

CLTD - Client Types Detail

This screen is used to display, add or modify the sex and special needs of the individuals a specific provider will serve.

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CAFSCLTD                CLIENT TYPES DETAIL                07/11/2016    12:07
USER ID : C74142FS MODIFY                PAGE NO:    1
PROV NO : 0001054 001    PROV NAME: FINKLE FOSTER HOME
                           FACIL NAME: FINKLE FOSTER HOME

FACILITY TYPE: YFH  YOUTH FOSTER HOME
SEX (M,F,B) : B    (SEX OF CLIENT THE FACILITY WILL PROVIDE SERVICE)
AGE BANDING : 0 -    (AGE OF CLIENTS THE FACILITY WILL PROVIDE SERVICES)

TO SELECT, ENTER A=ADD, D=DELETE OR M=MODIFY
SEL CD  DESCRIPTION                                SUB  DESCRIPTION
-   EMD  EMOTIONALLY DISTURBED                    ANX  ANXIETY DISORDER
-   EMD  EMOTIONALLY DISTURBED                    CON  CONDUCT DISORDER
-   VHI  VISUALLY OR HEARING IMPAIRED              BLI  LEGALLY BLIND
-   VHI  VISUALLY OR HEARING IMPAIRED              DEA  DEAF
-   VHI  VISUALLY OR HEARING IMPAIRED              HEA  HEARING IMPAIRED
-
-
-
-
-
-
SHIFT+F10=ADD MORE SPECIAL NEEDS

                                           PATH: _
```

Field Descriptions (F12) indicates code lookup is available.

PROV NO (F12)

This field will display the provider number of the provider who was entered on the CLTL (Client Types List) screen.

PROV NAME

This field will display the name of the provider whose ID is entered in the PROV NO field.

FACIL NAME

This field will display the name of the facility whose ID is entered in the PROV NO field.

FACILITY TYPE (F12)

Enter the specific type of license that has the special needs associated to it.

SEX (M, F, B)

Enter "M" if the listed license is for males only, "F" if the listed license is for females only or "B" if the listed license is for both males and females.

AGE BANDING

Enter the age range, if the listed license has age banding. *For example, if the provider has said they only want children aged birth to 5 placed in their home, enter 0 – 5.*

SEL

Enter “A” if you want to add special need details, “M” if you want to modify special need details or “D” if you want to delete special need details.

CD (F12)

Enter the special need code the provider has identified they will serve.

DESCRIPTION

This field will display the description of the special need code entered in the CD field.

SUB (F12)

Enter the sub-code for the special need code displayed in the CD field. *Only the sub-codes that go with the entered code will be displayed.*

DESCRIPTION

This field will display the description of the special need sub-code entered in the SUB field.

Additional Information

If the special need code fields (11) are full, press SHIFT+F10 to add additional special need codes/sub-codes.