

4 NONLICENSED HOME/FACILITY W/O APPROVAL NOTICE MENU

The Nonlicensed Home/Facility W/O Approval Notice Menu allows you to view, update and add nonlicensed homes and facilities without Approval Notices.

Select Option 4 from the Main Menu and press <ENTER>. The Nonlicensed Homes and Facilities Without Approval Notice screen will appear (Figure 4 - 2).

```

    GHB0001M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/02/07
    99901037          MAIN MENU                                     15:38:25

    OPTION      DESCRIPTION
    -----
    (1)        PAYMENT PROCESSING MENU
    (2)        TOTALS MENU
    (3)        APPROVAL NOTICE MENU
    (4)        NONLICENSED HOME/FACILITY W/O APPROVAL NOTICE MENU
    (5)        CHILD NAME SEARCH
    (6)        FACILITY & NONLICENSED HOME NAME SEARCH
    (7)        PROVIDER NAME SEARCH
    (8)        QUERIES MENU
    (9)        ADMINISTRATIVE MENU
    (10)       SCC BULLETIN BOARD
    (11)       LIST OF APPROVAL NOTICES RECENTLY ISSUED
    (12)       WAITING LIST SUMMARY
    (13)       FEDERAL SAMPLING MENU - CASE RECORDS SELECTED
    (14)       CASE NUMBER OR FAMILY NAME SEARCH

    SELECTION: 4_

    F KEYS:  1=Help  3=Exit  GHB
    
```

Figure 4 - 1: Option 4 - Nonlicensed Home/Facility w/o Approval Notice

```

    GHB5401M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/02/07
    99901037          NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 15:42:17

    OPTION      DESCRIPTION          KEY
    -----
    (1)        INQUIRY              FACILITY ID (OPTIONAL)
    (2)        UPDATE              FACILITY ID (OPTIONAL)
    (3)        ADD                  x99t
                                     x = REGION
                                     99 = COUNTY CARE OCCURS
                                     t = TYPE OF FACILITY
                                     ? = HELP

    SELECTION: _  KEY:          PURCHASER:

    F KEYS:  1=Help  3=Exit  4=Main Menu
    
```

Figure 4 - 2: Nonlicensed Home/Facility w/o Approval Notice Menu

4.1 Inquiry Option

There are two ways to query information regarding a nonlicensed home/facility without an Approval Notice. One is to select a facility from a generated list and the other is to key in the Facility ID. Data **cannot be updated** on inquiry screens.

4.1.1 Performing an inquiry by facility list

1. Type "1" in the **SELECTION** field (Figure 4.1.1 - 1).

```

GHB5401M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/02/07
99901037  NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 15:42:17

      OPTION      DESCRIPTION      KEY
      -----      -----      ---
      (1)         INQUIRY         FACILITY ID (OPTIONAL)
      (2)         UPDATE         FACILITY ID (OPTIONAL)
      (3)         ADD           x99t
                                   x = REGION
                                   99 = COUNTY CARE OCCURS
                                   t = TYPE OF FACILITY
                                   ? = HELP

SELECTION: 1  KEY:

F KEYS: 1=Help 3=Exit 4=Main Menu
    
```

Figure 4.1.1 - 1: Access facility list

2. Press **<ENTER>** and a facility list will appear (Figure 4.1.1 - 2).

```

GHB5801M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/10/07
09270001  NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 10:28:44
                                LIST
      SEL  FACILITY ID      FACILITY NAME
      ---  -
      J92A0203  ADELE TUCKER
      J92A9100  ALBIE HOCUTT
      J92A1643  ALICE MYATT
      J92N2787  ALICIA MCNEIL
      J92A9316  ALISA CRUDUP
      J92A8923  AMANDA CRUZ
      J92A7559  ANGELA BURCH
      J92R5094  ANGELA BURRELL
      J92N5648  ANGELA N. BROWN
      J92N9752  ANGELA SMITH
      J92N0340  ANITA ROBINSON-CHRISTMAS
      J92N6239  ANN-MARIE CAMERON
      J92N2680  ANNE-MARIE CAMERON
      J92R2861  ANNETTE BIZZELL
      J92A1412  ANNETTE BIZZELL
      J92A1566  ANNIE L. WRIGHT
      J92R3786  ANNIE PICKETT
      F KEYS: 1=Help 3=Exit 4=Main Menu 7=Up 8=Down
      SELECTIONS FOR INQUIRY ONLY
    
```

Figure 4.1.1 - 2: Generated list of facilities

3. Tab down to desired facility and place an "S" beside it (Figure 4.1.1 – 3).

```

GHB5801M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/10/07
09270001  NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE  10:28:44
                                LIST
SEL  FACILITY ID      FACILITY NAME
-----
      192A0203      ADELE TUCKER
      192A9100      ALBIE HOCUTT
  S   192A1643      ALICE MYATT
      192N2787      ALICIA MCNEIL
      192A9316      ALISA CRUDUP
      192A8923      AMANDA CRUZ
      192A7559      ANGELA BURCH
      192R5094      ANGELA BURRELL
      192N5648      ANGELA N. BROWN
      192N9752      ANGELA SMITH
      192N0340      ANITA ROBINSON-CHRISTMAS
      192N6239      ANN-MARIE CAMERON
      192N2680      ANNE-MARIE CAMERON
      192R2861      ANNETTE BIZZELL
      192A1412      ANNETTE BIZZELL
      192A1566      ANNIE L. WRIGHT
      192R3786      ANNIE PICKETT
F KEYS: 1=Help 3=Exit 4=Main Menu 7=Up 8=Down
SELECTIONS FOR INQUIRY ONLY
    
```

Figure 4.1.1 - 3: Select a facility

4. Press <ENTER> and the information for that facility will appear (Figure 4.1.1 – 4).

```

GHB5901M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/02/07
99901037  NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE  15:42:26

FACILITY ID      192A1643      PURCHASER 092      ACTIVE DATE 1998-07-01
                                TERM DATE _____

FACILITY NAME    ALICE MYATT _____

MAILING ADDRESS  629 GRANTLAND DRIVE
                                RALEIGH _____ NC 27610 - ____

LOCATION          629 GRANTLAND DRIVE _____

FACILITY TYPE    OUT-OF-HOME CARE BY RELATIVE
RATE            CMR NON-LICENSED HOME RATE

OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR
DIRECTOR NAME    ALICE MYATT _____
TELEPHONE        ( 919 ) 231 - 1880

F KEYS: 1=Help 3=Exit 4=Main Menu
GHB204- Facility data has been displayed, ENTER new id or F3 to exit.
    
```

Figure 4.1.1 - 4: Information for the selected facility

4.1.2 Performing an inquiry by Facility ID

1. Type "1" in the **SELECTION** field and the Facility ID in the **KEY** field (Figure 4.1.2 - 1).

```

GHB5401M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/02/07
99901037          NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 15:42:17

      OPTION      DESCRIPTION      KEY
      -----      -----      -----
      (1)         INQUIRY          FACILITY ID (OPTIONAL)
      (2)         UPDATE          FACILITY ID (OPTIONAL)
      (3)         ADD              x99t
                                   X = REGION
                                   99 = COUNTY CARE OCCURS
                                   t = TYPE OF FACILITY
                                   ? = HELP

      SELECTION: 1  KEY: J92A1643

      F KEYS: 1=Help 3=Exit 4=Main Menu
    
```

Figure 4.1.2 - 1: Access keyed facility

2. Press **<ENTER>** and the information for the facility will appear (Figure 4.1.2 - 2).

```

GHB5901M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/02/07
99901037          NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 15:42:26

      FACILITY ID   J92A1643      PURCHASER 092      ACTIVE DATE 1998-07-01
                                   TERM DATE _____

      FACILITY NAME  ALICE MYATT
      MAILING ADDRESS 629 GRANTLAND DRIVE
                                   RALEIGH          NC 27610 - ____
      LOCATION       629 GRANTLAND DRIVE
      FACILITY TYPE   OUT-OF-HOME CARE BY RELATIVE
      RATE            CMR NON-LICENSED HOME RATE

      OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR
      DIRECTOR NAME   ALICE MYATT
      TELEPHONE       ( 919 ) 231 - 1880

      F KEYS: 1=Help 3=Exit 4=Main Menu
      GHB204- Facility data has been displayed, ENTER new id or F3 to exit.
    
```

Figure 4.1.2 - 2: Information for the keyed facility

3. From the information screen you can key in another facility's information. Key in another Facility ID in the **FACILITY ID** field (Figure 4.1.2 – 3).

```
GHB5901M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/02/07
99901037          NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 15:42:26

FACILITY ID      192N0340      PURCHASER 092      ACTIVE DATE 1998-07-01
                                     TERM DATE _____

FACILITY NAME    ALICE MYATT _____

MAILING ADDRESS  629 GRANTLAND DRIVE _____
                 RALEIGH _____ NC 27610 - ____

LOCATION          629 GRANTLAND DRIVE _____

FACILITY TYPE    OUT-OF-HOME CARE BY RELATIVE
RATE            CMR NON-LICENSED HOME RATE

OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR
DIRECTOR NAME    ALICE MYATT _____
TELEPHONE        ( 919 ) 231 - 1880

F KEYS: 1=Help 3=Exit 4=Main Menu
GHB204- Facility data has been displayed, ENTER new id or F3 to exit.
```

Figure 4.1.2 - 3: Key in another facility to access its information

4. Press **<ENTER>** and the information for the keyed ID will appear (Figure 4.1.2 –4).

```
GHB5901M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/02/07
99901037          NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 15:42:33

FACILITY ID      192N0340      PURCHASER 092      ACTIVE DATE 2001-11-01
                                     TERM DATE _____

FACILITY NAME    ANITA ROBINSON _____

MAILING ADDRESS  P.O. BOX 14216 _____
                 RALEIGH _____ NC 27604 - ____

LOCATION          4628 FISK CT. _____

FACILITY TYPE    OUT-OF-HOME CARE BY NON-RELATIVE
RATE            CMR NON-LICENSED HOME RATE

OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR
DIRECTOR NAME    ANITA ROBINSON-CHRISTMAS _____
TELEPHONE        ( 919 ) 231 - 3519

F KEYS: 1=Help 3=Exit 4=Main Menu
GHB204- Facility data has been displayed, ENTER new id or F3 to exit.
```

Figure 4.1.2 - 4: Information for newly keyed facility

4.2 Update

This option allows you to make changes to the following fields: active date, termination date, facility name, mailing address, location, director name and telephone number. There are two ways to update a facility. One is to select a facility from a generated list and the other is to key in its ID.

4.2.1 Updating by facility list

1. Type "2" in the **SELECTION** field (Figure 4.2.1 - 1).

```

GHB5401M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/02/07
99901037  NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE  15:42:35

      OPTION      DESCRIPTION      KEY
-----
      (1)         INQUIRY          FACILITY ID (OPTIONAL)
      (2)         UPDATE           FACILITY ID (OPTIONAL)
      (3)         ADD              x99t
                                   x = REGION
                                   99 = COUNTY CARE OCCURS
                                   t = TYPE OF FACILITY
                                   ? = HELP

SELECTION: 2  KEY:

F KEYS: 1=Help 3=Exit 4=Main Menu
    
```

Figure 4.2.1 - 1: Update from facility list

2. Press <ENTER> and a facility list will appear (Figure 4.2.1 - 2).

```

GHB5801M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/13/07
09270001  NONLICENSED HOMES AND FACILITES WITHOUT APPROVAL NOTICE  09:28:20
          LIST
*  SEL  FACILITY ID      FACILITY NAME
-----
      -  J92A0203      ADELE TUCKER
      -  J92A9100      ALBIE HOCUTT
      -  J92A1643      ALICE MYATT
      -  J92N2787      ALICIA MCNEIL
      -  J92A9316      ALISA CRUDUP
      -  J92A8923      AMANDA CRUZ
      -  J92A7559      ANGELA BURCH
      -  J92R5094      ANGELA BURRELL
      -  J92N5648      ANGELA N. BROWN
      -  J92N9752      ANGELA SMITH
      -  J92N0340      ANITA ROBINSON-CHRISTMAS
      -  J92N6239      ANN-MARIE CAMERON
      -  J92N2680      ANNE-MARIE CAMERON
      -  J92R2861      ANNETTE BIZZELL
      -  J92A1412      ANNETTE BIZZELL
      -  J92A1566      ANNIE L. WRIGHT
      -  J92R3786      ANNIE PICKETT

F KEYS: 1=Help 3=Exit 4=Main Menu 7=Up 8=Down
SELECTIONS FOR UPDATE
    
```

Figure 4.2.1 - 2: Selection list

3. Tab down to desired facility and place an "S" beside it (Figure 4.2.1 – 3).

GHB5801M		SUBSIDIZED CHILD CARE REIMBURSEMENT		04/13/07
09270001		NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE		09:28:20
LIST				
SEL	FACILITY ID	FACILITY NAME		
	J92A0203	ADELE TUCKER		
	J92A9100	ALBIE HOCUTT		
	J92A1643	ALICE MYATT		
	J92N2787	ALICIA MCNEIL		
	J92A9316	ALISA CRUDUP		
	J92A8923	AMANDA CRUZ		
	J92A7559	ANGELA BURCH		
	J92R5094	ANGELA BURRELL		
	J92N5648	ANGELA N. BROWN		
	J92N9752	ANGELA SMITH		
S	J92N0340	ANITA ROBINSON-CHRISTMAS		
-	J92N6239	ANN-MARIE CAMERON		
	J92N2680	ANNE-MARIE CAMERON		
	J92R2861	ANNETTE BIZZELL		
	J92A1412	ANNETTE BIZZELL		
	J92A1566	ANNIE L. WRIGHT		
	J92R3786	ANNIE PICKETT		

F KEYS: 1=Help 3=Exit 4=Main Menu 7=Up 8=Down
 SELECTIONS FOR UPDATE

Figure 4.2.1 - 3: Tab down and select facility from list

4. Press <ENTER> and the information for that facility will appear (Figure 4.2.1 – 4).

GHB5901M		SUBSIDIZED CHILD CARE REIMBURSEMENT		04/13/07
09270001		NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE		09:28:29
FACILITY ID	<u>J92N0340</u>	ACTIVE DATE	<u>2001-11-01</u>	
		TERM DATE	_____	
FACILITY NAME	<u>ANITA ROBINSON-CHRISTMAS</u>			
MAILING ADDRESS	<u>P.O. BOX 14216</u>			
	<u>RALEIGH</u> _____ <u>NC 27604</u> - _____			
LOCATION	<u>4628 FISK CT.</u>			
FACILITY TYPE	OUT-OF-HOME CARE BY NON-RELATIVE			
RATE	CMR NON-LICENSED HOME RATE			
OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR				
DIRECTOR NAME	<u>ANITA ROBINSON-CHRISTMAS</u>			
TELEPHONE	<u>(919) 231 - 3519</u>			

F KEYS: 1=Help 3=Exit 4=Main Menu
 GHB205- Facility data displayed. Change data, ENTER new id, or F3 to exit.

Figure 4.2.1 - 4: Selected facility information

5. Tab to the appropriate field(s) and make the necessary change(s). Press **<ENTER>** to update changes (Figure 4.2.1 - 5).

```

GHB5901M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/13/07
09270001          NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 09:28:29

FACILITY ID      392N0340          ACTIVE DATE      2001-11-01
                                     TERM DATE       _____

FACILITY NAME    ANITA ROBINSON-CHRISTMAS

MAILING ADDRESS  4628 Fisk Ct.          Address Change
                 RALEIGH          NC 27604 - ____

LOCATION          4628 FISK CT.

FACILITY TYPE   OUT-OF-HOME CARE BY NON-RELATIVE
RATE           CMR NON-LICENSED HOME RATE

OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR
DIRECTOR NAME   ANITA ROBINSON-CHRISTMAS
TELEPHONE      ( 919 ) 231 - 3519

F KEYS: 1=Help 3=Exit 4=Main Menu
GHB205- Facility data displayed. Change data, ENTER new id, or F3 to exit.
    
```

Figure 4.2.1 - 5: Information updated - press **<ENTER>** to accept change(s)

6. Press **<F10>** to confirm the update. (Figure 4.2.1 - 6).

```

GHB5901M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/13/07
09270001          NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 14:26:19

FACILITY ID      392N0340          ACTIVE DATE      2001-11-01
                                     TERM DATE       _____

FACILITY NAME    ANITA ROBINSON-CHRISTMAS

MAILING ADDRESS  4628 FISK CT.
                 RALEIGH          NC 27599 - ____

LOCATION          4628 FISK CT.

FACILITY TYPE   OUT-OF-HOME CARE BY NON-RELATIVE
RATE           CMR NON-LICENSED HOME RATE

OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR
DIRECTOR NAME   ANITA ROBINSON-CHRISTMAS
TELEPHONE      ( 919 ) 231 - 3519

F KEYS: 1=Help 3=Exit 4=Main Menu
GHB105- Press F10 to confirm update or F3 to cancel.
    
```

Figure 4.2.1 - 6: Information updated - press **<F10>** to confirm

- The message "GHB033- Update successful. You may update another ID" will appear. Press <F3> to exit or key in another ID in the **FACILITY ID** field (Figure 4.2.1 – 7).

GHB5901M SUBSIDIZED CHILD CARE REIMBURSEMENT 04/13/07
 09270001 NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 09:29:15

FACILITY ID 192N0340 ACTIVE DATE 2001-11-01
 TERM DATE _____

FACILITY NAME ANITA ROBINSON-CHRISTMAS

MAILING ADDRESS 4628 FISK CT.
RALEIGH NC 27603 - ____

LOCATION 4628 FISK CT.

FACILITY TYPE OUT-OF-HOME CARE BY NON-RELATIVE
 RATE CMR NON-LICENSED HOME RATE

OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR
 DIRECTOR NAME ANITA ROBINSON-CHRISTMAS
 TELEPHONE (919) 231 - 3519

F KEYS: 1=Help 3=Exit 4=Main Menu
 GHB033- Update successful. You may update another id.

Figure 4.2.1 - 7: Successful update

4.2.2 Updating by Facility ID

- Type "2" in the **SELECTION** field and the Facility ID in the **KEY** field (Figure 4.2.2 - 1).

GHB5401M SUBSIDIZED CHILD CARE REIMBURSEMENT 04/13/07
 09270001 NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 09:29:24

OPTION	DESCRIPTION	KEY
(1)	INQUIRY	FACILITY ID (OPTIONAL)
(2)	UPDATE	FACILITY ID (OPTIONAL)
(3)	ADD	x99t x = REGION 99 = COUNTY CARE OCCURS t = TYPE OF FACILITY ? = HELP

SELECTION: 2 KEY: 192A7559

F KEYS: 1=Help 3=Exit 4=Main Menu

Figure 4.2.2 - 1: Update from keyed Facility ID

2. Press **<ENTER>** and the information for that facility will appear (Figure 4.2.2 – 2).

```
GHB5901M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/13/07
09270001          NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 09:29:34

FACILITY ID      192A7559          ACTIVE DATE      2003-09-01
                                     TERM DATE      _____

FACILITY NAME    ANGELA BURCH
MAILING ADDRESS  P O BOX 1232
                 FUQUAY-VARINA          NC 27526 - ____
LOCATION          9747 KENNEBEC ROAD
FACILITY TYPE    OUT-OF-HOME CARE BY RELATIVE
RATE            CMR NON-LICENSED HOME RATE

OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR
DIRECTOR NAME    ANGELA BURCH
TELEPHONE        (  )  - ____

F KEYS: 1=Help 3=Exit 4=Main Menu
GHB205- Facility data displayed. Change data, ENTER new id, or F3 to exit.
```

Figure 4.2.2 - 2: Keyed facility information

3. Tab to the appropriate field(s) and make the necessary change(s) and press **<ENTER>** to update changes (Figure 4.2.2 - 3).

```
GHB5901M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/13/07
09270001          NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE

FACILITY ID      192A7559          ACTIVE DATE      2003-09-01
                                     TERM DATE      _____

FACILITY NAME    ANGELA BURCH-wright  Name Change
MAILING ADDRESS  P O BOX 1232
                 FUQUAY-VARINA          NC 27526 - ____
LOCATION          9747 KENNEBEC ROAD
FACILITY TYPE    OUT-OF-HOME CARE BY RELATIVE
RATE            CMR NON-LICENSED HOME RATE

OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR
DIRECTOR NAME    ANGELA BURCH-wright  Name Change
TELEPHONE        (  )  - ____

F KEYS: 1=Help 3=Exit 4=Main Menu
GHB205- Facility data displayed. Change data, ENTER new id, or F3 to exit.
```

Figure 4.2.2 - 3: Information updated - press **<ENTER>** to accept change(s)

4. Press <F10> to confirm the update (Figure 4.2.2 - 4).

```

GHB5901M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/13/07
09270001          NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 09:30:02

FACILITY ID      192A7559          ACTIVE DATE      2003-09-01
                                     TERM DATE       _____

FACILITY NAME    ANGELA BURCH-WRIGHT

MAILING ADDRESS  P O BOX 1232
                 FUQUAY-VARINA          NC 27526 - ____

LOCATION          9747 KENNEBEC ROAD

FACILITY TYPE    OUT-OF-HOME CARE BY RELATIVE
RATE            CMR NON-LICENSED HOME RATE

OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR
DIRECTOR NAME    ANGELA BURCH-WRIGHT
TELEPHONE       ( ____ ) ____ - ____

F KEYS: 1=Help 3=Exit 4=Main Menu
GHB105- Press F10 to confirm update or F3 to cancel.
    
```

Figure 4.2.2 - 4: Press <F10> to confirm update

5. The message "GHB033- Update successful. You may update another ID" will appear. Press <F3> to exit or key in another ID in the **FACILITY ID** field (Figure 4.2.2 - 5).

```

GHB5901M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/13/07
09270001          NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 09:29:15

FACILITY ID      192N0340          ACTIVE DATE      2001-11-01
                                     TERM DATE       _____

FACILITY NAME    ANITA ROBINSON-CHRISTMAS

MAILING ADDRESS  4628 FISK CT.
                 RALEIGH          NC 27603 - ____

LOCATION          4628 FISK CT.

FACILITY TYPE    OUT-OF-HOME CARE BY NON-RELATIVE
RATE            CMR NON-LICENSED HOME RATE

OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR
DIRECTOR NAME    ANITA ROBINSON-CHRISTMAS
TELEPHONE       ( 919 ) 231 - 3519

F KEYS: 1=Help 3=Exit 4=Main Menu
GHB033- Update successful. You may update another id.
    
```

Figure 4.2.2 - 5: Successful update

4.3 Add

Use this option if you need to add a nonlicensed home/facility without an approval notice. You can key in the region code, county number (two digits) and type of facility. These numbers comprise the first four digits. The system will automatically assign the remaining digits of the Facility ID. You can also use the pop-up menus to generate the first four digits.

Note that the facility type and rate is determined by the fourth digit of the Facility ID and cannot be changed. If the type of care arrangement changes and the Facility ID needs to be changed, add a nonlicensed home or facility without an Approval Notice by using Option 3.

4.3.1 Adding by keying the first four digits

1. Type "3" in the **SELECTION** field and key in the region code, two-digit county number and the type of facility code (Figure 4.3.1 - 1).

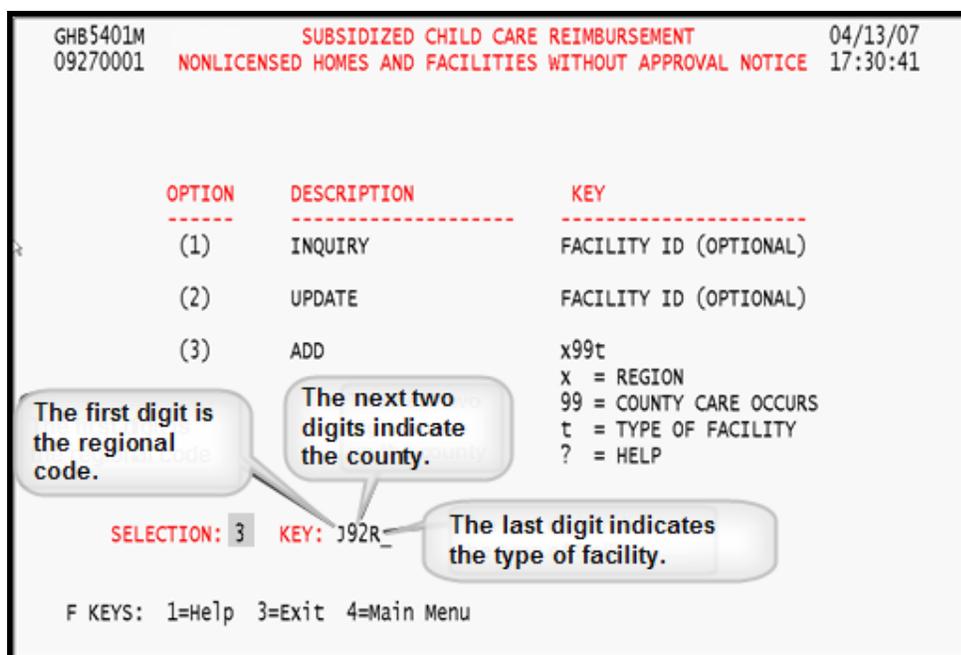


Figure 4.3.1 - 1: Option 3 - Add by keying in the first four digits

2. Press **<ENTER>** and a blank data screen will appear (Figure 4.3.1 - 2).

GHB5901M 09270001	SUBSIDIZED CHILD CARE REIMBURSEMENT NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE		04/13/07 17:31:06
FACILITY ID	<u>192R6866</u>	ACTIVE DATE	<u>REQUIRED</u>
		TERM DATE	_____
FACILITY NAME	_____ REQUIRED		
MAILING ADDRESS	_____ REQUIRED		
LOCATION	_____ REQUIRED. IF DIFFERENT FROM MAILING ADDRESS		
FACILITY TYPE	IN-HOME CARE BY RELATIVE		
RATE	CMR NON-LICENSED HOME RATE		
OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR			
DIRECTOR NAME	_____ OPTIONAL		
TELEPHONE	(_____) OPTIONAL		
F KEYS: 1=Help 3=Exit 4=Main Menu			
GHB154- Enter all required data and press ENTER to perform add function.			

Figure 4.3.1 - 2: System fills in remaining digits, enter required data

3. Key in the following: active date, facility name, mailing address and location (if different from the mailing address). The director name and telephone are optional (Figure 4.3.1 – 3).

GHB5901M 09270001	SUBSIDIZED CHILD CARE REIMBURSEMENT NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE		04/13/07 17:31:06
FACILITY ID	<u>192R6866</u>	ACTIVE DATE	<u>2007-05-01</u>
		TERM DATE	_____
FACILITY NAME	<u>Johnnie Smith</u>		
MAILING ADDRESS	<u>123 Main Street</u> <u>Raleigh</u> _____ <u>NC 27603</u> - _____		
LOCATION	_____		
FACILITY TYPE	IN-HOME CARE BY RELATIVE		
RATE	CMR NON-LICENSED HOME RATE		
OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR			
DIRECTOR NAME	<u>Johnnie Smith</u>		
TELEPHONE	(<u>919</u>) <u>555</u> - <u>1111</u>		
F KEYS: 1=Help 3=Exit 4=Main Menu			
GHB154- Enter all required data and press ENTER to perform add function.			

Figure 4.3.1 - 3: Required data entered

- Press **<ENTER>** and the "Add Successful" message with the Facility ID will appear (Figure 4.3.1 -4).

```

GHB5901M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/13/07
09270001          NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 17:31:42

FACILITY ID      J92R          ACTIVE DATE          _____
                                     TERM DATE          _____

FACILITY NAME    _____
MAILING ADDRESS  _____
                _____
LOCATION           _____

FACILITY TYPE    _____
RATE            _____

OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR
DIRECTOR NAME    _____
TELEPHONE        (  )  -  _____

F KEYS: 1=help 3=Exit 4=Main Menu
GHB099- Add successful for facid - J92R6866
    
```

Figure 4.3.1 - 4: Add successful

4.3.2 Add by pop-up menus

- Type "3" in the **SELECTION** field and key in "?" in the **KEY** field (Figure 4.3.2 - 1).

```

GHB5401M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/13/07
09270001          NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 17:31:46

OPTION           DESCRIPTION           KEY
-----
(1)             INQUIRY             FACILITY ID (OPTIONAL)
(2)             UPDATE             FACILITY ID (OPTIONAL)
(3)             ADD                x99t
                                     x = REGION
                                     99 = COUNTY CARE OCCURS
                                     t = TYPE OF FACILITY
                                     ? = HELP

SELECTION: 3    KEY: ?_

F KEYS: 1=help 3=Exit 4=Main Menu
    
```

Figure 4.3.2 - 1: Option 3 - Add by using pop-up menus

4. Next is a menu of counties within the selected region. Tab down to select a county, place an “S” beside it and press <ENTER> (Figure 4.3.2 – 4).

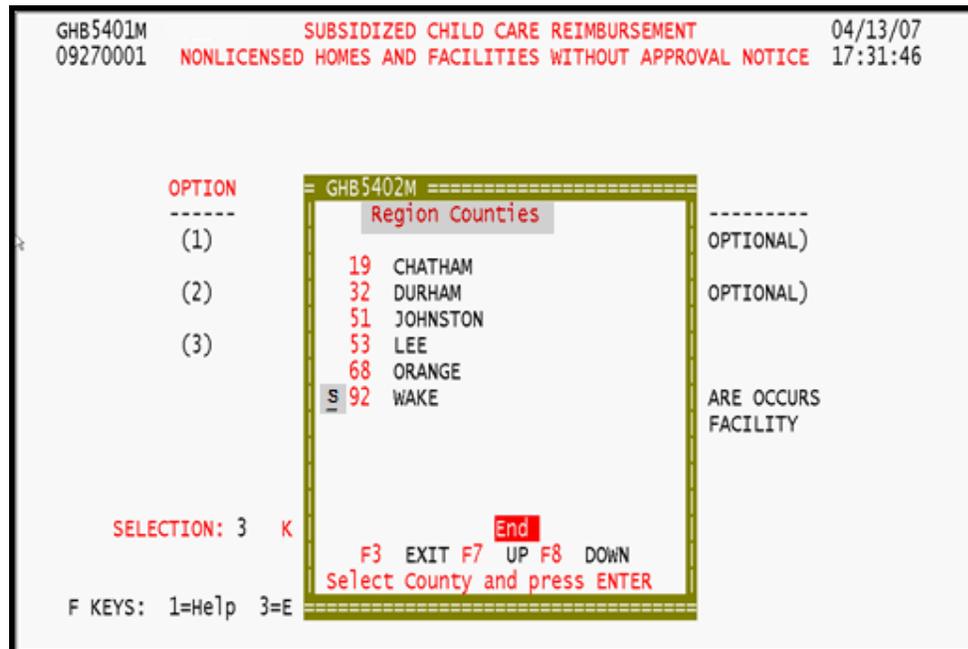


Figure 4.3.2 - 4: County code menu

5. Finally is a menu of facility types. Tab down to select a type, place an “S” beside it (Figure 4.3.2 – 5).

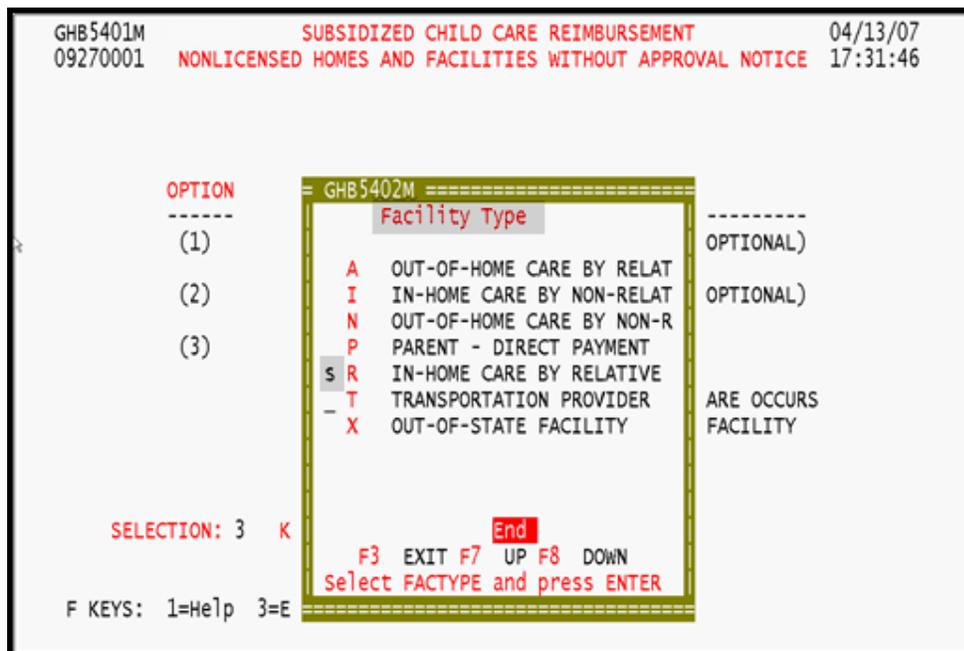


Figure 4.3.2 - 5: Facility Type Selection

6. Press **<ENTER>** and a blank data screen will appear (Figure 4.3.2 - 6).

GHB5901M SUBSIDIZED CHILD CARE REIMBURSEMENT 04/13/07
 09270001 NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 17:32:14

FACILITY ID 192R7775 ACTIVE DATE _____
 TERM DATE _____

FACILITY NAME _____

MAILING ADDRESS _____
 _____ - _____

LOCATION _____

FACILITY TYPE IN-HOME CARE BY RELATIVE
 RATE CMR NON-LICENSED HOME RATE

OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR
 DIRECTOR NAME _____
 TELEPHONE (____) ____ - ____

F KEYS: 1=Help 3=Exit 4=Main Menu
 GHB154- Enter all required data and press ENTER to perform add function.

The first four digits are the pop-up menu selections and the system fills in the remaining four digits of the Facility ID.

Figure 4.3.2 - 6: Blank screen generated

7. Key in the following: active date, facility name, mailing address and location (if different from the mailing address). The director name and telephone are optional (Figure 4.3.2 - 7).

GHB5901M SUBSIDIZED CHILD CARE REIMBURSEMENT 04/13/07
 09270001 NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 17:32:53

FACILITY ID 192R7775 ACTIVE DATE 2007-06-01
 TERM DATE _____

FACILITY NAME JANE ADAMS

MAILING ADDRESS 1245 SOUTH AVENUE
Raleigh NC 27612 - ____

LOCATION 123 CLARK STREET

FACILITY TYPE IN-HOME CARE BY RELATIVE
 RATE CMR NON-LICENSED HOME RATE

OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR
 DIRECTOR NAME JANE ADAMS
 TELEPHONE (____) ____ - ____

F KEYS: 1=Help 3=Exit 4=Main Menu
 GHB154- Enter all required data and press ENTER to perform add function.

Figure 4.3.2 - 7: Required data entered

8. Press **<ENTER>** and the "Add Successful" message with the Facility ID will appear (Figure 4.3.2 -8).

```
GHB5901M          SUBSIDIZED CHILD CARE REIMBURSEMENT          04/13/07
09270001  NONLICENSED HOMES AND FACILITIES WITHOUT APPROVAL NOTICE 17:33:04

FACILITY ID      J92R          ACTIVE DATE      _____
                                     TERM DATE      _____

FACILITY NAME    _____
MAILING ADDRESS  _____
                                     _____
LOCATION          _____

FACILITY TYPE
RATE

OPTIONAL INFORMATION CONCERNING FACILITY DIRECTOR
DIRECTOR NAME    _____
TELEPHONE       (  )  -  _____

F KEYS: 1=help 3=Exit 4=Main Menu
GHB099- Add successful for facid - J92R7775
```

Figure 4.3.2 - 8: Add successful