

# ADDING NEW CLIENTS

Updated: 8/29/18

Search for client using NAME or SSN.

## Client Search

**Search Parameters (at least one field required)**


SSN/SYSID:  Address:  Unit:  (ie Apt B)  
First Name:  City:   
Last Name:  Zip:   Show Residence Info. only

**When you Click in Search Results:**  [Advanced Search](#)  
[Client's SSN](#) = Household Screen  
[Client's Name](#) = Client Screen  
[Residence Address](#) = Residence Screen  
A **maximum** of 100 results will be returned.

Search Results						
No Results Found						
SSN #	First Name	Last Name	Birth Year	Address	Unit	City

If there are no matching results, a new client can be created from the left sidebar menu. After adding new client name, DOB and SSN, OPUS will search again. Verify your client is new and click ADD NEW MEMBER at bottom of search results.

## Client Search New

Client  
Search  
View  
New  
Edit 

**New Client Information (Fields marked with \* are required, wildcards will be removed)**

First Name \* DOB \* (mm-dd-yyyy)\*  
Last Name \*   
SSN/Sys# \*

OPUS will search the database to find this client before creating a new record.

### Possible Pre-Existing Client Matches

SSN #	First Name	Last Name	DOB
3962			10-02-1987
8847			07-22-1975
6789			03-22-1957

Fill out Client Information page completely. **DO NOT** leave anything blank because it will print out on application as **UNKNOWN**.

**Client Information**

**Title**  **First Name** MIGHTY **Last Name** MOUSE **DOB** 05-15-1995 (mm-dd-yyyy)\* **Middle**  **Suffix**  **SSN/Sys#** 123456788 **Create ID**  **Adult Id Verified?**  **SSN Verification** YES

**Client Email:** EnterEmailHere@email.com

**Comments:**

**DON'T USE THESE DROP DOWNS**

**Mailing Address\***

(Choose an address from the list, add a new address, or edit the current mailing address below)

"HOMELESS" is not a valid address: If no permanent address, enter physical location where they sleep under street name: e.g., Oak St. Bridge at 3rd St; Super Center Parking Lot on Main; ¾ miles past mile post marker 35 on Hwy 166.

No.	Direction	Street Name	Type	Direction	Unit	#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PO BOX	<input type="text" value="100"/>

**City**  **ST**  **Zip Code**  **+4**  **County**

**Client Characteristics**

**Gender:** MALE  **Disabled:** NO  **Ethnicity:** NON-HISPANIC/NON-LATINO  **Veteran:** NO  **Education:** DON'T KNOW  **Language:** ENGLISH  **Homebound:** NO  **Transport:** NO

**Must be receiving Disability payments from Social Security or have Permanent Disability Form on file to be marked as YES.**

**Race (Check all that apply)\***

- African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- White

**Enter the highest level of education completed for all Household Members ages 23-60 years old.**

**DO NOT LEAVE BLANK**

**Choose DON'T KNOW for 22 and under, 60+**

**Please see LIHEAP manual for special circumstances regarding Oregon Tribe members.**

**Non-Cash Benefits (Check all that apply)\***

<input checked="" type="checkbox"/> SNAP	<input checked="" type="checkbox"/> Oregon Health Plan	<input type="checkbox"/> MEDICARE	<input type="radio"/> None
<input type="checkbox"/> WIC	<input type="checkbox"/> VA Med Serv	<input type="checkbox"/> TANF Child Care	<input type="radio"/> Don't Know
<input type="checkbox"/> TANF Trans	<input type="checkbox"/> Other TANF	<input type="checkbox"/> Public Rental Assist	<input type="radio"/> Refused
<input type="checkbox"/> Other Health Ins	<input type="checkbox"/> Other Source	<input type="checkbox"/> Temp Rental Assist	

**Client can refuse to answer characteristic questions, but intake worker should always ask the questions.**

**Don't forget to save changes when done!**