How to add clients into CIE

- **1.** Once the client signs an authorization form, scan and upload the form to a drive for temporary storage.
- **2.** Login to CIE (Visit ciesandiego.org and hover over "Partners". Click "Login to CIE") Note: You will need to enter your username and password on the next page.



3. Once you login, click "Search Client" in the top right corner.

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Partner Portal	2-1-1 Sa	Sign Out			
DASHBOARI Partner [Dashboard u	D Dashboard (HII Ised in the Communi	PAA) ty for Tier 2/3 Partners			Refresh

4. On the next screen, enter the client's first and last name and click "Search."

Search Client	
First Name	Last Name
Sam	Wise
Social Security Number	Last 4 of SSN or PIN
	####
Phone Number	Email
	Search

If the client's name appears under Results with a matching DOB and/or last 4 of SSN/Pin, they have already consented. To view the profile, click on the Name.

If the client's name does not appear, CONTINUE...

Results				Create Client	Search
NAME	PHONE	BIRTH MONTH/YEAR	LAST 4 OF SSN OR PIN		EMAIL
Samual Wisely	$\leq =$	01/1950	1111		SWisely@demo.com

5. Enter the client's profile information (As found on the Authorization form)

- **a)** First Name (Required)
- **b)** Last Name (Required)
- c) Last 4 of Social Security Number/Pin (Required)
- **d)** Birthdate (Required)
- e) Phone Number (recommended)
- f) Email Address (recommended)
- g) Full Social Security Number (recommended)
- 6. For Privacy Method, select "Paper"
 - a) Click "Choose File" and select the correct Authorization form for the patient
- 7. Select the Language: English or Spanish
- 8. Select "Yes" or "No" for "Enroll in Care Team?" (Selecting "yes" means you will get Alerts)
- 9. Click "Create Client."

Sam Wise Social Security Number Last 4 of SSN or PIN 1111 1111 Birth date Birth Month/Year 1980-02-13 Birth Month/Year Phone Number Email 858 000 0000 Email Phone Number Email 858 000 0000 Email Phone Number Email Phone Number Email Phone Number Email Paper Email Proacy Method Language Paper English	First Name		Last Name
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The Client Profile

This is the DETAILS view of the Client Profile.

On the left side, scroll down to view Contact Information, Demographics, Household, Income and more.

Scroll down to view the following on the right side: Care Team members, Alerts, Program Enrollments, Past Referrals, and more.



Locate & Provide Referrals

- 1. Verify that the patient's profile reflects accurate contact information, income and household size.
- 2. To make updates to profile information, click the Edit button.
- 3. To search for Referrals, click "Find Referral."

Sadie	e Blu	е			Select the "Edit" button to open the fields on the left and make updates. Select "Find Referral" to search and provide referrals.	Edit	Find Referral
Age 25			Phone (619) 858 3	000	Email sblue@ciedemosd.org	Geno Trai	^{der Identity} nsgender Woman
DETAILS	PRIVACY	SDOH	REFERRALS	FEED	*****		

- 4. Search database for referrals by keyword (and zipcode)
 - Food insecurity Direct Referrals: "Calfresh," "WIC," and/or "Senior Food"
 - Utility assistance, Housing and Homeless services: 2-1-1 San Diego, Information & Referral

Client Details	Enter Keyword	anter location			
Jay Pritchett Ape:72 FPL:573796 Wanthly Incense:1000	ented by Bulleconce (1996)		1 resu Direct Referral:		
Household Site: 3 Home Zip Code: 92125-4628 Heelth Insurance Type: Medi Col Medicare Health Condition: Physical Okatelity/Sensory Disability.condition:	Employment and Training Servic Workforce Partnership San Disp Workforce Partnership	es; San Diego	(619) 228-2900 3010 UNIVERSITI AVE STE 400 STE 400		
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5. Locate an appropriate referral from the results

- 6. Click "Add Referral"
- If available, select "<u>Direct Referral</u>" and this will send an electronic notification to the CIE Partner Or For non-direct referrals, select

"Provide Program Details," then...

- Choose a domain (area of need)
- Write any important notes for the receiving party
- Select related Taxonomies and Target Populations (if applicable)
- Select "Next" and/or "Save" to finish sending the referral.

Add Referral	
No Internal Staff Notes for this service	
* Referral Method	
Direct Referral	÷
* Choose domain(required)	
Nutrition	÷
Additional Notes:	(?
Client struggles with carrying anything over 15 pounds. May need help carrying their food box	
Max 2000 characters	
Protected Health Information/Notes:	(
Type here	
Max 2000 characters	
Choose Taxonomy/Taxonomies:	
 Commodity Supplemental Food Program 	
Low Income	
Ongoing Emergency Food Assistance	
Older Adults 60 and over	
Cancel	t