

## **RIS Tip Outline**

This document was designed to assist agencies understand recent changes/additions to the RIS system. Any questions should be directed to the RIS system administrator.

### **Client Demographics Page: Client Naming Structure**

Surname/Family name/Last name should be in all CAPITAL LETTERS

First Name (and if present) Middle Name should be lower case letters.

There should be NO commas used in this field.

It would look like: SURNAME/FAMILY NAME/LAST NAME First Name Middle Name

SURNAME First Name: BOROWY Rachael

Two SURNAME/FAMILY NAME/LAST NAMES: SMITH SAUNDERS Kimberly Renee

### **Client Demographics Page: Required Client Data**

**Required information bolded.** Please review the other

**Alien Reg #**

**Immigration Status**

**Client Name (see naming structure outline below)**

**Date of Arrival**

**Date of birth**

**Sex**

**Country of Origin**

National Vol Agency and/or Local Affiliate: Clients *should* have but may not

State of Origin, In-migration Date, Outmigration Date: ONLY if they have in-migrated from living in another state, or out-migrated to another state and left NC. List state originated in, and dates of entry or exit.

Occupation before entering US: If available

Employment Exemption Reason: If one applies to client

SSI Application Submitted: If it was done mark yes and include date

**Education Level**

## English Capacity

**Department of State (DOS) Id: If resettlement agency has it, enter it.**

**IF agency entering client does not have it, use the following structure:** Start with the first three letters of the client's immigration status and end with the A# of the principal applicant. An example: REF123456789. So, when you click on *DOS Id List button* you would see all family members listed because they would all have same DOSID.

**Client Language:** 1 language is required to be entered (no abbreviations)

**Client Household:** Select number of adults, children, and their relationship to other members of the family

Sponsor: Information only required if relevant to client.

## County

Phone

Email Address

Street

Address

**City**

**State**

**Zip**

**SSN:** Once received

SIS ID

EIS ID

Landlord Name

Phone

**Health Screening Date:** If in your possession

**Health Screening Agency:** If in your possession

**Provider Page: Required Provider Data**

**Required information bolded.** Please review the others

Case Id

Contract Code

**County**

**Initial Services Enrolled in Services**

Completed Services

**Service Funding Source:** Most used source

**Initial Employment Services Enrolled in Services:** If applicable to client

Services Completed

**Service Funding Source:** Most used source

**Type of Assistance:** If relevant

RCA Case Number

RMA Case Number

**DSS 5022 Part B – Certification Completed?** If applicable

**If yes, Signed Date:** If applicable

**County Sent to:** If applicable

**DSS 5022 Part B – Certification *Upload Doc*** If applicable

Case Manager Name

Agency Workers Names

## **FSSP Page**

All clients receiving an EMPLOYMENT SERVICE **and** ALL family members *in* RIS must have an FSSP Page completed.

**FSSP Initial Primary Goal (G1)**

**FSSP Initial Referral Relevant to G1**

**FSSP Secondary Goal (G2)**

**FSSP Initial Referral Relevant to G2**

**FSSP Initial Primary Goal Met:** Complete at 12-month mark

**FSSP Secondary Goal Met:** Complete at 12-month mark

**FSSP How was 12-Month Follow-Up information Collected?** Complete at 12-month mark

**FSSP Employment Status:** within the first 12 months if the client obtains employment this ENTIRE section should be filled out. It should only be filled out one time for initial employment regardless of different employments. If the client is unemployable *status* would only need to be filled out.

**FSSP Total Number of Months Employed Full-Time:** time in months if applicable.

**FSSP Total Number of Months Employed Part-Time:** time in months if applicable.

**FSSP First Employment Date**

**FSSP Best Hourly Wage in Currency Format**

## **Uploading Documents**

ALL available documents that have a space in RIS should be uploaded.

Possibilities: Immigration Documents, SSI Documents, DSS 6247, DSS 8108, DSS 8110

How to Upload:



Click *Browse*, then select document to upload.

Click *Upload Document Icon* (Arrow inside a circle)

DO NOT HIT UPDATE BUTTON at top of the screen



## **NCID Password Reset**

If you have issues with your NCID you will need to contact IT and not the RIS Administrator.

If you get locked out of your NCID (RIS) Account, you will need to go to this website:

<https://it.nc.gov/support/ncid/reset-password-unlock-account>

Helpful hint: If you do a search for NCID Password help this website will come up. Just double check before you enter any passwords or personal information.

## **PowerPoint Trainings/Manual**

Be advised that there are several training PowerPoint presentations put together by the State Refugee Office to assist with most aspects of the database. Please check your office for them or email the RIS Administrator for them.

## **Service Codes and Descriptions: Participants, Placements, Hours**

The Service Codes and Descriptions Document should be referred to when entering services into RIS. Codes will instruct to either calculate services by Participants, Placements, or Hours.

Participants: Each time an agency meets with a client the agency will count 1 for the **participant** meeting.

Placements: Each time a client is placed in an (English) level they will get **one placement** in this category for RIS

Hours: For each hour of instruction/training/case management a client will receive an **hour** in RIS for this category. Can be hours and minutes in 15-minute increments.