
Create New CHOICE Payment Voucher for Tom Cruise				

Services Menu

- **CHOICE Payment Voucher** is displayed below

Client was Admitted to Program on: 01/16/2016
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Checklist	
Does the client meets Olmstead population criteria:	Income Verified on:
Background check for criminal history complete?	Notice Arrest Record Guidance
Eligibility Checklist Complete?	Criteria for CHOICE Program
Client has agreed to comply with Housing Plan?	Date W-9 was completed for the vendor?


Update Checklist

- Select [Click to Sign](#)

This client has been approved to participate in MHC CHOICE Housing Program. A check request has been made payable in the amount listed below, for the purpose listed below and to the payee listed below. Any questions can be directed to the undersigned at:

Case Manager:
Bethany Latham

Case Manager: Bethany Latham _____ Date: _____

[Click to Sign](#) 

Client: Tom Cruise _____ Date: _____

[Allow Client to Sign](#)

- Select the options that apply & enter **PIN**

Client Address:

Electronic Signatures Signing By PIN

* Indicates Required Fields

*Sign With:	*Authority Level	Date and Time Stamps?
<input type="radio"/> No Image <input type="radio"/> Initials Image <input checked="" type="radio"/> Full Name Image	<input checked="" type="radio"/> I am the author and I approve this document <input type="radio"/> I am the reviewer and I approve this document <input type="radio"/> This document is accurate	<input checked="" type="checkbox"/> Date <input checked="" type="checkbox"/> Time
<p>You will be signing this as Bethany Latham, System Support Specialist. By clicking the button "SIGN NOW," you are acknowledging that you are the authorized signer of this form. Your electronic signature constitutes a legally binding symbol that authenticates the document to which it is attached. Attaching your signature to this form will PERMANENTLY lock it to further edits.</p>		<p>*PIN</p> <input type="password"/>

SIGN NOW Cancel

- Signature will display as shown below

This client has been approved to participate in MHC CHOICE Housing Program. A check request has been made payable in the amount listed below, for the purpose listed below and to the payee listed below. Any questions can be directed to the undersigned at:

Case Manager:

Bethany Latham

I am the author and I approve this document
Case Manager: Bethany Latham, System Support Specialist



01/28/2016 9:58 am

Client: Tom Cruise

Date:

 [Allow Client to Sign](#)