

# Encompass

## Step 1: Login

WHO Washtenaw Community Health Organization Encompass

Help LOGIN

Welcome to Washtenaw Community Health Organization Consumer Management System

Access to this site is limited to authorized Washtenaw Community Health Organization Personnel, and authorized affiliates and providers.

Unauthorized attempt to access the system is prohibited.

Please enter your login ID and password

User Name:

Password:

Login

[I forgot my password](#)

Washtenaw Community Health Organization monitors and logs the activities of this web site. By accessing this web site, you are expressly consenting to these monitoring activities. Unauthorized attempts to access, obtain, alter, damage, or destroy information, or otherwise to interfere with the system or its operation are prohibited and recorded by the Washtenaw Community Health Organization.

This site is best viewed and operated with version 5.0 or higher of Microsoft Internet Explorer

Friday, June 12, 2009 5:56 PM Eastern Time  
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An email containing username and password will be sent to you by Barrier Busters staff. You will be prompted to change the password after first login

## Step 2: Basic Navigation


Click the Barrier Busters tab to the left


Click **“View Barrier Buster Requests”** to add a new client request through the funding application.

Click **“History of Barrier Buster Requests”** for all pending files that staff has not yet made into official “cases” and for all past requests. This is the best resource for you to search for a recently submitted request. It is good to look here for similar names or spouse’s names.

Click **“View Barrier Buster Funding Sources”** to see the status of Barrier Buster funds. You also receive this information at regular Barrier Buster monthly meetings.

Pop-up blocked. To see this pop-up or additional options click here...


**Washtenaw Community Health Organization**


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[Barrier Buster](#)  
[Medicaid Lookup](#)  
[Change Password](#)  
[My Preferences](#)

[View Barrier Buster Requests](#)  
 View a list of consumers with active authorized Release of Information (ROI) forms  
 In order to view consumer Barrier Buster Requests [+ myPage](#)

[History of Barrier Buster Requests](#)  
 This list can be used to check the status of a submitted request [+ myPage](#)

[View Barrier Buster Funding Sources](#)  
 View a list of Barrier Buster Funding Sources [+ myPage](#)

Friday, June 12, 2009 6:01 PM Eastern Time | Chantel Cotton  
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**Step 3: Search for client**

- Go to **“View Barrier Buster Requests”**
- Type in any of the following:
  - Name
  - Consumer ID
  - Birth Date
  - Social Security Number
- Select client after search or **“Click here to continue”** if client not found


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Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use partial name if you are not sure about the spelling.

If you cannot find the consumer by name, you may type in any other available data to locate the consumer.

Consumer Last Name:  | Consumer First Name:  | AKA or Other Information:   
 Consumer ID:  | Social Security No.:  | Birth Date (mmddyy):   
 Case #:  |

Please review your search results below. If you could not find an existing consumer record [click here](#) to continue.

Last Name	First Name	Social Security	Birth Date	
Doe	Jane	***-**-0000	01/30/1776	<a href="#">Select</a>
Doe	Pineapple	***-**-0001	12/26/1776	<a href="#">Select</a>
Doe	Apple	***-**-0002	05/13/1776	<a href="#">Select</a>
Doe	Orange	***-**-0003	05/07/1776	<a href="#">Select</a>

Washtenaw Community Health Organization

Encompass

Back Home Logout Help messages Select a Consumer

Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use partial name if you are not sure about the spelling.

If you cannot find the consumer by name, you may type in any other available data to locate the consumer.

Consumer Last Name: Doe  
 Consumer First Name:   
 AKA or Other Information:   
 Consumer ID:   
 Social Security No.:   
 Birth Date (mmdyyy):   
 Case #:

SEARCH

Please review your search results below. If you could not find an existing consumer record [click here](#) to continue.

0 Consumers

Last Name	First Name	Social Security	Birth Date

Back Home

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**Step 4: Release of Information** (if client is not in system)

- Please use the Barrier Busters ROI that can be found on the Member Resources page
- Enter the information from that form in Encompass

Back Home Logout Help messages Add Barrier Buster Request

**Barrier Buster Request**

**Release of Information Agreement**

Release From Agency:

Release To Agency: Release to Barrier Buster Member Agencies

Date Consumer Signed:

Effective Date:

Expiration Date:

Condition of Expiration:

Restrictions Requested for this Specific Disclosure

Client can restrict info from being shared with specific member agencies

Comments:

Request Date: 10/21/2015

Barrier Buster Name: Tarah Hearnst  
 Phone:   
 Email address: hearnt@ewashtenaw.org  
 Agency:

Form is valid for 2 years after date signed

**Step 5: Completing the Application**

Tarah Hearns

**Client Information**

MI  Last Name  SSN

**Address**

City  State  Zip  [lookup](#)

City of Ann Arbor Resident?  Yes  No

Phone  # of Adults in Household  # of Children in Household

Gender  Male  Female Date of Birth

**Ethnicity**  
 Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture)  
 Not Hispanic or Latino  
 Unknown

Race/Ethnic Origin 1	Race/Ethnic Origin 2	Race/Ethnic Origin 3
<input type="radio"/> White	<input type="radio"/> White	<input type="radio"/> White
<input type="radio"/> Black or African American	<input type="radio"/> Black or African American	<input type="radio"/> Black or African American
<input type="radio"/> American Indian or Alaskan Native	<input type="radio"/> American Indian or Alaskan Native	<input type="radio"/> American Indian or Alaskan Native
<input type="radio"/> Asian	<input type="radio"/> Asian	<input type="radio"/> Asian
<input type="radio"/> Native Hawaiian or other Pacific Islander	<input type="radio"/> Native Hawaiian or other Pacific Islander	<input type="radio"/> Native Hawaiian or other Pacific Islander
<input type="radio"/> Some Other Race	<input type="radio"/> Some Other Race	<input type="radio"/> Some Other Race
<input type="radio"/> Unknown	<input type="radio"/> Unknown	<input type="radio"/> Unknown
<input type="radio"/> Consumer refused to provide information	<input type="radio"/> Consumer refused to provide information	<input type="radio"/> Consumer refused to provide information

Living Arrangement  Rent  Own Monthly Rent  Gross Annual Household Income  Affordability  [Calculate](#)

At least last 4 digits

This calculates the % of income that is currently going toward rent

Ignore checkbox

Check here if you authorize that this electronic narrative can be considered equal to a letter on your agency's letterhead

- Explanation of Need**
- Include:**
- THE TOTAL AMOUNT NEEDED
  - THE URGENCY/TIMELINE OF THE REQUEST
  - THE UNDERLYING CAUSE OF THE FINANCIAL NEED
  - WHICH OTHER FUNDING SOURCES HAVE BEEN PURSUED
  - HOW CLIENT PLANS TO SUPPORT HIMSELF/HERSELF AFTER RECEIVING FUNDING

- This person was referred to your agency by 2-1-1
- This person was referred to 2-1-1 by his/her landlord

**Also ignore these checkboxes**

**Check Request Information**

Amount Requested

Date by which check is needed

**Do not put today's date unless an emergency**

Check Payable to (agency/company name)

Check Payable to (Address)

City

State

Zip

Contact Person regarding payment

Title

Phone

Email

**Only what you are requesting from BB**

Choose One of the Following

- Mail Check
- Hold Check for Pickup by:

First name:

Last name:

Phone:

Email:

**Contact info of the case manager or the person directly working with the client (not necessarily person submitting funding request)**

Optional Information to be printed on check

- Invoice #/Account #/Client Name:

Request Type: -- Select Type

Please explain:

**Other Funding Sources**

DHS

NA
  Denied
  Utilized - Amount:

**ETCS**

NA
  Denied
  Utilized - Amount:

Friends In Deed

NA
  Denied
  Utilized - Amount:

Ann Arbor Thrift Shop

NA
  Denied
  Utilized - Amount:

ES Funds from Non-Profit

NA
  Denied
  Utilized - Amount:

Veteran's Services

NA
  Denied
  Utilized - Amount:

Salvation Army

NA
  Denied
  Utilized - Amount:

**SOS Community Services**

NA
  Denied
  Utilized - Amount:

Consumer/Client Contribution

NA
  Denied
  Utilized - Amount:

Other

Specify:

NA
  Denied
  Utilized - Amount:

**You CANNOT edit the application. Gather all necessary info before starting**

**Circled Sources NO LONGER have external funds**

## Step 6: Checking the Status of an Application

- To find a request immediately after it is entered, go to **“History of Barrier Buster Requests”** and search
- The person who submitted the request will receive an email when the request is approved, denied, or returned.

Provider: \* All Providers 
  
 Request Type: \* All Types 
  
 Status: \* All Statuses 
  
 Consumer Last Name: smith 
  
 Encompass ID: 
  
 Request Date on or after:

86 Barrier Buster Requests

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Consumer	Agency	Request Date	Request Type	Ann Arbor Resident	Amount	Status	
<input type="text"/> Smith	SOS Community Services	02/25/2014	Eviction Prevention - Rent	No	\$1020.61	Check Mailed	<a href="#">View</a> <a href="#">Update Funding Source</a> <a href="#">Print Request Evaluation Surveys</a>
						Check Mailed	<a href="#">View</a> <a href="#">Update Funding Source</a> <a href="#">Print Request Evaluation Surveys</a>

Status can be:

- Approved
- Denied
- Waiting for Approval
- Returned to Barrier Buster
- Check Issued
- Check Mailed
- Voided

## Check Barrier Busters Funding Sources

- Go to “**View Barrier Buster Funding Sources**” on homepage
- Click on “**View**” for a description of the fund and criteria

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Category	Source Name	Description	Balance	<a href="#">Add Funding Source</a>
Ann Arbor Community Foundation	Ann Arbor Social Capital Fund	HAWC AVAILABLE FUND. This fund may be used to pay for one-time emergency eviction prevention or move-in costs for low-income Washtenaw County families with at least one dependent minor (under 18).	\$209.00	<a href="#">Change</a> <a href="#">Delete</a> <a href="#">View Details</a>
Ann Arbor Community Foundation	Anna Botsford Bach Fund for Seniors	Ages 50+ *Funding available as of 7/8/15 \$11,153.70*	\$0.00	<a href="#">Change</a> <a href="#">Delete</a> <a href="#">View Details</a>
Ann Arbor Community Foundation	Hurricane Katrina Local Relief Fund	INACTIVE. Available to individuals and families in Washtenaw County displaced by Hurricane Katrina.	\$0.00	<a href="#">Change</a> <a href="#">Delete</a> <a href="#">View Details</a>
Ann Arbor Community Foundation	JHET Match	INACTIVE. Move in Costs for JHET eligible clients.	\$0.00	<a href="#">Change</a> <a href="#">Delete</a> <a href="#">View Details</a>
Ann Arbor Community Foundation	Oscar Reimold Fund	INACTIVE AS OF 7/19/15 - Ages 50+ - Areas served by Ann Arbor post (48103, 48104, 48105, 48106, 48107, 48108, 48109, 48113)	\$0.00	<a href="#">Change</a> <a href="#">Delete</a> <a href="#">View Details</a>
City of Ann Arbor	Ann Arbor General Use Funds	INACTIVE AS OF 7/9/15 - City of Ann Arbor resident (can be verified at <a href="http://www2.a2gov.org/Mypropertyinformation/address.asp?view=standard">http://www2.a2gov.org/Mypropertyinformation/address.asp?view=standard</a> ) - Can be used for housing, transportation, education, medical/dental - Ages 18-60	\$0.00	<a href="#">Change</a> <a href="#">Delete</a> <a href="#">View Details</a>

### Barrier Buster Funding Source

#### Funding Source Category

Ann Arbor Community Foundation or Specify:

#### Funding Source Name

Ann Arbor Social Capital Fund

#### Description/Usage

HAWC AVAILABLE FUND.

This fund may be used to pay for one-time emergency eviction prevention or move-in costs for low-income Washtenaw County families with at least one dependent minor (under 18).

#### Contributor

#### Balance

209.00

Check if this Funding Source should NOT be used any more

#### Record Added

kingme 04/06/2015 09:58:50

#### Record Changed

ELLIOTTM 06/08/2015 13:58:35

[CANCEL](#)

## Follow-up Surveys

- Encompass will send out a notification to follow-up with the client 6 months after funding is disbursed
- Find client in the system
- Click **“Evaluation Surveys”**
- Click **“Add Survey”**
- Questions will be different depending on request type

### Barrier Buster Evaluation Survey

<b>Survey Date</b> <input type="text" value="10/21/2015"/>	<b>Entered By</b> Tarah Hearn <span style="float: right;"><input type="button" value="lookup"/> <input type="button" value="clear"/></span>
---	--

Check if the consumer declined to complete the survey  
 Check if the consumer is deceased  
 **BB Staff Only** Mailed Survey and No Consumer Response

Contact a staff member after you have attempted to reach client at least 3 times

#### Utilities

Is the client current on utilities?

If no, please describe

characters left: 30000

#### Housing

Describe client's current housing situation

Is client current on rent (if rental)/mortgage & taxes (if ownership)?

Is client currently housed in the same location as was identified in Barrier Buster request? <input type="text" value="* No Data"/>	If no, please explain (e.g. eviction) <div style="border: 1px solid #ccc; height: 20px;"></div> <p style="font-size: x-small;">characters left: 64</p>
This current housing information was provided by <input type="text" value="* No Data"/>	If other, please specify <div style="border: 1px solid #ccc; height: 20px;"></div> <p style="font-size: x-small;">characters left: 64</p>

#### Budget Counseling

Was budget counseling recommended or referred to the client at the time of Barrier Buster request? <input type="text" value="* No Data"/>	If yes, please specify what organization/person client was referred to <div style="border: 1px solid #ccc; height: 20px;"></div> <p style="font-size: x-small;">characters left: 64</p>
Did client receive budget counseling at the time of Barrier Buster request or soon thereafter? <input type="text" value="* No Data"/>	If yes, please specify budget counseling organization and counselor's name <div style="border: 1px solid #ccc; height: 20px;"></div> <p style="font-size: x-small;">characters left: 64</p>