

Fred's Footsteps Application Portal

User Guide - 2020

Welcome to the new Fred's Footsteps application portal. The purpose of this portal is to make it easier for social workers and families to submit application for assistance.

- As the social worker, you are able to submit the application on behalf of a family.
- The application will autosave as you work in it.
- At this time, we can only accept bills in the PDF format. If a family only has a Jpeg, word, etc. please convert to PDF prior to attaching the document.
- There are 6 sections of the application

Section 1 – Eligibility Assessment	<ul style="list-style-type: none">•Completed By: Social Worker•This section is the eligibility section which will help you determine whether a family is a good fit for our program.
Section 2 – Social Worker Assessment	<ul style="list-style-type: none">•Completed By: Social Worker•This is the social worker assessment. We ask you to provide the medical background and information on how the illness has affected the family's financial situation
Section 3	<ul style="list-style-type: none">•Completed By: Parents (but can be completed by the social worker with input from the family)•General information regarding the child and their household
Section 4	<ul style="list-style-type: none">•Completed By: Parents (but can be completed by the social worker with input from the family)•Employment and expense information
Section 5	<ul style="list-style-type: none">•Completed By: Parents (but can be completed by the social worker with input from the family)•This is the request and requires the family to upload bills or quotes for each item for which they are applying
Section 6	<ul style="list-style-type: none">•Completed by: Parents (must be signed by the parents)•Electronic signature is required for submission.

1. Visit the site <https://portal.fredsfootsteps.org/> to login to the system

- If you do not have a user ID, please email diane@fredsfootsteps.org to set up a user ID.



Fred's Footsteps

Login

sw@sw.com

Sign In

Forgot password?

2. Once you have logged in, you will be brought to your personal dashboard. This will show you all the applications you have submitted or have in progress. On the right hand side, you will see any notifications and the next due date.

- From your dashboard, you will be able to start a new applications or edit any applications that you have in progress.
- Once an application is submitted, you will be unable to edit the application

4. To **start a new application**, click on the team button with the cross.



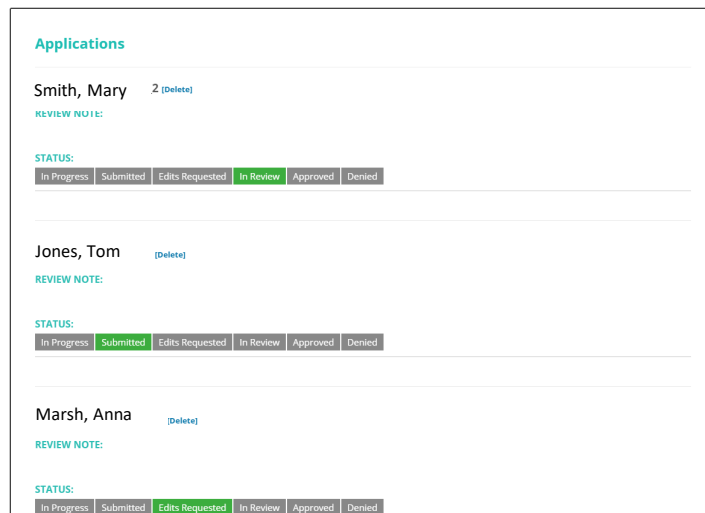
Fred's Footsteps

APPS IN PROGRESS: 0

APPS SUBMITTED: 3

Welcome back, SocialWorkert

+ Start an Application



Applications

Smith, Mary (Delete)

REVIEW NOTE:

STATUS: In Progress Submitted Edits Requested **In Review** Approved Denied

Jones, Tom (Delete)

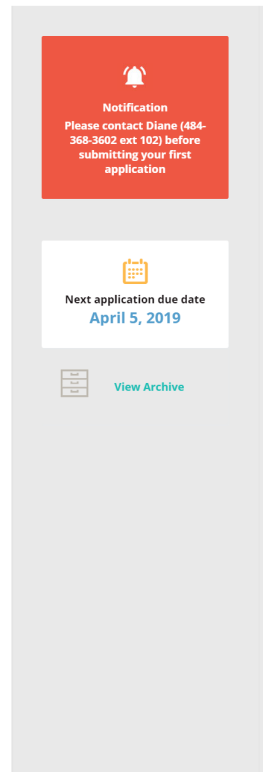
REVIEW NOTE:

STATUS: In Progress **Submitted** Edits Requested In Review Approved Denied

Marsh, Anna (Delete)

REVIEW NOTE:

STATUS: In Progress Submitted **Edits Requested** In Review Approved Denied



Notification

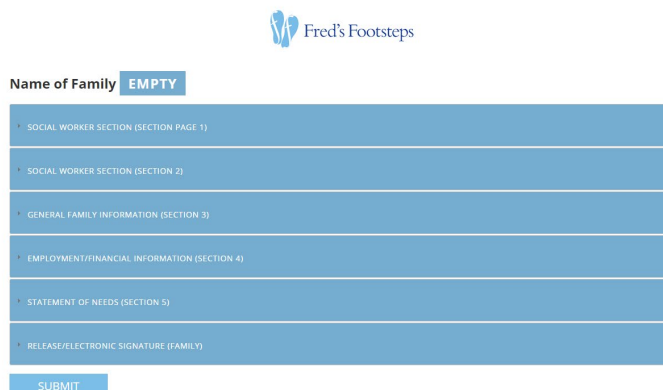
Please contact Diane (484-368-3602 ext 102) before submitting your first application

Next application due date

April 5, 2019

View Archive

5. First, enter the child's name with the last name first followed by a comma and the first name (example "Jones, Tom")



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Name of Family **EMPTY**

SOCIAL WORKER SECTION (SECTION PAGE 1)

SOCIAL WORKER SECTION (SECTION 2)

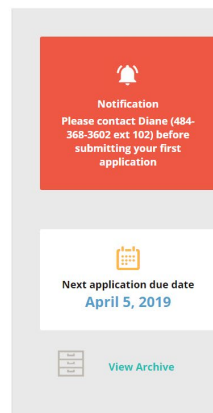
GENERAL FAMILY INFORMATION (SECTION 3)

EMPLOYMENT/FINANCIAL INFORMATION (SECTION 4)

STATEMENT OF NEEDS (SECTION 5)

RELEASE/ELECTRONIC SIGNATURE (FAMILY)

SUBMIT



Notification

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6. Social worker – Eligibility section.

Complete the following questions to determine if a family is eligible for funding. Then, you will be required to submit an electronic signature

SOCIAL WORKER SECTION (SECTION PAGE 1)

Has this family ever applied for funding from Fred's Footsteps?

Is the child under 18 years old?

Is at least one of the primary caregivers currently employed or on Family Medical Leave?

Does the family reside in one of the following counties?

Is there a demonstrated relationship between the child's illness and the financial need?

Social Worker Name:

Social Worker Email:

Social Worker Phone:

Referring Institution:

Electronic Signature (Please enter your full name):

7. Social worker assessment section – complete the series of questions regarding the medical history and your assessment of the family's financial situation and home dynamics.

- At the end of this section, there is an option to generate a login for a family. If the family plans to complete their section without your assistance, you can put in their email to generate a username and password for them.
- If the family does not have an email, you will be able to complete the remaining sections for them (with their input)
- NOTE – the family will NOT see the first two sections of the application that you have completed.

Is there anything else you would like to share with us about this family?

Register a Family

Please invite the Family to complete the rest of this application by creating a username and adding an email address below. If the Family does not have access to email or a computer, the Social Worker may continue on to complete the application on their behalf.

Email Address:



8. General family information – this section contains general information about the family (address, email, etc.) and also asks for a list of ALL persons living in the household (other than the patient). There is a button that you can use to add additional members after you have filled out the information about the first member.

Please list ALL persons currently living in the home, including the patient:

Family Member #1

First Name:

Last Name:

Sex:

Date of Birth:

Relationship to Child:

If any siblings/family members living in the home are over 18, are they contributing financially to the household? (please describe)



9. **Financial information** – this section has information about their household expenses and income.

- **Income information is required for each caregiver**
- Enter the caregiver’s name and their current employer. If they have more than one employer, click on the green button that says “add an additional employer”

CAREGIVER #1:

Name:

Are you currently employed?

Please list information for your CURRENT Work:

Current Employer #1

Company Name:

Position:

Start Date:

Estimated Yearly Income:

Hours working per week:

Have you reduced work hours at this employer?:



10. Financial information (cont.)– If a caregiver has been at his/her job for less than 5 years, we ask that they provide information regarding their previous employer

Please list information for your CURRENT Work:

Current Employer #1

Company Name:

Position:

Start Date:

Estimated Yearly Income:

Hours working per week:

Have you reduced work hours at this employer?:

If you have been at your current position for less than 5 years, Please provide information for your past 2 jobs:

Past Employer #1

Company Name:

Position:

Start Date:

End Date:

Estimated Yearly Income:

Hours working per week:

Please provide your reason for leaving?:



11. Financial information (cont.) – in order to add an additional caregiver, click on the button that says “Add Caregiver”. Then you will be able to add information regarding their current and past employment as you did in steps 9 and 10.

- NOTE – if a caregiver is currently unemployed, please complete the section for their past employer

Past Employer #1

Company Name:

Position:

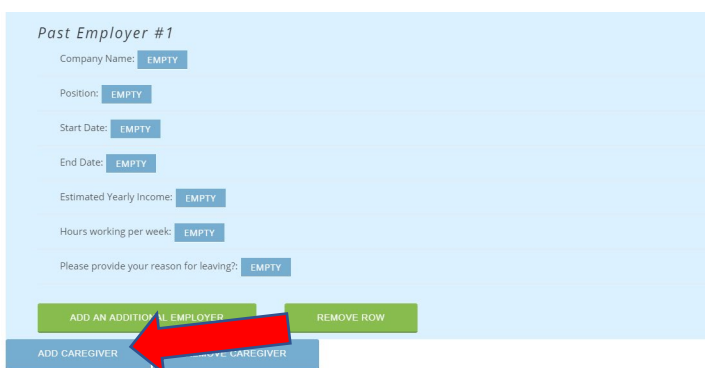
Start Date:

End Date:

Estimated Yearly Income:

Hours working per week:

Please provide your reason for leaving?:



12. **Statement of Needs** – In this section, the family outlines the items they are requesting payments for. They can list the items in order of priority by entering the information for each item. After the item details are entered the bill or quote needs to be attached for each item. This can be done by clicking on the grey box or drag/drop the file.

- For home improvement or equipment projects, two quotes are required.
- **Please note that at this time, we can only accept documents in the PDF format.**

STATEMENT OF NEEDS (SECTION 5)

Please list the items that you are requesting assistance with IN ORDER OF PRIORITY. To be considered for financial assistance, the CURRENT bill/quote for each item listed below must be attached.

Request #1

Need Description (ex. Mortgage, utility bill, ramp, etc.)

TOTAL Amount Requested: \$

Time Period amount will cover

Why is this being requested?

Is this a bill or a quote?

Attachments

Drop files here to upload

Total Amount Requested: \$0

PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY TO ENSURE THAT THE CONTRACTOR IS LICENSED AND REPUTABLE. SHOULD THE SCOPE OF THE PROJECT INCREASE AFTER APPROVAL, THE ENTIRE APPLICATION IS VOID AND NEEDS TO BE RE-SUBMITTED.



13. To add a second request, click on the “Add Request” button. The amount will automatically populate in the “Total Amount Requested” line.

- **We will NOT accept requests for over \$10,000**

STATEMENT OF NEEDS (SECTION 5)

Please list the items that you are requesting assistance with IN ORDER OF PRIORITY. To be considered for financial assistance, the CURRENT bill/quote for each item listed below must be attached.

Request #1

Need Description (ex. Mortgage, utility bill, ramp, etc.)

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14. **Release** - The final section is the release. This MUST be completed by the family.

RELEASE/ELECTRONIC SIGNATURE (FAMILY)

RELEASE FORM

For valuable consideration, the undersigned does hereby grant perpetual, unrestricted and royalty free rights to the G. Fred DiBona Jr. Memorial Foundation, also known as Fred's Footsteps (The Foundation) and its affiliates, subsidiaries, officers, directors, employees, agents, licensees, successors, and assigns for the following purpose:

- To use any information in my application or information I discuss with/write to (on paper or electronically) Fred's Footsteps. I understand that this may mean, but is not limited to, the release of Protected Health Information (PHI) to other individuals/organizations for the purpose of carrying out the mission of The Foundation and to provide funding.
- To use my name, photograph(s), likeness and/or testimonials(s) in connection with The Foundations promotional and marketing pieces.

The undersigned hereby releases The Foundation and its affiliates, subsidiaries, officers, directors, employees, agents, licensees, successors, and assigns from any and all claims for damages, libel, slander, invasion of privacy, and/or any other claims resulting from or based on the use of my name, photograph(s), likeness, and/or testimonial(s).

I hereby represent that I am of full legal age and have every right to contract in the above regard. I hereby represent that this Release and Authorization has been fully explained to me and I fully understand its terms, meaning and effect.

Signatures:

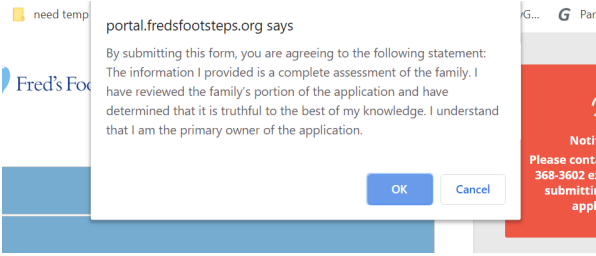
Print Name:

Date:

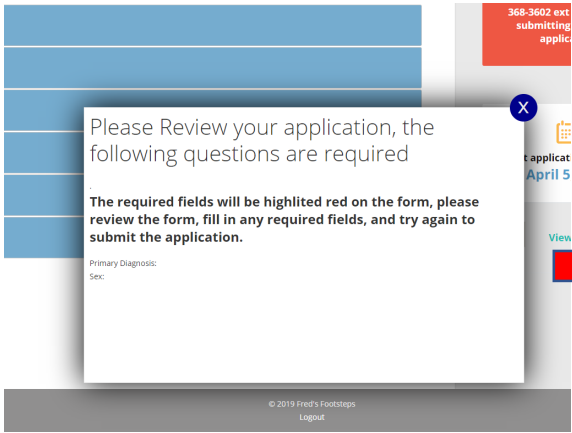
*This release is to be signed by the primary caregiver of the child

SUBMIT

15. **Submitting the application** - When the application is complete, click the submit button. A pop-up will then come up asking to verify that all the information is true to the best of your knowledge.



16. **Fixing Errors** - If you did not complete a required field, the system will tell you that you did not complete a field. The field will then be highlighted in Red.



Child First Name: Christine

Date of Birth: 4/21/16

Sex: Female

Does the child identify as a gender other than biological sex? No

Primary Insurance: tes

Secondary Insurance:

Primary Diagnosis:

Date of Diagnosis: 4/11/18

Secondary Diagnosis:

17. Once you have submitted an application, the status will change on your dashboard from “In Progress” to “Submitted”. At this point, you will no longer be able to edit the application. The application will then be reviewed internally and if changes are required, the status will change to “Edits Requested” (you will receive an email from our program manager explaining where clarification is needed).

Welcome back, SocialWorker!

Start an Application

Applications

Smith, Mary [2 \(Delete\)](#)

REVIEW NOTE:

STATUS: In Progress Submitted Edits Requested In Review Approved Denied

Jones, Tom [\(Delete\)](#)

REVIEW NOTE:

STATUS: In Progress Submitted Edits Requested In Review Approved Denied

Marsh, Anna [\(Delete\)](#)

REVIEW NOTE:

STATUS: In Progress Submitted Edits Requested In Review Approved Denied

Notification
Please contact Diane (484-368-3602 ext 102) before submitting your first application

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April 5, 2019

[View Archive](#)

The application will then be reviewed internally and if changes are required, the status will change to “Edits Requested” (you will receive an email from our program manager explaining where clarification is needed). At this point, you will be able to edit the application and re-submit.

Once the application is considered complete, it will move to “In Review” and you will be notified once a decision is made.