Vendor Portal – Adult Supported Employment Extended Services (ASE) Referral

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

- 1. Create New Referral and Save as Draft
- 2. Display Draft Referral
- 3. Complete Referral Information and Submit
- From the main menu along the top of the **Portal** page, click the link for **Referral** to display **Referral Navigation** items.



Please contact vrsupport@nysed.gov for any questions or

• Click New Referral to display the Referral page.

anatia Home Conversations Kes	ources Authorizations Re	ayments Referral	Request ABILITIE	S INC - 1000011360	Ŧ
		Referral	I.		
Please complete this form to submit a refer look forward to hearing from you. By a	ral to the agency. A representative at ubmitting this form, you agree that re	our agency will receive and pro ferral information will be enter	cess your referral. The informa ed into the agency managemen	tion you provide is confidential and will not be shared anywhe it system and that the referral will be contacted by a represent	ore else. 1 tative.
Referral Information					
Referral Type	~				
Social Security Number - Leave B	ank for Temporary				
Social Security Number - Leave Bi	ank for Temporary Middle	Name		Last name	

• Use the drop-down arrow for the Referral Type field to select the available option ASE.

Referral Type	
	*
ASE	
PE	

• 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

Enter values in the fields provided for **First Name**, **Middle Name** and **Last Name**.

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	

Use the drop-down arrow to select a value for **Gender** from the list provided.

Gender	
A	
Did not Self Identify	
Female	
Male	

Use either the date picker (calendar icon) or enter the **Birth Date** using the following format: *mm/dd/yyyy*.

C Birth	date	
Ō	02/12/2002	

Use the drop-down arrow to select a value(s) for **Ethnicity** from the list provided.



In the section: **Referral Source Information**, use the drop-down arrow to select a value for **Referral Source** from the list provided.

Referral Source	
	🔺 R
Community Rehabilitation Program	

In the **Referral Source Detail** list the Referral Source's Job Title, then your agency name in the **Organization Name** field.

Referral Source Detail	Organization Name		
Supported Employment Coordinator	Abilities Inc.		

Continue with the contact information in the subsequent fields. Please be sure to include the email address and phone number in case ACCES-VR staff have questions regarding the referral.

Any comments for ACCES-VR staff regarding the referral can be entered in the **Comments** box. In the **Referral Notes and Attachments** section, enter "**Adult Supported Employment Extended**" in the box asking for a description of the services you are requesting.

Comments

Referral Notes and Attachments

Please describe the services you are requesting

If there is a current Extended Services Plan, you can upload it to the referral.

Attach supporting documents	
SELECT FILES	Drop files here to upload
Files cannot exceed the maximum size limit of 500MB	

If you are done with the referral and ready to send it to ACCES-VR, click **Submit Changes**. If you wish to save the record and finish it later, click **Save Referral As Draft.**



A successful referral submission will display a confirmation.



Once submitted, the referral is assigned a Referral ID number. Reopening the referral will display that number, the status, last updated date and the counselor assigned to the referral. Due to the volume of Adult Supported Employment Extended services referrals, it may take some time to see dates in the "Counselor Name" field. When the Adult Supported Employment case is created in Aware from the referral, the status will change to "Closed".

ACCES Vocational Rehabiliturium	<u>Conversations</u>	<u>Resources</u>	Authorizations	<u>Requested</u> <u>Payments</u>	<u>Referral</u>	<u>Service</u> <u>Request</u>	ABILITIES I
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Submitted referrals and draft referrals can be retrieved from clicking on **Referral Search** or **Draft Referrals**, respectively.

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Referral ID	Referral Status	Last Updated 👃	Referral Name	Counselor Name	Reporting Structure	
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