

# E-form Guidelines

Detroit-Wayne County Community  
Mental Health Agency

**E-form Name:** Supported Employment for Mentally Ill Adults and Persons with  
Developmental Disabilities

**Division:** Clinical and Program Services

**Approved By:** Altha J. Stewart, M.D.

## E-FORM TIPS:

An "E-form" is merely an electronic form that captures information about a member.

All e-forms **MUST** be linked to a specific member.

To begin with a blank e-form, go to the bottom of the e-form and select the "Clear Data" button.

When completing an e-form, use the "Tab" button to travel from line to line.

**This e-form is "NOT Locked". This means that once the e-form is submitted, you CAN edit or add information to that e-form.**

All date formats are MM/DD/YYYY.

All time formats use a 24-hour clock. So please refer to 3:10 PM as 15:10

**The entire provider network can view all of the data in every e-form submitted.**

## OVERVIEW:

The purpose of the e-form is to record and document supported employment services for mentally ill adults and persons with developmental disabilities.

## TARGET POPULATION:

Adult members with Mental Illness or Developmental Disabilities who participate in Supported Employment programs

## STANDARDS:

Submit a new e-form quarterly for active participants. Submit a new e-form promptly for new participants.

## PROCEDURES:

### GENERAL INFORMATION

Complete all fields in the E-form. Do not leave blanks. If you have any questions, please contact Clinical and Program Services at (313) 833-2386.

#### Provider Name

Enter the Name of the provider agency/facility/entity completing this e-form.

#### Provider ID Number

Enter the identification number representing the provider agency/facility/entity completing this e-form.

**Date:** 04/16/02

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**Provider Site ID Number**

Enter the identification number representing the site of the provider agency/facility completing this e-form.

**Last Date of Quarter**

Enter the date of the last day of the quarter year of the year (MM/DD/YYYY). You would enter one of the four dates: 03/31/YYYY, 06/30/YYYY, 09/30/YYYY, or 12/31/YYYY. Of course your entry would actually contain the four digits representing the current year.

**Supported Employment:**

Select from the drop down menu the type of supported employment.

**Hours Per Week:**

Select from the drop down box menu the number of hours per week member is employed.

**Does The Consumer Earn Equal To Or Greater Than Minimum Wage?**

Select from the drop down menu yes or no.

**Has the Consumer been employed for 6 months or greater?**

Select from the drop down menu yes or no.

**Does The Consumer Have Employer Medicaid Benefits?**

Select from the drop down box yes or no.

**TO SUBMIT THE E-FORM, SELECT THE "DONE" BUTTON AT THE BOTTOM OF THE E-FORM.**