



Illinois Department  
Of Human Services

# DHS FOID Mental Health Reporting System Qualified Examiners User Manual



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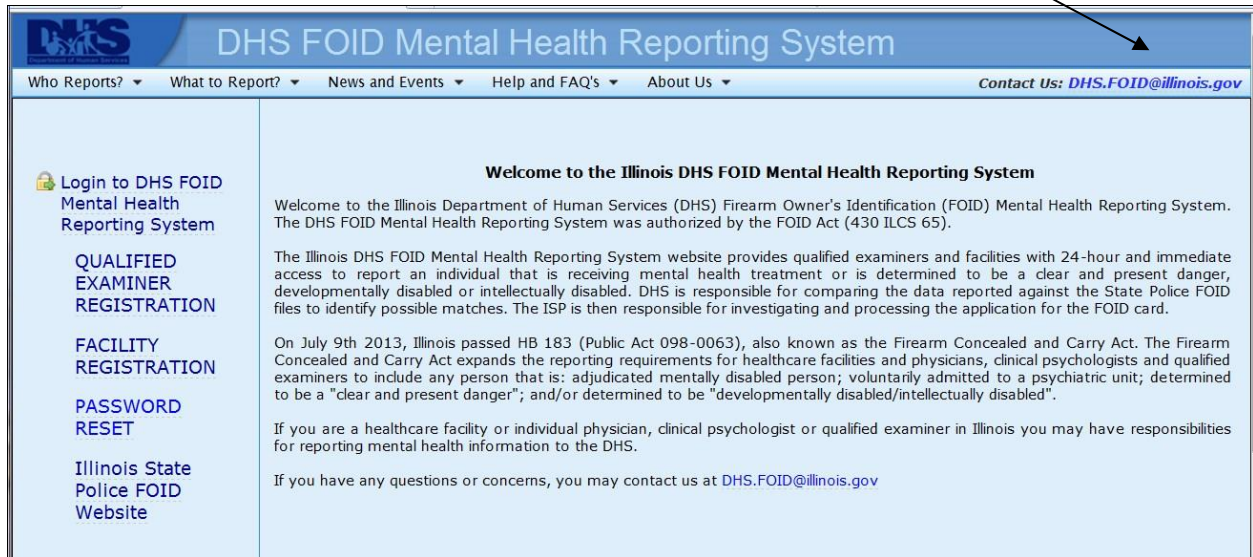
# DHS FOID MENTAL HEALTH REPORTING SYSTEM

## QUALIFIED EXAMINER USERS MANUAL

### INTRODUCTION

FOID Mental Health related data is reported to the Department of Human Services via the DHS FOID Mental Health Reporting System thru direct input of each event.

Link to send an E-Mail to [DHS.FOID@illinois.gov](mailto:DHS.FOID@illinois.gov).



The DHS FOID Mental Health Reporting System application may be accessed by entering the URL <https://foid2.dhs.illinois.gov/foidpublic/foid> in the address line of your browser to go to the above Welcome screen.

The Welcome screen contains several tabs across the top of the screen for information regarding “Who Reports?”, “What to Report?”, and any “News and Events” that may be applicable, “Help and FAQ’s” and an “About Us” tab. These will be explained in more detail later in the manual.

The far right of the screen contains a link to “Contact Us: [DHS.FOID@illinois.gov](mailto:DHS.FOID@illinois.gov)”. Clicking on this link will access the [DHS.FOID@illinois.gov](mailto:DHS.FOID@illinois.gov) E-Mail.

The left side of the screen contains links to access the DHS FOID Mental Health Reporting System, Qualified Examiner Registration, Facility Registration, Password Reset information and a link to the Illinois State Police FOID Website for anyone wanting to apply for a FOID Card or to obtain more information about FOID.

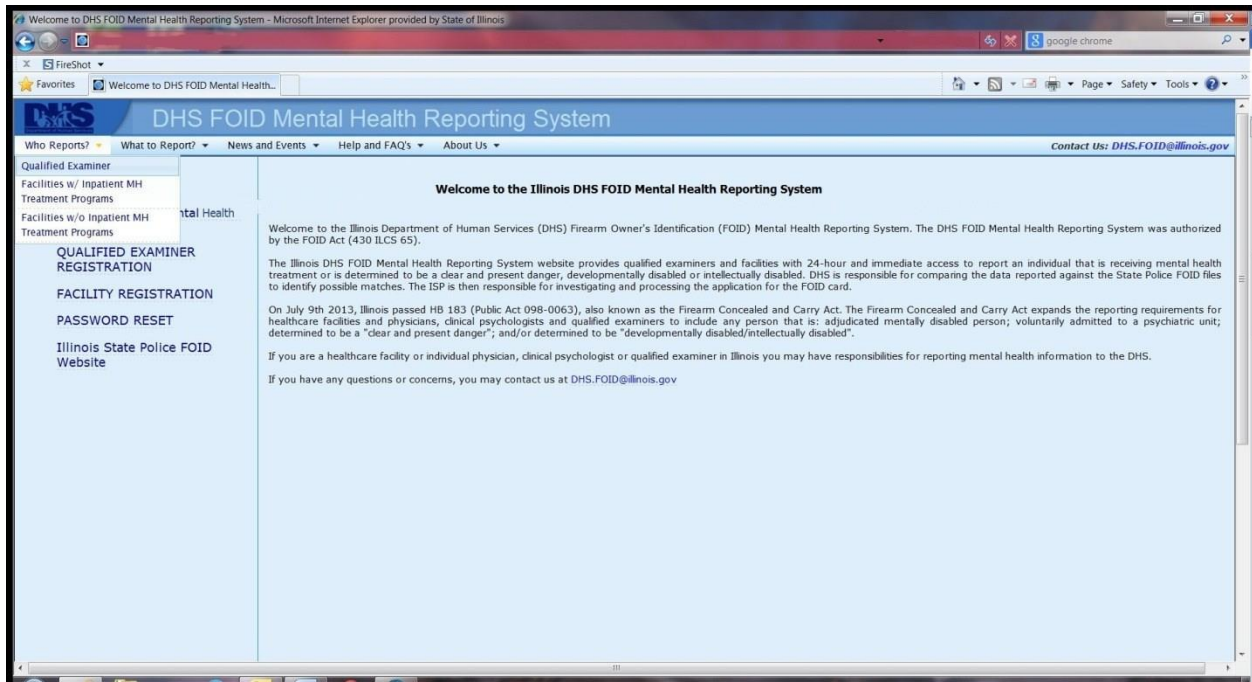
Qualified Examiners who choose not to register but wish to report an event to the DHS FOID Mental Health Reporting System, can do so by clicking on Qualified Examiner Registration.

NOTE: All Users wanting to register must have a valid User ID (E-Mail address) to access the system. Passwords must be changed once every 30 days. If the Password does expire select PASSWORD RESET from the selection on the left side of the screen. This will be described in more detail in the following pages.

# DHS FOID MENTAL HEALTH REPORTING SYSTEM

## QUALIFIED EXAMINER USERS MANUAL

### INTRODUCTION – continued



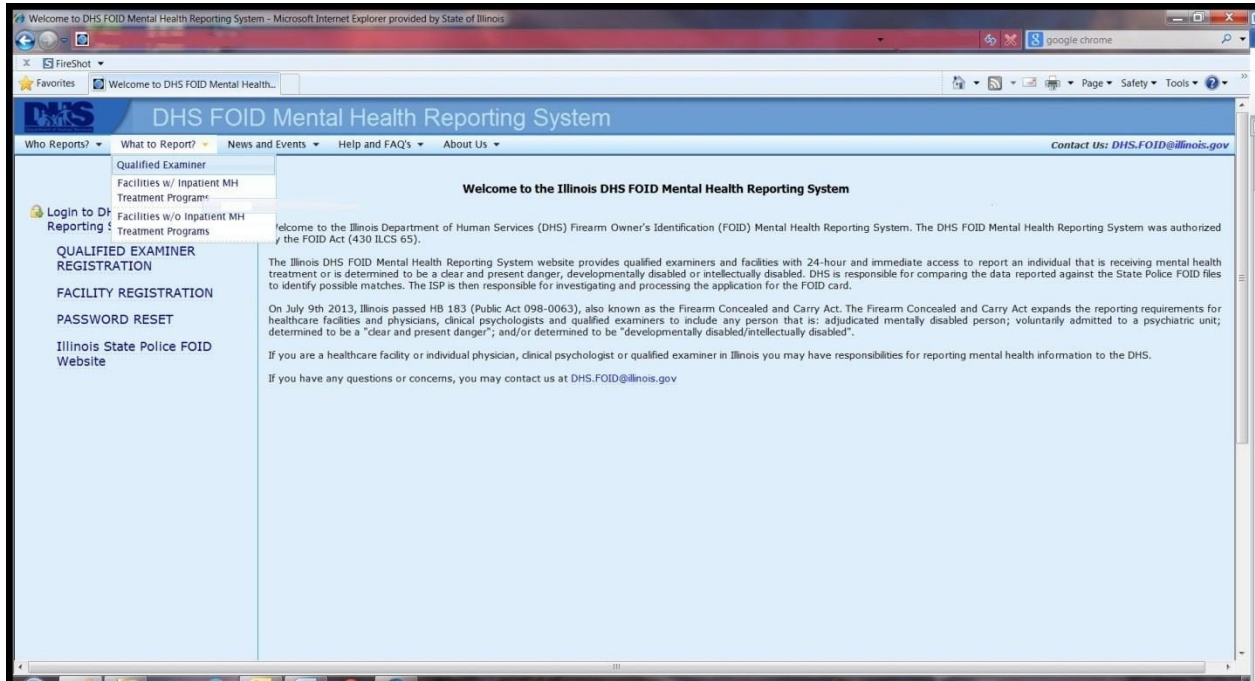
This screen displays the drop down tabs for “Who Reports?” to the DHS FOID Mental Health Reporting System. There are three types of providers who will use the reporting system; Qualified Examiners (Physicians, Clinical Psychologists and Qualified Examiners), Facilities With Inpatient Mental Health Treatment Programs and Facilities Without Inpatient Mental Health Treatment Programs. Select one of the links to display a PDF document of specific information regarding who is required to report information to the DHS FOID Mental Health Reporting System.

This manual is written specifically for the use of Qualified Examiners.

# DHS FOID MENTAL HEALTH REPORTING SYSTEM

## QUALIFIED EXAMINER USERS MANUAL

### INTRODUCTION – continued

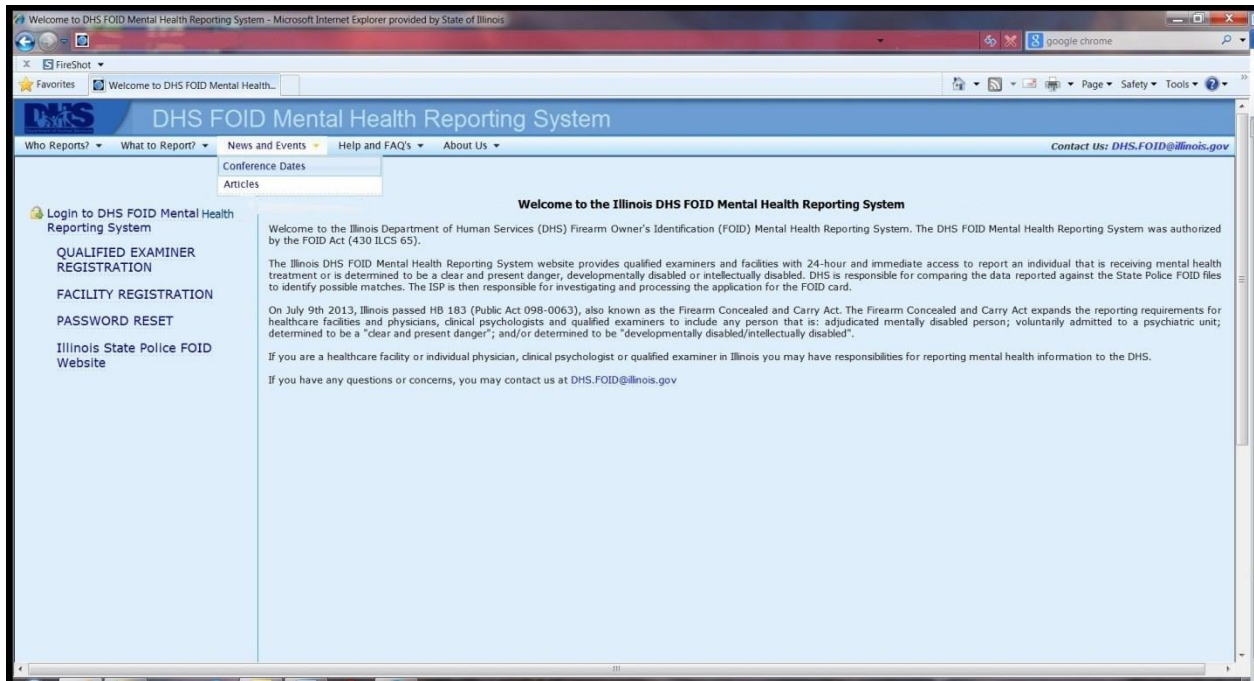


The above screen displays the drop down tabs for “What to Report?” to the DHS FOID Mental Health Reporting System. Each drop down tab is a link to a PDF document explaining what is required by law to be reported to the DHS FOID Mental Health Reporting System by each specific type of provider.

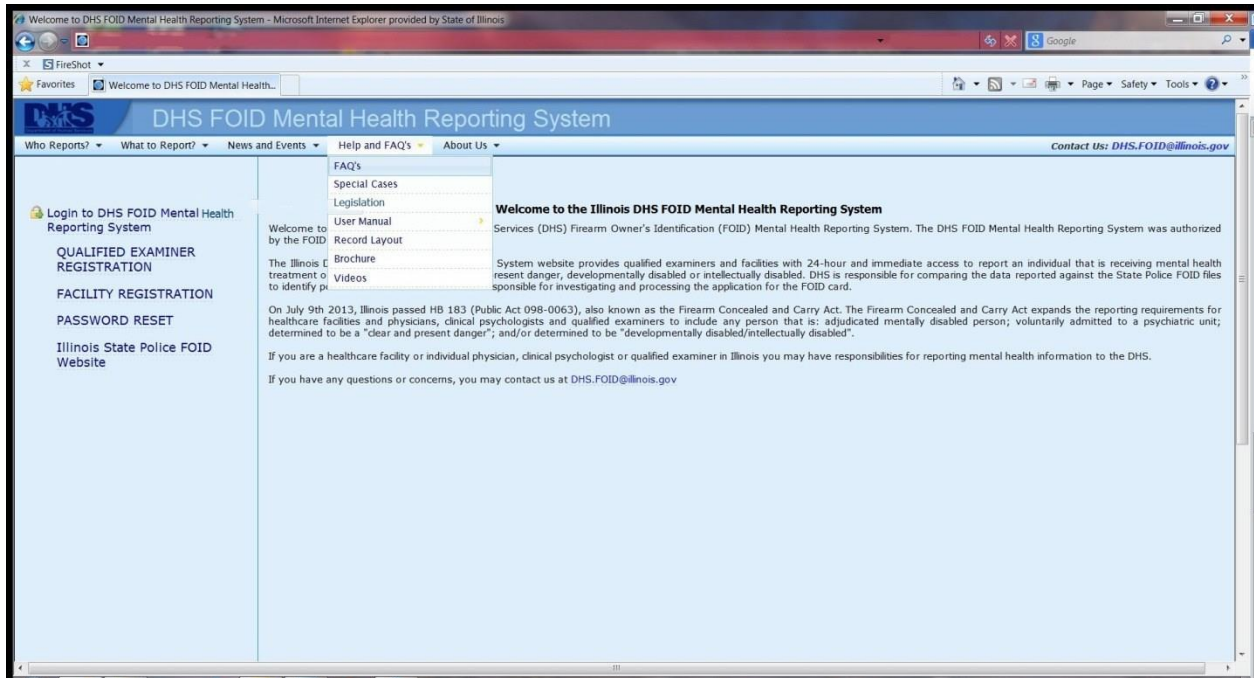
The screen below displays the drop down tabs for “News and Events”. Information may be accessed regarding any Conference Dates that are scheduled and any Articles that may be of interest regarding the DHS FOID Mental Health Reporting System.

# DHS FOID MENTAL HEALTH REPORTING SYSTEM

## QUALIFIED EXAMINER USERS MANUAL



### INTRODUCTION – continued



This screen displays the drop down tabs for “Help and FAQ’s” to the DHS FOID Mental Health Reporting System. Each drop down is a link to a PDF document.

## DHS FOID MENTAL HEALTH REPORTING SYSTEM

### QUALIFIED EXAMINER USERS MANUAL

The FAQ's PDF contains a list of the most frequently asked questions regarding changes in the DHS FOID Mental Health Reporting System.

The Special Cases PDF describes specific cases that may or may not be required by law to be reported.

The Legislation PDF will contain links to the "Firearm's Concealed Carry Act", the "FOID Act" and the "Mental Health Act" and any subsequent legislation that may occur.

User Manual contains links to access PDF's of "Facilities Help" and "Qualified Examiners Help" manuals for the DHS FOID Mental Health Reporting System.

Record Layout is a PDF containing batch record layout information for facilities wishing to report to the DHS FOID Mental Health System through a batch file interface. (Qualified Examiners will not report batch files at this time.)

Brochure is a PDF of a brochure distributed by the Department of Human Services with information regarding the Illinois Firearms Owner's Identification (FOID) Mental Health Reporting System.

If there are any videos that the Department of Human Services would like for users of the DHS FOID Mental Health Reporting System to view they will be found under the link Videos.

The About Us tab is a PDF that describes what the Illinois Firearm Owner's Identification Mental Health Reporting System is and the specific laws that brought about the need for this system.

#### INTRODUCTION – continued

A Qualified Examiner has the option of completing registration information within the system and having their license verified which will allow the user to log into the system and enter event information at any time without having to re-enter the specific information regarding their practice for each event. An example of the Qualified Examiner Registration screen is included in the following section.

A Qualified Examiner may also report an event without registering. Each time an event is to be entered the practice information for the Qualified Examiner will have to be re-entered. An example of the Qualified Examiner Information screen is included in the following section.

The following screen is displayed when Qualified Examiner Registration is selected from the [Welcome Screen](#).



The screenshot shows the DHS FOID Mental Health Reporting System interface. At the top, there is a navigation menu with links for 'Who Reports?', 'What to Report?', 'News and Events', 'Help and FAQ's', and 'About Us'. A contact email 'DHS.FOID@illinois.gov' is also visible. The main content area is titled 'Choose an Action:' and lists three options for users:

- All DHS FOID Mental Health Reporting System Users:** Includes a 'Login' option for existing users.
- Qualified Examiners:** A section with a bolded requirement: **Required by state law to report within 24 hours, when they feel a person is a Clear or Present Danger to themselves or others, or if a person is Developmentally Disabled or Intellectually Disabled**. Below this, two sub-options are provided:
  - Qualified Examiner wants to Register:** Explains that registration allows for one-time entry of demographic information.
  - Qualified Examiner does not want to register but wants to report information:** States that demographic information must be entered each time.

Two callout boxes with arrows point to the 'Qualified Examiners' section:

- The top callout points to the bolded requirement text and states: 'Registration Information entered only once.'
- The bottom callout points to the 'Qualified Examiner does not want to register...' option and states: 'Registration information must be entered each time an event is entered.'

NOTE: License information is validated for all Qualified Examiners regardless of whether they choose to register with the DHS FOID Mental Health Reporting System or choose to not register and report an event.

## SECTION 1 - QUALIFIED EXAMINER REGISTRATION AND REPORT EVENT

### 1.1 Qualified Examiner Registration

**Qualified Examiner Registration**

Please Enter Qualified Examiner Information below

\* Qualified Examiner First Name:  Qualified Examiner Middle Name:

\* Qualified Examiner Last Name (enter exactly as spelled on Qualified Examiner License):

\* Last 4 Digits of SSN:

\* Qualified Examiner License Number (enter 8 or 9 numeric characters exactly as it appears on Qualified Examiner License, no dashes, no periods):

\* Qualified Examiner Work Phone: Ext:  -

\* Qualified Examiner Work E-Mail:

\* Confirm Work E-Mail:

Note: Your E-Mail address will be your User ID

\* Qualified Examiner Practice Name (where person presented):

\* Qualified Examiner Work Address:

Qualified Examiner Work Address2:

\* Qualified Examiner Work City:  \* State:  Illinois  \* Zip:  -  Ext:

\* Qualified Examiner Referral Method:

\* Qualified Examiner Type:

\*Please enter security code **437737** in this text box: -->

Register without Reporting event Register and Report event Cancel

Information regarding this screen is on the following page.

### 1.1 Qualified Examiner Registration – continued

When a Qualified Examiner wants to Register was selected from the Choose an Action screen the Qualified Examiner Registration screen will be displayed. This screen will allow a Qualified Examiner to register once and be able to login to the system at any time to report events. They will not be required to re-enter their registration information each time an event is reported.

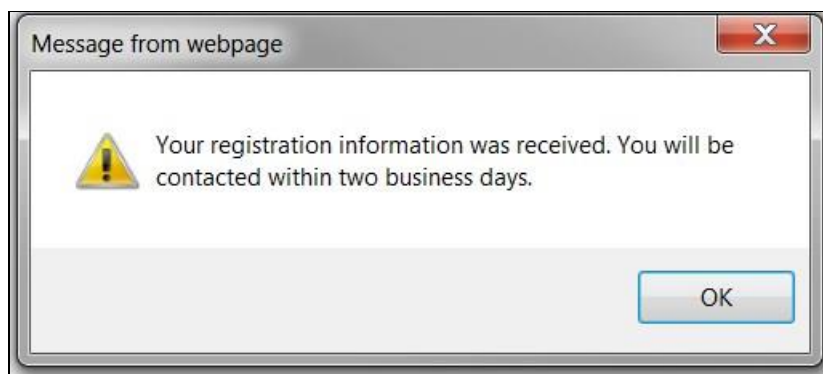
Fields marked with an asterisk (\*) are required fields but it is recommended to fill in all information that is available. Qualified Examiner Referral Method is a drop down of selections of how the Qualified Examiner was informed about the DHS FOID Mental Health Reporting System.

Qualified Examiner Type is to be selected from the drop down list consisting of; Clinical Psychologist, Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist, Physician, Psychiatrist and Registered Nurse.

Enter the displayed security code in the text box field to the right of the security code.

If wanting to report an event at this time, select Register and Report event to submit the information to the DHS FOID Mental Health Reporting System. The Qualified Examiner Person Report screen will be displayed.

If not wanting to report any event information as this time, select Register without Reporting event to save the registration information. The following message will then be displayed. Event information may be entered later by logging into the DHS FOID Mental Health Reporting System.



NOTE: Your E-Mail address will be your User ID.

## 1.2 Qualified Examiner Person Report

Select Register and Report event to save the registration information and report an event to the DHS FOID Mental Health Reporting System. The Qualified Examiner Person Report screen will then be displayed.

Fields marked with an asterisk (\*) are required fields but it is recommended to fill in all information that is available. The Date of Birth may be entered or selected by clicking on the calendar and selecting the appropriate date. Select the appropriate State, Gender and Race from the drop down lists and enter all other required information. One or more Event Types must be selected. Valid Event Types are Clear and Present Danger, Developmentally Disabled and Intellectually Disabled.

When an Event Type of Clear and Present Danger is selected the type of Clear and Present Danger must be noted by choosing one or both of the types if applicable. An Event Date must be entered or selected by clicking on the

calendar and selecting the appropriate date. When an Event Type of Clear and Present Danger was selected a Qualified Examiner Note is required to briefly describe why you believe this person is a clear and present danger.

When an Event Type of Developmentally Disabled or Intellectually Disabled are selected an Event Date must be entered or selected by clicking on the calendar and selecting the appropriate date.

When all pertinent information has been entered and is ready to be submitted, enter the security code shown on the screen and select "Report Event". A confirmation message is displayed stating "Your registration information was received. You will be contacted within two business days. Thank you for submitting the event." The event and registration information is then sent directly to the Department of Human Services. Nothing else on the part of the User has to be done to submit the data.

There will be two separate E-Mails sent. One will contain your valid User ID and the second will contain a temporary password to login to the DHS FOID Mental Health Reporting System. The actual System Login screen is described in Section 4 – System Login.

Upon the first login using your User ID and temporary password after registering a screen will then be displayed to change the temporary password to a more memorable password. This is described in detail in Section 4.1 System Change Password section.

## 1.2 Qualified Examiner Person Report – continued

The following screen shows the Qualified Examiner Person Report screen. This screen is displayed after the Qualified Examiner Registration Page has been completed. Due to the length of the individual screen it has been divided between pages.

Fields marked with an asterisk (\*) are required fields but it is recommended to fill in all information that is available. When the specific Event Type(s) are selected the screen will expand to encompass more information that is required.

**DHS FOID Mental Health Reporting System**

Who Reports? ▾ What to Report? ▾ News and Events ▾ Help and FAQ's ▾ About Us ▾ *Contact Us: DHS.FOID@illinois.gov*

**Qualified Examiner Person Report**

**Please Enter Event Information below:**

\* First Name:  Middle Name:  \* Last Name:

Suffix:

Social Security Number:

\*Date of Birth: (mm/dd/yyyy)

**Homeless** You will not be able to enter address below if this Homeless Indicator is checked.

\*Address:

Address 2:

\*City:  \*State:  \*Zip:  - Ext

\*Gender:  \*Race:

Eye Color:

Hair Color:

Height (feet)& Height(inches):

Weight(pounds):

\* **Event Type(Choose all that apply):**

Clear and Present Danger

Developmentally Disabled

Intellectually Disabled

\*Please enter security code **416692** in this text box: -->

## 1.2 Qualified Examiner Person Report – continued

This is the bottom half of the Qualified Examiner Person Report screen. The information on the screen will vary depending on the Event Type information selected on the screen. When an Event Type of Clear and Present Danger was selected one or both of the options listed below indicating the specific type of Clear and Present Danger must also be selected. Enter an Event Date or select by clicking on the calendar. When an Event Type of Clear and Present Danger has been selected the Qualified Examiner must briefly describe in their own words why they feel this person is a clear and present danger to themselves or others.

**\* Event Type(Choose all that apply):**  
 Clear and Present Danger  
 Developmentally Disabled  
 Intellectually Disabled

**\* Clear and Present Danger(choose all that apply)**  
 \* a) Communicates a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner  
 \* b) Demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official

**\* Clear and Present Danger Event Date: (mm/dd/yyyy)**  
[Date Picker]

**\* Qualified Examiner Note** *(Please briefly describe why you believe this person is a clear and present danger):*  
[Text Area]  
500 characters left

**\*Please enter security code** **672915** **in this text box: -->** [Text Box]

When Event Type(s) of Developmentally Disabled and/or Intellectually Disabled are selected an Event Date is required. Either enter the date or select using the calendar function.

**\* Event Type(Choose all that apply):**  
 Clear and Present Danger  
 Developmentally Disabled  
 Intellectually Disabled

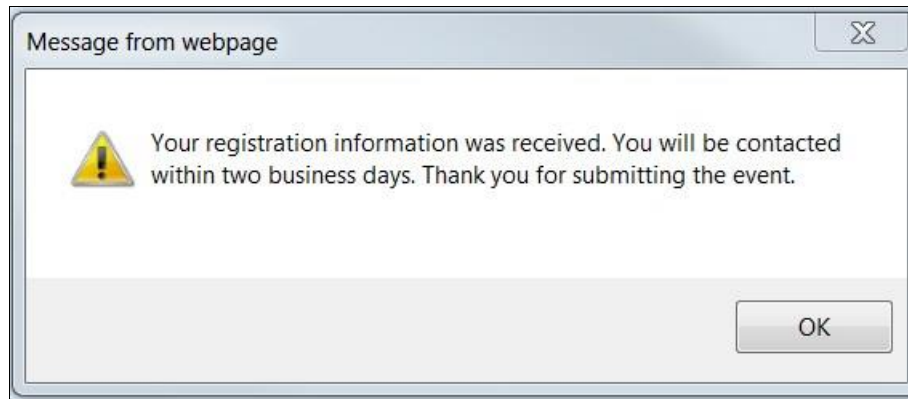
**\*Developmentally Disabled Event Date: (mm/dd/yyyy)**  
[Date Picker]

**\*Intellectually Disabled Event Date: (mm/dd/yyyy)**  
[Date Picker]

**\*Please enter security code** **385541** **in this text box: -->** [Text Box]

1.2 Qualified Examiner Person Report – continued

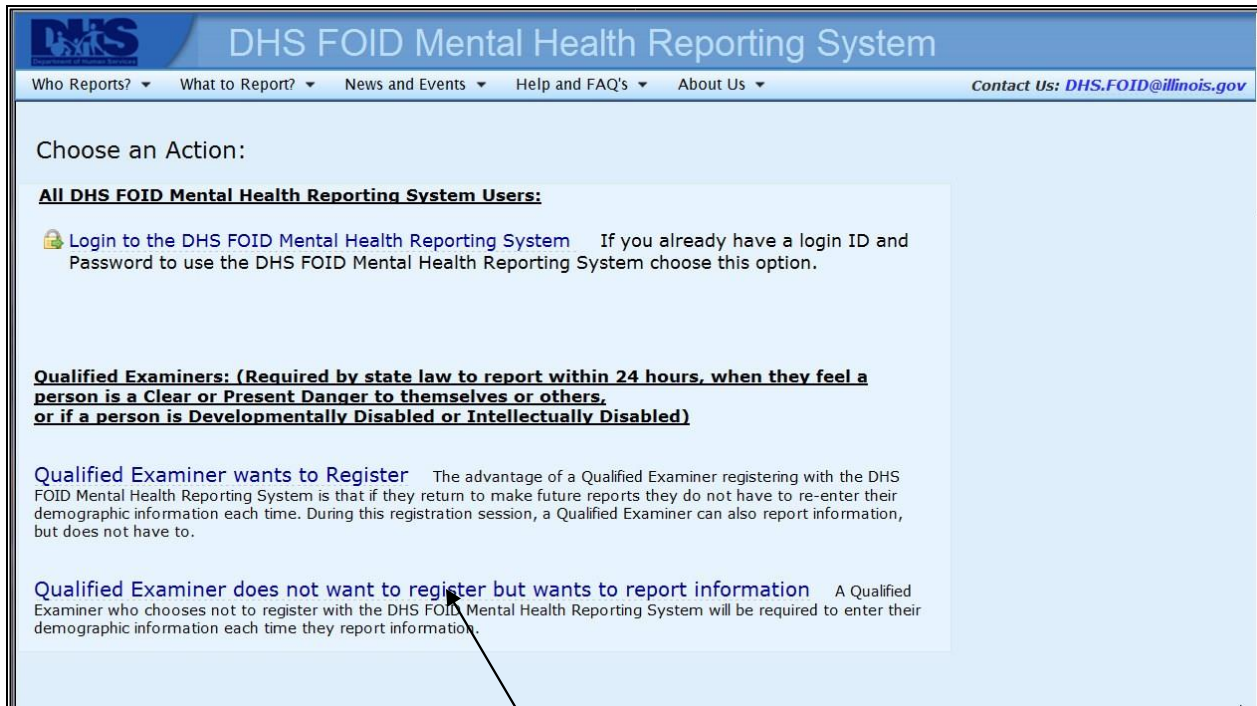
After all event information has been entered type the security code in the text box to the right of the code and click on Report Event to submit the event information directly to the Department of Human Services. The message below will be displayed indicating that the registration and person report information have been received. Nothing else on the part of the User has to be done to submit the data.



The system will then return to the main screen for the DHS FOID Mental Health Reporting System.

## SECTION 2 - QUALIFIED EXAMINER CHOOSES TO REPORT EVENT AND NOT REGISTER

A Qualified Examiner may choose to report an event but not register in the DHS FOID Mental Health Reporting System. Each time an event is reported to the Department of Human Services the Qualified Examiner information will have to be re-entered into the system with this type of reporting.



Qualified Examiner chooses to report event information only but does not register.

## 2.1 Qualified Examiner Information Page

The following screen displays the Qualified Examiner Information Page. This page is displayed when “Qualified Examiner does not want to register but wants to report information” was selected from the Choose an Action screen for Qualified Examiners. Due to the length of the individual screen it has been divided between pages.

Fields marked with an asterisk (\*) are required fields but it is recommended to fill in all information that is available. Qualified Examiner Referral Method is a drop down of selections of how the Qualified Examiner was informed about the DHS FOID Mental Health Reporting System.

Qualified Examiner Type is to be selected from the drop down list consisting of; Clinical Psychologist, Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist, Physician, Psychiatrist and Registered Nurse.



The screenshot shows the 'Qualified Examiner Information Page' within the DHS FOID Mental Health Reporting System. At the top, there is a navigation menu with links for 'Who Reports?', 'What to Report?', 'News and Events', 'Help and FAQ's', and 'About Us'. Below the navigation is a title bar for the page. A prominent note states: 'Please Note: A Qualified Examiner who uses this page chooses not to register with the DHS FOID Mental Health Reporting System and will be required to enter their demographic information each time they report information. Information reported as a guest cannot be changed on a later date by the reporter using the FOID web site. The Qualified Examiner will be required to E-Mail IDHS at DHS.FOID@illinois.gov to explain what change is needed.' The main section is titled 'Please Enter Qualified Examiner Information below:' and contains several required fields marked with an asterisk (\*):
 

- \* Qualified Examiner First Name: [text input] Qualified Examiner Middle Name: [text input]
- \* Qualified Examiner Last Name: (enter exactly as spelled on Qualified Examiner License) : [text input]
- \* Last 4 Digits of SSN: [text input]
- \* Qualified Examiner License Number (enter 8 or 9 numeric characters exactly as it appears on Qualified Examiner License, no dashes, no periods): [text input]
- \* Qualified Examiner Work Phone: Ext: ( [text input] ) [text input] - [text input] [text input]
- \* Qualified Examiner Work E-Mail: [text input]
- \* Confirm Work E-Mail: [text input]
- \* Qualified Examiner Practice Name (where person presented): [text input]
- \* Qualified Examiner Work Address: [text input]
- Qualified Examiner Work Address2: [text input]
- \* Qualified Examiner Work City: \* State: [dropdown menu showing 'Illinois'] \* Zip: [text input] - [text input] Ext: [text input]
- \* Qualified Examiner Referral Method: [dropdown menu]
- \* Qualified Examiner Type: [dropdown menu]

2.1 Qualified Examiner Information Page – continued

This is the bottom portion of the Qualified Examiner Information Page. Again, fields marked with an asterisk (\*) are required fields but it is recommended to fill in all information that is available. Any date fields may be entered or selected by clicking on the calendar and selecting the appropriate date. A checkbox has been added to indicate that the person is “Homeless”. If this has been selected none of the address information is needed.

When any of the Event Type(s) is selected the screen will expand to allow entry for the particular event type.

**Please Enter Event Information below:**

\*First Name:  Middle Name:  \*Last Name:

Suffix:

Social Security Number:

\*Date of Birth:(mm/dd/yyyy)

**Homeless** You will not be able to enter address below if this Homeless Indicator is checked.

\*Address:

Address 2:

\*City:  \*State:  \*Zip:  - Ext:

\*Gender:  \*Race:

Eye Color:

Hair Color:

Height(feet) & Height(inches):  
0  00

Weight(pounds):

**\* Event Type(Choose all that apply):**

Clear and Present Danger

Developmentally Disabled

Intellectually Disabled

\*Please enter security code **118126** in this text box: -->

## 2.1 Qualified Examiner Information Page – continued

This screen displays the expanded fields when any Event Type(s) is selected.

The information on the screen will vary depending on the Event Type information selected on the screen. When an Event Type of Clear and Present Danger is selected, the type of Clear and Present Danger must be noted by choosing one or both of the types if applicable indicating the specific type of Clear and Present Danger. An Event Date must be entered or selected by clicking on the calendar and selecting the appropriate date. When an Event Type of Clear and Present Danger was selected a Qualified Examiner Note is required to briefly describe why you believe this person is a clear and present danger.

**\* Event Type(Choose all that apply):**  
 Clear and Present Danger  
 Developmentally Disabled  
 Intellectually Disabled

**\* Clear and Present Danger(choose all that apply)**  
 \* a) Communicates a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner  
 \* b) Demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official

**\* Clear and Present Danger Event Date: (mm/dd/yyyy)**  
[Date Picker]

**\* Qualified Examiner Note (Please briefly describe why you believe this person is a clear and present danger):**  
[Text Area]  
500 characters left

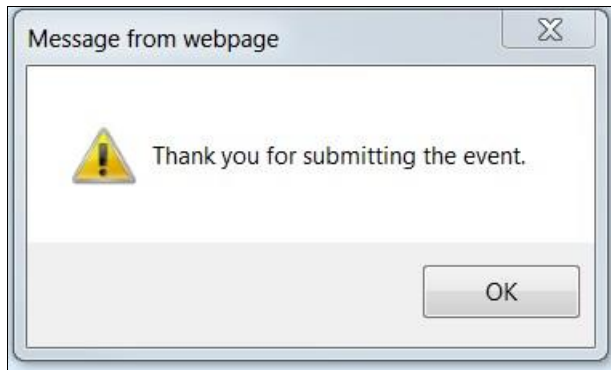
**\* Developmentally Disabled Event Date: (mm/dd/yyyy)**  
[Date Picker]

**\* Intellectually Disabled Event Date: (mm/dd/yyyy)**  
[Date Picker]

**\* Please enter security code **476443** in this text box: -->** [Text Box]

[Report Event] [Cancel]

After all Event Information has been entered type the security code in the text box to the right of the code and click on Report Event to submit the event information directly to the Department of Human Services. The following will be displayed indicating that the information has been received. Nothing else on the part of the User has to be done to submit the data.



## SECTION 3 – PASSWORD RESET

## 3.1 Request to Reset Password



The screenshot shows the 'Request to Reset Password' form within the DHS FOID Mental Health Reporting System. The form is titled 'Request to Reset Password' and includes a navigation bar with links for 'Who Reports?', 'What to Report?', 'News and Events', 'Help and FAQ's', and 'About Us'. The form fields are as follows:

- Please provide the information below:**
- \*First Name:
- Middle Name:
- \*Last Name:
- \*Facility/Practice Name:
- \*Phone: (  )  -
- Ext:
- \*E-Mail Address:
- \*Confirm E-Mail Address:
- \*Please enter security code **638596** in this text box: -->

At the bottom of the form are two buttons: 'Send Request' and 'Cancel'.

This screen is displayed after selecting PASSWORD RESET from the [Welcome](#) screen. Fields marked with an asterisk (\*) are required fields but it is recommended to fill in all information that is available.

When all pertinent information has been entered and is ready to be submitted, enter the security code shown on the screen and select Send Request. The message below will then be displayed.

There will be two separate E-Mails sent. One will contain your valid User ID and the second will contain a temporary password to login to the DHS FOID Mental Health Reporting System. The actual [System Login](#) screen is described in Section 4 – System Login.



## SECTION 4 – SYSTEM LOGIN

The screenshot shows the login interface for the DHS FOID Mental Health Reporting System. At the top left is the DHS logo and the text "Illinois Department of Human Services". The main heading is "System Login". On the left, there is a "Login" section with two input fields: "User ID:" and "Password:". Below the "Password:" field are two buttons: "Login" and "Clear". To the right of the input fields, there is a paragraph of text stating that unauthorized access or disclosure of DHS client, employee or any other confidential information is prohibited. Below this is a bold warning: "Do not attempt to login unless you are an authorized user." At the bottom right, there is a paragraph of text stating that by logging into the system, the user acknowledges that they are an authorized user and agree to abide by all rules and regulations of the system. It also states that it is the user's responsibility to ensure that their user ID and password are kept private and not shared with anyone.

This page will be displayed when “Login to DHS FOID Mental Health Reporting System” was selected from the Welcome screen.

1. A Registered user should type in his/her DHS FOID Mental Health Reporting System User ID. NOTE: Your E-Mail address will be your User ID.
2. After entry of a valid User ID, the DHS FOID Mental Health Reporting System prompts the user for a “Password”. (The first time a User logs into the DHS FOID Mental Health Reporting system after registering, the User will enter the temporary password received via E-Mail from the system.) The user should type in his/her unique password. When the password is entered, it will not be visible.
  - The user must not login to the DHS FOID Mental Health Reporting System again, unless the user has followed the logout procedures. The user should only have one active session of DHS FOID Mental Health Reporting System running at a time. The user will be logged out of the system after 30 minutes of inactivity.
3. The user must select “Login”. If this is the first login or the User password has expired, the password change screen on the following page will be displayed. The DHS FOID Mental Health Reporting System Home Page will be displayed.

#### 4.1 System Change Password

**System Change Password**

Change password for %USERNAME%

**Input old password:**

**Input new password:**

**Confirm new password:**

**Passwords are set to expire after 30 days.**

At this time, select a new password according to the following guidelines:

- The password must be at least eight (8) characters long.
- The password must contain at least four (4) alpha characters.
- The password must contain at least one (1) numeric character.
- The password can not contain more than two (2) repeated characters.
  - The password is case sensitive

The System Change Password screen is displayed each time the Users password needs to be changed.

This screen will also be displayed the first time a User logs into the Department of Human Services FOID Mental Health Reporting System using the temporary password that was sent in an E-Mail when the User first registered with the system. The "Input old password" field on the screen is where the temporary password should be entered.

Enter the old password (or temporary if first time) into "Input old password". Enter a new unique password in "Input new password" following the requirements on the screen.

- The password must be at least eight (8) characters long.
- The password must contain at least four (4) alpha characters.
- The password must contain at least one (1) numeric character.
- The password cannot contain more than two (2) repeated characters. The password is case sensitive.

Click on Change Password to reset your password for the DHS FOID Mental Health Reporting System. If you have forgotten your password select PASSWORD RESET from the Welcome screen.

4.2 Home Page

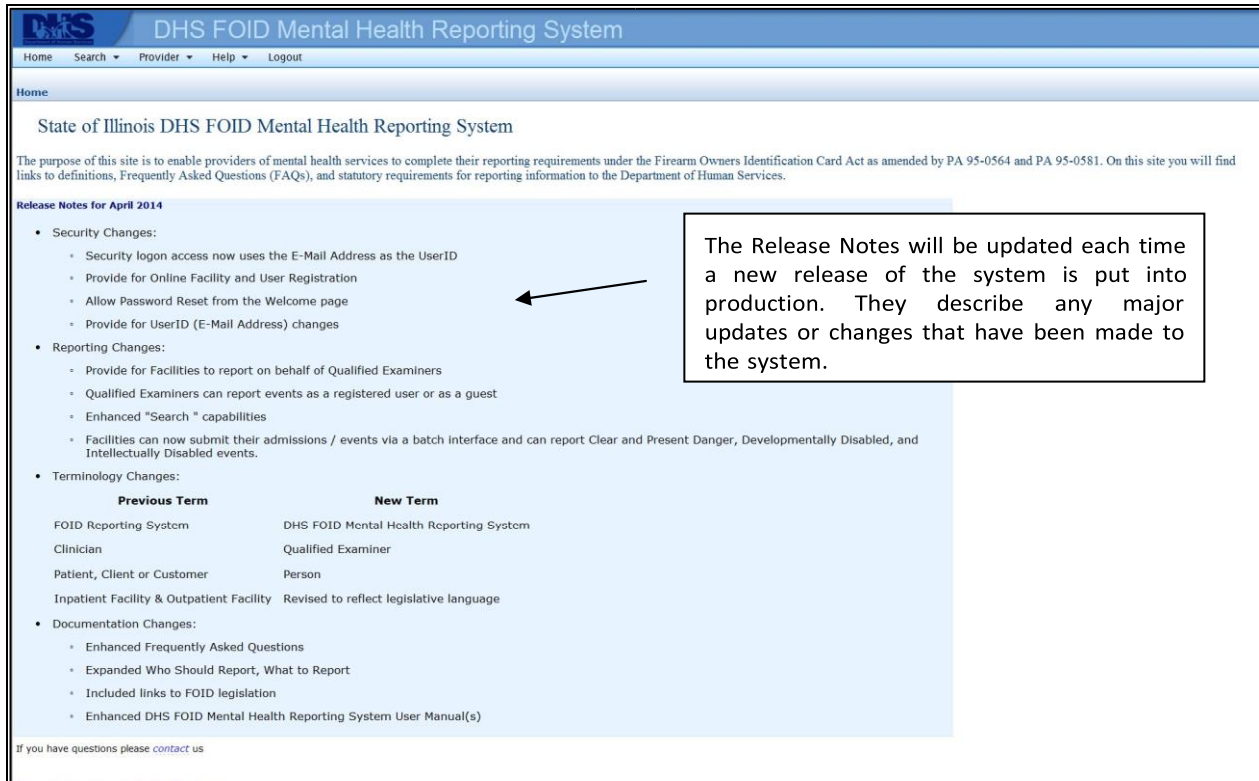
The Home Page is displayed after entering a User ID and Password and logging into the DHS FOID Mental Health Reporting System.

The Menu Bar contains tabs for Home, Search, Provider, Help and Logout. The Home tab will return the User to this page from any point in the system.

The Search tab is a drop down containing a Reported Person Search, List of Person Report Submissions and Deleted Person Reports Search options.

The Provider tab will access a drop down list with Report Person, Update User Info, Update Provider Info, and Request to Change User ID.

The Help tab is a drop down containing a link back to the Welcome Page, Facilities Help and Qualified Examiners Help which are links to User Manuals (Qualified Examiners will use the Qualified Examiners Help User Manual) and a Contact Us button. This will display a screen to submit an E-Mail to [DHS.FOID@illinois.gov](mailto:DHS.FOID@illinois.gov) if any other help is required. Logout will log the user out of the system.



## SECTION 5 – SEARCH

## 5.1 Reported Person Search

The screenshot shows the 'Reported Person Search' interface. At the top, there is a navigation bar with 'Home', 'Search', 'Provider', 'Help', and 'Logout'. Below this is the main heading 'Reported Person Search'. The interface is divided into two main sections: 'Person' and 'Additional Criteria'. The 'Person' section contains three input fields: 'Last Name:', 'First Name:', and 'Search Type:'. The 'Search Type:' dropdown menu is currently set to 'Begins With'. A callout box with an arrow points to this dropdown menu, containing the text 'Begins With', 'Sounds Like', and 'Exact Match'. The 'Additional Criteria' section contains three input fields: 'Birth Date: mm/dd/yyyy' (with a calendar icon), 'Gender:', and 'SSN:'. Below these fields are 'Search' and 'Clear' buttons.

The Reported Person Search screen is displayed after selecting Search from the menu bar and then selecting Reported Person Search from the drop down list. A search is to be implemented to view information for a specific event that was previously entered. A search may be conducted by entering any field or combination of fields to limit the search results. The Birth Date may be entered or selected by clicking on the calendar and selecting the appropriate date. When a search is to be implemented on Last Name or First Name a “Search Type” may be selected for Begins With, Sounds Like or Exact Match.

After search criteria has been entered click on Search to locate an event or Clear to remove the search criteria and conduct another search.

## 5.1 Reported Person Search - continued



The screenshot displays the 'Reported Person Search' interface. At the top, there is a navigation bar with 'Home', 'Search', 'Provider', 'Help', and 'Logout'. The main heading is 'Reported Person Search'. Under the 'Person' section, there are three input fields: 'Last Name:' containing 'jones', 'First Name:', and 'Search Type:' with a dropdown menu set to 'Begins With'. Below this is the 'Additional Criteria' section with fields for 'Birth Date: mm/dd/yyyy', 'Gender:', and 'SSN:'. There are 'Search' and 'Clear' buttons. At the bottom of the form area, a message reads 'No matches were found for your search'.

Begins With  
Sounds Like  
Exact Match

Message indicating no matches  
were found.

When it has been determined that an event does not exist in the system for the specified search criteria the Reported Person Search page will be displayed with the message “No matches were found for your search”.

A new search may be conducted by entering different criteria and clicking on Search to search for another event.

5.1 Person Reporting Search - continued

**Person**  
Last Name: rabbit First Name: Search Type: Begins With

**Additional Criteria**  
Birth Date: mm/dd/yyyy Gender: SSN: Search Clear

**Person Search Results**  
Page 1 of 1

Person Name	Birth Date	Gender	Race	Facility Name
<a href="#">RABBIT, ROGER</a>	01/01/1947	M	White	Turkey Day Qualified Examiner

Page 1 of 1 1

Begins With Sounds Like Exact Match

The Person "Name" is a link to access the specific event.

When a search criterion was entered and a match is found the above page will be displayed with a list of the event(s) matching the criteria. The Person Search Results show Name, Birth Date, Gender, Race and Facility Name. The Person Name is a hyperlink which can be clicked on to view the specific person's event information on the Report Person screen.

After search criteria has been entered click on Search to locate an event or Clear to remove the search criteria.

## 5.2 Report Person Results

DHS FOID Mental Health Reporting System

Home Search Provider Help Logout

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**Report Person**

Fields marked with an asterisk (\*) are required.

**\*First Name:** Minnie   
 **Middle Name:**   
 **\*Last Name:** Mouse   
 **Suffix:** ▼

**Social Security Number:**  

**\*Birth Date: (mm/dd/yyyy)**  
 04/12/1978  

**Homeless** You will not be able to enter address below if this Homeless Indicator is checked.

**\*Address:**  
 1 Main Street

**Address 2:**  
 

**\*City:** Springpatch   
 **\*State:** Illinois ▼   
 **\*Zip:** 62252   
 **Ext:** 1234

**\*Gender:** Female ▼   
 **\*Race:** Other ▼

**Eye Color:**  
 Blue ▼

**Hair Color:**  
 Black ▼

**Height(feet) & Height(inches):**  
 0 ▼ 00 ▼

**Weight:**  
 

**Event Type (Choose all that apply):**  
 Clear and Present Danger  
 Developmentally Disabled  
 Intellectually Disabled

**\* Clear and Present Danger(choose all that apply)**  
 \* a) Communicates a serious threat of physical violence against a reasonably identifiable victim or poses a dear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner  
 \* b) Demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official

**Qualified Examiner Name:** turkey day

**\* Qualified Examiner Note: (Please briefly describe why you believe this person is a clear and present danger):** 439 characters left  
 This person was deemed to be a danger to ~~themselves~~ and others.  
 

**\*Clear And Present Danger Event Date: (mm/dd/yyyy)**  
 12/01/2014  

**\*Developmentally Disabled Event Date: (mm/dd/yyyy)**  
 12/01/2014  

**\*Intellectually Disabled Event Date: (mm/dd/yyyy)**  
 12/01/2014  

**Reason for deleting this record:**  
 Note: only required when deleting the record  
 

250 characters left

Information for this screen is on the following page.

5.2 Report Person Results - continued

This previous screen is displayed after a Reported Person Search has been conducted and an individual event was selected from the Person Search Results list. If information is to be updated make the necessary change(s) and click on Update to save the changes to this record or Cancel to return to the Reported Person Search screen.

If the event is to be deleted a "Reason for deleting this record" comment must be entered. After the comment has been entered, click on Delete to remove the event and return to the Reported Person Search screen.

5.3 List of Person Report Submissions

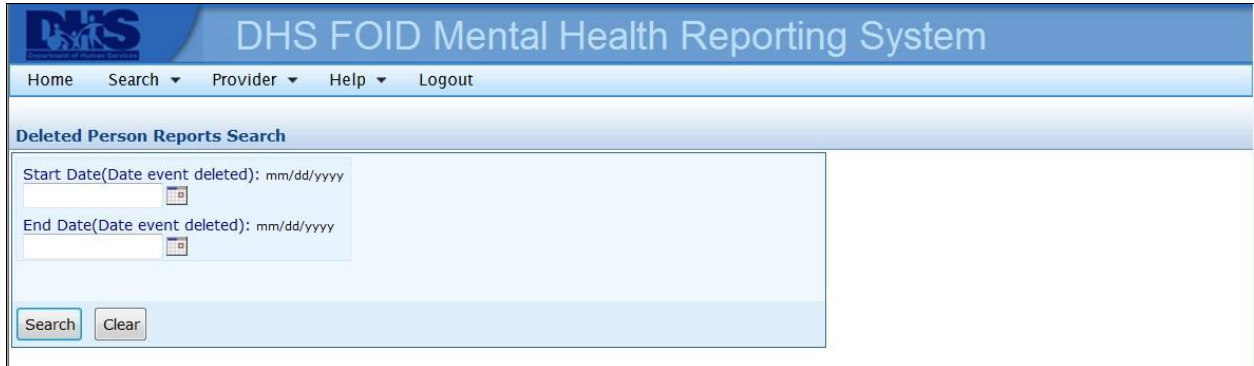
The List of Person Report Submissions screen is displayed after selecting Search from the menu bar and then selecting List of Person Report Submissions from the drop down list.

After the Start Date and End Date for the selected date range has been entered click on Search.

A Submitted Events Results screen will be displayed listing the actual submittal date and the number of records that were submitted for that date. (See below screen.)

Date Submitted	Record Count
2014/11/05	9
2014/11/07	4
2014/11/10	124
2014/11/14	1
Page 1 of 1	1

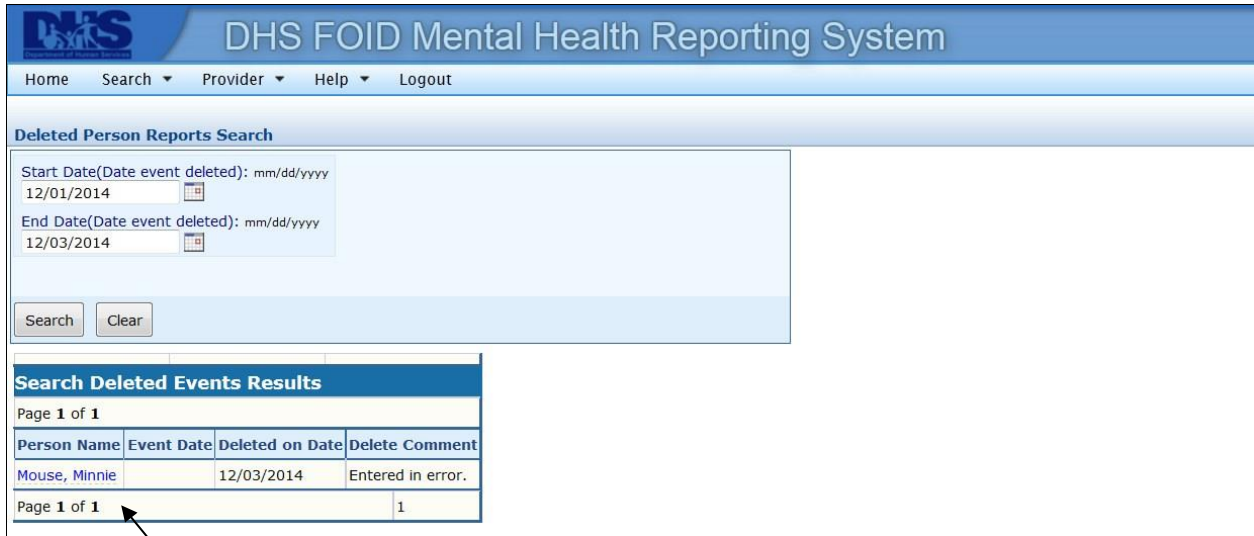
5.4 Deleted Reported Person Search



The Deleted Reported Person Search screen is displayed after selecting Search from the menu bar and then selecting Deleted Reported Person Search from the drop down list.

After the Start Date and End Date for the selected date range has been entered click on Search.

A Search Deleted Events Results screen will be displayed listing the deleted on date and comment.



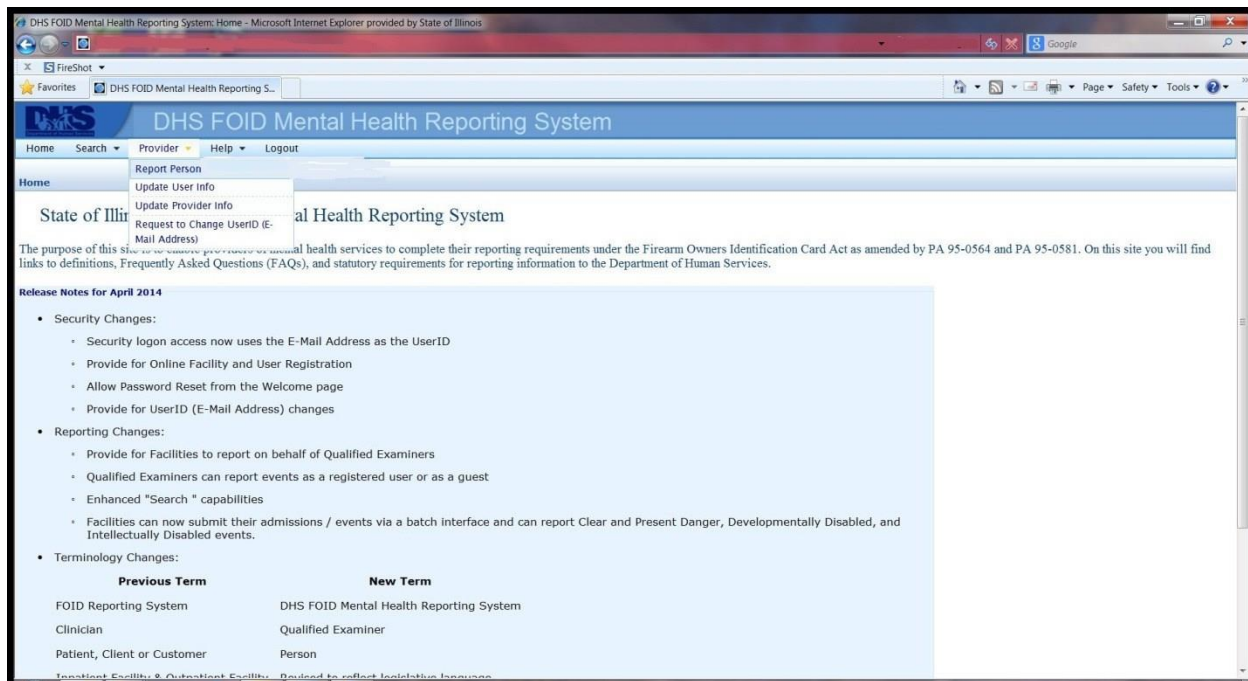
The Person "Name" is a link to access the specific event.

## SECTION 6 – PROVIDER

### 6.1 Provider tab

# DHS FOID MENTAL HEALTH REPORTING SYSTEM

## QUALIFIED EXAMINER USERS MANUAL



This screen displays the drop down tabs for “Provider” to the DHS FOID Mental Health Reporting System.

The Report Person option will be used to report an event for a Person.

The Update User Info option is used to update/change information for the User logged into the System. The Name and Phone Number may be updated. The screen will also contain an option to request a password change.

The Update Provider Info option is used to update/change the Qualified Examiner’s Practice information.

The Request to Change User ID option will allow the User to submit to the Department of Human Services a request to have their User ID changed. NOTE: The User ID is to be your E-Mail address.

The above mentioned screens will be displayed and described in more detail on the following pages.

## 6.2 Report Person

The screenshot shows the 'Report Person' form in the DHS FOID Mental Health Reporting System. The form is titled 'Report Person' and includes a navigation bar with 'Home', 'Search', 'Provider', 'Help', and 'Logout'. Below the title, a note states: 'Fields marked with an asterisk (\*) are required.' The form contains the following fields and options:

- \*First Name:** Text input field
- Middle Name:** Text input field
- \*Last Name:** Text input field
- Suffix:** Dropdown menu
- Social Security Number:** Text input field
- \*Birth Date: (mm/dd/yyyy):** Date picker
- Homeless** You will not be able to enter address below if this Homeless Indicator is checked.
- \*Address:** Text input field
- Address 2:** Text input field
- \*City:** Text input field
- \*State:** Dropdown menu (currently showing 'Illinois')
- \*Zip:** Text input field
- Ext:** Text input field
- \*Gender:** Dropdown menu
- \*Race:** Dropdown menu
- Eye Color:** Dropdown menu
- Hair Color:** Dropdown menu
- Height(feet) & Height(inches):** Two dropdown menus (currently showing '0' and '00')
- Weight:** Text input field
- Event Type (Choose all that apply):**
  - Clear and Present Danger
  - Developmentally Disabled
  - Intellectually Disabled

At the bottom of the form are 'Save' and 'Cancel' buttons.

The Report Person screen is displayed after selecting Provider from the menu bar and then selecting Report Person from the drop down list.

Fields marked with an asterisk (\*) are required fields but it is recommended to fill in all the information that is available. Any date fields may be entered or selected by clicking on the calendar and selecting the appropriate date. Select the appropriate State, Gender and Race from the drop down lists and enter all other required information.

The screen displayed on the following page shows the expanded fields when any one or all of the specific Event Type(s) has been selected.



6.2 Report Person - continued

**Event Type (Choose all that apply):**

Clear and Present Danger

Developmentally Disabled

Intellectually Disabled

**\* Clear and Present Danger(choose all that apply)**

\* a) Communicates a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner

\* b) Demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official

**Qualified Examiner Name: John Doe**

**\* Qualified Examiner Note: (Please briefly describe why you believe this person is a clear and present danger):** 500 characters left

**\*Clear And Present Danger Event Date: (mm/dd/yyyy)**

⌵  
⌶

**\*Developmentally Disabled Event Date: (mm/dd/yyyy)**

⌵  
⌶

**\*Intellectually Disabled Event Date: (mm/dd/yyyy)**

⌵  
⌶

This screen is the bottom half of the Report Person screen displaying the expanded fields.

If the Event Type of Clear and Present Danger is selected the screen expands to display two options to describe information about the type of clear and present danger. One or both options may be selected. When an Event Type of Clear and Present Danger has been selected the Qualified Examiner must briefly describe in their own words why they feel this person is a clear and present danger to themselves or others.

If Event Type(s) of Developmentally Disabled and/or Intellectually Disabled are selected their Event Date fields are displayed.

Enter the appropriate Event Date or select from the calendar.

Select Save to add the report information. After the information has been added, the system will return to a blank Report Person screen to allow entry of another event.

NOTE: When the Save button is clicked the report information is sent directly to the Department of Human Services. Nothing else on the part of the User has to be done to submit data.

6.3 Update User Info

The Update User Info screen is displayed after selecting Provider from the menu bar and then selecting Update User Info from the drop down list.

The User may make changes to their name or phone number on this screen. Select Save to update the User Information within the system or Cancel. If a person wants to change their E-Mail address this will also change their User ID and Password. This is described later in the Request to Change User ID option.

The User may also request a password change for the DHS FOID Mental Health Reporting System by selecting Change Password. The Change User Password screen shown below will be displayed. Enter your Current Password and a New Password. Enter the New Password again to verify and click on Save to change your password.

## 6.4 Update Provider Info

**DHS FOID Mental Health Reporting System**

Home Search Provider Help Logout

**Update Provider Info**

**Please provide the information below:**

\*Qualified Examiner Last Name (enter exactly as spelled on Qualified Examiner License): Duke  
 Qualified Examiner Status: Active

\*Qualified Examiner First Name: Daisy

Qualified Examiner Middle Name: May

\*Provider Type: Clinical Psychologist

*Note: To change Provider Type, you will have to register as New Provider.*

\*Last 4 digits of SSN: 5566

\*License Number (enter 8 or 9 numeric characters exactly as it appears on Qualified Examiner License, no dashes, no periods): 123654987

\*Work Phone: ( 217 ) 555 - 1212 Ext: 3

\*Qualified Examiner E-Mail: DaisyDukeQE@test.com

*Note: Your E-Mail address will be your User ID*

\*Qualified Examiner Practice Name (where person presented): Daisy Duke QE Practice

\*Qualified Examiner Work Address: 500 N. Third St.

Qualified Examiner Work Address2: P.O. Box 521

\*Qualified Examiner Work City: Springpatch \*State: Illinois \*Zip: 62252 Ext: - 1234

Save Cancel

The Update Provider Info screen is displayed after selecting Provider from the menu bar and then selecting Update Provider Info from the drop down list.

The Qualified Examiner information may be updated from this screen. If there are any questions regarding specific information on this screen please contact [DHS.FOID@illinois.gov](mailto:DHS.FOID@illinois.gov).

Fields marked with an asterisk (\*) are required fields but it is recommended to fill in all the information that is available. Select Save to update the Provider Information within the system and return to the Home screen or Cancel to not save the changes.

## 6.5 Request to Change User ID

The screenshot shows the 'Request to Change User ID' screen within the DHS FOID Mental Health Reporting System. The page header includes the DHS logo and the system name. A navigation bar contains links for Home, Search, Provider, Help, and Logout. The main content area is titled 'Change User ID' and contains a form with the following elements:

- Request to Change User ID** (Section Header)
- Note: Your E-Mail Address will be your User ID*
- Current User ID: daisydukeqe@test.com
- \*New User ID: [Text Input Field]
- \*Verify New User ID: [Text Input Field]
- Buttons: Send Request, Cancel

The Request to Change User ID screen is displayed after selecting Provider from the menu bar and then selecting Request to Change User ID from the drop down list.

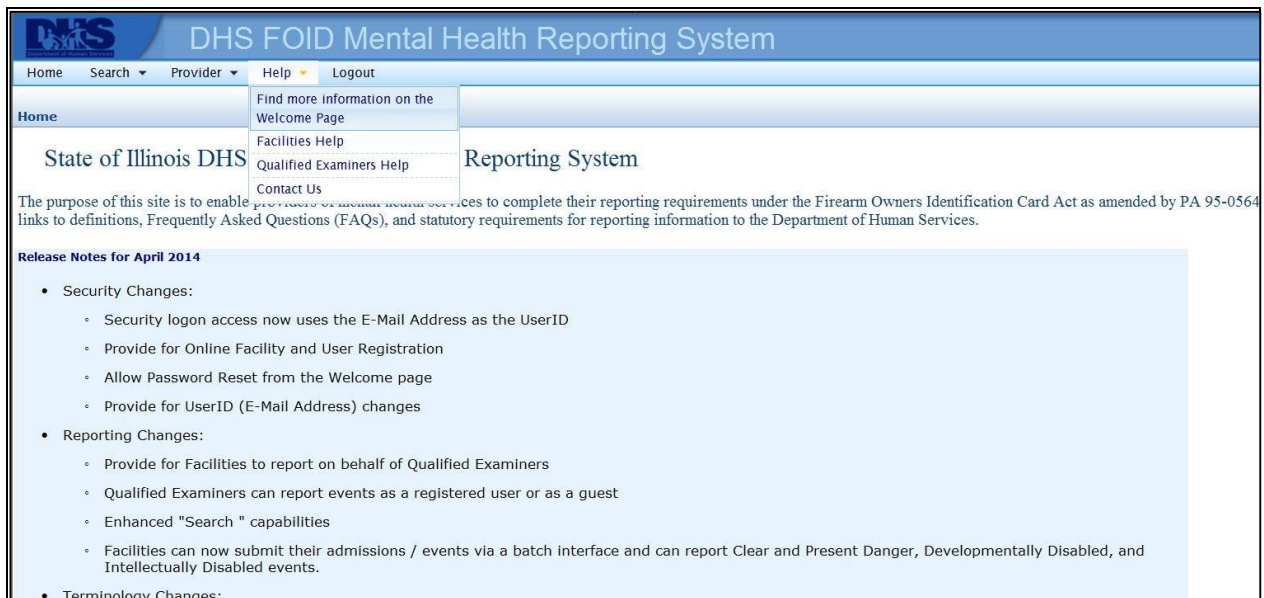
Enter the New User ID. Re-enter the New User ID in the Verify New User ID field. Note: The User ID must be a valid E-Mail format. Click on Send Request to submit the New User ID request to the Department of Human Services. Three E-Mails will be returned to the User after processing; one will indicate that your "old" User ID has been deactivated, one will return a new temporary password and one will validate that the new User ID has been activated in the DHS FOID Mental Health Reporting System.

## SECTION 7 – HELP

## 7.1 Help

# DHS FOID MENTAL HEALTH REPORTING SYSTEM

## QUALIFIED EXAMINER USERS MANUAL



This screen displays the drop down tabs for "Help" to the DHS FOID Mental Health Reporting System.

The Find More Information on the Welcome Page option returns the User to the Welcome screen.

The Facilities Help option accesses a PDF for the Facilities User Manual.

The Qualified Examiners Help accesses a PDF for the Qualified Examiners User Manual.

The Contact Us selection will bring up an E-Mail to send questions to [DHS.FOID@illinois.gov](mailto:DHS.FOID@illinois.gov).

Logout will log the User out of the DHS FOID Mental Health Reporting System.