Vendor Portal – Potentially Eligible (PE) Referral

The step-by-step instructions below are provided for you to complete the process of a creating a PE Referral in the Vendor Portal. To create a new PE Referral in the Vendor Portal, you will take the following path:

- 1. Login to Vendor Portal
- 2. Create New Referral and Save as Draft
- 3. Display Draft Referral
- 4. Complete Referral Information and Submit

Activity Name	Testing Procedure Notes
Objective 1: Login to V	endor Portal
1.01 Enter Email	 Using a <i>Chrome</i> browser, navigate to the Vendor Portal and enter your Email.
1.02 Enter Password	• Enter your Password and click the Sign In button.
1.03 Terms and Conditions	• The Terms and Conditions will display on the main page. Select Accept.

Activity Name	Testing Procedure Notes
	 Verify that the Vendor Portal home page displays. Note: as NYSED continues to adapt fields and content, your page may not look exactly like the one shown.
	← → C △ ≜ testnysedvendor.awareportals.com/signin @ ☆
1.04 Verify Portal Page Displays	Home Conversations Resources Authorizations Requested Payments Service Request Mill Neck Services Inc - 1000012099 Vendor Information System Message Most Recent Activity
	Vendor Name: Mill Neck Services Inc Vendor Number: 1000012099 Can be static or updateable for the vendor No recent activity Phone: Email: Can be static or updateable for the vendor No recent activity
Objective 2: Create New	v Referral and Save as Draft

		 From the main menu along the top of the Portal page, click the link for Referral to display Referral Navigation items. 	
		Home Conversations Resources Authorizations Requested Referral Service Request Mill Neck Services Inc - 1000012099	RR
2.01	Display Referral Navigation	Home / Referral Search / Referrals New Referral Referral Search Draft Referrals	
		Q Search_ 🛃 💬 🖬	
		Referral ID Referral Status Last Updated Referral Name Counselor Name Reporting Structure 19 Closed 07/26/2022 Goode, Johnny B. ALBANY DISTRICT OFFICE OFFICE	
		H 1 H 20 • Items per page	
		Click New Referral to display the Potentially Eligible Referral page.	
		Home Conversations Resources Authorizations Requested Payments Referral Refuest Mill Neck Services Inc - 1000012099	RR
2.02	Display PE Referral Page	Potentially Eligible Referral Please complete this form to submit a referral to the agency. A representative at our agency will receive and process your referral. The information you provide is confidential and will not be shared anywhere else. We look forward to hearing from you. By submitting this form, you agree that referral information will be entered into	
		the agency management system and that the referral will be contacted by a representative. Referral Information	
		Referral Type Social Security Number - Leave Blank for Temporar	

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Activity Name	Testing Procedure Notes
2.03 Referral Type	In the section: Referral Information, use the drop-down arrow for the Referral Type field to select the available option PE . Referral Type PE PE
2.04 Enter SSN	 In the section: Referral Information, enter a Social Security Number (if available). Note: the SSN number will be masked as you type, and the surrounding font will be red until you have entered 9 digits. Social Security Number - Leave Blank for Temporary SSN Social Security Number must be 9 digits DO NOT use any SSN beginning with 999-xx-xxxx. This is reserved for Temporary SSNs that get generated by the Aware case management system if needed. Completed SSN field: Social Security Number - Leave Blank for Temporary SSN
2.05 Enter Name	In the section: Referral Information, enter values in the fields provided for First Name, Middle Name and Last Name. First name Timothy Last name Youngblood
2.06 Preferred Pronoun	In the section: Referral Information, use the drop-down arrow to select a value for Preferred Pronoun from the list provided. Preferred Pronoun He/him/his She/Her/Hers They/them/theirs
2.07 Gender	In the section: Referral Information, use the drop-down arrow to select a value for Gender from the list provided.

Activity Name	Testing Procedure Notes		
2.08 Birth Date	 In the section: Referral Information, use either the date picker (calendar icon) or enter the Birth Date using the following format mm/dd/yyyy. Birth date 02/12/2002 		
2.09 Ethnicity	In the section: Referral Information, use the drop-down arrow to select a value(s) for Ethnicity from the list provided. Ethnicity White Does not wish to self-identify American Indian or Alaskan Native Black or African American		
2.10 Student With Disability	 In the section: Referral Information, use the checkbox provided to indicate the referral is a Student with Disability. Student with Disability 		
2.11 Referral Source	In the section: Referral Source Information, use the drop-down arrow to select a value for Referral Source from the list provided. Referral Source Information Referral Source Educational Institution (elementary/secondary) Child Protective Services Adult, Dislocated Worker, and Youth Programs Consumer Organization or Advocacy Group Community Rehabilitation Program Educational Institution (elementary/secondary) Educational Institution (post-secondary)		
2.12 Referral Source First Name	 In the section: Referral Source Information, enter text in the field provided for First Name. First name John 		

Ac	tivity Name	Testing Procedure Notes		
2.13	Referral Source Last Name	 In the section: Referral Source Information, enter text in the field provided for Last Name. 		
		Last name Vendorson		
2.14	Save Referral As Draft	To save the information you have entered so far, at the bottom of the PE Referral page, select the button SAVE REFERRAL AS DRAFT. SAVE REFERRAL AS DRAFT		
2.15	Confirm Save Referral As Draft	Acknowledge the message box that appears at the top of the page to confirm saving your Poformal As Draft		
		testnysedvendor.awareportals.com says Referral Form draft saved.		
	Display Draft	From the main menu along the top of the Portal page, click the link for		
		Home Conversations Resources Authorizations Requested Payments Referral Request		
		Referral ID: 20 Referral Search Referral Status: Draft Draft Referrals Last Updated: Draft Referrals		
2.16		 Now click the Draft Referrals link to display a Referrals page with a grid of your referrals in Draft status: 		
	Referrals	Home Conversations Resources Authorizations Referrat Referrations Resources Inc - 1000012099		
		Home / Referral Search / Referrals		
		Referrals		
		Referral ID Referral Status Last Updated Referral Name Counselor Name Reporting Structure		
		20 Draft 07/26/2022 Youngblood, Timothy J.		
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Objective 3: Complete and Submit Referral			
Activity Name	Testing Procedure Notes		
	 Using the Referral ID link, select a referral to access the Repage. 	ferral form	
	Home Conversations Resources Authorizations Requested Referral Request Mill Neck S	ervices Inc - 1000012099	
3.01 Display Referral Form	Referral ID: 20 Referral Status: Draft Last Updated: Counselor Name: Reporting Structure:		
	PE v		
	Social Security Number - Leave Blank for Tempor		
	First name Middle Name	Last name	
	Timothy James	Youngblood	
	Preferred Pronoun Gender He/him/his • Male •	Birth date 02/12/2002	
	 In the section: Referral Contact Information, enter text in t provided for Address Line 1 and City 	che fields	
	Referral Contact Information		
	Address Line 1		
3.02 Referral Address	121 River Rd		
	Address Line 2		
	Address Line 3		
	City		
	Albany		
	• In the section: Referral Contact Information , use the drop-	down arrow to	
	select a value for State from the list provided.		
	State NY		
3.03 Referral State			
	NV		
	NY		
	ОН		

Ac	tivity Name	Testing Procedure Notes
	Referral County	 In the section: Referral Contact Information, use the drop-down arrow to select a value for County from the list provided.
3.04		Albany
		Albany
		Allegany
		Herkimer
3.05	Referral Zip	 In the section: Referral Contact Information, enter a 5-digit value in the field provided for Zip. Zip 12222
3.06	Referral Email	 In the section: Referral Contact Information, enter text in the field provided for Email. Note: there is no validation done on this field in the referral form. If an incorrectly formatted email is entered, it will not be accepted in Aware. Email robert.renda@nysed.gov
3.07	Referral Phone Number	 In the section: Referral Contact Information, enter a 10-digit value in the field provided for Phone Number. Phone number (518) 725-6444
3.08	Referral Phone Type	 In the section: Referral Contact Information, use the drop-down arrow to select a value for (phone number) Type from the list provided.
		FAX Home

Ac	tivity Name	Testing Procedure Notes
		 In the section: Referral Source Information, use the drop-down arrow to select a value for Responsible Reporting Structure from the list provided. This is the District Office that you are contracted with.
		Referral Source Information
3.09	Responsible Reporting	Responsible Reporting Structure ALBANY DISTRICT OFFICE
	Structure	NYSED ACCES VR CAPITAL DISTRICT/HUDSON VALLEY REGION WESTERN REGION ALBANY DISTRICT OFFICE NEW YORK CITY REGION
3.10	Referral Source Detail	In the section: Referral Source Information, enter text in the field provided for Referral Source Detail. Referral Source Detail School Counselor
3.11	Organization Name	 In the section: Referral Source Information, enter text in the field provided for Organization Name. Organization Name Prep Academy
	Referral Notes	• In the section: Referral Notes and Attachments , enter text in the field provided for Please describe the services you are requesting .
3.12		Please describe the services you are requesting We are requesting all 5 services

Activity Name	Testing Procedure Notes
	In the section: Referral Notes and Attachments, use the SELECT FILES button to launch a Windows Explorer. Select a file (up to 500MB) and click Open. Referral Notes and Attachments Please describe the services you are requesting We are requesting all 5 services
3.13 Select Referral Attachment	SELECT FILES Files cannot exceed the maximum size limit of 500MB
	File Name Date Attached
	ing for AWARE VRCA_OA_Case_Notes_Tester_Log.xlsx viewer Docs
	aries VRCA_OA_Scripts and_Tester_Log.zip
	VRCA_OA_Case_Transfer_Tester_Log.xlsx
	C Texter Scriptz and Los Work?
	Open Cancel
	Complete the file attachment process by selecting UPLOAD once you
	have chosen a file.
3.14 Upload Attachment	VRCA_OA_Tester Script_Case_Transfer.docx
Attachment	405.29 KB
	CLEAR UPLOAD
3.15 Submit Referral	At the bottom of the Referral page, click the SUBMIT REFERRAL button.
	To verify and dismiss the Successful Submission potification, click OK
3.16 Verify	Authorizations Academic Payments Referral Request Mill Neck
Successful Submission	Successful Submission
	You have successfully submitted a Potentially Eligible student with disability referral to ACCES VR.

ation, the Click the lisplay your
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