

**Populating Emergency Contact Information  
Onto the Home Study Report**



**Knowledge Base Article**

# Populating Emergency Contact Info on a Home Study Form (FS 1673)

## Table of Contents

Overview.....	3
Adding Emergency Contact Information .....	3

# Populating Emergency Contact Info on a Home Study Form (FS 1673)

## Overview

This article describes how to enter **Emergency Contact Information** for a **Provider** in Ohio SACWIS. When a provider's emergency contact information is entered correctly into Ohio SACWIS, the information (phone/email and description) then auto-populates on the **Home Study** form (**JFS 1673**) when it is generated.

## Adding Emergency Contact Information

1. On the Ohio SACWIS **Home** screen, click the **Provider** tab.
2. Click the **Workload** tab.

The **Workload** screen appears.

	Provider ID	Provider Name	Provider Status	Provider Type	Type Status	Approval/Certification Period	Primary Address
<a href="#">select</a>	10765192	Doo, Scooby	Active	Foster Care	Application Received		
<a href="#">select</a>	10719016	Rubble2, Betty & Rubble2, Barney	Active	Adoptive Care Foster Care	Application Received Application Received		

3. Click the **Select** link in the appropriate row.

**Note:** If you know the **Provider ID** number, you can also use the **Provider Search** link at the top of the screen to locate the provider.

# Populating Emergency Contact Info on a Home Study Form (FS 1673)

The **Provider Overview** screen appears for the selected provider.

**Provider Overview**

Activity Log  
Inquiries  
Forms/Notices  
Skills  
Training  
Acceptance Criteria  
Description of Home  
Description of Family  
Home Study

PROVIDER NAME / ID: **Doo, Scooby** / 10765192 CATEGORY / STATUS: **Home / Active**

PRIMARY ADDRESS: PRIMARY CONTACT: **Cell: (555) 555-5555**

**Provider Actions**

**Provider Information** | [Linked 1692 Providers](#) | [Associated Providers](#)

4. Click the **Provider Information** link.

The **Provider Name Information** screen (**Basic** tab) appears.

Manage Provider Details

PROVIDER NAME / ID: **Doo, Scooby** / 10765192 CATEGORY: **Home**

Basic **Address** Members Relationships Caregivers Capacity

**Provider Name Information**

Provider Name	Effective Date	End Date
Doo, Scooby	05/01/2022	

**Provider Type Information**

5. Click the **Address** tab.

The **Provider Address** screen appears.

PROVIDER NAME / ID: **Doo, Scooby** / 10765192 CATEGORY: **Home**

Basic **Address** Members Relationships Caregivers Capacity

**Provider Address**

[View Address History](#)

Type	Address	Effective Date	Primary	Hazard
<a href="#">view</a> Residence		05/01/2022	Yes	No

**Provider Contact**

Type	Details	Primary
<a href="#">edit</a> Cell	(555) 555-5555	Yes

**Add Contact**

Apply Save Cancel

## Populating Emergency Contact Info on a Home Study Form (FS 1673)

6. Click the **Add Contact** button.

The **Contact Information** screen appears as shown below.

7. In the **Type** field, select **Emergency** from the drop-down list.
8. In the **Phone/Email** field, enter the appropriate content.
9. In the **Description** field, enter descriptive content about the contact person.

PROVIDER NAME / ID: Doo, Scooby / 10765192 CATEGORY: Home

Contact Information

Type: Emergency  Primary

Phone: (555) 555-2222 Ext:  OR  Not Applicable

Description: Shaggy Smith, Neighbor

Created Date: Created By:

Modified Date: Modified By:

10. Click the **OK** button.

The **Provider Address** screen appears displaying the emergency contact information in the **Provider Contact** section.

PROVIDER NAME / ID: Doo, Scooby / 10765192 CATEGORY: Home

Basic Address Members Relationships Caregivers Capacity

Provider Address

[View Address History](#)

Type	Address	Effective Date	Primary	Hazard
<a href="#">view</a> Residence		05/01/2022	Yes	No

Provider Contact

Type	Details	Primary	
<a href="#">edit</a> Cell	(555) 555-5555	Yes	
<a href="#">edit</a> Emergency	(555) 555-2222 Shaggy Smith, Neighbor	No	<a href="#">delete</a>

11. Click the **Save** button.

## Populating Emergency Contact Information Onto the Home Study Report

When the **Home Study** report (**JFS 1673**) is generated, the emergency contact information (phone/email and description) will populate as shown in green below.

Ohio Department of Job and Family Services  
**ASSESSMENT FOR CHILD PLACEMENT**  
 (Homestudy)

Agency	Assessor/Social Worker Mandy Manager	Phone #	Email Address	Date 05/01/2022
Applicant #1 Name Scooby	First Middle Last (Maiden) Doo	Applying to	<input checked="" type="checkbox"/> foster	Email Address
			<input type="checkbox"/> adopt	Cell Phone # (555) 555-5555
				Work Phone #
Street Address	City	State OH	Zip Code	County
Home Phone #	<div style="border: 2px solid green; padding: 5px;">           Emergency Contact Name            Phone #            Shaggy Smith, Neighbor (555) 555-2222         </div>			

If you need additional information or assistance, please contact the Automated Systems Help Desk at [SACWIS\\_HELP\\_DESK@childrenandyouth.ohio.gov](mailto:SACWIS_HELP_DESK@childrenandyouth.ohio.gov) .