Australian Government





Update a Client Record that is Associated with Your Organisation

Disability Case Portal (DCP)

Autism Advisor or Better Start Information and Registration Service

This task card will take you through the process of updating a client record associated with your organisation.

You will be shown how to:

Update a client's residential Address

Update contact details

Portal Access:

Access the internet and log in to DCP at https://portal.dss.gov.au/fofmsportal •

Steps	Actions	
1	Navigate to the Clients screen by clicking on the Clients tab.	
	CRACLE File Edit View Navigate Query Tools Help Q Image: Second Secon	Find 🗸 🗸 Đ 🔺
	Home Welcome Back Today is Monday, January 30, 2017. New Actions Alerts	Cuick Links
	Image: DMI Assessment Requiring Authorisation Image: Overdue DMI Assessment Image: Overdue DMI Assessment Image: Overdue DMI Assessment	View Cases
2	Click the Q (Query) icon to search for the client record you wa	ant to update.
	Home Actions Activities Cases Clients Literature Clients Organisation Name	
	Clients Client Id Last Name First Name CRN	+ Q 🌣

Steps	Actions													
3	Enter the (Cus	tomei	' Re	feren	ce Num	ber	(CRN)	then d	clic	k the ᅙ (Go) i	con.		
	Client												\odot	
	Client Details													
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	Middle Name	<case s<="" th=""><th>ensitive></th><th></th><th></th><th>Client Id *</th><th><case< th=""><th>Sensitive></th><th></th><th></th><th></th><th></th><th></th><th></th></case<></th></case>	ensitive>			Client Id *	<case< th=""><th>Sensitive></th><th></th><th></th><th></th><th></th><th></th><th></th></case<>	Sensitive>						
	Title	<case s<="" th=""><th>ensitive></th><th>~</th><th></th><th>Address</th><th></th><th></th><th>et</th><th></th><th></th><th></th><th></th><th></th></case>	ensitive>	~		Address			e t					
	Date of Birth *			2		Date of Death			2					
	Age			88	Gross Family	Weekly Income *	<case< th=""><th>Sensitive></th><th>~</th><th></th><th></th><th></th><th></th><th></th></case<>	Sensitive>	~					
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4	Click the L	.ast	Name	e hy	perlinł	k to ope	n th	e clien	t record	d.				
	Client Id		N		F in			CDN						
		_	Last Nar	ne	FIR	st Name		CRN						
	4-3PQ0AAR		AUTOMA	TION	11407 TE	ST36		49713986	52V					
											II Previous Page	e 🕫 Pre	vious Record Next R	ecord
	Client													
	Client Deta	ils												
	Last Na	ime:*	AUTON	ΛΑΤΙΟ	N1407				Status	:*	Active	~		
	First Na	ime:*	TEST3	6					CR	N:	497139862V			
	Middle N	lame:							Client Id	*	4-3P00AAR			
5	To update	e a c	lient'	s re	siden	tial add	res	s						
	For this ex address re	amp acore	ole, th d.	e cl	ient's r	resident	ial a	ddress	s has c	ha	nged and you r	need	to create a	new
	Note: The residence	resi doc	dentia umen	al ac t, i.e	ldress e. Cent	must be relink N	e the lotifi	e same cation,	e as the utilitie	e a s c	ddress on the o or rates invoice.	client	's proof of	

Steps	Actions								
6	In the Addre	ss details se	ection,	click the glyp	h beside	the A	ddress fiel	d.	
	Home Actio	ns Activities	Cases	Clients Lite	rature				
	Clients								
	Client								
	Client Details								
	Last Name: *	AUTOMATION140	7		Status:★	Active		~	
	First Name:*	TEST36			CRN:	497139	862V		
	Middle Name:				Client Id:*	4-3PQ0/	AAR		
	Title:	Mr	~		Address:	1 Kent S	Street, THEVEN	AI 🖭	
	Date of Birth:*	29/11/2010	2	ſ	Date of Death:			2	
	Age:	6		Gross Family We	ekly Income:*	Medium	n (\$600 - \$1,999)		
	Gender:*	М	~	Indige	enous Origin: *	Not Sta	ted	~	
	Assessments	El Financials	El Mor	e Info Cases	Communica	ation	Contacts [Disabilities	Origins
	Cases								
	Case Id	CRN		Last Name	First Nam	e	Organisati	on Name	Activity Id
	4-3PT15KU	497139862V		AUTOMATION1407	TEST36		Organisatio	on Name	4-3PQ5H38
7	Click New to Client A	create a nev ddresses	w addr	ess record.				1	X -1 of 1
	Mailing	Id	F	uilding / Eloor	Street / PO	Box	Suburb / Tow	n State	
		4 2000 4 0		anding / 11001	1//			or o	-
		4-3PQUAB	5	_	I Kent Stre	et	THEVENARD	SA	~

Steps	Action	ns			
8	Enter The se client DCP u Regio	the client's new address oftware will locate and resides in an outer regi uses this information to nal and Remote (OR&F dress Validation	s. geographically code th ional or remote location automatically assess t २) access payment.	e client's address t n. he client's eligibilit	o determine if the y for the Outer
		Building / Floor: Street Name (incl number): Suburb: State: Postcode:	109 Johnstone Cres Lane Cove NSW	Example Address: Level 6, HSA House 15 Bowes St Woden ACT 2606	No Records
9	Click t	he Find button to valida dress Validation Building / Floor: Street Name (incl number): Suburb: State: Postcode:	te the address. 109 Johnstone Cres Lane Cove NSW Find	Example Address: Level 6, HSA House 15 Bowes St Woden ACT 2606	No Records

Steps	Actions
10	Highlight the appropriate address and select the OK button to continue. If the address doesn't display as expected, contact the GPS Helpdesk on 1800 020 283.
	Address Validation X
	Building / Floor: Example Address: Example Address: Level 6, HSA House
	Suburb: 15 Bowes St Woden ACT
	Postcode:
	Find 1 - 1 of 1 Building / Floor Street / PO Box Suburb / Town Postcode State
	109 Johnston Cres LANE COVE NORTH 2066 NSW
	M Previous Page M Previous Record Next Record M Next Page M
11	Select Residential from the drop down list under Type.
	Client Addresses ×
	New 4 1 - 2 of 2
	t / PO Box Suburb / Town State Postcode Country Type
	Int Street THEVENARD SA 5690 Australia Postal
	Residential - Alternative Temporary Work
12	Tick the Mailing box.
	Client Addresses ×
	New 🕤 🔍 1 - 2 of 2
	Mailing Id Building / Floor Street / PO Box Suburb / Town State A3PT576S 109. Johnston C LANE COVE NO NSW
	 ✓ 4-3PQ0AB5 ✓ 1 Kent Street ✓ THEVENARD SA
	Previous Page ** Previous Record Next Record ** Next Page ** OK



Vouvi	ill potion that the	Adroop	Detaile and		as with the pay	v addraaa	
You wi					es with the new	v address.	
Clie	nt						
Client [Details						
Last	Name:	407		Status:*	Active	~	
First	Name * TEST36			CRN	497139862V		
Middle	e Name			Client Id +	4-3P00AAR		
	Title Mr	~		Address	109 Johnston Cresce	ent. 🖭	
Date of	f Birth + 29/11/2010	121		Date of Death		(2)	
Dute of	Age 6		Gross Family W	eekly Income +	Medium (\$600 - \$1.9	29) 🗸	
G	ionder M	~	Indi		Not Stated		
			mai	genous origin *	Not Stated		
You sł Remot	nould check whe e Payment.	ther the	client has	become el	igible for the (Duter Regi	onal an
You sh Remot Click th Assess	nould check whe te Payment. he El More Info ments El Financials	ther the TAB. The	client has e eligible C Cases Co	become el DR&R payı	igible for the (ment field will Contacts Disabilit	Duter Regi indicate el	onal an igibility.
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Steps	Actions										
18	Each time yo BSI - Client (Each time you update a client's address, you must also complete and authorise an AEI or BSI - Client Change of Address checklist.									
	Click the Assessments tab.										
	Client Details										
	Last Name:★	AUTOMATION140	7		Sta	tus:★	Active		~		
	First Name:*	TEST36				CRN:	497139862V				
	Middle Name:				Clien	t Id:★	4-3PQ0AAR				
	Title:	Mr	~		Add	ress	109 Johnston Cre	scent,	<u>C</u> +		
	Date of Birth:*	29/11/2010	2		Date of D	eath:			2		
	Age:	6		Gross Far	nily Weekly Inco	me:*	Medium (\$600 - \$	1,999)	~		
	Gender:★	М	~		Indigenous Ori	gin∶★	Not Stated		~		
	Assessments	El Financials	El More	e Info C	ases Comr	nunic	ation Contacts	5 Di	sabilities	Origins	
	Client As:	sessments									
	Template Name	escription Sta	tus	Authoris	ed Author	ised B	у				
	AEI - AA Checkl A	El Advisor Ch Aut	horised	29/11/2	016 F1COX	СС					
19	Click the 🛨	(New) icon t	o add a	a new cl	necklist red	cord					
	Assessments El Fina	incials El More Info	Cases Comi	munication C	ontacts Disabilities	s Origi	ins				
	Client Assessm	ents								+ 🌣 Q	
	Template Name Description	Status Authori	sed Author	rised By							
		Ch., Autorised 25/11/									
20	To access th	e Change of	Addre	ss chec	klist, click	the	glyph beside	the	Templ	ate Name	
		_				_		_			
	Assessment	s El Financia	als El	More Inf	o Cases	Сс	ommunication	Cor	ntacts	Disabilities	
	Client As	ssessmen	ts								
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		1	Not Star	ted							
	AEI - AA Checkl	. AEI Advisor Ch	Authoris	sed 2	9/11/2016	F10	COXCC				

Steps	Actions											
21	Click the Change of Address template and then click the OK button.											
	Select Assessment Template ×											
	Q Name ✓ 1 - 2 of 2											
	Name Description											
	AEI - AA Ch AEI Advisor Checklist for registering new client											
	AEI - Chan AEI Client Change of Address											
	IN Previous Page IN Previous Record Next Record IN Next Page IN											
22	Click the 📥 (Save) icon to save in the Assessments view.											
	Assessments El Financials El More Info Cases Communication Contacts Disabilities Origins											
	Client Assessments + 👌 ۹ Template Name Description Status Authorised By											
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23	The change of address questions display. You will notice that the Status is Not Started.											
	Client Assessments + 🕹 🔍 🌸 1-2 of 2 🖨 Template Name Description Status Authorised By											
	AEI - Change of AEI Client Chan . Not Started AEI - AA CheckL_ AEI Advisor Ch Authorised 29/11/2016 F1COXCC											
	If Previous Page # Previous Record Next Record IN Next Page II											
	Questions Q 🛊 1-3 of 3											
	P Question Answer Justification Has proof of the new address been sighted and a record kept on file?											
	2 Have you informed the family of any changes to accessible service B If the client's R&R eligibility flag has been checked, has the family be											
	If Previous Record Next Record IN Next Page II											
24	Click In Progress from the drop down list and then save the record.											
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	Client Assessments + 🕹 🤉											
	Template Name Description Status Authorised By											
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	Questions											
	# Question Answer Justification L Has proof of the new address here initiated and a record least or file?											
	2 Have you informed the family of any changes to accessible service											
1												

	Assessment	s El Financi	ials El	More Info	Cases	Communication	Contacts	Disabilities	Origins				
	Client A	ssessmer	nts										
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	Previous Page & Previous Record New Questions												
	#	Question	a now addr	ana haan air	ubted and a		nswer	Justification					
	2	Have you inform	ned the far	nily of any c	hanges to a		Yes						
	3	If the client's R	&R eligibilit	y flag has be	een checked	d, has the family be							
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Steps	Actions
28	Click the 📥 (Save) icon to save the status change.
	Assessments El Financials El More Info Cases Communication Contacts Disabilities Origins Client Assessments + •<
	AEI - AA Checkl AEI Advisor Ch Authorised 29/11/2016 F1C0XCC AEI - Change of AEI Client Chan Completed
	Previous Page # Previous Record Next Record # Next Page #
29	You now need to authorise the change of address. Select Authorised from the Status drop down list.
	Assessments El Financials El More Info Cases Communication Contacts Disabilities
	Client Assessments
	Template Name Description Status Authorised Authorised By
	AEI - AA Checkl AEI Advisor Ch Authorised 29/11/2016 F1COXCC
	AEI - Change of AEI Client Chan Completed
	Authorised Previous Page & Previous Re
	Questions
	# Question Answer Justification
	1 Has proof of the new address been sighted and a record kept on file? Yes
30	Click the 🖾 (Save) icon to save the status change.
	Assessments El Financials El More Info Cases Communication Contacts Disabilities Origins
	Client Assessments + 🕹 ۹ Template Name Description Status Authorised By
	AEI - AA CheckI AEI Advisor Ch Authorised 29/11/2016 F1C0XCC AEI - Change ofAEI Client Chan Authorised 🗸 27/01/2017 F1C00KSC

Steps	Actions
31	Update contact details For this next example, the client's primary contact notifies you that they have changed their home phone number. You need to update their phone record.
	More Information DSS provides clients with a monthly Family Activity Statement outlining claims made for services, and their remaining AEI or BSI balances. Family Activity Statements are emailed or mailed to the person entered as the primary contact. Therefore, you need to ensure that you record a valid email or postal address for
	the primary contact of each client receiving services from your organisation.
32	To update the contact person of the client's phone number, select the Contacts tab. Assessments El Financials El More Info Cases Communication Contacts Disabilities Origins Client Contacts Contact
	Primary Last Name First Name Title Relationship Phone Number Email Address Image: Mail Address MAMATHA554 Ms Sister mamatha985@dss.c
33	Click the (Edit) icon to edit the record.
34	Select the glyph beside the Phone Number field. Assessments El Financials El More Info Cases Communication Contacts Disabilities Origins
	Primary: Last Name: MANTRALA522 Phone Number: First Name: MAMATHA554 Title: Ms Postal Address:

Steps	Actions
35	Click the 🛨 (New) icon to create a new phone number record.
	Telephone Numbers ×
	Image: Primary Phone Phone Type Silent Numb Comments
	If Previous Page # Previous Record Next Record II+ Next Page II OK
36	Type the contact's new number in the Phone field and select the Phone Type from the drop down menu.
	Telephone Numbers X
	Primary: ✓ Phone:★ 02 1234 5678 Phone Type:★ ✓ Silent Number: Fax Comments: Home Mobile ♦ Work ♦
37	Select the (Save) icon to save the changes.
	Primary.
	Phone: 02.1234 5678
	Silent Number
	Comments.
	۵ ۴

Steps	Actions
38	The new phone number will display. Check the details are correct and click OK .
	Telephone Numbers ×
	+ 💼 1-1 of 1
	Primary Phone Phone Type Silent Numb Comments
	02 1234 5678 Home
	Previous Page ** Previous Record Next Record ** Next Page ** OK
39	The primary contact's new phone number appears in the Phone Number field.
	Assessments El Financials El More Info Cases Communication Contacts Disabilities Origins
	Primary M Belationship Sister
	Last Name: MANTRALA522 Phone Number: 02 1234 5678
	First Name:★ MAMATHA554 Email Address: mamatha985@dss 🖾
	Title: Ms Postal Address:
40	Click the 🖾 (Save) icon to save the changes.
	Assessments El Financials El More Info Cases Communication Contacts Disabilities Origins
	Primary: 🗹 Relationship Sister 🗸
	Last Name * MANTRALA522 Phone Number. 02.1234 5678 Image: Comparison of the comparison
	Title * Ms V Postal Address S
41	Note: If a new primary contact is required for this client you will need to make a professional judgment as to who is the primary contact with due regard to any court orders or agreements provided to you.
	If you would like to change the client's primary contact select New, enter the required information and save the record.
42	You have now finished updating the Client Record.

Need Help?

For further assistance please contact the <u>GPS Helpdesk</u> on 1800 020 283 or email <u>GPS.Helpdesk@communitygrants.gov.au</u>